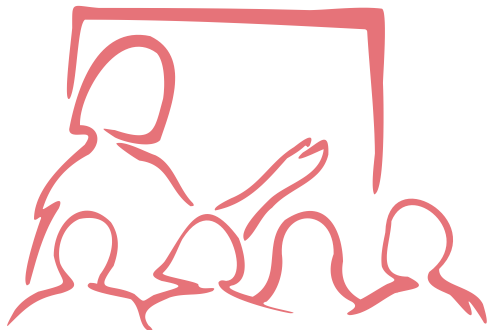


health centers, for safe birthing, more difficult RH services like IUD insertions, and management of sexually transmitted infections; and hospitals, for emergency obstetric and newborn care and surgical contraception. Strong RH facilities will be the backbone of a strong and fairly distributed public health facility system.

## 8 GIVE ACCURATE & POSITIVE SEXUALITY EDUCATION TO YOUNG PEOPLE



Currently, most young people enter relationships and even married life without the benefit of systematic inputs by any of our social institutions. As a result of just one faulty sexual decision, many young women and men can lose their future, their health and sometimes their lives. We insist on young voters' education for an activity that occurs once every 3 years, but leave our young people with little preparation to cope with major life events like puberty and sexual maturation.

## 9 REDUCE CANCER DEATHS

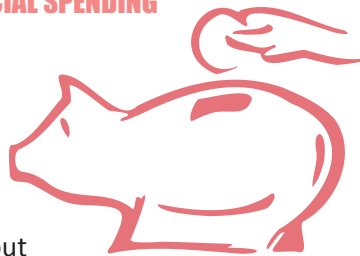
Delaying sex, avoiding multiple partners or using condoms prevent genital warts or HPV infec-



tions that cause cervical cancers. Self breast exams and Pap smears can detect early signs of cancers which can be cured if treated early. All these are part of RH education and care. Contraceptives do not heighten cancer risks; combined pills actually reduce the risk of endometrial and ovarian cancers.

## 10 SAVE MONEY THAT CAN BE USED FOR EVEN MORE SOCIAL SPENDING

Ensuring modern FP for all who need it would increase spending from P1.9 B to P4.0 B, but the medical costs for unintended pregnancies would fall from P3.5 B to P0.6 B, resulting in a net savings of P0.8 B. There



is evidence that families with fewer children do spend more for health and education.



# Good 10 Reasons to Pass the RH Bill Now

In 1998, RH was a bland program that 2 DOH secretaries wished to mainstream into the health system. Now, RH or reproductive health is a byword that has gripped the public consciousness. Majority have supported RH in endless surveys while congressional and presidential debates have erupted on the issue. Why is there majority support for RH? Many strategic and practical reasons. Here are 10 easy ones:

### RH DOES ...

#### 1 PROTECT THE HEALTH & LIVES OF MOTHERS

The WHO (World Health Organization) estimates that complications arise in 15% of pregnancies, serious enough to hospitalize or kill women. From the 2 million plus live births alone, some 300,000 maternal complications occur yearly. This is 7 times the DOH's annual count for TB, 19 times for heart diseases, and 20 times for malaria in women. As a result, more than 11 women die needlessly each day.



Adequate number of skilled birth attendants and prompt referral to hospitals with emergency obstetric care are proven life-saving solutions to maternal complications. For women who wish to stop childbearing, family planning (FP) is the best preventive measure. All 3 interventions are part of RH.

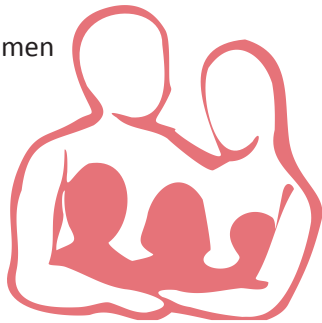
## 2 SAVE BABIES

Proper birth spacing reduces infant deaths. The WHO says at least 2 years should pass between a birth and the next pregnancy. In our country, the infant mortality rate of those with less than 2 years birth interval is twice those with 3. The more effective and user-friendly the FP method used, the greater the chances of the next child to survive.



## 3 RESPOND TO THE MAJORITY WHO WANT SMALLER FAMILIES

Couples and women nowadays want smaller families. When surveyed about their ideal number of children, women in their 40s want slightly more than 3, but those in their teens and early 20s want just slightly more than 2.



Moreover, couples end up with families larger than what they desire. On average, Filipino women want close to 2 children but end up with 3. This gap between desired and actual family size is present in all social classes and regions, but is biggest among those who are poor.

## 4 PROMOTE EQUITY FOR POOR FAMILIES

RH indicators show severe inequities between the rich and poor. For example, 94% of women in the richest quintile have a skilled attendant at birth compared to only 26% in the poorest. The richest have 3 times higher tubal ligation rates compared to the poorest.



This equity gap in tubal ligation partly explains why the wealthy hardly exceed their planned number of children, while the poorest get an extra 2. Infant deaths among the poorest are almost 3 times compared to the richest, which partly explains why the poor plan for more children. An RH law will promote equity in health through stronger public health services accessible to poor families.

## 5 PREVENT INDUCED ABORTIONS

Unintended pregnancies precede almost all induced abortions. Of all unintended pregnancies, 68% occur in women without any FP method, and 24% happen to those using traditional FP like withdrawal or calendar-abstinence.



If all those who want to space or stop childbearing would use modern FP, abortions would fall by some 500,000—close to 90% of the estimated total. In our country where abortion is strictly criminalized, and where 90,000 women are hospitalized yearly for complications, it would be reckless and heartless not to ensure prevention through FP.

## 6 SUPPORT & DEPLOY MORE PUBLIC MIDWIVES, NURSES & DOCTORS

RH health services are needed wherever people are establishing their families. For example, a report by a UN MDG Task



Force points out the need for 1 fulltime midwife to attend to every 100 to 200 annual live births. Other health staff are needed for the millions who need prenatal and postpartum care, infant care and family planning. Investing in these core public health staff will serve the basic needs of many communities.

## 7 GUARANTEE FUNDING FOR & EQUAL ACCESS TO HEALTH FACILITIES

RH will need and therefore support the improvement of many levels of health



facilities. These range from barangay health stations, for basic prenatal, infant and FP care;