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GENDER DIMENSIONS OF AND CHALLENGES IN LOCAL HEALTH LEGISLATION

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ABSTRACT

Gender mainstreaming continues to form part of the Philippine government's battle cry in its efforts to promote gender responsive- policies and programs for the advancement of gender equality in the country. The success of these heath legislations and programs start with the process and the persons involved in their formulation. Members or representatives of the target beneficiaries of these laws and programs should actively participate in setting health agenda and priorities.

This research was conducted to provide information on the gender dimensions of and challenges in local health legislation with focus on the health ordinances of Municipality of La Trinidad, Benguet, Philippines. Using textual analysis, health concerns addressed by existing municipal ordinances were identified. Interviews with key persons were conducted to understand the formulation and enactment of these health ordinances as well as to identify the problems met in their implementation.

Findings highlight the absence of women in the formulation and enactment of health ordinances. In the municipal health care delivery system, however, most of the personnel are women. Also, there is an apparent lack of adequate consultation between health legislators and the key persons charged with the implementation of the health ordinances resulting to several problems in the implementation process which include lack of personnel, lack of facilities and equipment as well as budgetary constraints. Raising these issues at the local level can make a significant difference in the delivery of health care services to intended beneficiaries.

Keywords: *gender mainstreaming, health legislation*

INTRODUCTION

Gender mainstreaming continues to form part of the Philippine government's battle cry in its efforts to promote gender -responsive policies and programs for the advancement of gender equality in the country.

The United Nations (UN) and the World Health Organization (WHO) defines gender mainstreaming as "the strategy for making women's as well as men's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies, programs and projects in all social, political, civil and economic spheres so that women and men benefit equally. It is the process of assessing the implications for women and men of any planned action, including legislation, policies or programs in all areas and at all levels". The heart of gender mainstreaming is ensuring full partnership between men and women in the entire development process, from policy-making to implementation, including equal sharing of benefits.

The 2011 Global Gender Gap rankings by the Geneva based World Economic Forum placed the Philippines in the top ten countries with the least gender gap. Accordingly, the Philippines performed favorably in four categories that determine gender gap: (1) educational attainment, (2) health and survival, (3) economic participation and opportunity and (4) political empowerment. In the first two categories, the Philippines grabbed the first spot with a perfect score of one (Haussman *et al*., 2011). This means that males and females in the Philippines have an equal status when it comes to education, health and survival. The United Nations Development Program (UNDP, 2010) likewise recognized that gender equality is well advanced in the Philippines, scoring high on international gender equality measures and indices.

However, the UNDP (2010) noted several health issues among women in the country. It pointed out maternal mortality and access to reproductive health care services as among the most pressing problems, with 11 women dying every day due to pregnancy and childbirth related cases. It also cited the HIV/AIDS registry of the Department of Health (2010) which reported that 24% of the reported 5,233 cases as of June 2012 were women. A report by BASICS II (2004) declared that the capacity of the health system to respond to the needs of mothers and newborns is substandard and unevenly distributed throughout the Philippines. It maintained that the poor and marginalized groups of the population who often experience ill heath continue to be constrained by access to health care. Accordingly, women in many areas of the Philippines do not have access to an adequately equipped health facility with a trained care provider to handle emergency complications during pregnancy, delivery and the post partum period.

The UNDP (2010) commented that though the Philippines is 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 government's minimal spending behavior on health care services contributes significantly to this problem on implementation; hence, the persistence of health issues in the country, not only among women but among Filipinos in general. In a 2010 situational report, it was revealed that the government's total expenditure on health was only 3.7% of the GDP, which is less than the 5% recommendation by the World Health Organization. On the other hand, the total family expenditure on drugs and medicines was around 46.4%. The report likewise noted that the cost of medicines in the Philippines remained to be the second highest in Asia (Guinaran *et al*., 2012).

Furthermore, the continued under representation of women in policy- making bodies cannot be ignored. In a 2002 study, it was found that Congress had only 10% women. Women governors comprise only 16.4% while women city and municipal mayors are at 13.54% and 13.8% respectively. In the civil service, 35% of the higher civil servants, who make policy decisions or rules of policy implementation, are women (Tapales, 2002). In the automated 2010 national and local elections, only 18.4% of the elective posts were won by women. Two women won senatorial posts. Sixty- five women were elected as representatives in the 15th Congress. They comprise only 22.5 % of the total members of the lower house (PCW, 2012).

The success of heath legislations and programs start with the process and the persons involved in their formulation. Members or representatives of the target beneficiaries of these laws and programs should actively participate in setting health agenda and priorities. As Gurirab and Cayetano (2010) put it, "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". Hence, there are no better persons to express and help address women's concerns than the women themselves. Their participation in the policymaking- process is therefore imperative. More importantly, health legislations and programs, to be meaningful, must be efficiently and adequately implemented. There is a need to continuously study how these legislations and programs actually 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.

Conceptual Framework

Gender mainstreaming promotes full integration of women's interests and full participation in policy making. Within the discourse of development in a democratic society, gender mainstreaming recognizes that all policies and programs have the potential for differential impacts on men and women (Saulnier *et al*., 1999). Oftentimes, the impact on women is problematic due to a large extent on the minimal participation of women in policymaking- bodies. This apparent minimal participation is deeply rooted in the sociocultural context within which women live. Patriarchy and female stereotypes continue to permeate today's society, preventing the full participation of women in the policy making process. This, in turn, prevents the full integration of women's concerns in policies and programs. Gender mainstreaming upholds the incorporation of women's views and priorities in core policy decisions, institutional structures and resource allocations. It insists that central agencies must incorporate an understanding of issues and implications from a gender perspective because these agencies are where the dominant ideas and directions about resource allocation originate. Accordingly, "to mainstream gender in health policies means that all heath policies should be analyzed to determine the benefits and risks to women (Saulnier *et al*.,1999)."

Clearly, gender mainstreaming goes beyond numbers. Women participation is not enough. It looks into the full integration of women's concerns in health policies and programs. Moser's (1996) Gender Planning Framework emphasized that one of the most important purposes of policies should be the promotion of women's welfare to make them become better mothers. Hence, policies should address women's reproductive health issues, helping lessen maternal morbidity and maternal mortality. Furthermore, policies should be anti-poverty. Moser's framework highlights the need for policies to recognize the productive roles of women; hence, help them earn an income.

Another purpose of policies, according to the Moser's framework, should be the attainment of equity. Saulnier *et al*. (1999) clarified that, "Equity is not about ensuring that women can achieve what men have. It is not about achieving what the other gender has and merely reversing gender roles as could be the result of gender equality. Neither is an equity orientation about equal treatment or even attaining equal conditions because these are based on a measure of sameness. Rather, equity is about fairness. Indeed, gender equity analysis recognizes that different approaches may be needed for equitable outcomes. Men and women should be treated the same when appropriate and treated differently when required. A policy that promotes gender equity ensures fairness and compensates for historical and social disadvantages. The goal of achieving gender equity is for women to get what they need, whether or not they require the same opportunity or condition as men. Achieving gender equity means that women's gender needs are met for women in a particular context." 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. Policies and programs, for instance, should acknowledge the multiple roles of women as mothers, housewives and workers.

Moser's framework further underlined the need for policies to be efficient. Efficiency entails recognition of women's multiple roles and the elastic concept of women's time. Experts reiterated that "Mainstreaming gender equity requires that the design of policies and programs fully account for women's different roles, priorities, needs and constraints across all sectors (Saulnier *et al*., 1999)." Policies and programs should help women increase their economic participation and contribution and at the same time safeguard their reproductive health as mothers and wives thereby helping them become more self-reliant. According to Moser's framework, self- reliance is a key element of women empowerment.

Objectives

This study was conducted to identify and explore the gender dimensions of local health legislation including the problems in the formulation and implementation of health ordinances in the Municipality of La Trinidad.

Specifically, the study determined:

1. male and female involvement in the
   a. formulation and approval of the municipal ordinances and programs and
   b. municipal health care delivery systems;

2. the problems in the formulation and implementation of health ordinances

3. how the health ordinances address the needs and concerns of women

METHODOLOGY

This is an exploratory research. An initial survey of existing municipal ordinances of La Trinidad for the last ten years was conducted. 13 municipal ordinances on health were made part of this study. These health ordinances were enacted from the year 2001 to 2012.

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 a sex disaggregated data.

Copy of each of the identified 13 health ordinances were read and analyzed in relation to what specific health service each offers or supports. This was enriched through interviews with municipal and barangay health personnel during the course of the study. Interviews were also conducted with two municipal Councils and the Sangguniang Bayan Secretary.

RESULTS AND DISCUSSIONS

Health Legislation Process

Health legislation starts with the submission of the proposed ordinance by any member of the Municipal Council to the Sangguniang Bayan Secretary who will schedule it for the first reading. During the first reading, the title of the proposed ordinance is read and a draft is distributed to each member of the council for deliberation. No amendments are made during the first reading. The proposed ordinance is referred to the Health Committee for the conduct of research, public hearing and committee hearing after which the said committee may give one of four options or recommendations: a) disapproval of the proposed ordinance, b) schedule the proposed ordinance for the second reading with amendments, c) schedule the proposed ordinance for the second reading without amendments and d) defer the second reading.

Should a second reading be scheduled, this is done thru the SB Secretary. Further deliberations, discussions and amendments are made during the second reading.

On the third reading, the municipal councilors shall vote for the approval or disapproval of the proposed ordinance.

Municipal Council's Health Committee

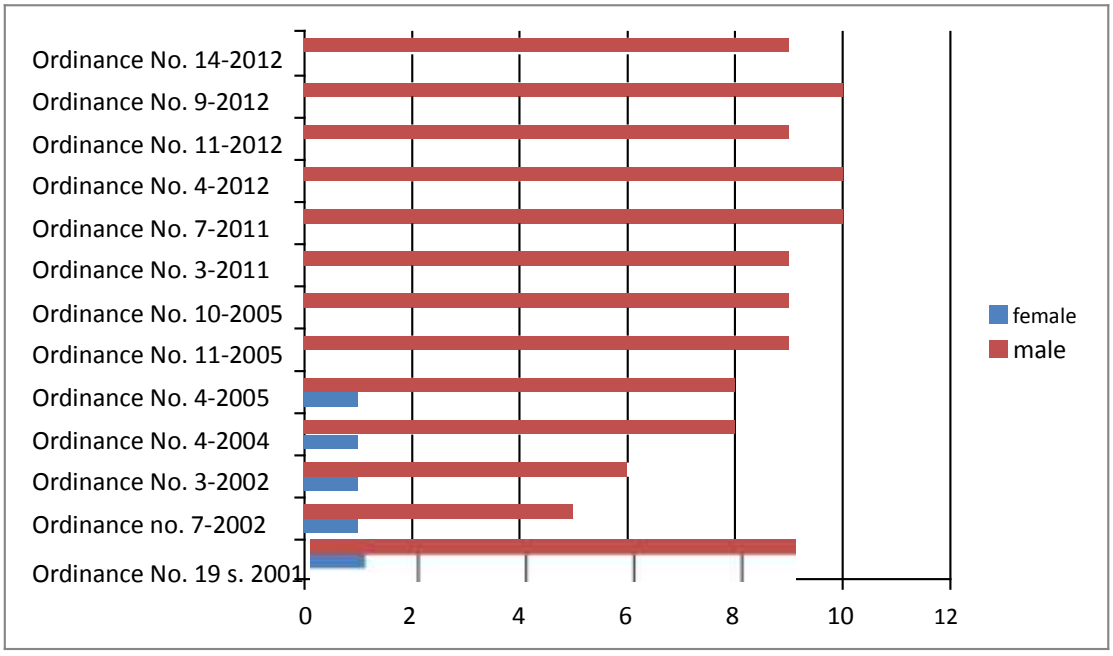
The Committee is composed of three municipal councilors. One serves as the Chairperson and the two others as members. The main function of the Committee is to conduct researches on the substance of the proposed ordinance. The public is likewise invited to attend public hearings through posting of general notices in conspicuous places around the municipality like the public market and the provincial capitol. Committee hearings are conducted for further discussions on the proposed ordinance.

Formulation of Proposed Health Ordinances

No surveys are conducted to determine the needs and priorities of the community prior to the formulation of a proposed health ordinance. Accordingly,surveysarenotnecessaryasacouncilor may simply use his discernment in identifying the needs of the community. Furthermore, any member of the public can always approach any member of the legislative body to give suggestions. Also, the public's opinion is heard during the conduct of formal public consultations conducted by the Health Committee. Should there be issues presented, these are studied carefully. It must be noted, however, that such public consultations are

Male-Female Involvement in the Enactment and Implementation of Health Ordinances

Table 1. Municipal Council Membership Sex Disaggregated Data



The table reveals the continued underrepresentation of women in policy making bodies.

conducted after the proposed ordinance has already been formulated.

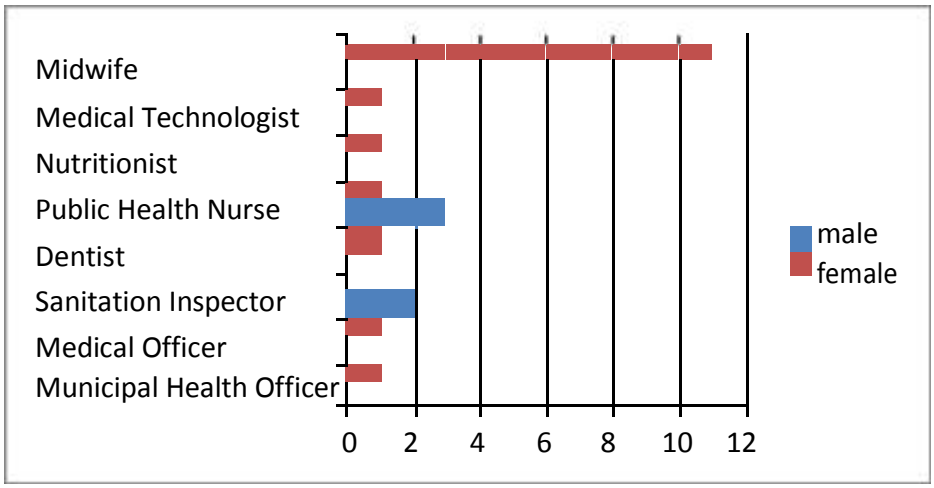
Most of the identified health ordinances were initiated by the National Government through Executive Orders. National legislations need to be adopted or institutionalized by the Local Government Units (LGU) especially if such national legislation necessitates implementing rules and regulations. Failure of an LGU to do so will be considered a "minus factor" for the LGU.

In case international and national funds for health programs are available, local health legislations are necessary to justify access to such funds.

Gender sensitivity in the formulation of ordinances is highly recommended in line with the Gender and Development efforts of the government. This recommendation is acknowledged by municipal legislators. Nonetheless, it was pointed out that the LGU's financial capability renders it unrealistic to be always gender sensitive.

In an interview, one of the councilors, maintained 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. Yet several studies and experts maintain that women participation in legislation does have a significant impact in addressing needs and concerns of both men and women. An author aptly emphasized 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 (Aboagye, 2000). Hence, when more women are allowed to participate in decision making bodies, the greater the opportunity for women's "perspectives" to be voiced out, recognized and more importantly, utilized in promoting development. Furthermore, the increased participation of women in politics helps achieve what Gurirab and Cayetano (2010) believe as the true and dynamic significance of the concept of democracy in which political policies and national legislations are decided jointly by men and women with equitable regard for the interests and aptitudes of both halves of the population (2010). In the promotion of gender equality, for instance, experts agree that women play important roles in writing and amending constitutions that

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



address the issues of gender equality. Furthermore, due in part to some women leaders taking up this issue, the eradication of violence against women in both the domestic and the public sphere has gained momentum as a global movement (UNDAW,- 2005).

Interestingly, women are at the forefront of health care services delivery. A 2009 survey conducted by the National Statistics Office Gender and Development Committee found that 66.9% of workers hired for health and social works are women (NSO-GCOM, 2012). The same is observed in the international scenario. A study conducted in five countries (United States of America, United Kingdom, Russian Federation, The Netherlands, Denmark) indicates that women dominate nursing and midwifery professions (WHO, 2008).

Actual Implementation of Health Ordinances

Social Hygiene Clinic. The Municipal Health Center (MHC) operates as a social hygiene clinic. A Coordinator is in charge of facilitating the frontline services for Sexually Transmitted Infection (STI) patients. Drugs/medicines including condoms given to STI patients are free of charge. The funding for the clinic is incorporated in the annual appropriations of the Municipal Health Service Office (MHSO) for the purchase of medicines, other logistics and facility improvement. In instances where supplies are insufficient, prescriptions are given to patients who will have to seek further treatment outside the clinic.

Health and Wellness Program. For the Health and Wellness Program the municipal officials, employees and workers, the MHC serves as the lead in processing the paperworks and in coordinating with laboratory clinics for the necessary bidding on the medical examinations to be conducted as part of the program. Should the medical examination reveal a health problem of an official, employee or worker, the MHC likewise caters to the medical needs. Most of the time, however, such official, employee or worker avails himself/herself of health services outside the MHC.

Dental Health Services. Dental health services include curative, preventive and rehabilitative services and other related special projects.

As for other supplies the MHC provides, dental supplies are often not enough to cater to the number of patients. Hence, partnership with organizations, companies and agencies are necessary to augment the needed supplies. Currently, the Municipal Dental Office (MDO) maintains partnerships with the Rotary Summer Club Kapwa Ko, Kalinga Ko Program, Philippine Dental Association- Benguet Chapter, DOH--CAR, Municipal Social Welfare and Development Office (MSWDO) and some professional health care product companies like Lamoyan, the distributor of Hapee toothpaste. These partnerships are likewise helpful in providing additional manpower during special programs or projects.

To lessen reliance on sponsorships or outsourcing, there is a pending proposal for the collection of user's fees on dental supplies. This is deemed necessary for the sustainability of dental supplies and for the upgrading of dental equipment. Most of the patients avail of tooth extraction and fluoridation.

The Municipal Dental Office has a continuing advocacy on oral health care. Information campaigns are conducted through placing of tarpaulins in strategic areas, distribution of brochures and shirts promoting healthy lifestyle and announcements through mass media. Orientations about oral health care are likewise conducted with day care workers during community assemblies and other gatherings or opportunities where the municipal dentist is invited as resource speaker. The MDO has a holistic approach in promoting oral health care programs which are often discussed in relation to nutrition, maternal and child care and other health programs.

The celebration of the Dental Health Month started prior to the enactment of the ordinance on the conduct of Dental Health Month in the Municipality of La Trinidad. Additional budget for the MDO has been allotted in connection to this activity. However, utilization of the budget is limited to the purpose specified in the ordinance. Overall,- the enactment of the said ordinance failed to strengthen delivery of oral health care services.

User's Fees. User's fees are collected for the purpose of augmenting the available funds for the sustainability of health supplies. These fees are lower than the prices of medicines or vaccines in hospitals and private clinics. In the case of vaccines for meningococcemia, however, these are available only if there are outbreaks.

The MHC has an annual procurement plan for medical supplies. However, these supplies are often not enough considering the number of patients the Center services. Some are residents from nearby municipalities. Supplies are usually given free of charge when provided by the Provincial Health Office (PHO) or DOH. Oftentimes, however, these free supplies are not enough; hence, the MHO would have to buy from medical representatives of pharmaceutical companies. In these instances, the enactment of the ordinance serves as basis for the purchase of supplies and for the collection of user's fees.

Safe and Motherhood Program. Counseling services for young people on reproductive health are conducted by the midwives. As part of their capability building, they undergo basic trainings on Integrated Management of Childhood Illnesses, Family Planning and Maternal and Child Care and other related trainings and activities as per invitation from DOH--CAR.

The ordinance on Women's Health and Safe Motherhood Programs included as one of the activities, the identification of the needs and problems of its target clientele (women) and the formulation of strategies relevant to the needs of the program beneficiaries. However, no formal study or research was conducted in relation to this activity. Sometimes home visits are conducted by barangay health workers but such is not sustained considering the population of the municipality. Information campaigns through leaflets, posters, stickers and other similar materials are used to inform the public of the services/programs/ activities offered and conducted by the MHC. Most of the time, the MHC caters to walk--in clients. The same ordinance likewise mentioned the partnership of MHC with other government agencies and nongovernment organizations. Currently, the MHC partners with DOH--CAR for the augmentation of logistics, trainings and technical assistance. This strategy applies not only to carry out Women's Health and Safe Motherhood Programs but also to the overall-services of the MHC. Likewise, the Center partners with the different barangays in the municipality for the implementation of their programs and activities. Links with Non-- Government Organizations (NGOs) like Family Planning of the Philippines (FPP) are maintained to augment family planning supplies and implement similar programs and activities.

Municipal Population Council. Population programs have been implemented in the municipality through the MSWDO regardless of the enactment of the ordinance creating the Municipal Population Council. These programs are classified

into four components: a) social services on health, education, peace and order, and social welfare, b) economic services like livelihood and agriculture, c) infrastructure and environment and d) good governance. Accordingly, operationalization of these programs is measured in terms of the needs and expectations of the people provided or answered through such programs. Recommendations to proper bodies and authorities depend on the needs of the people and the requirements of the national and local laws.

Problems in the Formulation, Enactment and Implementation of Health Ordinances

Lack of Adequate Consultation. Consultations prior to the formulation of a proposed ordinance are significant in insuring that the ordinance directly addresses the needs of its target beneficiaries or clientele. Consultations may be conducted through public fora or researches. In the case of La Trinidad, most of the health ordinances were simply adopted from national legislations. Such adoption is deemed necessary to justify access to or use of available funds for certain health programs initiated by the national government. It is also necessary for the LGU as a show of support to national programs and initiatives.

There are likewise no adequate consultations with key offices or health personnel directly involved in the implementation of the provisions of the health ordinances. Hence, the capability of these offices and personnel to implement the health services indicated in the health ordinances is overlooked. In the case of the MHC, lack of space, manpower and equipment prevent them from fully and adequately implementing the provisions of the health ordinances. Furthermore, many of the health services mentioned in the health ordinances are already existing services provided by key offices of the municipal government. For instance, the MSWDO claims to have been implementing several population programs irrespective of Ordinance No. 72002-. The MDO has been celebrating Dental Health Month even prior to 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. Most of 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. The lack of additional source of funds to augment the existing annual appropriations for the MHSO has important implications on the sustainability of health services being provided. In the case of the MDO, a budget of PhP800, 000 was given in 2013 to celebrate the dental health month in February. However, no such amount was given for 2014. Furthermore, the 2013 budget was not fully utilized to upgrade the facilities and services of the MDO because the use of the money is limited to the purpose specified in the ordinance. Again, this situation highlights the importance of consultation with key implementing offices in determining the needed services, facilities and equipment. For the entire MHC, inadequate supplies, equipment, facilities and manpower are constant challenges.

Absence of Women in the Legislation Process. Gender mainstreaming has been recognized as necessary in the legislation process. In the case of La Trinidad, the absence of women in the formulation and enactment of health ordinances is apparent. Only one female is actually involved, which indicates that women continue to be a minority in the local political arena. The lack of women legislators could have been compensated through consultations with women beneficiaries/ clientele.

Gender mainstreaming has been defined as the strategy for making women's as well as men's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies, programs and projects in all social, political, civil and economic spheres so that women and men benefit equally (UNDP, 2010). Gender mainstreaming requires the conduct of adequate consultations with stakeholders in the formulation of laws and policies. A study on women's political participation in Bangladesh

reveals that the few number of women in decision making bodies and the lack of cooperation from men in the local government resulted to the inability of the women to give attention to their issues (Ara, 2006). In Indonesia, the United Nations likewise identified patriarchal culture and gender role ideology as constraints to women participation in politics and governance. As a result, women are behind in accessing equal opportunities (UNDP, 2010). In the Philippines, Santos, -Maranan, Parreno and Fabros cited sexist beliefs, machismo and practices in domestic and public spheres as barriers preventing full and meaningful participation of women in politics and governance.

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

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 legislations. 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 Programs, 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. Accordingly, these services are part of the regular programs of the Department of Health that have been devolved to the municipal and Barangay Health Centers.

In the Barangay Health Centers, family planning and prenatal checkups,- immunizations and medical consultations are also being 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 own communities 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 device 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 but 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.

In spite of these, an ocular inspection of the MHC indicates that the ordinance did not seem to have strengthened the capability of the municipal health center to deliver its functions in terms of budget increase, personnel development and a much needed improvement of equipment or facility. As of this writing, the MHC is under renovation with funding coming from a private institution through the initiative of the municipal mayor who incidentally is a woman.

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. 32002-.

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 look 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 are benefited by 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 that in the end no gender will be more disadvantaged or benefited than the other (Saulnier *et al*, 1999). An interview with a health personnel indicate 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 researches 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. Several studies highlighted the gender dimensions of some illnesses. For example, a study conducted in Mexico revealed that men's gaining less weight than women is attributed to men's work, such as bricklaying, factory work or any work-related activity taking place outside the home, which is perceived as more physically intense. On the other hand, women's work, which is typically related to household chores, is perceived as more emotionally and psychologically intense, making them more vulnerable due to the stress and afflictions typical of full-time care of their households and families (Zolezzi *et al*., 2008). WHO also noted that in societies where women prepare most of the family food and, where solid fuels are used for cooking, girls and women often suffer as a result of exposure to indoor air pollution. Ergo, exhausting and debilitating household work compounded by inadequate resources, pregnancy and subsistence agriculture pose particular hazards on women. On the other hand, the concept of masculinity leads men to engage in risky behaviors. For instance, male breadwinners feel compelled to take on dangerous jobs. Males engage in unhealthy habits such as smoking, heavy drinking and dangerous sports. The study further explained that in the area of mental health, gender stereotyping prevents men from fully expressing their emotions and admitting their weakness (Doyal, 1998). The impact of women's roles, particularly as caregivers, on their health is likewise emphasized in a study in Canada which cited significant negative effects of care-giving on the physical, emotional, financial and social wellbeing- of women caregivers. The negative effects include added expenses, reduced social activity, reduced sleep, increased social isolation and stress (Donner *et al*., 2008).

Gender Mainstreaming Opportunities in the Health Legislation Process

Moser's Gender Planning Framework (MGPF) emphasized that gender mainstreaming necessitates women participation in all aspects of the legislation process. In the health legislation process of the Municipality of La Trinidad, there are several avenues for this to happen.

Formulation of Proposed Health Ordinance. Proposed health ordinances may be based on surveys and/or other in--depth and comprehensive researches conducted on the health situation of residents. Non--government Organizations (NGOs), Government Organizations (GO) and People's Organizations (PO) especially Women's Organizations may be consulted for additional information. Attention should also be given to cases of violence against women and their children. The increasing incidence of teen pregnancy should also be looked into to help the young care for themselves and their children while pursuing their

career goals.

Referral to Health Committee. There should be continuous consultations with residents, concerned NGO's, GO's and PO's especially Women's Organizations for possible validation of research findings made by the Health Committee. These organizations should likewise be consistently invited to attend public hearings/fora held purposely for the health ordinances being proposed.

CONCLUSIONS AND RECOMMENDATIONS

Women continue to be a minority in the local health legislation. Their absence is evident not only in the municipal council but also in the various opportunities or avenues for consultation in the legislation process. However, in the health care delivery system, women are at the forefront.

Problems in the delivery of health care services stem from the apparent lack of adequate consultation between health legislators and health care delivery personnel.

Women's reproductive health issues are a priority as evidenced by existing health services in the municipal health center and barangay health centers. However, other issues/concerns arising from women's multiple roles as wives, mothers and workers are not fully recognized, outlined and addressed in the health ordinances.

Opportunities for women participation in local health legislation and implementation should be explored further by the Local Government Unit (LGU). Partnerships with concerned NGOs and POs can also be established to facilitate the drafting of more gender responsive health ordinances.

A more intensive discussion among health legislators and health care delivery personnel should be considered to come up with health ordinances that will strengthen health care services in the locality

Health ordinances should also include health care services that address health needs of women arising from their multiple roles as wives, mothers and workers.

Household interviews may be conducted to identify pressing health needs of the community to be able to compare with health needs addressed by existing health ordinances.

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