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REPRODUCTIVE HEALTH IN THE PHILIPPINES: POVERTY, RELIGIOSITY, AND
NAVIGATING REPRODUCTIVE CHOICES

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Submitted in partial fulfillment of the requirements for the degree of

Master of Arts in International Studies

August 2020

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ABSTRACT

REPRODUCTIVE HEALTH IN THE PHILIPPINES: POVERTY, RELIGIOSITY, AND NAVIGATING REPRODUCTIVE CHOICES

by Allison R. Goncena

This dissertation centers the Philippines as a case study in which quantitative and qualitative data from empirical studies, science journal articles, social science texts, and interviews are cross-examined to ascertain two main areas of interest. The first incentive is to identify and analyze the Catholic Church's resources in perpetuating moral male-dominant rhetoric that have delayed efforts supporting reproductive health intended to aid low-income women concerning their sexual and reproductive health. The second incentive is to detect how low-income women's thoughts and behaviors in making reproductive decisions are resonant or not of the Church's moral rectitude over SRH through their demonstrations of internalizing, subverting, or opening contesting its influence.

This thesis contends that while the Catholic Church has played a powerful role in influencing legislation that has limited access to SRH services intended for low-income women, low-income women's demonstrations of varying levels of agency by internalizing, subverting, or challenging such restrictions suggests the waning importance of emulating Catholic ideals in reproductive decision-making. Analysis of results confirm that, for the most part, low-income women make reproductive-decisions with minimal regard for Catholic ideals or of legislative barriers through actions and attitudes demonstrating subversion and challenging of such ideals; however, the topic of abortion does reveal instances of internalization, especially in cases of multiple failed abortion attempts. Further analysis of male perceptions regarding reproductive decision-making largely reflect patriarchal values of Catholic Church, underscoring nationalist discourse of gender roles in relation to gender and class power dynamics.

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LIST OF ABBREVIATIONS

<u>Abbreviation</u>	<u>Meaning</u>
CBCP	Catholic Bishops' Conference of the Philippines
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CPR	Contraceptive Prevalence Rate
CSE	Comprehensive Sexual Education
D.E.A.T.H.	Divorce, Euthanasia, Total Contraception, Homosexuality
mCPR	Modern Contraceptive Rate
MMR	Maternal Mortality Rate
RH	Reproductive Health
SDG	Sustainable Development Goals
SRH	Sexual and Reproductive Health
TFR	Total Fertility Rate
UNFPA	United Nations Population Fund
UNICPD	United Nations International Conference on Population and Development

1 Background/Introduction

Coming into the process of researching for this thesis, I knew that I wanted to focus on the issue of reproductive health law, specifically in the Philippines. As someone who was educated in Catholic schools in the Los Angeles area and having been brought up by adherent Filipino Catholic parents, I grew up never questioning the firm Catholic belief that abortion and any intervention that obstructs the natural process of conception was morally wrong in the eyes of God. Albeit, I was raised in a largely liberal city, but my K-12 Catholic educational upbringing made it difficult to talk about seemingly controversial issues without feeling the strain of Catholic guilt pulling at my conscience for thinking otherwise or even worse, that the Catholic Church was ill-informed about certain matters. Coming into my undergraduate years in a more open and secular educational environment at Cal-State Long Beach and learning about sexual and reproductive issues through an elective course I had taken focusing on women's health, I found myself questioning the rigidity of Catholic dogma in relation to discourse around the sanctity of female virginity and women's autonomy over their own bodies.

Conveniently, when it came to the polarizing topic of abortion, I had already been exposed to this subject matter when I was in second grade. That year, an avid pro-life advocate and protestor was invited to our school to provide students with a school-appropriate presentation that would expose us to the general evil of abortion. Her slideshow was quite explicit, depicting and detailing the undoubtedly human-like features of fetuses at different stages of gestation interspersed with photos of both early and late stage abortions. Yet, even with her rhetoric and the starkness of that imagery pressed into my psyche, I still couldn't fully wrap my head around the idea that this person was unquestionably right about abortion, though I fully empathized with her cause.

As an adult, I'm now, more than ever, an avid proponent of the human right of every woman having access to sexual and reproductive health services, especially in developing countries wherein sexual double standards remain prevalent. Shifting focus back to the Philippines, what is particularly dubious about its relation to this subject matter is that while it ranks as the 16th most gender equal nation according to the Global Gender Gap report, dropping 8 notches from its previous spot, and surpasses a number of notable first world nations in gender parity, like Australia and Switzerland, it has continued to struggle with providing vital reproductive health services to the most vulnerable people of its nation: impoverished women and teens.¹ On the other hand, in Global North nations including the United States, reproductive health laws have also come under attack due to the conservative leanings of a given administration.

Nevertheless, this paradox between guaranteeing standards of gender parity and the laxity concerning the right to accessible women's reproductive health services sheds light on two critical details. Firstly, while the Philippines maintains a reasonably high level of gender parity on a global scale and its government has even signed and passed several initiatives and laws targeting gender-related issues, including the Responsible Parenthood Act in 2012 to specifically grant poverty-stricken women greater access to SRH services, the problem remains that low-income women cannot readily access sexual and reproductive health services on the same level as middle- and upper-class women. Secondly, this disparity has existed for decades as a result of the country's foremost Catholic institution, known as the Catholic Bishops Conference of the Philippines (CBCP), which has forged strong political ties with government elites through its prominent role in Philippine politics and thereby, has held precedence in swaying legislation

¹ Paris, J. (2019, December 17). Philippines drops to No. 16 in Gender Gap Report 2020. Retrieved July 14, 2020, from <https://rappler.com/nation/philippines-rankings-gender-gap-report-2020>

against modern deviations deemed as perpetuating “a culture of D.E.A.T.H.”² (divorce, euthanasia, abortion, total contraception, homosexuality), a term coined in Pope Paul VI’s 1968 encyclical letter, *Humanae Vitae*, in its favor. This level of power not only underscores how Catholic institutions tend to uphold precedence on political matters in which the moral framework of the country is challenged, but it also brings to light how implementing a top down approach to regulating access to sexual and reproductive health services creates legal barriers for low-income, Filipino women in most need of public access to such services and exacerbates the stigma-driven narrative around that need. Such regulations aim to restrain women’s bodily autonomy concerning their full rights to reproductive decision-making under the pretense of upholding the nation’s Catholic values, which are dictated by a conservative Catholic, patriarchal minority.

Ultimately, the premise around sexual and reproductive health and rights has always centered around Global North countries imposing unnecessary, Western standards onto those of the Global South for the sake of reaching benchmarks for development. In this case, international organizations have persistently emphasized the urgency of addressing marginalized women’s need for SRH services in the Philippines to address poverty levels, population growth, and gender inequality against the hegemony of Church doctrine. Yet, the reality of the ways in which women in low-income circumstances navigate the web of legal, religious, and economic hindrances to make decisions concerning their reproductive health deserves candid consideration and exploration to comprehend the scope of how these legal constraints are realistically handled, the rationale behind such decisions, and how lived religion within this context can serve to

² “*Humanae Vitae* and the Damage Done: How the Vatican’s Ban on Birth Control Hurt the World.” Catholics for Choice, 2018. <http://www.catholicsforchoice.org/wp-content/uploads/2018/07/CFC-HumanVitae13.pdf>

inform the efficacy of SRH legislation. In turn, my thesis contends that while the Catholic Church has played a long-standing and powerful role in influencing legislation that has limited full and legal access to sexual and reproductive health services intended for low-income women, their capacity to demonstrate varying levels of agency by internalizing, subverting, or challenging such restrictions suggests the waning relevance of emulating Catholic ideals in reproductive decision-making and instead, the creation of alternative moralities to fulfill their SRH needs. Consequently, this thesis will focus on three key questions that seek to substantiate this argument:

1. What assets or resources have helped the Catholic Church uphold influence over moral matters, specifically restricting SRH legislation?
2. To what extent are low-income women in impoverished circumstances affected by the Catholic Church's (CBCP) influence on RH legislation? Do they internalize, subvert, or challenge RH legislation?

2 Methodology/Research Design

This paper will be deriving a bulk of its evidence by cross-examining and analyzing both qualitative and quantitative data from a variety of scholarly resources that are relevant to the given topic and have been published within the last ten years. These sources include peer-reviewed journal articles discussing controversies surrounding the passing of the 2012 Reproductive Health Act, as well as supplementary topics (i.e. religiosity in the Philippines, perspectives on gender and sexuality within the Catholic Church, the relationship between religion and politics); social science texts; published surveys entailing in-depth interviews and focus group discussions concerning the topic of decision-making regarding SRH; global health studies regarding the impact of SRH on impoverished women in the ‘developing countries, including the Philippines; and annual statistical reports from the Philippine National Demographic Health Survey, which serves to depict trends in these key areas: population growth, the poverty rate, traditional versus modern contraceptive prevalence rates (CPR vs. mCPR), the maternal mortality rate (MMR), the birth rate, and the teenage pregnancy rate (ages 15-19).

In approaching the analysis and organization of this paper, the first portion will be examining Catholicism in the Philippines, its history, and its strategic resources to unravel the top-down efforts of the long-standing institution and its moral authority over anti-SRH discourse to limit low-income women’s access to SRH services and rights. This section will be tracing the chronological development of debate and discourse surrounding the burgeoning call for a sexual and reproductive health law, as well as the key groups, figures, events, and documents that have contributed to both anti- and pro-arguments on RH legislation.

This thesis will also employ the framework of intersectional feminism as a lens to discuss and analyze both qualitative and quantitative data regarding low-income women's actual attitudes and practices around SRH. This additional application of intersectionality is crucial as breakdown of this data will showcase how "overlapping systems of privilege and marginalization jointly shape possibilities for meaning-making and action."³ In turn, interpreting social factors of gender and class within this context will ultimately reveal "complex, dynamic, and contextualized processes" that aren't necessarily fixed or resonant of assumed faculties associated with gender or class.⁴ Thus, examination of the accounts of the women, as well as the opinions of male partners regarding individual instances of reproductive decision-making, will reveal a complex range of reasoning and rationale behind attitudes, thought processes, and ultimate decisions that not only reflect intersectional feminism but also fall into the general categories of internalizing, subverting, and challenging SRH restrictions.

3 Sexual and Reproductive Health in the Global Sphere

To understand the significance of sexual and reproductive health rights in the context of a historically and deeply religious country like that of the Philippines, it's crucial to examine the details of the global framework concerning the roles that women and, increasingly, how female teens between the ages of 15-19 are positioned in the context of SRH. In 1994, the International Conference on Population and Development in Cairo established and defined reproductive health and called for all nations to ascribe to its standards of comprehensive sexual and reproductive health education and services with adolescent youth particularly in mind. According to the

³ Joshua Uyheng, Juleini Vivien Nicdao, Caroline Leanne Carmona, and Nico A. Canoy, "Intersectional discourses of reproductive agency in the Philippines: A mixed methods analysis of classed constructions of pregnancy resolution," in *Feminism & Psychology* (2020): 0959353520915829, 5.

⁴ Uyheng, Nicdao, Carmona, and Canoy., "Intersectional discourses ...," 3.

handbook for National Human Rights Institutions assigned by the ICPD's program of action, reproductive health is defined as "a state of complete physical, mental and social wellbeing, not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes."⁵ Implied in this definition are that "people are able to have a satisfying and safe sex life and that they have the capacity to reproduce and the freedom to decide if, when and how often to do so."⁶ Additionally, insinuated in the last part of the definition includes "the rights of men and women to be informed, have access to safe, effective, affordable and acceptable methods of family planning including methods for regulation of fertility, which are not against the law; and the right of access to appropriate health care services to enable women to have a safe pregnancy and childbirth and provide couples with the best chance of having a healthy infant."⁷ Its goals were to be completed by 2015, although many developing countries have yet to reach its standards even today.⁸

Nonetheless, every few years or so, the Commission on Population and Development has reinstated and reinforced more standards for reproductive health that need to be met by signatory countries, which include "the right of young people to comprehensive sexuality education (CSE), to decide on all matters related to their sexuality; access to SRH services, including safe abortion where legal, that respect confidentiality and do not discriminate; and the protection and promotion of young people's right to control their sexuality free from violence, discrimination, and

⁵ *Reproductive Rights are Human Rights: A Handbook for National Human Rights Institutions*. PDF File. July 20, 2020. <https://www.ohchr.org/Documents/Publications/NHRIHandbook.pdf>

⁶ *Reproductive Rights are Human Rights: A Handbook for National Human Rights Institutions*. PDF File. July 20, 2020. <https://www.ohchr.org/Documents/Publications/NHRIHandbook.pdf>

⁷ *Reproductive Rights are Human Rights: A Handbook for National Human Rights Institutions*. PDF File. July 20, 2020. <https://www.ohchr.org/Documents/Publications/NHRIHandbook.pdf>

⁸ V. Chandra-Mouli, J. Svanemyr, A. Amin, H. Fogstad, L. Say, F. Girard, and M. Temmerman, in "Twenty years after International Conference on Population and Development: where are we with adolescent sexual and reproductive health and rights?" in *Journal of Adolescent Health*, 56(1), S1-S6.

coercion.”⁹ While these criteria for SRH standards are certainly achievable by most Western nations, although the depth at which these ideals are accomplished are probably nuanced and relative to each and every nation, it has been notably difficult for Global South countries to achieve these means for understandable reasons.

From a global perspective, adolescent youth face a set of complex and deeply intersecting issues and biological realities that complicate their access to both comprehensive reproductive health and education. First and foremost, “boys and girls are reaching adolescence earlier,” which means that sexual activity is occurring at a much earlier age and are deplete of any awareness or education about risks for pregnancy and STIs.¹⁰ Even more, “girls are in many settings less likely than boys to get an education, the health care they need, and the opportunity to grow and develop before taking on adult roles.”¹¹ This reality is one that not only brings to light the undercurrent of prevailing gender norms that remain relevant and unchallenged in a majority of low- to middle- income countries, but it also underscores the inherent lack of agency female youth and in turn, women must face as a part of their lived experiences in upholding cultural values that reinforce heteronormativity. Thus, the more despicable consequences of upholding gender norms, like forced early marriage, sexual and physical violence, and female genital mutilation become unquestionable and integral to a given cultural society.

Laxity in access to comprehensive CSE and SRH in Global South countries also implies the intersection of socioeconomic struggles of poverty and marginalization, which simply adds to the likelihood for adolescent females to “experience health and social problems” and make it “less likely to obtain preventive and curative health services.”¹² Due to the normative nature of gender

⁹ Chandra-Mouli, Svanemyr, Amin, Fogstad, Say, Girard, Temmerman, “Twenty years...,” S3.

¹⁰ Chandra-Mouli, Svanemyr, Amin, Fogstad, Say, Girard, Temmerman, “Twenty years...,” S3.

¹¹ Chandra-Mouli, Svanemyr, Amin, Fogstad, Say, Girard, Temmerman, “Twenty years...,” S3.

¹² Chandra-Mouli, Svanemyr, Amin, Fogstad, Say, Girard, Temmerman, “Twenty years...,” S3.

inequality, the statistics regarding this matter reflect an evident link between female reproductive trends in pathology and morbidity and the lack of support and access to sexual and reproductive health services and education.¹³ Some key findings indicate that “almost all [95%] of adolescent births take place in developing countries”¹⁴ and more disturbingly, that “young women make up more than 60% of all young people living with HIV.”¹⁵ These statistics suggest that young women in the developing world are significantly at the behest of and most certainly casualties to incompetent SRH and CSE systems.¹⁶ Furthermore, considering that early pregnancies in low- to middle- income nations typically result in high-risk pregnancies, higher maternal and infant mortality rates, and increased risk for clandestine abortions, adolescent girls become bound to a cycle in which their chances of continuing their education, or essentially achieving personal or professional goals beyond the bounds of reproduction, are limited. Thus, as these girls grow into young adulthood, they will most likely continue to have more children, and their daughters may accordingly fall into the same pattern of unintended or unwanted adolescent pregnancy.¹⁷

With adolescents comprising “one-fifth of the world’s population” and females comprising a little less than half the world’s population, there is undoubtedly a wealth of untapped potential to be derived from this crucial demographic.¹⁸ As most females in the developing world are relegated to the role of the private sphere, wherein maternal and reproductive roles are constantly reinforced, investing in “adolescent SRH”¹⁹ can lead to a growing sense of normality around the notion that female youth should be treated on par with their male counterparts within the context

¹³ Chandra-Mouli, Svanemyr, Amin, Fogstad, Say, Girard, Temmerman, “Twenty years...,” S2.

¹⁴ Chandra-Mouli, Svanemyr, Amin, Fogstad, Say, Girard, Temmerman, “Twenty years...,” S2.

¹⁵ Chandra-Mouli, Svanemyr, Amin, Fogstad, Say, Girard, Temmerman, “Twenty years...,” S2.

¹⁶ Chandra-Mouli, Svanemyr, Amin, Fogstad, Say, Girard, Temmerman, “Twenty years...,” S2.

¹⁷ Chandra-Mouli, Svanemyr, Amin, Fogstad, Say, Girard, Temmerman, “Twenty years...,” S2.

¹⁸ Chandra-Mouli, Svanemyr, Amin, Fogstad, Say, Girard, Temmerman, “Twenty years...,” S2.

¹⁹ Chandra-Mouli, Svanemyr, Amin, Fogstad, Say, Girard, Temmerman, “Twenty years...,” S2.

of romantic or marital relationships, as well as in relation to education and employment attainment. Women are fundamental to the economic growth and overall well-being of the developing world and are sure to find individual fulfillment in pursuing endeavors outside of conservative gender norms.²⁰ Ultimately, both SRH and CSE are vital human rights that not only provide girls and adolescent females living in low- to middle- income countries with an informed and supported awareness of their own autonomy against the backdrop of societal and biological expectations, including marriage and bearing children, but it also affirms a level of protection and deference for the girl child that is conspicuously remiss within several ostensibly patriarchal countries within the global south.

As vital as it is to appeal for the standardization of systems and policies that support sexual and reproductive health as necessary stepping stones for global health and development, it's equally significant to acknowledge that achieving SRH and CSE benchmarks is a long work in-progress that often leads to improvements in certain capacities while others remain stagnant or behind for broad range of unexpected reasons, especially in low- to middle- income countries. In fact, in a public health study that examined the reasons of nonuse of contraceptive methods by women in 47 low and middle-income countries, the “mean prevalence of demand for contraception not satisfied was 40.9%” and 17 countries had a prevalence of unsatisfied demand for contraception higher than 50%.²¹ Noticeably, five of the countries—Angola, Mali, Gambia, Guinea, and Chad—had a prevalence of 70% or higher, wherein Catholic and Muslim majority populations reside.²² Overall, however, “health concerns” and “infrequent sex” were cited as the

²⁰ Laísa Rodrigues Moreira, Fernanda Ewerling, Aluisio JD Barros, and Mariangela Freitas Silveira, "Reasons for nonuse of contraceptive methods by women with demand for contraception not satisfied: an assessment of low and middle-income countries using demographic and health surveys," in *Reproductive health* 16, no. 1 (2019): 4.

²¹ Moreira, Ewerling, Barros, and Silveira, “Reasons for nonuse,” 4.

²² Moreira, Ewerling, Barros, and Silveira, “Reasons for nonuse,” 4.

top reasons for nonuse in 22 out of 47 countries and 18 out of 47 countries, respectively.²³

Collectively, these findings suggest a diverse range of factors that expose the ambiguities between a country's ability to satisfy contraceptive demands while also revealing the details behind women's misgivings about using available family planning methods due to reservations about contraceptive use, as well as the globalized market in contract labor that may take male partners away from home causing infrequent patterns in sexual activity. Thus, efforts to implement and normalize SRH practices and attitudes, such as usage of modern birth control or the notion of practicing spacing between pregnancies, aren't necessarily easy to adopt because of intersecting factors, such as education level, gender norms, poverty, politics, religious beliefs, economics which often coalesce to influence a woman's ability to comfortably and consistently access sexual and reproductive health services and education.

Such realities resonate with the assertions that intersectional feminism contends.

Intersectionality's framework "challenges ideas that women are a fixed, monolithic group and instead finds that women from different groups have distinct experience," it acknowledges that gender is "mutually constructed" with race, class, and other axes of social organization," it understands that power functions at "multiple levels," which include the individual level molding one's lived experience, the inter-subjective level "in relations among actors," the organizational level (i.e. social, political, and economic institutions), and "the representational level in discourse information flows," and finally, it acknowledges that "one cannot simply average or add up the experience of being a racial, ethnic, or religious minority to the experience of being a woman and deduce the experience of being a minority woman."²⁴ For years, feminists have been calling for

²³ Moreira, Ewerling, Barros, and Silveira, "Reasons for nonuse," 4.

²⁴ Melanie M. Hughes and Joshua Kjerulf Dubrow, "Intersectionality and Women's political empowerment worldwide," in *Measuring women's political empowerment across the globe*, pp. 79-81. Palgrave Macmillan, Cham, 2018.

“specific attention to the experiences and outcomes of women of color and women from the Global South.” The data points discussed, though few and general, shed light on the cyclical nature of SRH issues, like teen pregnancy and STIs, as well as the possible perpetuation of fear and stigma around accessing SRH services in Global South countries. In turn, what needs to be identified and examined are the ways in which individuals, institutions, organizations, and/or discourses as “forces of oppression” converge and intersect, “often in compounding ways,” to institutionalize and perpetuate power dynamics wherein women in low-income or marginalized circumstances are relegated to terms of repeated limitations in relation to the topic of SRH.^{25 26}

The following sections serves to shift focus back to sexual and reproductive health in the Philippines, identifying the key asset and strategies that the Catholic Church has used to engender and preserve a society built upon rigid gender norms and thereby, systemically prohibitive of sexual and reproductive health and rights. The subsequent section unpacks the origins of the country’s founding institutions of cultural and national identity—the Spaniards and the Catholic Church—to elucidate the establishment of gender roles within the context of national identity and religion.

²⁵ Hughes and Dubrow. "Intersectionality and Women’s political empowerment,"81.

²⁶ Hughes and Dubrow. "Intersectionality and Women’s political empowerment,"78.

4 Asset #1: Gender Roles Rooted in Colonial History

The first primary asset the Catholic Church has utilized in establishing the status quo of rigid gender norms that would contribute to a longstanding struggle for SRH is the institutionalization of Filipino gender roles by its Spanish theocratic colonizers and the top down social structures that became inextricably tethered to these norms within civil society. With the conquering of the Philippines in the mid-16th century and its long history under a major colonial and Catholic power, it's not particularly difficult to gauge the depth of cultural influence of the Catholic Church and its impact on the perpetuation of gender norms that stand in direct opposition to sexual and reproductive health and rights today. From the mid-1500s to 1898, the Philippines was run like a "Catholic theocracy" under Spanish rule and was easily conquered due to the decentralized nature of archipelago.²⁷ While Mindanao was controlled by Muslim sultanates, the rest of the islands fell under Spanish control and was done so with reasonably little military force. Instead, an "impressive display of pomp and circumstance, clerical garb, images, prayers, and liturgy attracted the rural populace" and to ensure the separation of these areas from Muslim raiders and their influence, these newly Christianized Filipinos were sent to live in Spanish organized pueblos, which would "set a pattern that is evident in modern Philippine Christian towns."²⁸ Distinctive to these new locales was the centrality of "civil and ecclesiastical authority" found "in the hands of the parish priest," which meant that "the church, situated on a central plaza, became the locus of town life."²⁹ The prevalence of Catholic rites and rituals, including "masses, confessions, baptisms, funerals, marriages punctuated the tedium of everyday routines"

²⁷ S. Estrada-Claudio, "Voices and choices in reproductive rights: Scholarship and activism," *IN THE ASIAN CENTURY* (2015): 99.

²⁸ Jack Miller, "Religion in the Philippines," in *Asia Society* (2014).

²⁹ Miller, "Religion in the Philippines," 2.

and still bear relevance in Philippine society to this day.³⁰ With the Church calendar setting the pace for the on-goings of daily life and local celebrations, separating religion from the mundane was nearly impossible, emphasizing Catholicism as the “totalizing” culture that it came to be and in some ways, still remains in some breadths in the modern context.

Shifting attention to the formation of gender roles during the colonial period, it’s crucial to acknowledge that before Spain’s conquest of the Philippines, Filipino women shared equal rights with Filipino men, including selling property she had brought into the marriage, being informed by her husband about “his business affairs and contracts,” being able to divorce her husband “in case of non-support or maltreatment,” and upholding “headship in the barangay [neighborhood].”³¹ In fact, it wasn’t unusual for women to serve as leaders in their communities and as priestesses overseeing spiritual rites, since animism was heavily practiced as the main form of religion before the introduction of Catholicism.³² When Roman Catholicism was introduced by the Spaniards, “its social system had transformed the Philippines into a patriarchal system” wherein its “male-centered and male-dominated” teachings underscored “gender and sexuality” as a “formulation of biological destiny.”³³ Thus, following the Eurocentric view of women within the familial structure, the upbringing and nurturing of Filipinas was now centered around the home, tending to children and housekeeping. However, women were educated to some extent, as the Spaniards had built schools specifically catered to preparing Filipinas for marriage and motherhood by teaching courses in “Christian doctrine, some reading and writing skills (enough to do prayers) and a lot of needle work.” Women were also highly encouraged to stay out of politics and could not work or sell any of her paraphernal property without the

³⁰ Miller, “Religion in the Philippines,” 2.

³¹ Abenes, Rodrigo. "The Genealogy of Male Domination in the Philippines." Baybayin (2015): 25.

³² Abenes, Rodrigo. "The Genealogy of Male Domination in the Philippines." Baybayin (2015): 26.

³³ Abenes, Rodrigo. "The Genealogy of Male Domination in the Philippines." Baybayin (2015): 27.

permission of her husband. If women were to contribute to the colonial economy, it would have to be through retail.³⁴

In terms of the development of male gender roles, Spanish colonization brought a Eurocentric system of social stratification, privileging a Western-leaning educated, landowning *mestizo* (mixed-race) elite class over the larger agrarian, ‘native’ mass. Merely providing education during this period was an instrumental tool in fostering loyal colonial subjects—men only, of course. Conversely, most native Filipino men did not receive a *full* education and were expected to be the breadwinners of the family through the simple means of farming.³⁵ Unlike their female counterparts, machismo culture, a sociocultural term denoting social normalization of male promiscuity, engendered sexual allowances including hyper sexuality, extra-marital affairs, aggressiveness, and virility—all characteristics that stand in direct contrast to the sexually pure and matronly expectations of their female counterparts. Fast forward 400 years or so, machismo behavior remains ever-present and has managed to demonstrate a definite internalization of these colonial power dynamics as today’s Filipino men have shown “negative attitudes towards male contraceptives.” The Philippine government has even made legislative concessions for men with children from extra-marital affairs via the “Family Code of the Philippines,” which “allows for such deviances in its acceptance of “half-blood” siblings within the traditional family unit (EO No. 209, Section 150),” emphasizing “the prevalence of infidelity

³⁴ Amaryllis T Torres, "The Filipina Looks at Herself: A Review of Women's Studies in the Philippines," in *Trans. Nat. Acad. Sci. & Tech.(Phils.)* 987 (1986): 307-330.

³⁵ Marc Maca and Paul Morris, “Education, National Identity and State Formation in the Modern Philippines,” in *Constructing Modern Asian Citizenship* eds. Edward Vickers and Krishna Kumar (Routledge; London, 2015), 6.

by husbands, as well as the fathering of multiple children from different mothers” as being “widely accepted as a cultural norm—albeit, sometimes professed with pride by men.”³⁶

Drawing comparisons between the establishment and function of both male and female gender roles by the Spaniards, it’s clear that through the institutionalization of this new theocratic social structure, gender and class power dynamics were shifted from a largely egalitarian Filipino native society to one that was complicated by new intersections of different social classes: a landed, educated Mestizo elite minority, a low-educated male labor class majority, and the entire class of Filipina women whose existence was now exclusively tethered to housekeeping, childrearing, and distinctive gendered activities. (Note: Of course, this would be most complicated with Filipina women being in different social classes as well.). This system created new power dynamics within Filipino society, forging new markers of identity that not only reflected the religious ideals of a male-dominated institution but also created nuanced power struggles within the native population through the inevitable colonial process of producing offspring of mixed blood. Now, Filipina women were relegated to the bottom of this new social structure, while native Filipino men, with manual labor jobs, were now subordinate to a wealthy Mestizo class. In turn, Filipina women faced double oppression, as their existence demonstrated a deemed necessary division with their husband’s labor outside of the home while the gendered ideals of the Catholic Church kept them inside the home and with agency restricted to gendered and Christian-like activities. Native Filipino men, facing both racial, economic, and social inferiority to this Europeanized and educated class, could find certain dominance through their wives’ financial dependence on them, as well as the sociocultural phenomenon of warranted male sexual pleasure both within and outside the strictures of marriage.

³⁶ Christianne F. Collantes, “‘The Middle’ and ‘The Masipag’: Ideas on Faith, Family and Responsibility,” in *Reproductive Dilemmas in Metro Manila* (Springer: 2017), 103.

Because of the longevity and hegemony of the Catholic Church's theocratic power throughout its over 400 years of rule in the Philippines, this social structure, while subject to the obvious changes of shifts in political power and key historical events, would remain the mainstay of Filipino society and a steady reminder of the relationship between gender norms and the male-dominated Catholic institution that strategically upturned the egalitarian status quo of pre-colonial Philippines to a reflection of the gendered power structure of its Western conquerors. More distinctly, it was through the institutionalization of gender norms by the Spanish religiosos as a means to organize and run Philippine society that understandings of authority, identity, and gender became tied to ethnonational ideals of the Catholic Church. In the end, the cultural legacy of the Philippine's Spanish colonial history and its establishment of rigid gender norms has helped solidify the legitimacy of male-dominated religious institutions over the autonomy of women in a top down approach for several centuries with only recent contestation of the validity of Catholic views on critical moral matters. Thus, the following section will explore the second asset of the Catholic Church: how grassroots representation by Catholic leadership on behalf of the Filipino people in recent political events helped elevate the Church's bearing in influencing politics, especially in matters wherein Catholic hegemony was critically challenged.

5 Asset #2: Grassroots Role of Catholic Leadership in Recent Political Events Elevated Its Political Authority and Judgement on Reproductive Health Issue

While the Philippines of today has essentially perpetuated the “same itinerary plotted by the Iberian Catholic order”³⁷ as seen through the endemic nature of Catholic Church in present times, the Church’s heavy involvement in state matters, particularly concerning reproductive health legislation, is quite recent.³⁸ Much of its intervention in recent national politics revolves around a few decades of individual but crucial events and actors from the Vatican, the UN, and the Philippine government that came to define and hone the Church’s authority over civil matters, such as RH legislation. Firstly, the Second Vatican Council (1963-1965) provided an immense amount of inspiration to the CBCP, which is the main overseeing and authoritative body of the Catholic Church in the Philippines, at a time when the Philippines was under the notoriously corrupt presidency of Ferdinand Marcos around the late 60s to mid-80s. Vatican II’s emphasis rested on increasing the Church’s relevance by “involving itself in matters of modern social life” whereby much of its focus and resources were put towards “socio-economic development projects to ameliorate poverty.”³⁹ Thus, Catholic priests and nuns came to work with the Communist Party of the Philippines, causing tensions between the Church and the Marcos administration as the former was able to unabashedly address more pressing human rights issues at a more tangible level, garnering the institution widespread support and bringing back democracy into the country. Essentially, the CBCP built a strong a foundation as an arbiter for

³⁷ Paredes, “Projecting order in the pericolonial Philippines,” 234.

³⁸ Julius Bautista, "Church and state in the Philippines: Tackling life issues in a culture of death." *Sojourn: Journal of social issues in Southeast Asia* 25, no. 1 (2010): 31.

³⁹ Bautista, “Church and the state in the Philippines,” 33.

providing systemic change and addressing civil liberties for the Filipino people, and its involvement in Philippine politics on moral matters has been fixed since then.

As Marcos' power was phasing out due to the rising power of the CBCP and its anti-Marcos movement, Corazon Aquino, widow of the recently assassinated anti-Marcos Philippine senator Benigno Aquino, who was supposed to "lead the mass resistance of the Filipino people with official sponsorship and support"⁴⁰ from the country's religious leaders, was officially backed by Archbishop Jaime Sin and the CBCP as the next president of the Philippines. She was the perfect presidential candidate, as her Catholic upbringing and the timing of the national tragedy surrounding her husband's tragic death facilitated a religio-political alliance between Aquino and the Church that would easily bring down Marcos from power. During her presidency, Aquino and Cardinal Jaime Sin "reaffirmed the Church's place in Philippine politics" and through rewriting the country's constitution in 1987 with the help and advice of religious advisers from the CBCP, "matters regarding family planning and reproductive health and rights" were inextricably affixed to the Catholic Church's terms.^{41 42} Furthermore, Article II, Section 6 of the constitution stated that "the separation between Church and State shall be inviolable" which while in theory posits separation of Church and State, it actually allots preferential treatment to the practice and freedom of religion and its intervention in civil or political matters.⁴³ Thus, with Aquino's succession to this position of power, the CBCP and its allying Catholic leaders validated their intervention in even the most intimate of matters (i.e. family life and abortion), creating further legislative barriers that ostensibly seemed for the good of the nation since these

⁴⁰ Collantes, "Histories: Religion, Revolutions, and Global Restructuring," 50.

⁴¹ Collantes, "Histories: Religion, Revolutions, and Global Restructuring," 68.

⁴² Collantes, "Histories: Religion, Revolutions, and Global Restructuring," 67.

⁴³ Nestor T. Castro, "The Interface between Religion and Politics in The Philippines Based on Data from Recent Philippine Elections," *International Journal of Interreligious and Intercultural Studies* 2, no. 2 (2019): 103.

reforms signified the Philippines reinvigorating its position as a Catholic bastion for the Vatican and the Filipino people.⁴⁴ However, such measures would prove harmful to the country's population, as overpopulation and the HIV epidemic would come to be increasingly prevalent global health concerns that the CBCP and Vatican refused to address as genuine imminent concerns linked to poverty issues within the Philippines and other Global South countries.

Coincidentally, a few years after Aquino's presidency, during the presidency of Fidel Ramos, the international arena was beginning to heavily focus on the development of low- and middle-income countries with a notable emphasis on the significance of women's reproductive health rights as part and parcel of addressing human rights issues in developing regions of the world with UN CEDAW Cairo and Beijing being responsible for declaring and pushing for SRH policies.⁴⁵ Evidently, in 1995—the same year as UN CEDAW Beijing—the “world's major religions also came together to take a unified stance against these international initiatives” with a particular concern surrounding the “Platform for Action” report, “which called for the recognition and implementation of women's rights.”⁴⁶ In response to the provisions of this report, which sparked assumed fears around the extreme liberties of abortion, Pope John Paul II released his encyclical, *Evangelium Vitae* (‘The Gospel of Life’), which solidified the Catholic Church's stance against any “laws or procedures that threatened it—including abortion, euthanasia, and the death penalty.”⁴⁷ Additionally, the issues that UN CEDAW were purporting as global development issues that needed to be addressed and supported, including contraception and abortion, were unequivocally turned down by the Vatican and declared as anti-life, when in

⁴⁴ Estrada-Claudio, “Voices and choices in reproductive rights,” 99.

⁴⁵ S. Parmanand, “Mapping the path to philippine reproductive rights legislation signs of progress amidst obstacles,” *Social Transformations: Journal of the Global South*, 2(1), (2014): 64.

⁴⁶ Collantes, “Histories: Religion, Revolutions, and Global Restructuring,” 69.

⁴⁷ Collantes, “Histories: Religion, Revolutions, and Global Restructuring,” 69.

reality, such matters are far more complicated and women, specifically marginalized and poverty-stricken women, are the main potential beneficiaries of such rights.

Ironically, the Philippines had been party to the terms of the CEDAW since 1981. Yet, with the sequence of political changes that ensued since Marcos and the subsequent and timely intervention of the CBCP in country politics, specifically when it established its ability to “judiciously analyze the government’s actions without subverting its power” during the 1991 Second Plenary Council of the Roman Catholic Church of the Philippines, there hasn’t been a time since then that the latter has not been involved in matters related to addressing institutional anxieties surrounding the what has been labelled, “culture of d.e.a.t.h.”⁴⁸ This phrase, which was originally dubbed by Pope Paul VI during Vatican II in his encyclical titled, ‘*Humanae Vitae*’, was appropriated by the CBCP to stand for “divorce, euthanasia, abortion, total reproductive contraception, and homosexuality” —all controversial and doctrine-defying issues in the eyes of the Church.⁴⁹ In fact, this term came into full force and utilization in 2008, five years after USAID began to cut funding for contraceptives in the Philippines and consequently, during a resurgence in discussion around the nation’s need for reproductive health services.⁵⁰

Around the same time the current president during this evident rise in SRH issues was also a Catholic middle-aged woman by the name of Gloria Macapagal-Arroyo whose father was also in Philippine politics, serving as president from 1961-1965.⁵¹ Like President Corazon Aquino, she forged an mutually beneficial alliance with the CBCP during her presidency from 2001-2010, offering government bribes to the Catholic bishops for political support of her administration’s

⁴⁸ Bautista, “Church and state in the Philippines,” 32.

⁴⁹ Estrada-Claudio, “Voices and choices in reproductive rights,” 98-99.

⁵⁰ Collantes, “The Middle” and the “Masipag,” 89.

⁵¹ The Editors of Encyclopædia Britannica. “Gloria Macapagal Arroyo.” Encyclopædia Britannica. Encyclopædia Britannica, inc., April 1, 2020. <https://www.britannica.com/biography/Gloria-Macapagal-Arroyo>.

programs in exchange for her administration promoting only natural family planning and censoring reproductive health measures.⁵² While these religio-political alliances with Catholic women from well-known, landed political families may seem like happenstance, it is apparent that the CBCP have highly benefited from these partnerships, as they not only facilitated in paving a reliant pathway for the Catholic Church's specific and rigid agenda on reproductive matters to concurrently move through time and remain thoroughly pertinent and pervasive on moral and political matters but they also helped bring to life and reify the maternal attributes attached to the Virgin Mary with the reign—if you will—of touting key female figures as living embodiments of this holy figure's ideals via their holy alignments with the Church.

In a way, both Aquino and Macapagal-Arroyo's presidencies could easily have been touted as feats in feminism as both women were upholding a position of power that was typically undertaken by men in a predominantly patriarchal culture. Realistically, though, their being women in the utmost position of authority in a predominantly Catholic country was truly another means of perpetuating and projecting the religio-political agenda that had been in place during the country's colonial days under Spain. Their gender and position of power merely served as a filter through which relegation of women's reproductive health rights could be palatably undermined and diminished, as they were empowered women solidifying barriers to reproductive health services that would have inevitably helped women living in circumstances where access to contraceptives was extensively difficult. This speaks to the notion that the benefactors of SRH legislation, whether approving or disapproving, "are influenced by multiple and intersecting relations of power," and thereby, underscores intersectional feminism's emphasis on systems of oppression within the Global South as being even more complicated and convoluted in the lives

⁵² Castro, "The Interface between Religion and Politics," 103.

of marginalized women.⁵³ Therefore, while on one hand, these female political figures were touted as empowered feminists representing the good of the nation, their patronage by the CBCP served to affirm and entrench the Church's political position in overseeing both political and moral matters, especially in relational to sexual and reproductive health.

6 Asset #3: Political Authority of CBCP Legitimized Dictation and Misappropriation of RH Information

Akin to the Catholic Church's ability to strategically insert itself into key political moments was its extensive undertaking in disseminating misinformation as part of a propaganda campaign against passing the RH Bill and antagonizing pro-RH Catholics along the way. Proposed and written by fellow Catholics in the political, religious, and academic fields, the RH Bill, which would eventually become to be known as Reproductive Health Act of 2012, guarantees "universal and free access to nearly all modern contraceptives to all citizens, including impoverished communities, at government health centers," as well as SRH education in government schools and post-abortion care.⁵⁴ Yet, even before the RH Law was signed on December 17, 2012 by President Benigno Aquino III, leaders from national government, the CBCP, and prolife organizations had been spreading false information about contraceptives in efforts to kill momentum towards passing RH legislation. This misinformation not only defied well-founded scientific research on contraceptives, as Vatican II had done in promoting the encyclical letter of *Humanae Vitae*, but it also aimed to perpetuate the cycle of solidifying gender ideals that were completely disconnected from the realities of low-income women.

⁵³ Tanyag, "Unravelling the intersections of power," 64.

⁵⁴ Philippine Supreme Court Upholds Historic Reproductive Health Law. (2014, April 8). Retrieved July 30, 2020, from <https://reproductiverights.org/press-room/Philippine-Supreme-Court-Upholds-Historic-Reproductive-Health-Law>

One facet of this was defining the “authentic Filipina” by attributing the same characteristics of virginity, family, and motherhood as integral to the notion of “real women” while claiming that use of contraceptives would “disempower and subject them to the wills of men.”⁵⁵ Along with claims made by Catholic bishops, pro-life groups were also supplementing this rhetoric with campaigns asserting that the true Filipino woman “embraces her biological destiny of motherhood” and is “also against contraception.”⁵⁶ In reality, such ideals reflected Catholicism’s “imagined stability of marriage and family in the Philippines,” as most low-income women have lived in fraught living conditions amidst equally fraught relationships with male partners, as will be discussed in a later section.⁵⁷ Moreover, Catholic bishops were implementing social media campaigns by releasing pastoral letters through Bishop blogs on the CBCP website while also preaching from the pulpit about how contraceptives would open the doors to a culture of immorality, wherein sex was no longer inextricably bound to the religio-national value of procreation and freed men from “the burden of sexual responsibility.”⁵⁸ Yet, recalling the Family Code of the Philippines, which legally acknowledges the half-blood siblings who are the result of men’s extra-marital affairs, such accusations only elucidate the disparities in Filipino gender norms and validate the appropriation of oppressive power dynamics against women both within the home and in Philippine society at large. All this propaganda seemed to repeat and reinforce the same romanticized religio-national ideals established during the theocratic colonial reign of the Philippines. Such imaginings disregard the everyday realities of women whose lives were distinctly complicated by their low socioeconomic standing and ability to control family size as a result of the proliferation of misinformation propelled by high authority anti-RH advocates.

⁵⁵ Tanyag, “Unravelling the intersections of power,” 69.

⁵⁶ Tanyag, “Unravelling the intersections of power,” 69.

⁵⁷ Collantes, “‘The Middle’ and ‘The Masipag,’” 103.

⁵⁸ Bautista, “Church and state in the Philippines,” 37.

The other critical facet of this was reinforcing an overarching political bifurcation between ‘prolife’ and ‘pro-RH’ supporters in the voting process for the reproductive health bill, which came to be known as ‘Team Buhay’ (life) versus ‘Team Patay’ (death).⁵⁹ Taking a public stance on the wrong side of the debate “deepened the religious and political fault lines between “pro” and “anti” RH groups,” and compelled religious leaders to punish both politicians and pro-SH supporters. Some politicians were denied from receiving the sacraments, like Holy Communion.⁶⁰ In addition, priests made requests to obtain lists of women who had IUD’s implanted and “instructed the women to have them removed.”⁶¹ More deceptively, doctors employed by the Manila government were told to deter their patients from using contraceptives by disseminating ‘false’ medical information about contraceptive use, which included the assertion that oral contraceptives contained pesticides and led to breast cancer and that condoms had small pores that would allow sperm to go through and thus, would be unable to prevent HIV.⁶² This truly underscores how conservative elites and even empowered religious organizations can “manipulate religion and promote extremist sexist visions for political gain” by nurturing fear and creating an unfounded history of beliefs that target legislation specifically intended to liberate women from a life of poverty.⁶³ It is this institutional anxiety surrounding the political power of the Catholic Church and its role in defining the moral framework of the nation that motivates it to rely on a fabricated discourse around modern contraception. Such ability to render the services created to protect one’s sexual and reproductive health as invalid and

⁵⁹ David Buckley, "Demanding the divine? Explaining cross-national support for clerical control of politics," *Comparative Political Studies* 49, no. 3 (2016): 381.

⁶⁰ Christianne F. Collantes, “Histories: Religion, Revolutions, and Global Restructuring,” in *Reproductive Dilemmas in Metro Manila* (Springer: 2017), 74.

⁶¹ Collantes, “Histories,” 74.

⁶² Parmanand, "Mapping the Path," 67.

⁶³ *Intersections: The Politicisation of Religion and Sexual and Reproductive Health and Rights*. PDF File. 2017. https://arrow.org.my/wp-content/uploads/2017/05/AFC-23_1_2017-WEB.pdf

ineffective, particularly concerning the low-income women who are in most need of these resources, not only underscores the top down efforts of the Church to control women's bodies but also elucidates the patriarchal impunity of the Church and its ability to dictate the parameters of sexual and reproductive health services.

Above all this, the Church seemed to be trying to forestall longstanding and research-supported recommendations by international organizations, such as the UNFPA and UN ICPD, that showed that prohibiting access to reproductive health services was conducive to the country's overpopulation and poverty issues. Yet, the CBCP and its allying pro-life coalition groups have "used every legal remedy to prevent reproductive health legislation" despite their denial of the Catholic Church's role in perpetuating these critical areas of development.⁶⁴ This apparent front by religious authorities seems to stem from the pro-poor stance it had adopted during the CBCP's early political alliances during the ousting of Marcos, which sought to defeat the corruption of his administration. Since then, the emphasis behind the pro-poor stance had transitioned from the Church being the poor's utmost ally against the excesses of government corruption to a questionable proponent amidst conflicting streams of information in which seemingly Western-imposed recommendations for stagnating poverty levels and increasing women's SHRH were not only challenging the political relevance and omniscience of the Catholic Church but also its underlying patriarchal leanings. Thus, even though the CBCP and its political allies tried to create a clear bifurcation in its campaign of good versus evil as a way of maintaining its political position as the "only guardian of morality in the country", the subject matter at hand—the debate around SRH legislation—was one riddled with immense

⁶⁴ Ginbert P. Cuaton, "Challenges and Issues on Reproductive Health and Family Planning Products and Services: Evidences in the Philippines," *International Journal of Caring Sciences* 12, no. 3 (2019): 1340.

complexities and nuances that required attention that surpassed religious doctrine yet seemed to be eclipsed by this overarching religio-national agenda to maintain the moral, Catholic integrity of the country.⁶⁵ In turn, as the next section will cover, despite significant support for the passage of the RH Bill from divergent voices within the Catholic and academic community, the terms of the Responsible Parenthood Act of 2012 reflected an overall deference to preserving fundamental Catholic values over creating drastic advances in reproductive health and advancing women's rights.

7 Asset #4: Passing of RH Bill Required Ultimate Appeasement of Catholic Church

Considering that both sides of the RH argument were Catholic, the potential RH bill was written so as not to defy both the religious and national identity of the country. Early advocate of SRH legislation, medical doctor, and founder of Likhaan, a series of NGO-run family clinics that provide comprehensive women's sexual and reproductive health care in Metro Manila's poverty-stricken areas, Dr. Junice Demetrio-Melgar says, "As activists like us battle with the church structure, we must also battle with a part of ourselves."⁶⁶ Thus, while it may have seemed that these were two distinct teams advocating for causes on opposite ends of the spectrum of women's reproductive health, these individuals were all Catholics who had the utmost intention of aiding poor women yet upheld differing solutions to addressing the issue. More importantly, this alludes to the fact that there were and continue to be divergent voices within the Catholic Church who could look past the vision of maintaining the hegemony of the Philippine's Catholic

⁶⁵ Bautista, "Church and state in the Philippines", 45.

⁶⁶ Tanyag, "Unravelling the intersections of power", 70.

identity and influence and create some leeway for an issue that had only seemed to worsen as long as the RH bill debate prolonged. In fact, according to a Social Weather Station survey from October 2008, revealed that “76% of adult Filipinos support family planning education in public schools” and “71% [both Catholics and non-Catholics] favored passage of the RH Bill.”⁶⁷

Moreover, even though many would assume that high religiosity countries would be in favor of increased intervention of religious polities, it’s the opposite. Countries with high religiosity, such as the Philippines, are in favor of “low demand for clerical control” due to the fear that increased control would “cause rifts within the religious community.”⁶⁸ Consequently, it is fitting that the most enthusiastic advocates behind the RH Bill were Catholics themselves, “using the language of the Catholic social tradition” to create relatable discourse around a law that seemed to defy the moral fabric of the country. Faculty and Jesuit priests from the country’s top Catholic universities (i.e. Ateneo and De La Salle Universities) exchanged letters with members of the CBCP as “fellow Catholics” instead of as morally polarized opponents.⁶⁹ Another bishop-led affiliation, Bishops-Businessman’s Conference for Human Development, also played a part in mediating between RH advocates and critics.⁷⁰ This notion of creating an “alternative moral discourse” to appease and assuage the conservative leanings of the CBCP and its government allies is known as public theology.⁷¹ Its driving argument is that literal interpretations of biblical text are ultimately fruitless since religious groups operate under changing historical and cultural contexts, which means that its leadership is also subject to this change.⁷² In turn, even with the

⁶⁷ Parmanand, "Mapping the Path," 74.

⁶⁸ Buckley, "Demanding the divine?,"360.

⁶⁹ Buckley, "Demanding the divine?,"381.

⁷⁰ Buckley, "Demanding the divine?,"379.

⁷¹ Brian Doce, "Revisiting the Philippine Reproductive Health Politics via the Lens of Public Theology: The Role of Progressive Catholic and Protestant Sectors," in *Политикологија религије* 12, no. 2: 2018: 302.

⁷² Doce, "Revisiting the Philippine Reproductive Health Politics," 289.

historicity of the Catholic Church as a longstanding and conservative institution, even the slightest room for evolution is understandably inevitable.

Overall, however, it's clear that in the process of pushing through the RH bill that would inevitably become R.A. 10354, or the Responsible Parenthood and Reproductive Health Act of 2012, as several drafts of the bill had been repeatedly rejected, the end of the struggle wouldn't simply stop once the bill was passed. Immediately after its passing, the RH bill was struck down by pro-life groups and advocates. Predictably, CBCP was one of the many high-profile groups that filed multiple petitions regarding several provisions on the bill. Thereafter, the law was upheld by the Supreme Court for 120 days.⁷³ Pro-life constituents were specifically fixated on the tenets of Article II, Section 12 of the 1987 Constitution, which called to "equally protect the life of the mother and the life of the unborn from conception," purporting that the law would be "a departure from God's decree on the sanctity of family, life and marriage, and that the nation would be decimated by unbridled population control."⁷⁴ One Supreme Court judge stated that "the Law would 'prevent a child through poison' and restrict poor people's right to procreate."⁷⁵ With several of its provisions scrapped and removed, the RH Law was finally declared as constitutional in 2014, but was once again placed on a temporary restraining order (TRO) from April 8, 2014 until November 2017 after several provisions within the law had been struck down.

In its most recent form, the Reproductive Health Act of 2012 has shown certain deference to pro-life constituents and the Catholic Church, as medical doctors are allowed to deny patients SRH services based on their religious or personal beliefs, women require consent from spouses

⁷³ Cabral, E. (2013). Reproductive health law in the Philippines. *Journal of the ASEAN Federation of Endocrine Societies*, 28(1), 26.

⁷⁴ Claire A.P. Luczon and Josefa S. Francisco, "Commentary: Sustained advocacy produces success in the Philippines," in *Global public health* 10, no. 2 (2015): 271.

⁷⁵ Luczon and Francisco, "Commentary: Sustained advocacy...", 271.

to access SRH care, and parental consent is required by minors “seeking medical attention who have been pregnant or had a miscarriage.”⁷⁶ Though it allows access to most modern contraceptives, including the IUD, birth control pills, and even the emergency contraceptive pill, as well as the already promoted natural family planning methods, it rejects a number of brands that it deems abortifacient, including abortion under all circumstances. This underscores that even with the finality of passing a law that had been perpetually stalled and disputed repeatedly for a number of years, it remains apparent that the RH bill carries on “the very predominance of Catholicism over sexual and reproductive health in the Philippines that it wanted to challenge in the first place.”⁷⁷

Some additional key details that indicate this overarching deference to the country’s Catholic identity are the strategic positioning of provisions and the careful wording of certain terms. For example, in the section titled, ‘Rule 1: Preliminary Provisions,’ the life of the mother and unborn child are granted equal protection, as it had been originally documented in Cory Aquino’s 1987 Constitution. Moreover, following this statement are declarations that require the state to “protect and promote the right to health of women especially mothers in particular,” “likewise protect and advance the right of families in particular,” “recognize[s] and guarantee[s] the promotion and equal protection of the welfare and rights of children, the youth, and the unborn,” and finally, promote “gender equality, gender equity, women empowerment and dignity as a health and human rights concern and as a social responsibility,” as well as “women’s human rights [...] as “central to the efforts of the State to address reproductive health care.”⁷⁸

⁷⁶ Akihiko Ozaki, Angeli Guadalupe, Arra Barrameda Saquido, Diana Francesca Gepte, Asaka Higuchi, Tomohiro Morita, and Tetsuya Tanimoto, “Family Planning as a Possible Measure to Alleviate Poverty in the Philippines - Beyond Sociocultural Norms and Pervasive Opposition,” in *International journal of health policy and management* 6, no.11 (2017): 683–684.

⁷⁷ Tanyag, “Unravelling the intersections of power,” 70.

⁷⁸ “Implementing Rules and Regulations of Republic Act No. 10354: GOVPH.” Official Gazette of the

Interestingly but perhaps calculatedly, R.A. 10354 brings up the same iteration of protecting traditionally family values by emphasizing that “the State recognizes marriage as an inviolable social institution and the foundation of the family, which in turn is the foundation of the nation” followed by four distinct clauses that defend facets of bringing up a stable and healthy family.⁷⁹ Although these details just merely cover the surface of appeasements to the Catholic Church included in the reproductive health law, these statements seem to depict a hierarchy of values ranked in correlation to their inherent importance to the religio-national values of the country. Predictably, the mother and unborn child are reinstated as the foremost protectorates of this new law, followed by rights of the mother, the family, and children. This suggests that the ideals of motherhood are seemingly affixed to the imaginings of nation’s religious values instead of being reconfigured to consider the complexities that realistically shape most families.

More significantly, women’s human rights and empowerment follows these protections last, suggesting that protecting the rights to motherhood is somehow superior to women’s rights and as though these components are somehow mutually exclusive facets of womanhood when the latter is the umbrella above which the former is inherent and guaranteed. Thus, instead of sharing the same level of defense as mutually beneficial and unquestionably correlative aspects of women’s rights, there’s a clear preference and deference to the mother as she is the defender and reproducer of the nation’s religio-national values, in which family and the nation are synonymous.⁸⁰ It is also through this placement of women’s biological destiny as the focal point as central to the RH Law, regardless of the obvious nuance in reproductive decision-making in

Republic of the Philippines, March 18, 2013. <https://www.officialgazette.gov.ph/2013/03/18/implementing-rules-and-regulations-of-republic-act-no-10354/>.

⁷⁹ “Implementing Rules and Regulations of Republic Act No. 10354: GOVPH.” Official Gazette of the Republic of the Philippines, March 18, 2013. <https://www.officialgazette.gov.ph/2013/03/18/implementing-rules-and-regulations-of-republic-act-no-10354/>.

⁸⁰ Tanyag, “Unravelling the intersections of power,” 64.

motherhood and family life, that underscores the “overarching use of gender” as central to the Catholic Church’s teachings about reproductive health and how this tends to marginalize women’s needs and rights.⁸¹

Ultimately, it appears that with the impact that pro-RH, Catholic constituents have made in creating effective and vital discourse around this law and the strides they took to appeal to their fellow prolife Catholics, the hegemonic influence of the Catholic Church remains the foundation upon and filter through which the legislative freedoms as well as limits of reproductive health have been implemented. Simply put, the RH bill reflected a prioritization of appeasement of Catholic values rather than provoking drastic change. Though, the question remains as to whether the intended audience of the reproductive health law has demonstrated complete compliance or even awareness of its strictures and allowances. This dilemma elucidates the possible disparity between the veil of visible influence and authority the CBCP and its Church-affiliated allies have over reproductive health legislation itself and the lived experience of low-income women who make distinctive decisions regarding their own reproductive health.

With that, the consolation is that the law’s passing exhibits the increasingly progressive views of Catholics, wherein recognition of RH issues is admittedly nuanced and surpasses the austerities of trying to perpetuate dichotomies between the sinful and the moral, and between life and death. In fact, a sizable faction of theologians within the Catholic Church had already conveyed disapproval regarding the Vatican’s official position on family planning and were already providing their own interpretations of *Humanae Vitae* since 1971.⁸² More importantly, it is these divergent voices that are not only existent amongst academics and clergy in the country’s

⁸¹ Christianne F. Collantes, “Rethinking Reproduction and Intimacies in Metro Manila,” in *Reproductive Dilemmas in Metro Manila* (Springer: 2017), 192.

⁸² Doce, “Revisiting the Philippine Reproductive Health Politics,” 291.

top Catholic universities and institutions but are also present within expanse of Filipino society, particularly within the target demographic of the 2012 RH Law: women living in the urban poverty-stricken areas of the Philippines.⁸³

8 Realities in Reproductive-Decision Making: Quantitative

Having broken down the assets that the Catholic Church has used in perpetuating its moral precedence on the matter of SRH legislation in its attempt to curb its reach from low-income women, this section will focus on examining both quantitative and qualitative data samples to identify whether and if so, to what extent, the Church's influence on discourse and legislation surrounding reproductive health is reflected in low-income women's decision-making. To provide some context on some basic demographic and economics in the Philippines, the charts listed below exhibit national trends on female labor participation, poverty incidence, and net migration.

⁸³ Note: The studies examined in this thesis specifically look at young adults living in low-income, urban areas in the Nation Capital Region, although the RH Law is intended for low-income women throughout the nation.

Figure 1

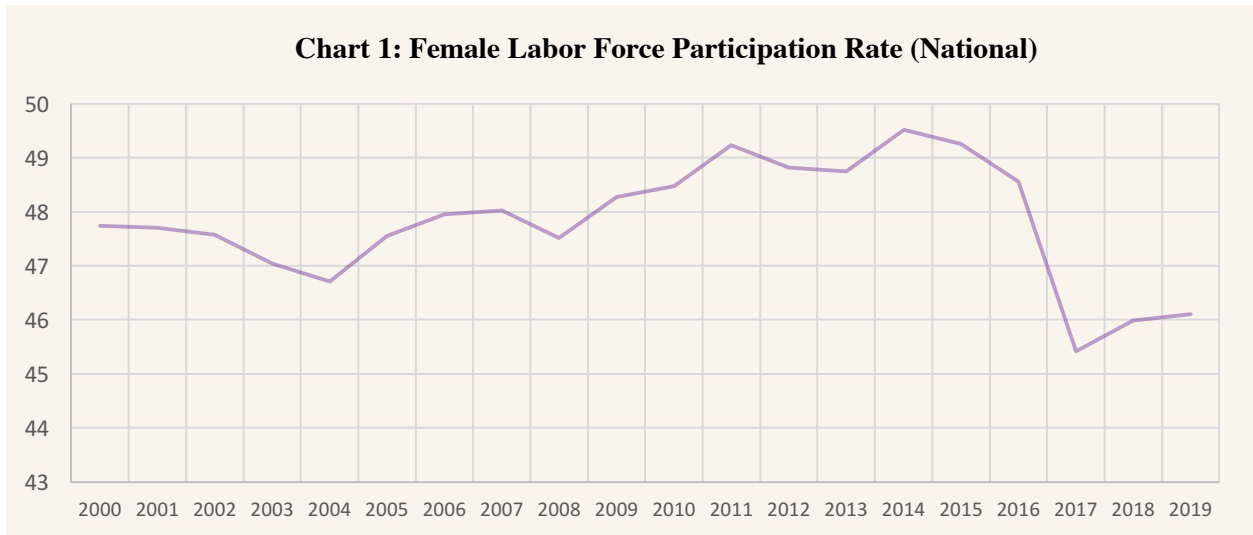


Chart 1 showcases the national rate on female labor force participation from 2000-2019. It appears that female participation has seemed to vacillate between 46.71 and 48 percent from 2000 to 2007, dropping by half a percent from 2007 to 2008, increasing from 47.52 percent in 2008 to 49.24 percent in 2011, experiencing another downward trend from 49.24 percent to 48.75 percent between 2011 and 2013, increasing by .77 percent from 2013 to 2014, facing another significant decline of almost 4 percent from 2014 to 2017, and finally shooting upwards from 45.42 percent to 46.11 percent from 2017 to 2019.⁸⁴ From examining these shifts, it is apparent that within the span of 19 years or so, the female labor participation rate hasn't exceeded 50 percent and hasn't dipped below 45 percent, denoting somewhat of a stability in female participation in the labor force. Comparatively, the male labor force participation rate from 2000-2019 has oscillated between 73.26 percent and 77.34 percent, exhibiting a clear

⁸⁴ Philippines Female labor force participation - data, chart. (n.d.). Retrieved July 27, 2020, from https://www.theglobaleconomy.com/Philippines/Female_labor_force_participation/

downward trend within the last four years.⁸⁵ Nonetheless, it is apparent that men make up a greater proportion of the national labor force.

Figure 2

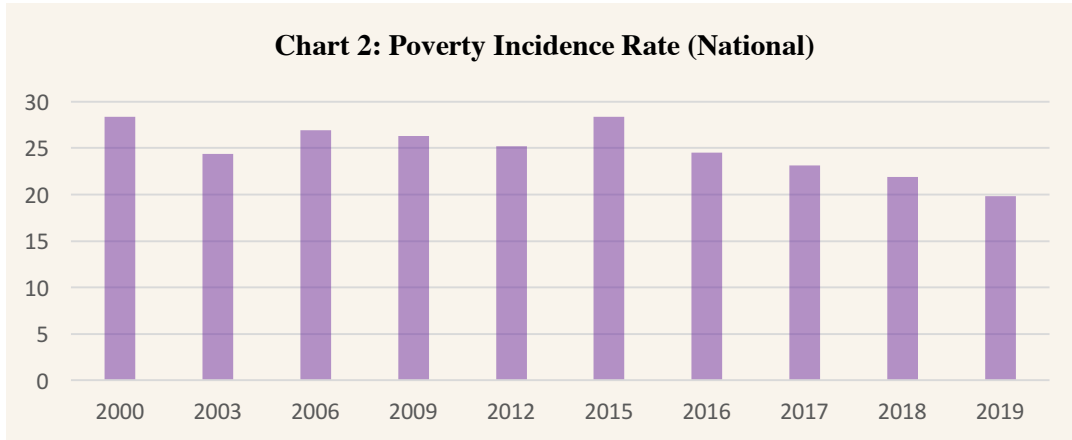


Chart 2 exhibits the national poverty incidence rate, which between the years of 2000 and 2019, has decreased from 28.4 percent to 19.8 percent. Noticeably, from 2000 to 2015, the rate appears to dip and rise every other year, with 2015 reaching the same poverty incident rate of 28.4 percent as it had in 2000. However, from 2015 to 2019, the poverty incidence rate shows a clear and quite steady decline from 28.4 percent to 19.8 percent, indicating an overall drop of 8.6 percent. This indicates the recent decline in poverty incidence, which may be linked to the passing of the RH Law or might indicate various factors attributing to its decline.

⁸⁵ Philippines Male labor force participation - data, chart. (n.d.). Retrieved July 27, 2020, from https://www.theglobaleconomy.com/Philippines/Male_labor_force_participation/

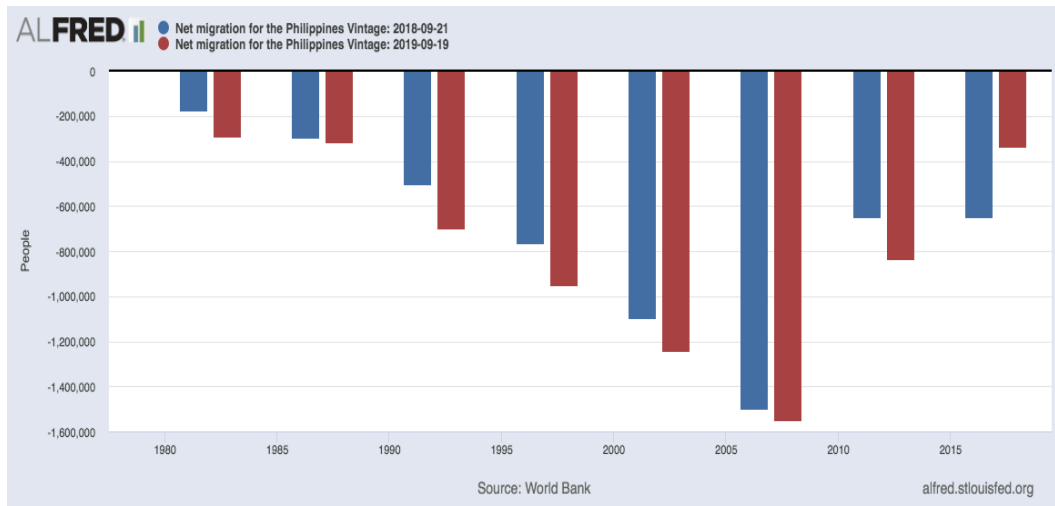


Chart 3 is a bar graph showcasing net migration from the years 1980 to 2017. Net migration calculates the difference between immigration into and emigration out of a country. If the number of emigrants exceeds the number of immigrants, the difference is negative. From 1980 to around the mid-2000s, net migration increased significantly from -300,000 to just under -1,600,000 in 2005, which indicates about a 433% increase in net migration of Filipinos. This is no surprise as Filipinos have increasingly gone abroad to work as Overseas Filipino Workers or OFWs during this duration to financially sustain their family members, as well the Philippine economy itself through remittance sending that the government mandates. However, from 2005 to 2012, net migration significantly decreased from -1,548,077 to around -834,619, indicating an estimate of a 46.1% drop in net migration, and from 2012 to 2017, a 59.8% drop in net migration.

Overall, these reference points in Philippine demographics indicate that between 2000-2019, give or take, Filipino women have comprised just under 50 percent of the national labor force, the nation has seen downward trend in poverty incidence, and net migration has seen a steady decline in recent years. What is particularly noticeable amongst this data is that despite the approximately 4 percent dip in the national participation rate for female labor between 2014 to

2017, the national poverty incidence continued to decline apart from 2015. Also, when the rate of female labor participation started to pick up between 2017 to 2019, poverty incidence decreased by about 3%. While there are no clear correlations between these data points and changes within the demographic areas of female labor and poverty incidence have been minimal, these data points may suggest that the provisions of RH Law might be effective.

Shifting into analysis of statistics and qualitative data on areas concerning sexual and reproductive health, this information serves to elucidate the impact of the Catholic Church's efforts to preserve its moral authority over SRH through low-income women's demonstration of internalizing, subverting or challenging Catholic values regarding reproductive decision-making. First and foremost, the topic of contraception is one that has pervaded both statistical and ethnographic studies for obvious matters. Statistical data on the contraceptive prevalence rate (CPR) on the national level, regarding either traditional and/or modern methods, reveals that from 1968 to 2017, the CPR has increased significantly from around 15.4% to 54.3%, which shows that despite the Church's efforts and influence regarding SRH, women have been using contraceptive methods on a more widespread level.⁸⁶ In fact, when drawing comparisons between usage of traditional versus modern methods within the same time frame, modern methods increasingly outpaced traditional methods in usage (40.4% compared to 13.9% in 2017).⁸⁷

⁸⁶ 2020. https://Online.Popcom.Gov.Ph/Dseis/Datafinder/Report_Pdf.Php. [ebook] Manila: Commission on Population and Development. Available at: <https://online.popcom.gov.ph/dseis/datafinder/report_pdf.php> [Accessed 28 July 2020].

⁸⁷ 2020. https://Online.Popcom.Gov.Ph/Dseis/Datafinder/Report_Pdf.Php. [ebook] Manila: Commission on Population and Development. Available at: <https://online.popcom.gov.ph/dseis/datafinder/report_pdf.php> [Accessed 28 July 2020].

Figure 4

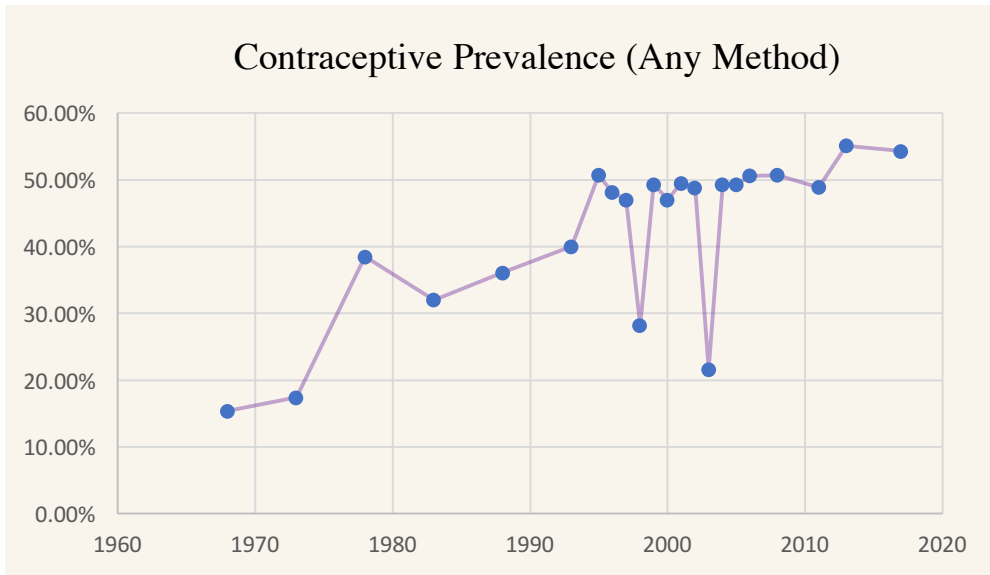
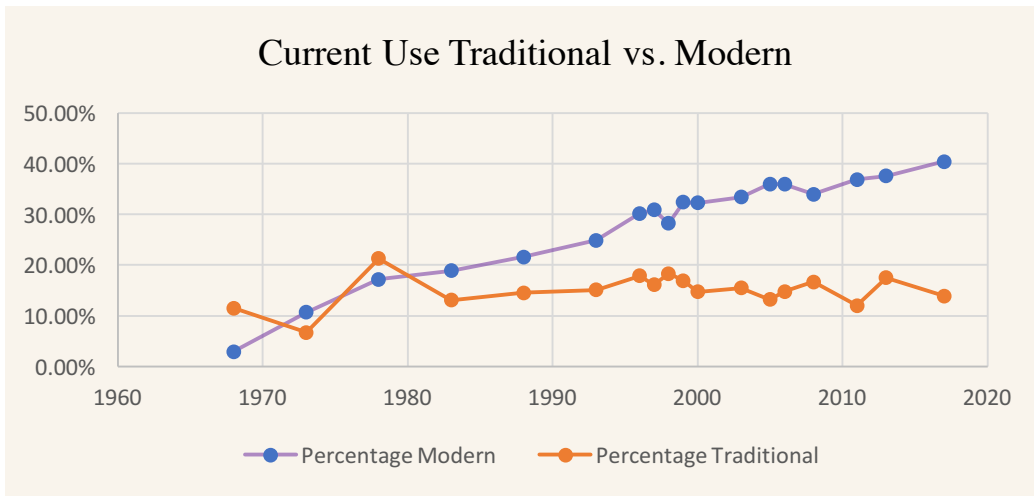


Figure 5



Furthermore, trends regarding unmet need for family planning, unmet need for spacing, and unmet need for limiting, have exhibited a collective decline from 1993 to 2017, although the latter two exhibit significant dips and peaks between 2006-2011 and 2003-2011, respectively,

while the former shows a clear steady decline.^{88 89} Interestingly, it was in 2012, when the Responsible Parenthood Act was passed that rates concerning unmet need for both spacing and limiting experience significant decline, which further suggests the accessibility of SRH services as a result of the RH Law. Meanwhile, the total fertility rate in the Philippines has also shown an overall decline from 1955 to 2019, suggesting that preferences for family size have accordingly decreased throughout the years.⁹⁰ Socioeconomic Planning Secretary and National Economic and Development Authority (NEDA) director general, Ernesto Pernia, has stated that the Philippine’s national TFR “target is 2.1 children per woman of fertility rate average,” and it appears that with the trend of increased widespread use of modern contraceptive methods, the country is well on its way to achieving that goal.⁹¹

⁸⁸ 2020. https://Online.Popcom.Gov.Ph/Dseis/Datafinder/Report_Pdf.Php. [ebook] Manila: Commission on Population and Development. Available at: <https://online.popcom.gov.ph/dseis/datafinder/report_pdf.php> [Accessed 28 July 2020].

⁸⁹ 2020. https://Online.Popcom.Gov.Ph/Dseis/Datafinder/Report_Pdf.Php. [ebook] Manila: Commission on Population and Development. Available at: <https://online.popcom.gov.ph/dseis/datafinder/report_pdf.php> [Accessed 28 July 2020].

⁹⁰ 2020. https://Online.Popcom.Gov.Ph/Dseis/Datafinder/Report_Pdf.Php. [ebook] Manila: Commission on Population and Development. Available at: <https://online.popcom.gov.ph/dseis/datafinder/report_pdf.php> [Accessed 28 July 2020].

⁹¹ Montemayor, M. (2019, July 11). PH fertility rate drops despite population growth: NEDA. Retrieved July 31, 2020, from <https://www.pna.gov.ph/articles/1074719>

Figure 6

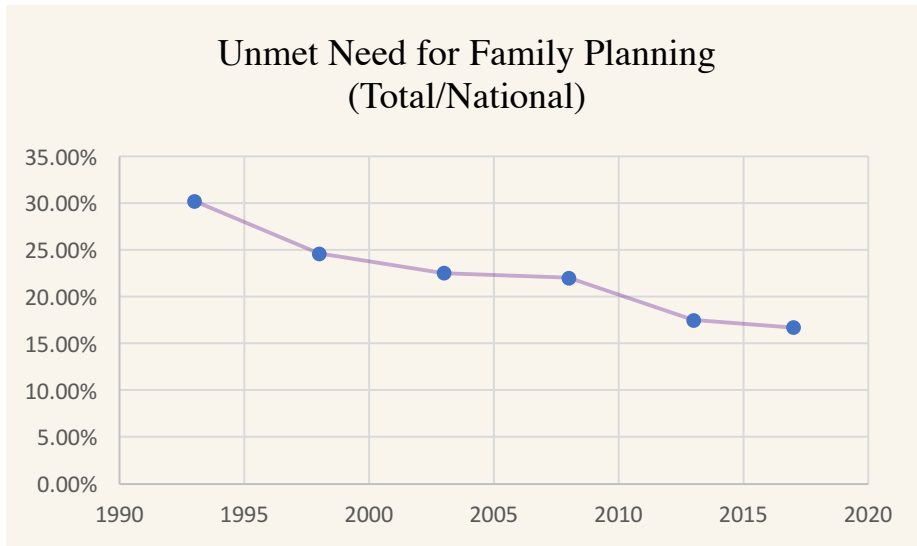


Figure 7

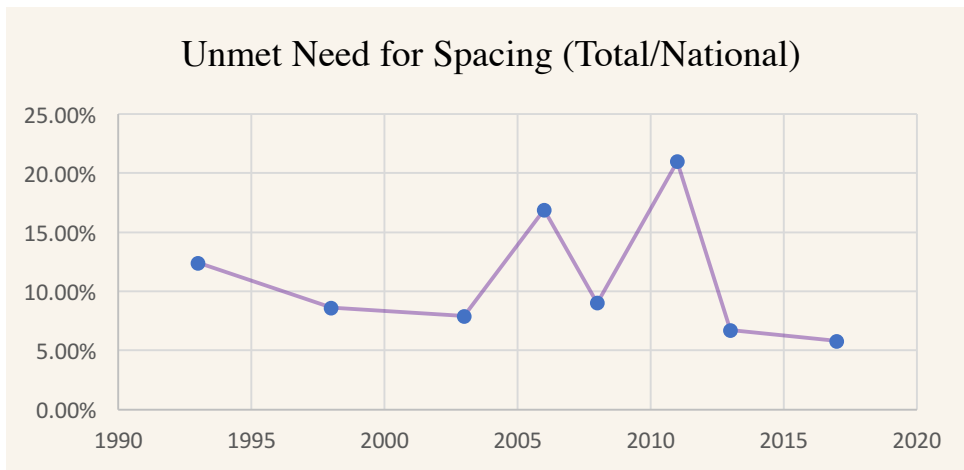


Figure 8

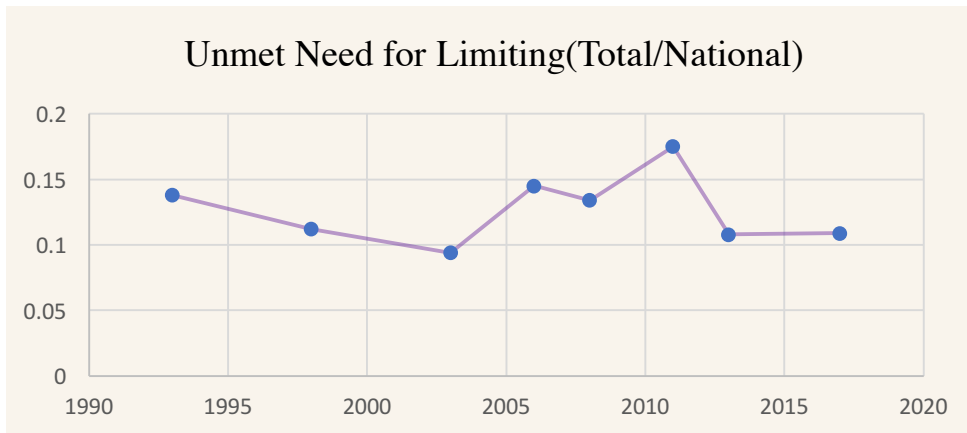
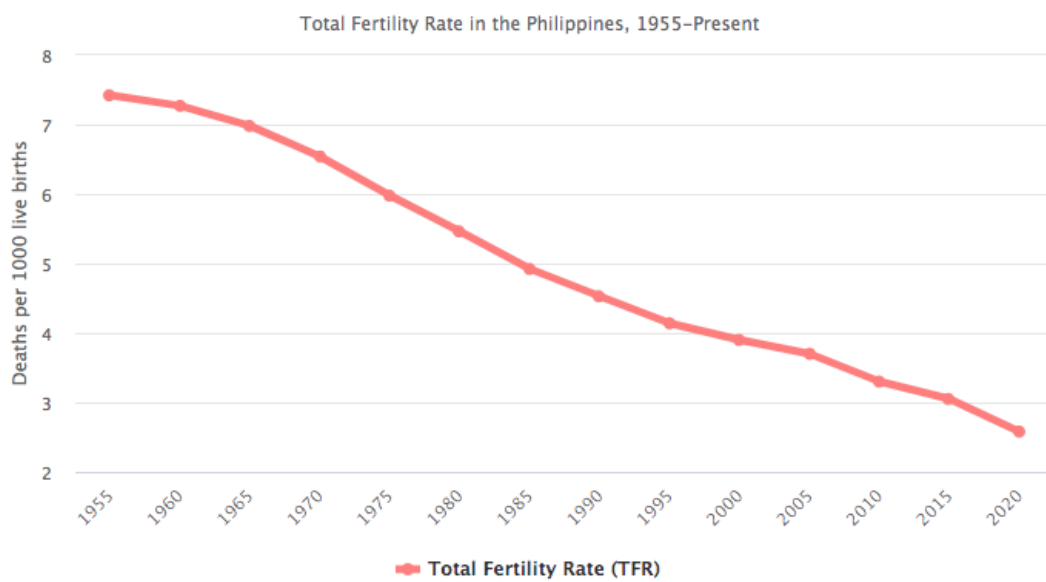


Figure 9



9 Realities in Reproductive-Decision Making: Qualitative Analysis

Looking at the ethnographic data collected via a focus group discussion of six Filipino low-income women living in Quezon City, headed by Christianne F. Collantes, five out of the six women have at one point used or are using some form of modern method of contraception. Taking the aforementioned reproductive health statistics into account, the increase in overall current modern contraceptive use, the decrease in unmet need for family planning, and the steady decline in the total fertility rate from on a national level appear to conform the relative normality of contraceptive usage amongst low-income women. However, each woman's motivation behind using her preferred method did not reflect or draw upon religious belief or Catholic values regarding SRH and most of them even declared that they were anti-RH, when their usage of contraceptive methods would denote their support. In fact, each woman's decision to use contraception underscored the complexities of reproductive decision-making even in low-income circumstances. For example, one woman named Marianne, who was in her 40s, had 7 children, and had a husband who was a temporary contract worker that faced ups and downs in employment, seemed to have internalized Catholic values by having a lot of children and resigning to relevant phrases of "that's how it is" and "if you are disciplined, you won't have problems."⁹² Yet, she decided to undergo a tubal ligation, as she was no longer looking to have more children, which obviously demonstrated a type of unconscious support for reproductive health in that she had the agency to control how many children she wanted. In fact, after hearing the other women's opinions on reproductive health, she restated her position as being pro-RH because of the financial struggle of paying for higher education for multiple children and having a husband who was also financially strapped. This ultimately exhibits that when it came to

⁹² Collantes, "Choosing Between "Life" and Livelihoods," 165.

making decisions regarding Marianne's reproductive health, her primary motivation stemmed from currently fraught economic circumstances yet also conveyed the significance of reproductive dilemmas not needing to be fixed to a particular reason or stance. Sometimes it's a matter of making a necessary decision, regardless of mainstream views or opinions.

Another woman named Anna also exhibited some similarities to Marianne. The youngest of the women and with two children and a husband who makes a living by driving a tricycle, Anna also asserts that she's anti-RH. However, unlike Marianne, she decided not to have more than two children as it would have been too financially stressful, describing the "large number of unwanted pregnancies of her friends and neighbors" and poverty around her as "haunting."⁹³ Moreover, she "rejects modern contraceptives" despite her recognition that RH legislation could help those around her that have several children.⁹⁴ For Anna, making decisions regarding reproductive health (not wanting to get pregnant) is one that needs to be consulted with the male partner. In turn, Anna demonstrates a sort of simultaneous internalization and empathetic subversion of religious beliefs regarding reproductive decision-making, despite never making any reference of religiosity. She, herself, rejects contraceptive use, which without assuming, seems to underscore the Catholic Church's overall belief in rejecting modern contraceptive use and her probable use of the Church-approved rhythm method as she has managed to only have two children. Yet, her ability to empathize with those who have many children and would benefit from modern means of contraception shows some sort of subversion of the presiding Catholic belief on the matter.

Unlike Anna and Marianne, Ruby, Evelyn, and Maria's decisions over their reproductive health seem to demonstrate a challenging of mainstream Catholic views over SRH. Like the

⁹³ Collantes, "Choosing Between "Life" and Livelihoods," 166.

⁹⁴ Collantes, "Choosing Between "Life" and Livelihoods," 166.

other two women, they also exhibited no concern for religious opinion on their reproductive choices; however, all of them took pro-RH stances. Ruby uses quarterly injections, while Evelyn takes birth control pills as they both do not want any more children (Note: Ruby has 9 children, while Evelyn has six children.). Evelyn's motivations behind using birth control serve as protection against another pregnancy, as refusal to have sex with her husband results in conflicts or arguments with him of which she tried to make light of when mentioning this reality.⁹⁵ Ruby, with a large family herself, was particularly strong in her convictions about the complicated and cyclical reality of poverty in her community:

“Without more RH options, more people will be without work; poor families struggle more and their daughters (who are as young as 14 years old) learn to prostitute themselves for a small amount of money; many of these young girls end up pregnant, and the cycle begins again.”⁹⁶

Comparing Evelyn and Ruby's motivations, the former's situation is one that is complicated by obvious power struggles. It appears that her regular use of contraception affords her the power and agency to not only protect her against an unwanted pregnancy but to also safeguard her against her husband whose sexual needs are normalized and warranted in Philippine society. Thus, Evelyn's contraceptive use is one that exhibits agency in reproductive decision-making and a perfect example of challenging and offsetting gendered systems of oppression that warrant accepted machismo behavior vouched by the hegemony of Catholic institutions. Meanwhile, Ruby's assertive observation drives home a more profound awareness that echoes intersectional feminism, highlighting how the withholding of reproductive health services by the ruling religio-political classes perpetuates not only the cycle of poverty within families but also the way in

⁹⁵ Collantes, “Choosing Between “Life” and Livelihoods,” 168.

⁹⁶ Collantes, “Choosing Between “Life” and Livelihoods,” 171.

young teenage girls must succumb to systems of oppression in order to gain some sense of financial agency to help their own families.

Maria's convictions on challenging the Catholic Church's views on reproductive health legislation demonstrated the most knowledge and contestation of the Church's influence on the matter. As the facilitator of the focus group discussion, a reproductive health advocate in her informal settlement community, a mother, and someone who had made the difficult decision to have an abortion when an unexpected pregnancy placed a toll on her health and ability to perform her new job after having just moved to Quezon City, Maria exhibited the most palpable frustration with how "political debate surrounding reproductive rights is too dualistic" and does not shed enough light on "concrete lives of locals."⁹⁷ More strongly, "she refused to accept the ultimatum given to the public by conservative laity, Church leaders and the CBCP."⁹⁸ She also recognized the complexities outlined by intersectional feminism, connecting the dilemmas of reproductive decision-making faced by actual women and the contradictions of how the hegemony of male opinion concerning Catholic values surrounding this topic diminishes the value and lives of women. She stated that the decision to abort is "made with profound pain and a multitude of reasons," pointing out "the conservative teachings of the Catholic Church as being too judgmental of poor women who decide to have abortions," which she found perplexing as the women in her community were the most involved their religious communities.⁹⁹ Concerning the 'Team Buhay' and 'Team Patay' debate, Maria went on to contest that those who of the Catholic Church claiming a pro-life stance are not pro-life but anti-life as they are only looking out for the

⁹⁷ Christianne F. Collantes, "Choosing Between "Life" and Livelihoods," in *Reproductive Dilemmas in MetroManila* (Springer: 2017), 170.

⁹⁸ Collantes, "Choosing Between "Life" and Livelihoods," 169.

⁹⁹ Collantes, "Choosing Between "Life" and Livelihoods," 170.

welfare of the child and disregarding the lives of women and mothers.¹⁰⁰ Overall, Maria's specific case embodies the perfect case of challenging the Church's moral authority over SRH, as her experience of having had an abortion provided her with the most insight on the vitriol surrounding normalcy of clandestine abortion and learning that increased access to SRH services is vital to addressing the systemic gendered socioeconomic issues that low-income women living in informal settlements experience. Moreover, it was Maria's perspective on the overarching RH debate being largely detached from the realities of herself and the women in the group that drove home the notion that religion takes up very little space in reproductive decision-making.

Ultimately, the women in this context have been the receptacles of different waves of oppression (i.e. the Church, male partners, poverty) and thereby, use contraception to control their reproductive health wants and needs and gain some sort of agency in already economically fraught and unpredictable situations. None of these women demonstrated any sort of struggle in accessing modern contraceptive methods, despite allocation of funds for SRH services being decentralized. In addition, each woman exhibited some variation of agency by internalizing, subverting, or outright challenging the precedence of Catholic opinion over SRH and yet, each woman also did not verbalize or mention any sense of profound regard for her Catholic belief nor did they exactly understand what being 'pro-RH' or 'anti-RH' meant. Thus, findings from this ethnographic study supports the quantitative data exhibiting the increase of overall national contraceptive use, the downward trend in national levels of unmet need for family planning, spacing, and limiting, and a decrease in total fertility rate, as "religion-based opposition to contraception" is perceived as a barrier by only "3-6% of women."¹⁰¹ In turn, "conservative

¹⁰⁰ Collantes, "Choosing Between "Life" and Livelihoods," 171.

¹⁰¹ Mari Nagai, Saverio Bellizzi, John Murray, Jacqueline Kitong, Esperanza I. Cabral, and Howard L. Sobel, "Opportunities lost: Barriers to increasing the use of effective contraception in the Philippines," *in PloSone* 14, no. 7 (2019): 2.

religious teachings on family planning do not always have the most influence in the decision-making processes on reproduction for ordinary Filipinos.”¹⁰² Rather, it appears that the most obvious of motivations, experiencing financial struggle due to large families or wanting to avoid financial struggle, are insinuated as the reason for needing to use contraceptive methods.

10 Realities in Reproductive Decision-Making: Abortion

Delving further into the topic of abortion, it is apparent that decision-making around this topic is fraught as it is prohibited under all terms by the Responsible Parenthood Act of 2012. Yet 72% of women, especially those in the teenage and young adult age ranges of 15-24, have had abortions due to the economic difficulties of supporting an additional child.¹⁰³ Around “600,000 Filipino women get abortions every year, and many turn to unlicensed doctors, use folk medicine, or attempt to self-induce.”¹⁰⁴ Most of these women are “Catholic, married, mothers, and have at least a high school education.”¹⁰⁵ The most cited reason to abort is “their inability to afford raising a child.”¹⁰⁶ Additionally, the Guttmacher Institute reports that about “100,000 women are hospitalized annually due to abortion complications.”¹⁰⁷

On top of this, perceptions regarding the decision to abort are not only markedly gendered but such perceptions also resonate with gendered views around female virginity, which place women under the same terms of systemic oppression forged by the Catholic Church’s

¹⁰² Christianne F. Collantes, “Choosing Between “Life” and Livelihoods,” in *Reproductive Dilemmas in MetroManila* (Springer: 2017), 171.

¹⁰³ Bautista, “Tackling Life Issues,” 35.

¹⁰⁴ Aspinwall, N. (2019, May 29). Manila's Abortion Ban Is Killing Women. Retrieved July 28, 2020, from <https://foreignpolicy.com/2019/05/29/manilas-abortion-ban-is-killing-women/>

¹⁰⁵ Unintended Pregnancy and Unsafe Abortion in the Philippines. (2016, May 18). Retrieved July 28, 2020, from <https://www.guttmacher.org/fact-sheet/unintended-pregnancy-and-unsafe-abortion-philippines>

¹⁰⁶ Unintended Pregnancy and Unsafe Abortion in the Philippines. (2016, May 18). Retrieved July 28, 2020, from <https://www.guttmacher.org/fact-sheet/unintended-pregnancy-and-unsafe-abortion-philippines>

¹⁰⁷ Unintended Pregnancy and Unsafe Abortion in the Philippines. (2016, May 18). Retrieved July 28, 2020, from <https://www.guttmacher.org/fact-sheet/unintended-pregnancy-and-unsafe-abortion-philippines>

influence on male-dominant gender norms. Therein, the following will discuss the main findings garnered from three studies, two of which were qualitative gathered both male partner and female perceptions on the topic of abortion, while the other was both qualitative and quantitative, focusing on the valuation of women's virginity by both males and females. In the first study, both in-depth interviews (IDI) and focus group discussions (FGD) were held with 20 young adults and 13 partners in the former and 32 women and 43 men in the latter. The second study had 15 young adult men interviewed twice in IDIs, while 43 men served as participants in FGDs. The third study interviewed 3,540 women and 3,467 men between the ages of 15-27 years old.

First and foremost, both men and women exhibit clear signs of religious guilt regarding decision-making around abortion, although thought processes behind this moral reveal some disparities between the genders. Both perceive unintended pregnancies as emblematic of the "will of God" or "God's plan."¹⁰⁸ However, because women are at the biological behest of carrying the actual child, it appears that they have established a list of qualities to help determine if abortion should be attempted and a threshold at which several unsuccessful attempts at aborting render the fetus having the will to survive. Thus, any further attempts would cause the woman to acquire bad karma, or *gaba*. For example, if a woman was between the earlier stages of pregnancy (1-4 months), the fetus was still referred to as *dugo*, or a clump of blood.¹⁰⁹ However, when talking about the fetus in the womb, it was called *bata*, or a child.¹¹⁰ In turn, the decision to abort within the context of this example seemed to align with the mentality of any woman making a decision wherein early termination is seemingly deemed less severe as opposed to later stages of pregnancy. Nonetheless, women's demonstrations of internal negotiation, as

¹⁰⁸ Hirz, Avila, and Gipson, "The role of men," 269.

¹⁰⁹ Gipson, Hirz, and Avila, "Perceptions and practices," 266.

¹¹⁰ Gipson, Hirz, and Avila, "Perceptions and practices," 268.

well as actions in the aftermath of unsuccessful abortion attempts reveals a definitive reflection of the moral precedence of Catholic perceptions on abortion. In turn, attempts to abort at early gestations of pregnancy seemed to imply efforts to subvert the moral authority of the Catholic Church; however, when successive attempts lead to abortion failure, women seemed to have accepted their fate, internalizing the failure to abort as a sign from God to keep her unborn child.

Conversely, men's responses resembled a sliding scale of dilemmas that ranged from only one man exhibiting respect for his female partner's agency over her body to the majority displaying moral ousting and scapegoating of female partners that resonated with the same Catholic convictions around institutionalized gender roles in Philippine society. For example, when young men described partners in the context of them deciding to abort or women who appeared to be the type to have unplanned pregnancies, they were described as "club dancers", "strippers, "members of gangs or fraternities", and according to one IDIP, "a prostitute."¹¹¹ Similarly, in a study regarding the valuation of women's virginity in the Philippines, men described non-virgin women as "latak," which means "dregs or worthless leftovers."^{112 113} Here, a parallel is drawn between non-virgin females, the type of women to have unintended pregnancies, and the type of women who'd have an abortion. Such perceptions exhibited by men between the extremes of examining female virginity and examining decision-making around abortion elucidates the stark imaginings of Filipino women wherein their ability to reproduce is inextricably tied to characteristics of purity and motherhood. Failure to uphold these qualities of the 'true Filipina' render her worthless. Moreover, these normalized perceptions of Filipino women ultimately leave little room for acknowledging the nuanced reality of women in such

¹¹¹ Hirz, Avila, and Gipson, "The role of men," 269.

¹¹² Manalastas and David, "Valuation of Women's Virginity in the Philippines," 37.

¹¹³ Manalastas and David, "Valuation of Women's Virginity in the Philippines," 37.

circumstances. Overall, men's perceptions on abortion denote an obvious internalization of the Catholic Church's moral authority over SRH, underscoring the normalization of patriarchal views concerning gender norms and roles.

Another noticeable theme was that when both men and women were provided with fictional examples exhibiting circumstances in which abortion might be an appropriate solution, underlining the prevalence of intersectionality in such dilemmas, majority of both men and women agreed that abortion wasn't a solution. This, in turn, emphasized the moral burden of contemplating abortion in any circumstance, demonstrating a deep internalization of the Church's precedence over the injustice of abortion. For example, one fictional anecdote involved a couple, Catherine and Michael. The former had several taxing health issues and the latter was unemployed, which would make Catherine's pregnancy high risk and vulnerable to more health complications. Moreover, her husband would not have enough money to ensure her health throughout her pregnancy. Decidedly, several participants could not find any sort of benefit in the option of abortion, as it would "invoke gaba."¹¹⁴ Others brought up the idea that her pregnancy would be aided by "God, family, friends" and through this, Catherine's life and their troubled finances would be spared.¹¹⁵ Additionally, another story featured another couple, Jocelyn and Ronald, who already had many children but were suddenly faced with another unplanned pregnancy. Notably, while some participants found this particular situation to be justifiable in the case of abortion, others believed that Ronald should just find another means of employment and ask for financial support from friends and family.¹¹⁶ Female participants felt regardless of family size or poverty, they'd still survive.¹¹⁷

¹¹⁴ Gipson, Hirz, and Avila, "Perceptions and practices," 261.

¹¹⁵ Gipson, Hirz, and Avila, "Perceptions and practices," 271.

¹¹⁶ Gipson, Hirz, and Avila, "Perceptions and practices," 272.

¹¹⁷ Gipson, Hirz, and Avila, "Perceptions and practices," 272.

Overall, while gatherings from the qualitative studies revealed a more complex picture of the decision-making process behind abortion, stressing a general spectrum of demonstrations of internalizing and sometimes subverting Catholic precedence over SRH legislation through abortion attempts and resigning to failure of these attempts, the statistics seem to imply a different reality: In rather large numbers, many young women have challenged and will continue to challenge the Church's moral authority over SRH legislation by seeking out any means necessary to terminate an unwanted pregnancy. Another detail to note is that perceptions around abortion are gendered and echo the same religious ideologies surrounding gender norms in Philippine society, with women disparately burdened by the moral imaginings of Filipino women as having to fulfill their biological destiny and the frustrations of Filipino men who both internalize and project religious guilt onto their female partners for deciding to have an abortion. Though, there were some male outliers who respected their partner's decisions or felt unable to step into the role of fatherhood due to a number of intersecting factors. Thus, both men and women in these circumstances face realities that are nuanced and complicated by age, socioeconomic class, religious reservations, and the inability to access SRH services. In the end, all these studies seem to convey that reproductive decision-making by low-income women can be very difficult and sometimes fraught with guilt and moral qualms. However, the women in these studies have demonstrated varying breadths of agency in making SRH decisions that don't entirely depend on the views of the Catholic Church in the face of difficult economic circumstances. Simply put, "when women live at the margins, contradictions and negotiations arise."¹¹⁸

¹¹⁸ Christianne F. Collantes, "Choosing Between "Life" and Livelihoods," in *Reproductive Dilemmas in MetroManila* (Springer: 2017), 180.

11 Recommendations

Though “over 86% of Filipinos that identify as Catholics,” “when it comes to reproduction and intimacy, the teachings of the Catholic Church carry less weight.”¹¹⁹ Yet, much remains to be done in terms of normalizing and widening access to modern family planning methods.¹²⁰ Despite the assertion that religious beliefs or firmly held laws prevent Filipino women from accessing available modern contraception, which to some extent is true for many, it is increasingly apparent that perhaps it is the pervasiveness of a normalized, gender-biased stigma and the perpetuation of false information that keeps both men and women from using contraceptive methods. However, when it comes to the illegality of abortion, despite the continuity of illegal abortion practices, it is apparent that confronting the abortion as part of women’s reproductive health will take more time or may never be discussed on the legislative table in the near future. Nonetheless, tackling and elevating already existing provisions should be the leading priority for those working in sexual and reproductive health.

The analysis of the studies above requires that these improvements be implemented to improve sexual and reproductive health standards.

1. *It is vital that elementary aged girls receive comprehensive sexual health education in both private and public schools.* With clandestine abortions being a normalized option in the context of a decreasing though unpredictable rate of adolescent fertility in the Philippines along with the proportion of female adolescents already having sex and with limited access to contraceptive services for those under age 18, comprehensive sex education (CSE) is a necessary reform that must be implemented and maintained in all

¹¹⁹ Collantes, “Choosing Between “Life” and Livelihoods,” 181.

¹²⁰ Nazareno, Tala L. "The Responsible Parenthood and Reproductive Health Act of 2012: An Analysis of the Potential Effects of Family Planning and Sex Education Requirements in the Philippines." *Women's Rts. L. Rep.* 35 (2013): 95.

schools. Across studies concerning the prevalence of adolescent pregnancy and marriage, those of lower economic standing tend to discontinue education and often enter early marriages, which results in the proliferation of larger and economically poorer family units. In turn, young girls must receive prolonged sexual education to not only inform them of their sexual and reproductive health and rights during their formative years but to also remove the stigma and taboo from a topic that is part and parcel of life.¹²¹

2. *It is vital that medical professionals of all echelons are equipped with streamlined training and proper protocol concerning fair and non-biased administration of SRH counselling to all patients.* Another occurrence across a few studies related to SRH implementation is the correlation between lack of emphasis on properly training medical professional and workers on administering family planning counseling services and the discontinued use of modern contraceptive methods among Filipino women in both poor urban and rural areas. In one quantitative study involving 481 women visiting a clinic regarding concerns about modern contraceptive methods, only “16.3% received family planning counseling” on the day of the visit and “only 2.9% of women felt their concerns about a specific method(s) had been addressed by the health worker during counseling.”¹²² Whether this professional laxity has anything to do with limited and decentralized budgetary funding for SRH services or personal religious views that can confound a doctor’s or medical assistant’s ability to provide maximum care to patient in this particular field of care, medical professionals of all echelons must be equipped with

¹²¹ Christine Marie Habito, Cathy Vaughan, and Alison Morgan, "Adolescent sexual initiation and pregnancy: what more can be learned through further analysis of the demographic and health surveys in the Philippines?," *BMC public health* 19, no. 1 (2019): 1142.

¹²² Nagai, Bellizzi, Murray, Kitong, Cabral, and Sobel, "Opportunities lost," 8.

streamlined training and proper protocol concerning fair and non-biased administration of SRH counselling to all patients. If women were to receive respect and unbiased counselling from medical workers concerning the use of modern contraceptive options, perhaps wariness around the novelty of these methods would wane and discontinuity of modern family planning practices would decrease.

3. *It is vital to increase access to the breadth of available and safe contraceptive methods.*

Because the RHRP Act of 2012 had received a TRO by the Supreme Court until November 2017 due to its allowance of contraceptive methods deemed abortifacient by pro-life coalition groups, the full potential of the RH Law hasn't yet been realized. Because teenage girls' inability to access necessary contraceptive methods increases their chances of unwanted pregnancy and the overall repercussions of limiting modern contraceptives are based on largely false, unfounded scientific claims, such setbacks only help uphold the status quo of stigma around modern contraception, especially for the teenage girls living of low economic standing. In turn, *lifting legislative barriers to these methods* will further assuage the presumptive anxieties around these banned methods and help foster positivity and female agency around the topic sexual and reproductive health rights.

12 Conclusion

Tracing the formation of the Philippine nation from its over 500 years under colonial Catholic rule under Spain, through the rise in political power of the CBCP, and to decades of ongoing debate around the passing of the RH Law of 2012, these key moments throughout the country's history elucidate the ways in which the Catholic Church has sought to not only maintain a high level of moral authority within the nation but to also elevate its political relevance and presence in reinforcing societal gender roles and norms that would affirm its capacity to dictate discourse around the SRH debate, as well as any issue deemed to challenging the moral framework of the country. More significantly, it is because of the Church's position as the ever respected and ubiquitous foundation upon which Philippine civil society and Filipino culture have survived, and in more recent times, its position as a political power, that it is easy to understand legitimacy of the Church against contesting polities or discourse, including fellow Catholics in the religious and academic realms who just so happened to support passage of the RH Bill. In some ways, this bills' passing into law also reflects the moral and political hegemony of the Church, as the standards and provisions of what SRH services were to be protected were challenged and modified to assuage the cultural anxieties of the Church and prolife groups.

Unfortunately, the veil of benevolence and paternalism that the Catholic Church has maintained has also helped reinforce a social structure that situates women in a position of facing multiple vectors of silent oppression, especially within the context of gender and poverty. However, more and more, it is apparent that devout belief in the Catholic faith amongst Filipinos showcases nuance and in relation to the topic of reproductive-decision making, it's even less prioritized. Instead, the intersections of economic standing, gender, and social class play more of leading role in determining women's decision-making over the strictures of the Catholic Church.

More importantly, such decisions aren't necessarily rigid or indicative of any particular cause. This is critical to understand as this reinforces how low-income women in these circumstances may, on one hand, internalize Catholic ideals concerning the moral rectitude of reproductive decision-making but on the other hand, could also change their minds and act on a choice that exhibits subversion of one's Catholic integrity. Rather interestingly, it is the act of abortion that seems to elicit the most religious guilt by both men and women; however, women have demonstrated their agency in such situations by either internalizing the moral ethics of such a decision or subverting ideas of moral rectitude by deciding to move forward with abortion as a solution. On the other hand, men's perceptions and judgements of women who have chosen to abort seemed to resonate with the Catholic Church's dichotomous views regarding women, underlining the fortitude of the Church's top down efforts in sustaining Catholic culture through defining Filipino female and male identities. Overall, while the hegemony of Catholic culture remains rooted in the framework of the country's national identity, Filipino women of low-economic standing have been able to navigate around reproductive health barriers and, mainly so, without religion being the foremost factor. Perhaps this may not signify a move away from religiosity but rather an acceptance of the normality of moral dilemmas within the context of sexual and reproductive health.

In the end, maintaining the centrality of Catholic tenets that serve as the foundation upon which Philippine values and culture are inarguably derived and understood, amidst the increasingly normalized though contentious necessity of providing sexual and reproductive health services for women in marginalized circumstances, is a balancing act the Philippine government must persist to uphold as time goes by. Catholicism and its prevailing influence will always be a mainstay; however, with the divisive nature of sexual and reproductive health, who's

to say that the convincing opinion of a future presidential candidate or savvy Catholic leader might sway public opinion and inevitably public policy towards denying its necessity as a human right? Thus, while reproductive health services remain legally protected for now, it is vital that progress and advocacy of this human right reflects and defends the needs and wants of women living in the margins of Philippine society and that the government, non-governmental organizations, and leading reproductive health experts maintain avenues of open communication and negotiation to work on developing policies, scaling up sexual education school programs for both girls and boys, and other potential platforms that move in the direction of lessening the stigma surround SRH and supporting the notion that religion and reproductive health can coexist without strife or resentment placed on poor women. After all, the reality is that there are Filipino women that have and will continue to create extralegal spaces where they can account for their own reproductive health needs through alternative means and clandestine procedures, as well as women who can comfortably go to family clinics and other NGOs to fulfill their reproductive needs.

All in all, acknowledging the intricacies and nuances that shape women's choices in a predominantly Catholic country warrants more in-depth consideration and understanding from both political and religious institutions about what sexual and reproductive health and rights actually entail and how accommodating for its benefits isn't tantamount to the relinquishing of religious values for the sake of assumingly inhumane actions. Most importantly, shifting cultural norms away from the contradictory accommodations that are made for men regarding reproductive decision-making towards new norms that serve to enhance and protect the agency of women in reproductive dilemmas is an incumbent obstacle that not only will challenge notions of gender roles on an ontological level but will also be critical to ensuring that women in

poverty-stricken circumstances can confidently achieve their sexual and reproductive health goals with no qualms or lingering religious guilt.

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