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A FILIPINO FEMINIST PERSPECTIVE ON THE RH BILL DEBATES

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Abstract

This article argues for the primacy of autonomy and self-determination in framing a perspective on the RH debate, as gleaned through the experience of Filipinas who must decide on: a) whether to limit the number of children they have, b) how to space the births, c) whether to terminate a pregnancy, or d) whether to use contraception. A Filipino feminist perspective on the RH debates claims that the mother is a person, a subject entitled to her own autonomy and self-determination. The paper posits that reproductive rights need to be situated in a framework that recognizes the complexity of women's needs in the sphere of reproduction. It further maintains that a truly Filipino feminist perspective on RH debates is anchored deeply within the lived experience of poor Filipinas burdened by caring for multiple children

About the Author

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Introduction

Women all over the world, including Filipino women, are subjected to countless arguments and refutations about their rights or lack thereof with regard to their reproductive ability. These debates are so highly polarized that discussions can be reduced to whether they are pro-life, which essentially means anti-abortion, or pro-choice, which in contrast means pro-abortion. This is most evident in the current debate on Reproductive Health (RH) legislation in the Philippines. Opponents of the RH Bill as it is dubbed in media often play up the abortion card as a rallying point, which is hardly surprising given that the population is largely Catholic. In issues surrounding reproductive rights, matters of the womb often define women's status, so that women who evade this destiny are often damned as both selfish and sinful.¹ Consequently, there is tension between a woman's story and the cultural, political, racial and social narratives that define her, as seen in debates on reproductive health legislation in general and abortion in particular.

This article argues for the primacy of autonomy and self-determination in framing a perspective on the RH debate, as gleaned through the experience of anguish and shame of Filipinas who must decide on: a) whether to limit the number of children she has, b) how to space the births, c) whether to terminate a pregnancy, or d) whether to use contraception. Traditionally, autonomy is regarded as the right of an individual against coercion and control. If autonomy presupposes freedom to choose, then to be an autonomous being is to be free to choose. Flowing from this, a Filipino feminist perspective on the RH debates claims that the mother is a person, a subject entitled to her own autonomy and self-determination.

It is remarkable that the Declaration of Policy in the consolidated Reproductive Health Bill affirms the primacy of autonomy and self-determination:

The State recognizes and guarantees the exercise of the universal basic human right to reproductive health by all persons, particularly of parents, couples and women, consistent with their religious convictions, cultural beliefs and the demands of responsible parenthood. Toward this end, there shall be no discrimination against any person on grounds such as sex, age, religion, sexual orientation, disabilities, political affiliation and ethnicity.

The Catholic Church recognizes that there should be primacy of conscience in forming an ethical action. I cannot agree more. So why does the Church position itself as the biggest

stumbling block against any form of Reproductive Health measure? Any normative ethic, which includes both Christian and humanist ethics, upholds freedom and relationality as obligating features of personhood. Freedom and relationality as features of human persons are profoundly connected to one another. Instinctively, we know that we cannot grow in freedom except in some nurturing relationships—the loves, the relationships we finally choose to identify within our deepest selves. There is an obligation to respect the right of human persons to determine their own actions and their relationships. This right or this obligation to respect individual autonomy sets a minimum, but is also an absolute requirement for free consent.² Lisa Cahill, a Christian feminist moral theologian, notes that feminist ethics employs women’s experience as a critical norm in approaching both theological traditions and a social practice. Women’s experience challenges women’s subordinate status in society. Appeal to women’s embodied experience can also be a springboard to cultivating compassion as we recognize that we are all similarly bound and controlled by various forces that limit and/or undermine our quest for genuine emancipation.

Cultural Ambivalence to Filipinas’ Reproductive Realities

As a Filipina, I am an amalgam of images that are contrasting and contradictory. Sifting through these images to be able to understand the Filipino woman and thus represent her with utmost integrity has also largely defined my feminist work. Centuries of colonialization certainly leave deep grooves in Filipino women’s bodies, which are at once holding us back and mocking us to dare escape their clutches. Among Asian women, Filipino mothers have the highest number of children and one often sees a mother, thin to the point of emaciation, clutching their hands. And if these were not the most glaring of images, Filipinas are often represented in the Western world as highly sexualized and desirous of domestic partnerships with Western men, as we can glean from the number of dating websites that proliferate in cyberspace. Alongside these images, we see representations of educated Filipino women bravely and resolutely leaving their loved ones and country behind to work in strange lands as domestic helpers, nurses, caregivers and entertainers. These images are, at first glance, contradictory inasmuch as they represent Filipinas as tied to their traditional roles as mothers and caregivers. Yet, images of empowered Filipinas as Overseas Filipino Workers suggest that we live these contradictions, we negotiate within them and all the while refuse to be held down by stereotypes of what it means to be a woman. A closer and deeper look into these images reveals that they are not in fact contradictory. Rather, they form

quite a seamless, bigger picture that represents Filipinas in the throes of cultural double-bind: seemingly empowered but really not.

Consider this: Infant mortality in the Philippines is 36 per 1,000 live births. Sixty percent of all pregnancies are considered high risk.³ Eleven mothers die daily while bearing children, according to the 2008 National Demographic and Health Survey conducted by the National Statistics Office. One in every six pregnancies is aborted clandestinely. Around 400,000 clandestine abortions are recorded in the Philippines every year, and 205 Filipinas die daily from unsafe abortions. These data reveal just how dangerous pregnancy is to Filipino women. But the danger is not emphasized in mainstream media, which prefers to focus on romanticized stereotypes of pregnant women who quiver with anticipation for the birth of their babies, or of (very!) young mothers who derive ultimate happiness in seeing their children eat, play or sleep. These romantic stereotypes of the naturally caring woman are deeply entrenched in the cultural psyche of Filipinos. The discovery of an aborted fetus regularly makes news, with the reporters usually remarking just how helpless these little “angels” are and how callous and unfeeling their mothers are to abort them. The remarks are unsurprisingly derived from myths about abortion.

With regard to abortion, according to a study made by Corazon Raymundo et al⁴, it is commonly believed that only certain types of women undergo abortion—the loose in morals, prostitutes, women in the slums, and those engaged in clandestine sexual relationships. Abortion is sought primarily because of the stigma that an illegitimate child will bring to the pregnant woman and her family, or because the single woman is not supposed to have a child. These are myths precisely because those who desired and availed of abortion services were women from all walks of life—they were ordinary women who could be one’s relative, friend or neighbor. To abort is a decision made by women even if they are greatly aware that such an act is illegal or is heavily sanctioned both by state and society. What is indicative is how resolute they are in standing up for their choice, even though they consult their partner/spouse, friends and family members in making that choice.⁵

This resolve may come as a surprise to some, as stereotypes about the docility and passivity of Filipinas abound. Filipinas have been brought up to imbibe a certain consciousness that depicts them primarily as caretakers. And this social and political role is rooted in the understanding that because biology has so ordained that women have wombs, it is but natural that they become nurturers.

Culturally, Filipinas are viewed as the primary caregivers of the family—a role in which they have been simultaneously revered and enslaved. Like all other forms of oppression, this one has been embedded in their collective consciousness, and Filipinas thus define themselves by this caregiving role. They are praised for their extraordinary ability to manage the household in spite of the meager salaries their husbands and/or children give them. Some commentators, noting this ability, have even remarked that Filipinas' control of the purse strings demonstrates their power. Using the analysis of Simone de Beauvoir, a seminal French intellectual, Filipinas' awakening to power may be viewed dialectically. There is liberation in the awareness that a woman can take control of her life. She is not passive; she takes charge. However, this liberation is only seeming as it still binds her to socially constructed oppressive roles because she has a womb. But if the figures on abortion are any indication, it is this: to make a choice and to stand up for that choice, however perilous and dangerous it may be, spells the difference between life and death. Often in the case of poor Filipinas, the choice is between food for the family or her soul. As one mother asks for forgiveness from her baby, "I will have to let you go because you cannot live in this starving environment."

The Context of Choice

Indeed, there is much anguish over choice, for women—and in this case, Filipinas—are aware that in their situation, it is never abstract. Intellectually, we gather that decision-making involves rational reflection. A good choice, it seems, is one that is well thought-out—positive as well as negative consequences are anticipated. In reality, however, the "goodness" of a choice is determined by how well it participates in the hegemonic and normalizing discourse. All our choices are made in the contexts of our religion, ethnicity, social status, and past experiences.⁶ Michael Tan, a Filipino medical anthropologist, notes that many of those who choose to continue with their pregnancy live a hand-to-mouth existence, their children dying early from disease and malnutrition. The survivors will drop out earlier from school, with a lucky few finding low-paying casual jobs, and the others roaming the streets.⁷

Some Western feminists espouse the freedom to choose, as if that choice exists independently from the complex social and relational contexts in which women as "womb-bearers" negotiate. Contrary to this view, transcendence is a luxury—an option for those who can achieve self-realization unencumbered by the "heavy weight"⁸ of social and cultural expectations

to be mothers. Anthropologist Nancy Scheper-Hughes, in *Death without Weeping: The Violence of Everyday Life in Brazil*, observes that mothers, in particular, are sometimes portrayed as larger than life, as all-powerful, and sometimes as all-destructive. Or mothers are represented as powerless, helplessly dependent, and angelic. In the face of these polarizing descriptions, there is the danger of overdistancing ourselves from those we are trying to understand, so as to suggest that there is no common ground at all. This is found in some deconstructionist and postmodernist theories of gender politics, where the categories of “woman” and “mother” are rigorously problematized and deconstructed out of existence.⁹

Perhaps Carol Gilligan put it to words best. In her study about how women make moral choices, she concludes that they approach a decision that affects both self and others, engaging directly the critical moral issue of hurting. Her seminal work on female morality, *In a Different Voice*, shows that Kohlberg’s theory of moral development fails to fully account for the female subjects’ response to his case studies. Gilligan presents a theory of moral development that posits that women tend to think and speak differently from men when they confront ethical dilemmas. Gender differentiation plays a crucial role in moral development: men are fair and value autonomy; women care and value interconnectedness. Gilligan contrasts a feminine ethic of care with a masculine ethic of justice. These gender differences in moral perspective are due to contrasting images of self, i.e. women see themselves in terms of their relationships with others. Morality is seen as responsibility toward others, not just as a right of individuals; moral judgment employs compassion as well as reason.

With regard to the impasse in Reproductive Health debates, it can be reduced to this: A woman’s right to choose means that the fetus’s right to life is threatened. A fetus’s right to life prevents women from having any choice.¹⁰ Rights-based argumentation looks into these issues as a woman’s right over her body, a right certainly assured of as a human being. But a dilemma sets in regarding the issue of whose rights take precedence. To engage in pro-life/pro-choice debates, which reduces the complex issues of women’s reproductive concerns to abortion, is to be locked within “either/or” options that allow no compromise. Marilen Danguilan reflects upon the stories of Filipinas who have opted to use contraceptives (including resorting to abortion) in *Making Choices in Good Faith: A Challenge to the Catholic Church’s Teachings on Sexuality and Contraception*. She concludes:

To discuss abortion dispassionately demands setting aside one's prejudices and preconceived notions. This can be a heroic task for abortion touches on values that have been shaped by our roots, our relationships, and by the entire context in which we live. Abortion cannot be judged against an absolute moral principle. It cannot be isolated from age, health and well being; family relationships; our ability to raise children in the way that God wants us to; our specific economic conditions; our choice and the values upon which the choice was made. Nor it is simply a case of reducing an extremely complex issue to a single category tagged as "murder" or "heinous crime."¹¹

The Filipino people regardless of religion have already voted in favor of Reproductive Health Bill. According to a survey conducted in June 2011 by the Social Weather Station, 73 percent want information on legal methods to be made available by the government, while 82 percent say family planning method is a personal choice.

Body Praxis: Thinking through Ambiguities and Spaces in Between

Praxis refers to reflection and action upon the world in order to transform it.¹² We use praxis in a similar sense to capture the new way of thinking, feeling and doing derived from invoking women's embodied experience. We appeal to "experience," which demands recognition, if not primacy, in the formulation of a thoroughly feminist analysis. Body praxis simply means that we allow "embodied" accounts to illuminate and transform our knowledge of ourselves and of the world.

In other words, an appeal to women's embodied experience starts with women's distinctive embodiment, the location or the starting-point—we, as women, acknowledge that we have wombs—we are all potential reproducers. This fact alone upholds the woman-centered contention that we need to frame our feminist analyses within the struggle to put women's unique physiology—which demands special care and the attention sorely lacking in sexist societies—at the center. A truly feminist commitment desires the ending of the oppression and exploitation of women, which is based on such distinctive embodiment. In the case of reproductive issues, shouldn't we listen first and foremost to women are pregnant or are thinking of not being pregnant as profound experiential events?

Using her experience of pregnancy and mothering as a starting point, Adrienne Rich essays the ambivalence motherhood brings to women. It is both “tenderness” and “anger”; “hands of flesh” and “hands of iron”; a “sacred calling” yet possessing at the same time a heart of darkness that has driven some women to kill their children. The way out of this dilemma is to reclaim the body that once was held as a receptacle of life, a vessel that contains both the milk and blood necessary for life to continue. She is at once the keeper of life-sustaining grain and water, and of dead bones. All these refer to woman’s sexuality as transformative force. The first knowledge any woman has after all of warmth, nourishment, tenderness, security, sensuality, mutuality, comes from her mother.

Female biology—the diffuse, intense sensuality radiating out from the clitoris, breasts, uterus, vagina; the gestation and fruition of life, which can take place in the female body—has far more radical implications than we have come to appreciate (Rich 1986:39)

Yet a centuries-old suspicion of the body as a denial of mind and an identification with pure nature is ingrained in human psyche. Even feminists recoil from it, preferring instead to aspire for and stay in the realm of culture, which has come to be understood as “pure spirit, mind.” For Rich though, to reclaim the body does not have to mean the denial of mind, or of rational thinking. A woman can “think” through her body by exploring and understanding its biological grounding, the miracle and paradox of it and its spiritual and political meanings.

The process of thinking itself is creative, active, fluid, and expanding—all embodied activities. The challenge however is to trust women-centered sentiment and not to withdraw from it, so that women can bequeath their daughters a new world in which “they will truly create a new life the visions, and the thinking necessary to sustain, console and alter human existence” (1986, 285-6). This, however, requires courage, so that women must reclaim and gain control of their bodies and in the process allow for the possibility of humanity embracing its embodiment.

I fully agree with Bordo (and Rich), who write, “as women, we all have the ‘authority of experience’ that men lack and that gives us ‘a privileged critical location’ from which to speak concerning reproduction.”¹³ On the other hand, that embodied experience is set within the backdrop of the differing social, historical, racial and cultural contexts that shape and define it. These forces, as Braidotti calls them, insist that we abandon the naïve understanding that as

feminists, we should be resolute in framing a discourse that glosses over differences in women. As long as we are mindful of our differences, we can appeal to our embodied experience which, rather than essentializing, highlights an assembly of relations by which we negotiate within and among them. Most of the time, of course, the negotiations involve tragedy and violence, especially when our critical consciousness has already awakened in us the notion that we are more than our bodies. However, the implication of highlighting these relations seems to be that we are not in control of our own bodies, any more than we have the power to flee from them.

The Primacy of Women's Embodied Experience: Towards a New Understanding of Autonomy

So, how do we respond to the poor Filipinas who are burdened by the tragic demands of multiple pregnancies and children, and at the same time go beyond the polarizing rhetoric of either pro-life or pro-choice? We respond by upholding the primacy of women's embodied experience. Autonomy can be understood as space to articulate one's choice in the way that women, through socialization, make it. This means that the context of such choice involves care, nurture, consideration for others, awareness of bodily processes (which are filtered by several lenses—guilt among them, if they are religious), and also whether one is faithful to one's culture and tradition. Given all these criteria in making a choice, isn't the decision of whether to get pregnant, terminate pregnancy, or be child-less or child-free, a morally informed choice? As one Filipina community health worker puts it:

For many women who have gone through it, it was not so much the physical pain that was unbearable for them but the pain inflicted by self-righteous society. The trauma of abortion lingers long after the procedure is completed. The most common reason for women making this decision is to ensure the survival of her family. With another child to feed, the chances for greater life for her offspring will be greatly compromised. The responsibility to raise this family well drove them to make such a difficult situation, and for that society seeks to punish them.¹⁴

Conclusion

Reproductive control highlights issues of freedom, autonomy and bodily integrity—key issues that affect women. Reproductive rights need to be situated in a framework that recognizes the complexity of women’s needs in the sphere of reproduction (Kingdom 1991, 54 in Porter, 1994). Also, reproductive rights are part of reproductive freedom that affirms ideals of equality and autonomy. Given women’s body, sexuality, and reproductive potential, reproductive rights affirm equality as an extension of bodily integrity and self determination (Porter, 1994). Only on the basis of such reclamation can we assert woman’s moral authority, not merely by virtue of our distinctive embodiment but also by that of our social histories, to adjudicate the complex ethical dilemmas that arise out of our reproductivity.¹⁵ In this relation, a truly Filipino feminist perspective on RH debates is anchored deeply within the lived experience of poor Filipinas burdened by caring for multiple children, who are certainly the poorest of the poor in our midst. The Consolidated Reproductive Health Bill seeks to respond to them.

Endnotes

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2. Margaret Farley, *Just Love: Framework for Christian Sexual Ethics* (London: Continuum International Publishing Group Ltd, 2006), 216-217.
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7. Michael Tan, "Life," *Philippine Daily Inquirer* (June 23), 2006.
8. Susan Bordo, *Unbearable Weight: Feminism, Western Culture and the Body* (Los Angeles: UCLA Press, 1992).
9. Nancy Scheper-Hughes, *Death without Weeping: The Violence of Everyday Life in Brazil* (London: University of California Press, Ltd. 1992), 354.
10. Porter, "Abortion Ethics: Rights and Responsibilities," 66-76.
11. Marilen J. Danguilan, *Making Choices in Good Faith: A Challenge to the Catholic Church's Teachings on Sexuality and Contraception* (Quezon City: WomanHealth Philippines, 1993), 48.
12. Paulo Freire in his book *The Pedagogy of the Oppressed* (New York: Continuum, 1984) uses the word praxis to present a new pedagogy that underscores the simultaneity of word, reflection, and action.
13. Bordo, *Unbearable Weight*, 95.
14. Women's Feature Service Phils. Inc. *Body & Soul*, 18.
15. Bordo, *Unbearable Weight*, 94.

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Note to Contributors

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