

WOMEN'S GLOBAL NETWORK FOR REPRODUCTIVE RIGHTS

PASYA

Issue 1. February 2021.

ADVOCAZINE

OUR
FIRST
ISSUE

COVID-19
Who's most
affected?

MENSTRUAL CUPS
yay or nay?

*How we
worked with
young people
amidst a
pandemic*

**STORIES,
PRACTICES,
PERSPECTIVES**

on SRHR in the time of COVID-19

ABOUT **PASYA** ADVOCAZINE

Pasya is the Filipino word for decision, or a choice one makes after thinking carefully.

At Pasya, as SRHR advocates, we believe that when women and girls have the access and capacity to use information, are aware of their rights and entitlements, and have the opportunity to voice their rights, they can effectively demand obligations from duty bearers to bring about change in policy and practice, and create a positive shift in social and – cultural norms and values so women and girls are free and able to make informed choices towards having safe and healthy sexual and reproductive health and lives, free from stigma, fear, and violence.

Pasya aims to collect and share learnings and advocacy practices, and amplify the stories and demands of women, girls, and other vulnerable and marginalized groups.

Pasya PH is supported by the SHE project, which is undertaken with the financial support of the Government of Canada provided through Global Affairs Canada.

What's Inside?

1 About Pasya

3 Editorial

5 Editorial Team

6 The SHE Project

7 Practices

Rapid Gender Assessment: Realities and Repercussions of COVID-19 on Sexual Reproductive Health and Rights
Working with Young People
We successfully implemented a project that fights gender violence in the province!
#GirlDefenders alliance lauds Senate approval of bill prohibiting child marriage
Rewind: SRHR Roundups!

28 Our Stories

Women's Dignity: Sexual and Reproductive Healthcare in Times of Disasters
Making Reproductive Health Easier by Going Online
My Body, My Choice of Period Product
What Keeps Me Up at Night: COVID-19, Abortion and Protecting Women's Rights

44 Perspectives

The Most Affected People and Communities at the Center of COVID-19 Response Actions
COVID-19 and the Challenge to Care: Feminist notes from the Philippines
Where Economic and Gender Oppression Meet: Sexual Violence and the Poor
The myth of COVID-19 as gender equalizer
The call to decriminalize abortion: an appeal to save women's lives
'Institutional violence is a potent stimulant of domestic violence': An interview with Atty. Clara Rita Padilla

70 Open Space

Moon
Kung sa Pilipino

Cielo
Pasya Ko



Editorial

Marevic Parcon

Executive Director, WGNRR

The landscape for ensuring access SRHR information and services, including access to abortion, has never been easy even during “normal” times. Before the pandemic, it was estimated that 2,400 women and girls die every year in the Philippines from preventable causes related to pregnancy and childbirth.

The COVID 19 pandemic presents an unprecedented challenge to health systems around the world. As of this writing, over 1,390,000 lives have been lost worldwide due to the virus. We have seen the devastating economic and social disruption where millions of people are at risk of falling into extreme poverty. Countries such as the Philippines that are also dealing with existing humanitarian crises and emergencies are particularly exposed to the effects of COVID 19. We know only too well that this public health crisis exacerbates the risk for people living in intersecting vulnerabilities as financial, human, and technological resources are diverted to respond to the pandemic.

The experience with previous epidemics showed us that emergency and outbreaks have gendered impacts that disproportionately affect women, girls, and LGBTIQ+ persons. They face increased threats of sexual and other forms of violence. And having to stay at home during lockdown means being imprisoned with their abusers. Persons with disabilities, indigenous, refugees, and LGBTIQ+ who are normally left out of the health care system, will further experience the discrimination as the pandemic strain resources and services.

The scarcity of healthcare resources, isolation, and increasing ideological attacks to sexual and reproductive health and rights (SRHR) can only lead to higher maternal and newborn morbidity and mortality, increased unmet need for contraception, and increased number of unsafe abortions and sexually transmitted infections. They also further deny women and girls their right to self-determination over their health and bodies.

The landscape for ensuring access SRHR information and services, including access to abortion, has never been easy even during “normal” times. Before the pandemic, it was estimated that 2,400 women and girls die every year in the Philippines from preventable causes related to pregnancy and childbirth. There is a high probability that these preventable deaths would only increase with diminished health system resources, lack of immediate access to accurate reproductive health information and services, inadequate transportation facilities, and decreased or total loss of income and employment opportunities in a COVID-19 response that fails to take into account the specific needs of women's reproductive health and rights.

The impacts of the ongoing pandemic on SRHR in the Philippines have yet to be fully quantified. When the Philippine Government put in place stringent containment measures to mitigate the impact of the pandemic in March of this year, the Women's Global Network for Reproductive Rights (WGNRR) has experienced a spike in email inquiries regarding options for unintended pregnancies. In May, we documented three cases of pregnant women who were refused life-saving treatment by medical facilities. Two of them died due to complications.

The provision of sexual and reproductive health services, including safe abortion and gender-based violence related services, are essential, life-saving care. This does not change in times of crisis. If anything, rates of unintended pregnancies spike during public health emergencies or disasters, across restrictive and less restrictive settings. Regardless of the challenges, women will always need sexual and reproductive health services. Governments should continue to prioritize the delivery of essential SRH services to women and girls. Any public health strategy that is not mindful of human rights, including sexual and reproductive health and rights, will not only be inept and unsustainable but will also create an enabling environment for grave human rights violations.

More than ever, we work in solidarity and continue our collective effort to advocate SRHR for all. Let us support many different ways advocates and grassroots communities are currently responding to the challenges related to COVID-19. The current context shows us that once again preparing, mitigating, and responding to health crises is inevitably about examining and abolishing the inequalities in our society. As we tightly hold on to our hopes for the end of this crisis, we remain steadfast in our solidarity so that we do not go back to ‘normal’, but rather come out of this with a better and just world for all.

The Editorial Team

Marevic Parcon
Christelyn Sibugon
Shiphrah Belonguel
Vonna Vista

Editorial Consultant:
Ma. Diosa Labiste, PhD

Contributors:

Philippine Safe Abortion
Advocacy Network (PINSAN)
Philippine Legislators'
Committee on Population
and Development (PLCPD)
Sed Belonguel
Regine Cabato
Ces De Castro-Villa
Gus Cerdeña
Kristine Chan
Lara Cousins
Mina Deocareza
Elizabeth Deyro
Sabrina Gacad
Thalea Roselle Gadin
Danica Shahana Magtubo
Rye Manuzon
Patricia Blardony Miranda
Graciella Moises
Athena Charanne R. Presto
Aleijn Rio P. Reintegrado
Althea Roa
Britanny Jhill Yu

Message from the Team

This first issue of Pasya advocazine focuses on sexual and reproductive health and rights (SRHR) in the time of COVID-19.

Since the beginning of the COVID-19 pandemic, many organizations and groups working in SRHR in the Philippines have sounded the alarm on the possible negative effects the pandemic will have on people's SRHR. Nevertheless, organizations and advocates have worked to prevent and mitigate these effects with their work tirelessly, even as the landscape has made such work more difficult and complicated.

This first ever issue of Pasya discusses critical SRHR issues and challenges that have surfaced as a result of COVID-19 and highlights the responses of SRHR activists, women's rights organizations, and grassroots communities to the issues and challenges they have faced.

As we near the one-year mark since lockdown measures were implemented in the country, we offer this first issue as both a tribute to the work advocates have done amid the pandemic and as a learning material as we know that the work is never really done.

Let's learn from each other's stories, practices and perspectives.



The **SHE** Project SEXUAL HEALTH & EMPOWERMENT

The Sexual Health and Empowerment (SHE) project seeks to empower women and girls to secure their sexual and reproductive health and rights (SRHR) in six disadvantaged and conflict-affected regions of the Philippines.

It will improve knowledge and awareness of sexual reproductive health and rights, particularly among women and girls, including the prevention of gender-based violence (GBV); strengthen health systems and community structures to deliver rights-based comprehensive SRH information and services; and, improve the effectiveness and capacity of women's rights organizations (WROs) and women's movements to advance SRHR and prevent GBV.

The SHE project network is composed of 13 organizations:



SHE is undertaken with the financial support of:



Global Affairs
Canada

Affaires Mondiales
Canada

SHE: Sexual Health & Empowerment is undertaken with the financial support of the Government of Canada provided through Global Affairs Canada



PRACTICES



Rapid Gender Assessment: Realities and Repercussions of COVID-19 on Sexual Reproductive Health and Rights

Ces De Castro-Villa

Ces De Castro-Villa is the Sexual Reproductive Health and Rights (SRHR) Advisor of Oxfam Pilipinas.

Oxfam is an international confederation of 19 humanitarian and development organizations working in more than 90 countries.

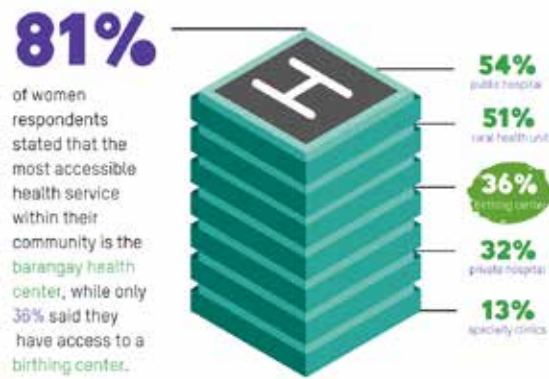


Ample evidence exists that Sexual Reproductive Health and Rights (SRHR) have been deprioritized and ignored amid the COVID- 19 pandemic. This issue is just as important as food security, jobs and economy, health, and safety.

Mobility restrictions and transport suspensions, and strict safety and health protocols have made it difficult for women to access family planning services and commodities offered in Rural Health Units, Barangay Health Stations, and other health facilities. In a recent study done by the University of the Philippines Population Institute (UPPI) and the United Nations Population Fund (UNFPA), an additional 214,000 unintended/ unplanned pregnancies are expected by the end of 2020. The community lockdowns imposed by the Local Government Units also became precursors for Gender-Based Violence (GBV) and Intimate Partner Violence (IPV), whether physical or sexual. These are estimated to increase by 20 percent in 2020.

Highlighting gendered experiences

To better understand the pandemic’s gendered dimensions, Oxfam and 26 organizations conducted the COVID-19 Rapid Gender Assessment (RGA) on May 2020 to look into the gendered



experiences of community women, men, girls, and boys throughout the COVID- 19 crisis. The study results will be used to improve COVID- 19 interventions by making them gender-responsive and sensitive to protection issues. The findings will also be shared with agencies of government, Local Government Units, and Civil Society Organizations.

With 950 respondents (65% female, 32% male, and 3% others), who participated in online interviews and surveys, from six regions (BARMM, Bicol, Calabarzon, NCR, Nueva Ecija/ Central Luzon, Samar, and Western Visayas), the RGA explored eight significant areas of inquiry: gender roles and responsibilities, access to basic services, the impact of interventions, access to information and technology, coping strategies and capacities, addressing social stigma, protection, and SRHR issues and participation and leadership.

Community women and young mothers negatively impacted

The RGA yielded significant findings and insights on SRHR during the

time of the pandemic. Two thirds (74%) confirmed that the Barangay Health Center is the easiest health service to access. However, because of the shift in priorities among the health frontliners as a response to the pandemic and the observance of strict health and safety protocols, community women and young mothers were hindered from going to the Rural Health Units (RHU) for SRHR consultation.

Stories from the Sexual Health and Empowerment (SHE) project partners show that women could not go for their antenatal care, post-natal care, family planning counseling and services, re-supply of FP commodities, pap smear, and the like. This was affirmed by the RGA finding that “six months before the pandemic, the use of family planning services was at 11 percent, which lowered to 5 percent during the pandemic.” Many of the respondents said they “could not easily access pills and had to rely on the pharmacy for their supply.”

Harnessing barangay mechanisms for health information and GBV reporting

The RGA further revealed that the barangay is the top-cited source of COVID-19 related information by 77 percent of the respondents. They also gave it a high trust level by citing it as the top authority for GBV case reporting. This is a shared view by all sexes (male, female) and by all constituents (onsite OFWs, community health workers, homeless/Internally displaced persons, indigenous people, LGBTQI, people with disabilities, returning migrant workers, senior citizens, solo/young/4Ps beneficiary-mothers, refugees, urban poor and youth aged 12-21).

At least 67 percent of the respondents have also expressed willingness to intervene or report incidences of GBV. The respondents shared their GBV fears during lockdowns, such as physical violence of partner and relatives, emotional violence of partner and relatives, sexual violence of partner and relatives, including online sexual abuse of children and trafficking.

The RGA respondents also mentioned that the individuals they perceived to be most likely to become victims of sexual exploitation and abuse are the following: women, youth and those without access to basic services, and



those who do not know their rights. This finding amplifies the assumption that people are not often aware that SRHR are human rights and that they have the right to protect and exercise those rights and hold duty-bearers accountable.

Disturbing SRHR-related repercussions

In the Sexual Health and Empowerment (SHE) project sites of Bicol, Eastern Samar, Northern

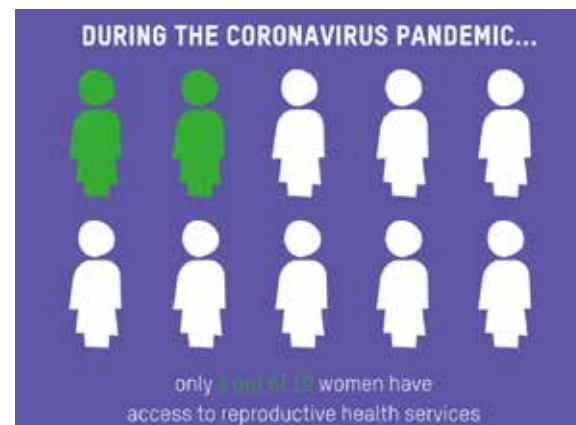
“
In the Sexual Health and Empowerment (SHE) project sites of Bicol, Eastern Samar, Northern Mindanao, and BARMM, seven partner organizations have echoed the same disturbing SRHR-related repercussions of the pandemic.
”

Mindanao, and BARMM, seven partner organizations have echoed the same disturbing SRHR-related repercussions of the pandemic. There were reported maternal and neonatal deaths, infant death, miscarriage, GBV, unintended pregnancy, child, early and forced marriage (CEFM). There is also a preference for home-based delivery over facility-based delivery, putting young pregnant women, aged 10 to 19, at risk of possible complications from childbirth. The fear of contracting the virus, strict health and safety protocols, unreliable transportation facilities, and

high costs have compounded the problem.

The RGA showed that the family is the second top-cited source of COVID-19 related information at 58 percent. Interestingly, the mothers are considered the decision-makers by the majority (59%) of the respondents, followed by the fathers at 54%. This finding reinforces the rationale why SHE pursues the improvement of the “knowledge and awareness of SRHR, particularly among women and girls, which includes the prevention of GBV, strengthening health systems and community structures to deliver rights-based comprehensive SRHR information and services.”

In terms of accessing the information on COVID-19 and other issues, the television ranked the highest at 78%, internet 60%, barangay 59%, and radio 44%. This finding affirms the need to shift modalities in conducting SRHR-related awareness-raising, training, advocacy, and influencing, from the traditional face-to-face interaction and community assembly into social media, including community radio. With the challenges posed by the pandemic, some SHE partners have collaborated



with the private sector and the LGU for innovative SRHR radio programs: SHEkahan Sa Barangay by MIDAS in Bicol; Ang Takna Sa Pamilya Uban ang SHE by SIKAP in CARAGA and Voice of Women on Air by Unyphil Women in BARMM.

Moving forward

The RGA results provide perspectives on the various dimensions of the COVID 19 pandemic, its effects on individuals, families and communities. address and respond to SRHR related concerns resulting from COVID-19. The first, is to explore the potential role and contribution of pharmacies in the delivery of SRHR associated services, as done by other countries. Second is to sustain and strengthen the functionality, at the LGU level, of existing mechanisms to safeguard and protect women, adolescents, and children against GBV and IPV, such as the Barangay Council for the Protection of Children, VAWC Desks, Child Protection Unit (CPU) in LGU-funded hospitals. Third is the massive education and awareness-raising of constituents about SRHR as part of human rights by participating in organized groups, youth advocates and champions, social media, and other relevant touchpoints.

Let us turn problems into opportunities.

“
There were reported maternal and neonatal deaths, infant death, miscarriage, GBV, unintended pregnancy, child, early and forced marriage (CEFM).
”





Working with Young People

Danica Shahana Magtubo

Danica Shahana Magtubo started as a peer educator on reproductive health at age 14 through her local youth organization in Aklan. She actively advocated for the passage of the Reproductive Health law during her college years. Danica has a bachelor's degree in Clinical Psychology at PUP Manila and is a registered psychometrician. Currently, Danica works as Youth SRHR Officer of WGNRR.

It's hard to imagine that last year wearing face shields and face masks, observing physical distancing and home quarantine were not as commonplace as they are now. It felt like it was only yesterday when I conducted discussions on sexual and reproductive health and rights in the community and schools back in my province, where internet connection is a challenge and not everyone has access to social media. This year has been unexpected; not once in my life did I imagine that a global pandemic would force all of us to stay home for months. It was challenging adjusting to the demands of the COVID-19 pandemic, and yet we are still expecting long term impact brought about by this global health challenge, even as complications in the economic and public health are already evident.

The first few months felt like we were all in limbo. No one knew what exactly was happening, but we witnessed how governments around the world reacted to the pandemic by imposing restrictions on mobility to contain the virus. Despite efforts to stop the spread of the virus, inequalities still persisted, a lot of people lost their jobs, were denied access to basic health services and their rights violated. It felt frustrating seeing these unfold. We saw how young people are also affected; there was an increase in online sexual exploitation during lockdown period, some have experienced physical, verbal and sexual abuse at home, while others suffered from psychological distress. Notably, UN highlighted that young people around the world are among the most affected populations as mobility restrictions provide considerable barriers between them and their safe spaces. In one of Young Advocates for SRHR (YAS) Facebook posts regarding

a survey on how young people ages between 15 to 29 years old cope through the pandemic, a young person expressed how frustrated he was while in home quarantine because he was forced to stay with his family he does not get along with. With school closures, not only did these interrupt his learning but also his access to his safe space. In addition, other young people recounted the challenge of accessing basic needs like food, psychosocial services and services pertaining to their sexual and reproductive health – this is as simple as having access to menstrual health items – while at home. This showed that young people need more than just prevention strategies against COVID-19.

In reality and prior to the pandemic, information on sexual and reproductive health are not in place especially in schools. I felt old realizing that I was only 18 years old back in 2012 when I was in front of the Congress mobilizing young people in support for the passage of the Reproductive Health bill. Eight years since its passage into law, I feel frustrated because we've been talking about the need for an age- and development-appropriate



“

Since more young people are socializing online, we saw the importance of utilizing this opportunity to train new members of Young Advocates for SRHR (YAS). Although challenged with internet connectivity, the programme for the SRHR Online Bootcamp was able to provide young people with skills building on creative methods and SRHR.

”

comprehensive sexuality education (CSE) which is one of the components of the Responsible Parenthood and Reproductive Health (RPRH) law. This landmark legislation that fell short of its implementation goals. With the pandemic, it has again delayed and limited young people's access to CSE.

As among the advocates for sexual and reproductive health and rights (SRHR), our role is crucial during these trying times as we need to fill the gaps in access to information and services on SRHR of young people. Getting angry at what is happening during the pandemic does not help our mental health; rather it is by recognizing that what we can do for now is to adapt and strategize especially to ensure sexual and reproductive health and rights accessibility to young people. The pandemic allowed us to use the only platform that connects us to the rest of the young people in home quarantine which is the internet.

As someone who has been online since high school, I mostly use the internet for googling stuff and sharing memes but this period in our lives has transformed us from advocates into social media managers!

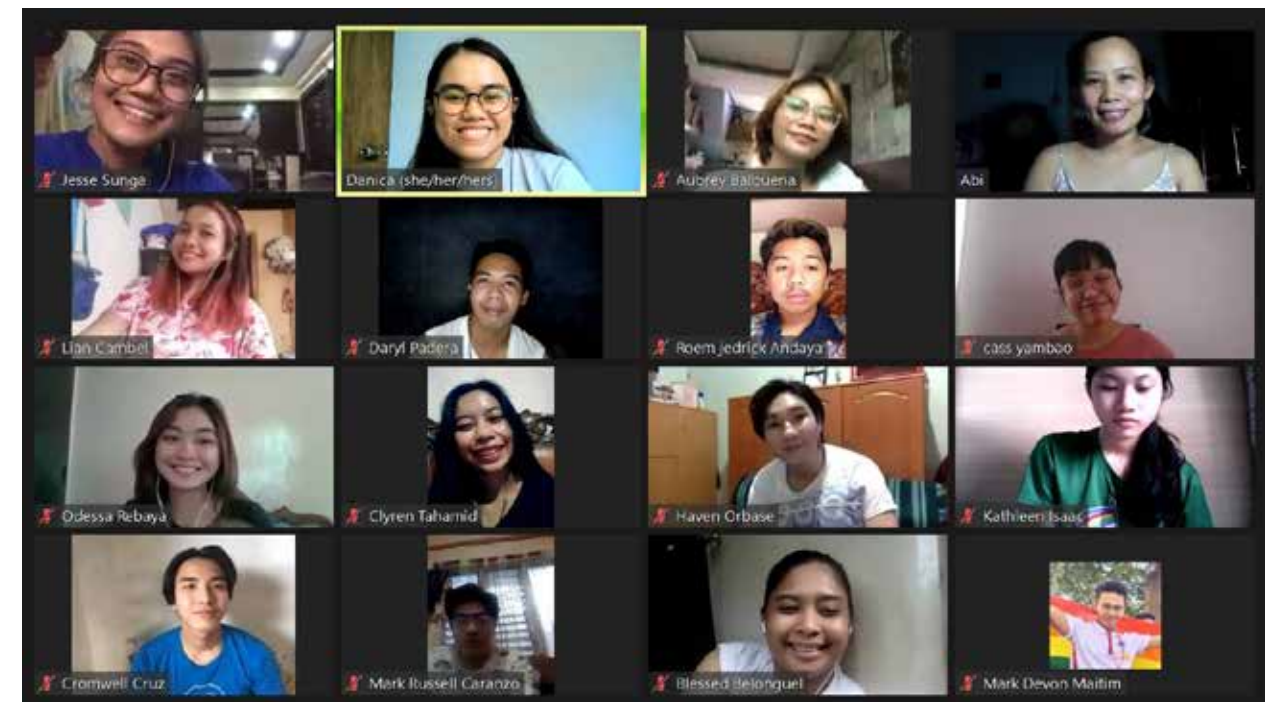
Through the YAS Facebook page with around 500 followers in the first few months of the community quarantine, and despite the digital divide, we have noticed an increase in online engagement of young people on Facebook. We saw this as an opportunity to increase our audience reach and create online spaces to talk about SRHR during the pandemic. On May 28 International Day of Action for Women's Health, YAS hosted the #YoungPeopleinQuarantine Challenge. Although young people are affected by the pandemic, they also play a critical role in advancing their SRHR, speaking about the challenges they face and mobilizing wider support for women and girls' health.

During the #YoungPeopleinQuarantine Challenge, online sessions on creative work and SRHR were conducted based on the young audience's interest. They were engaged through learning sessions on photography, short stories and opinion articles, and SRHR question and answer with youth advocates. An online contest was also held to aid young people's need for internet connectivity, by just submitting creative works on how they advocate for SRHR, many young people won mobile credits and cash prizes, plus their creative work were featured in YAS Facebook page. Young participants during the #YoungPeopleinQuarantine Challenge were able to utilize their imagination and creativity, and learn about their SRHR at the same time. One of the winners in the contest expressed how the games and contests are fun and made their quarantine days productive, and "aside from utilizing SRHR resources, we also utilize our

imagination and creativity while in quarantine". When schools open in August, September and October classes were shifted online.

To continue the engagement in creative learning and advocating for SRHR of young people, a three-week SRHR Online Bootcamp from July to August among fifteen young people from different parts of the Philippines were conducted. Since more young people are socializing online, we saw the importance of utilizing this opportunity to train new members of Young Advocates for SRHR (YAS). Although challenged with internet connectivity, the programme for the SRHR Online Bootcamp was able to provide young people with skills building on creative methods and SRHR.

What was also notable in the new cohort of YAS was that many of them



A screenshot of YASmates during the online bootcamp.

were also participants during the #YoungPeopleinQuarantine Challenge. They wanted to continue learning about SRHR and become advocates by joining the organization. Most of them had no prior knowledge about SRHR topics but after the three weeks online bootcamp, they have demonstrated improved understanding of SRHR concepts and increased positive attitude towards SRHR. As someone who has been used to face-to-face discussions and peer education, the online platform has been challenging in terms of internet connectivity and the lack of physical interaction of the bootcamp participants, but as advocates, we learn how to adapt to the situation. Thankfully, even with these challenges, the bootcamp participants enjoyed interactive exercises. Stipends were provided as necessary subsidy because we recognized that during this pandemic

young people need to be provided with communications support so that they could speak out.

In a span of a few weeks, new members of YAS were able to lead their online advocacy work such as organizing a YAS Talks segment during the International Youth Day, and in SRHR Explained where they talk about SRHR with fellow youth. YAS members also participated in the Telling Truer Stories Live Art Event where they create artworks based on live reading of abortion stories of women and girls.

One key lesson from this crisis is that as advocates we can still continue with our own ways in engaging young people online as long as they are supported, capacitated, and given the opportunity or spaces to voice out their ideas and concerns.



We successfully implemented a project that fights gender-based violence in the province!

Athena Charanne “Ash” R. Presto

Ash Presto is a sociologist researching and standing with women and youth in the margins. She teaches Sociology at the University of the Philippines and sits as an officer at various civil society organizations, among them the Youth Against Sexual Harassment.

When we know there is something we can do to address pressing social problems, we do it. Even if it's hard.

The COVID-19 pandemic has stopped many of our lives, be it in a professional or personal manner. But the pandemic has exacerbated some things, too. Among them is gender-based violence, which has been dubbed as a shadow pandemic worldwide as lockdowns effectively kept many domestic violence victims imprisoned with their abusers.

When I went home to Ilocos in Northern Philippines in June 2020, I realized there are still more things that I can do to expand the fight against sexual violence, especially in rural areas where anti-gender-based violence is not as mainstreamed as that in urban areas. The fact that rural youth get fewer interventions despite their alarming experience of sexual and gender-based violence is reflected in my 2020 Review of Women's Studies article titled "Revisiting Intersectional Identities: Voices of Poor Bakla Youth in Rural Philippines".

Given all these, I proposed a seminar for youth in rural communities addressing sexual violence to the Young Southeast Asian Leaders Initiative (YSEALI) Women in the Philippines. The seminar is titled "Salakniban: A virtual program on empowering youth against sexual violence and upholding sexual rights as key to poverty alleviation." The organization adopted the Salakniban as a flagship project for 2020 and gained funding from the US-ASEAN Network.

Funding secured, I contacted the Women and Gender

Committee of the Ilocos Sur Provincial Government to partner with me in this project. It brought me a lot of hope when the Ilocos Sur Provincial Government, the City Government of Vigan, and the City Government of Candon agreed to be project partners. These partnerships are made possible by Provincial Board Member Mika Mendoza's office.

Targeted at marginalized youth in the province of Ilocos Sur, the Salakniban program aims to inform lower-class youth in the rural province about sexual violence; share knowledge and insights that the community can use in championing reproductive health rights; improve existing response and reporting protocols for sexual violence cases, and cultivate a stronger network of young women and youth leaders who work across national borders to fight against sexual violence and uphold sexual rights.

The seminar ran from November 19 to December 10 and delivered five modules on the broad issue of gender violence. Each module included a breakout session where participants had the opportunity to converse with each other in a more personal and intimate capacity. One of the participants in the breakout group then summarized the group's thoughts and suggestions when we all got back to the large group. These breakout sessions are supported through a partnership with the Women's Global Network for Reproductive Rights (WGNRR) and Oxfam, under the Sexual Health and Empowerment (SHE) project, which is undertaken with the Government of Canada's financial support through Global Affairs Canada.

The first module centered on grounding the participants with broad conversations on gender-based violence, as well as getting a feel of their overall reality on the topic. Our speaker was Ms. Rina Fulo,

an alumna of the YSEALI Women's Leadership Academy. The main question that we tried to address here was, "Why is sexual and reproductive health rights an issue?"

The second module discussed safe sex practices and the HIV epidemic. This is relevant in my province of Ilocos Sur, where the HIV rate has been increasing partially due to its characteristic as a popular tourist destination in the Philippines. Our speaker was Alvin Dakis, an HIV educator, and a nurse. This module focused on de-stigmatizing HIV, wherein the breakout groups discussed how participants can together cultivate caring spaces that support instead of penalize people living with HIV.

The third module engaged the topic of violence and abuse inside relationships, particularly on spotting an abusive friend or partner. Our speaker, YSEALI WLA alumna Ms. Dawn Castro, also talked about the components of a healthy relationship. The module also presented national legislations that protect the youth against abuse, such as the Safe Spaces Act, as well as legislations allowing women to maintain their maiden names even after marriage. The session centered, however, on empowering oneself and creating a community that is responsive to abuse.

The fourth module was about creating an abuse-free community, with the local government unit as a partner. I may be biased, but this is my favorite session in the month-long Salakniban event. Ilocos Sur Provincial Board Member Mika Mendoza talked about the LGU's services and response protocols in matters of gender violence. This is meaningful to me because this session enabled further conversation between the youth and local policymakers on issues concerning the

participants. A more democratic, women and youth-centered policymaking process is precisely the outcome that I have always imagined the Salakniban project to have-- and this session is the epitome of that.

Finally, the fifth module involved a commitment signing from participants. In this session, participants themselves presented their ideas on how they can form a community of anti-gender violence advocates in Ilocos Sur and suggested concrete steps that the LGU can take in responding to gender violence. The participants gave excellent insights-- some, I never even thought of despite my five years of experience in policy work and engaged sociology! Examples include making an infographic of hotlines that respond to sexual abuse incidents, and afterwards posting this on public spaces such as barangay halls.

Overall, I am confident that the Salakniban was successful. It is no secret that implementing an online seminar is not easy, especially when you're engaging youth in rural areas. But through our funders and our partners, we were able to get excellent insights from participants.

The project has just ended, and we are still yet to see the impact of Salakniban on empowering youth against sexual violence. For now, here's to hoping this project is just the start of a long-term collaboration between our local government, YSEALI Network, and the WGNRR to effect positive and material changes for women and youth in my province. *Agitinnulong tayo!*



#GirlDefenders alliance lauds Senate approval of bill prohibiting child marriage

Philippine Legislators' Committee on Population and Development (PLCPD)

PLCPD is an organization of lawmakers from the House of Representatives and the Senate who are devoted to developing policy champions and generating viable, responsive, and people-centered public policies on population and human development, particularly in the areas of reproductive health, women's rights and the prevention of violence against women and girls, children's rights, tobacco control, and rural development, among others.



A screenshot of #GirlDefenders during the zoomlidity celebration

The #GirlDefenders alliance - comprised of national and local legislators, national government agencies, civil society organizations, women and youth leaders, advocating for policy reforms to end all forms of violence against women and girls - lauds the Philippine Senate for its historic vote to prohibit child marriage by approving SB 1373 on Final Reading.

The year 2020 is a major breakthrough for SB 1373 or the bill prohibiting child marriage, with its approval at the Committee level in January, sponsorship in March, approval on Second Reading in October to approval on Final Reading in November.

The group underscores the important role of Senator Risa Hontiveros, principal author of SB 1373, for ushering its passage on Final Reading in time for the commemoration of the 18-Day Campaign to End Violence against Women and Girls in November.

The bill defines child marriage as an act of child abuse punishable under Republic Act 7610 or the Special Protection of Children Against Child Abuse, Exploitation and Discrimination. Affirming that marriage shall be entered into only with free and full consent of intending spouses, the bill declares that betrothal and child marriages shall have no legal effect. Aside from these, the bill enjoins national government agencies and local government units to launch programs that will help prevent the practice of child marriage.

This landmark policy measure is a result of extensive consultations with different sectors, key stakeholders and communities within and outside the Bangsamoro Autonomous Region of Muslim Mindanao. "This measure is a product of rigorous consultations amplifying the multisectoral voices of #GirlDefenders. PLCPD spearheaded the development of a policy measure

that will prohibit child marriage and facilitated consultations with key affected population to ensure that the bill represents the call from communities – women and especially youth from UnyPhil and AMDF areas in BARMM – who were instrumental in the crafting of this policy measure,” according to Rom Dongeto, Executive Director of PLCPD.

Multisectoral support for the enactment of bill prohibiting child marriage

With the passage of the bill prohibiting child marriage at the Senate, the policy measure that will ensure no girl, no child is married, is now a step closer to becoming a law. At the House of Representatives, House Bills 1486, 3899 and 5670 filed by Rep. Edcel Lagman, Rep. Bernadette Herrera-Dy, Rep. Alfred Vargas and Rep. Jaye Lacson-Noel, are referred under the Committee on the Welfare of Children ably chaired by Rep. Yedda Romualdez. The #GirlDefenders alliance is calling on the House of Representatives to deliberate on the pending bills in time for the celebration of the National Children’s Month in November. During a policy consultation with girls from

BARMM, a participant named “Mira” (not her real name) summarized the sentiment of girls and said “we support the bill prohibiting child marriage because we have a right to a life where we can finish our education and pursue our dreams

and not married off at such a young age. We expect our parents and the government to work together for our sake. We believe that the passage of a law prohibiting child marriage will protect our rights and allow us to have a bright future we deserve.”

National and local government agencies also support the urgent passage of said measures to ensure the protection, promotion and fulfillment of the rights of women, girls and children to health and development. Agency heads from the Commission on Human Rights, Philippine Commission on Women, Commission on Population and Development, Bangsamoro Women’s Commission, Bangsamoro Youth Commission all articulated their unequivocal support for the passage of national and local legislation that will prohibit and put an end to child marriage. In BARMM, the Bangsamoro Women’s Commission is at the frontline of introducing measures such as resolutions that will protect girls from child marriage at the BTA Parliament.

Child marriage a shadow pandemic

If enacted into law, the measure will address the prevalence of child marriage in the Philippines, where one in six Filipino girls get married before reaching the age of 18. Despite laws setting the minimum age for marriage at 18 years old, child marriage happens in the country for various reasons: the Code of Muslim Personal Laws allowing parents to marry off their children at puberty, cultural tradition among communities, poverty and lack of education, among others. On the other hand, co-habitation among children is also often practiced as a result of early pregnancy.

Child marriage exposes children, particularly girls, to many and sometimes life-long and irreversible negative health and development impacts. According to the Philippine Statistics Authority, marriage and family matters is the top reason for girls dropping out of school, while pregnancy- and childbirth-related complications among young mothers account for 22% of all maternal deaths in the country. Early pregnancy also has negative consequences for the health and survival of the child of the young mother.

The campaign to end child marriage in brief

In 2017, PLCPD adopted the prohibition of child marriage as part of its legislative agenda requiring urgent action with the Philippines ranked as 12th in absolute number of child marriages worldwide.

With the collective effort of advocates front lined by the youth from key affected population in Maguindanao, Lanao del Sur and NCR, the following year saw the historical filing of measures prohibiting child marriage in Congress. To consolidate support for the bills prohibiting child marriage and other measures seeking to eliminate violence against women and girls, the #GirDefenders alliance was launched in 2019. In 2020, despite the pandemic, the #GirDefenders alliance expanded to a multisectoral social movement comprised of national and local legislators, national government agencies, civil society organizations, women and youth leaders, advocating for policy reforms to end all forms of violence against women and girls. The same alliance provided crucial support in the approval of SB 1373 sponsored by Senator Risa Hontiveros.



A screenshot of #GirlDefenders during the zoomlidity celebration

Rewind: SRHR Roundups!

WHAT IS SRHR ROUNDUPS?

SRHR Roundups are short webcasts on SRHR-related news livestreamed on Pasya PH Facebook page and published on Pasya PH youtube channel. These ‘roundups’ guest resource persons and experts from government and civil society to discuss SRHR news and updates, provide analysis on emerging issues through their hosts, and include announcements of upcoming events and activities by SHE project partners and other SRHR organizations and advocacy groups.

Spotlight Episode 3



This episode features Dr. Jan Villamor Llevado, the Program Manager for Family Planning (FP) of the Department of Health (DOH).

The pandemic has made it difficult for people to access family planning, maternal health, adolescent & HIV services because of limited mobility, especially when data shows that 92% of women still access facility-based delivery. This was the assessment of Dr. Jan Villamor Llevado, the program manager for Family Planning (FP) of the Department of Health (DOH).

Dr. Llevado noted that the DOH struggled with the provision of SRH commodities and services at the onset of the pandemic as health centers and hospitals had to be repurposed for pandemic response. During the lockdown, there were roadblocks that hinder the acquisition of supplies. But eventually, they were able to adapt.

“DOH is ready for the usual disasters, but the pandemic’s magnitude made it hard for us,” she said.

To respond to the pandemic, the DOH Family Planning Program resorted to ensuring availability of short-acting methods of family planning such as condoms and pills. Dr. Llevado said that they focused more on the utilization of short-acting methods of contraception because long-acting methods of family planning, such as IUD, progestin, implants, are usually accessed through health facilities and hospitals, while short-acting contraceptives can be self-managed (i.e. they don’t need a service provider to aid use).

The DOH is also now using telemedicine as a platform for consultation, but some services can still only be accessed through facilities or health centers.

Other challenges encountered by the DOH in providing SRH services, including maternal healthcare, is ensuring PPEs for health and service providers as these were not included in the line item budgets and financial plans of the agency’s units.

“If it’s not in the work and financial plan, it would be difficult for us to procure,” she said.

The DOH has published SRH related issuance and policies on SRH services, including continuous provision of essential health services which states that essential and primary health services should not be put aside, Barangay Health Workers are allowed to give 3 months’ worth of supplies, and that there will be no harm to women if their implants were not taken out on time.

Dr. Llevado admitted that the DOH has prepositioned commodities and service delivery points, but not enough to last for the whole of the pandemic. However, they have communicated they have communicated with service providers regarding commodities and services, weekly or bi-monthly, to ask to ask for updates and if any supply needs restocking. The DOH also provides training to local Basic Emergency Obstetrics and Newborn Care (BEmONC) Providers. LGUs were also instructed to hire additional health service providers to help them augment their skilled health professionals.

DOH admits that they learned from this pandemic and that they need to develop a more comprehensive pandemic plan for the future.

Other SRHR Roundups episodes!



Episode 1: 25 years of Beijing

In this episode, we talked with Ms. Marevic Parcon, Executive Director of WGNRR, to discuss the gains made and rollbacks experienced in women's rights and SRHR since the adoption of the Beijing Platform for Action 25 years ago!



Episode 2: Teenage Pregnancy

Mr. Romeo Dongeto, Executive Director of the Philippine Legislators Committee on Population and Development Foundation Inc., talks with us about the alarming state of adolescent pregnancy in the country and what policy measures need to be enacted to counter current trends.



Episode 4: Who Run The World Girls

In this International Day of the Girl special episode, we invited two young activists, Belle from Girls For Peace, and OJ from Young Advocates for SRHR to talk with us on youth movements and how we can all work better with the youth to promote policies and interventions for girls everywhere!

WANT TO BE FEATURED IN OUR WEBCASTS?

Shot us an e-mail at office@wgnrr.org,
or message **Pasya PH** (facebook.com/pasyaph)!



OUR STORIES



Women's Dignity: Sexual and Reproductive Healthcare in Times of Disasters

Thalea Roselle Gadin
Britanny Jhill Yu

Britanny Jhill Yu is an advocate of SRHR. Her interest in the field started after experiencing Typhoon Yolanda last 2013. She focuses on how emergencies or disasters affect the SRHR of mothers and children.

Thalea Roselle Gadin started her interest in SRHR last 2015 when she was a research assistant of her professor's study on abortion. On 2017, she explored SRHR through the lens of disaster and emergencies.

"Usahay di man mauna mga kinanglanon sa babae"
(Sometimes, women's needs are not the priority.)

Being a pregnant and lactating woman in the middle of a disaster or emergency is far different from any usual situation. The fear for both the mother and child's condition becomes a gender-based healthcare concern.

The most common disaster response for disaster-stricken communities is the immediate distribution of family food packs (which includes rice, canned goods, and noodles) and hygiene kits from the local government and some international and national aid organizations. These hygiene kits usually include the most basic essentials: soap, shampoo, toothpaste, and toothbrush. This generic formula of aid fails to acknowledge the particular needs of women, especially pregnant and lactating mothers. Aid providers often

“
Aid providers often
forget and realize
too late that women
have particular needs
compared to men
and the rest of the
family.”

forget and realize too late that women have particular needs compared to men and the rest of the family. The reality is that after a disaster hits, women do not have access to their basic needs such as a roll of tissue or sanitary pads. This is a concern our society must address. Sexual and reproductive healthcare is a human right that every woman should have access to. This is even more true during disasters or emergencies as the lack of access can lead to gender-based violence. It must not be overlooked and must be norm on any gender-based intervention.

Our visit in Kananga, Leyte last 2018 took us a 10 minute *habal-habal* ride and another 30- minute walk uphill to reach the community. Kananga is a first-class municipality located at the province of Leyte affected by the 6.5 magnitude earthquake last July 2017. Rows of blue tents that served as temporary shelters for families affected by the earthquake and Yolanda greeted us. As we began our interview, the women were quick to mention the orange and green *balde* (pail). As confusing as it was to us, together we determined the difference between the two baldes the women were referring to. It appears that the orange balde was donated by an international NGO but distributed by the government while the green balde was the hygiene kit from the government. The women were more impressed with the content of the orange balde as it was both a dignity and a maternal kit.. Aside from the basic dignity kit, the orange balde contained additional items specific for babies. Maternity pads and baby rubber mats were among the items included while the green balde (pail) contained the generic hygiene kit.

Unfortunately, not all pregnant and lactating mothers were beneficiaries of the orange balde. We have realized that womanly needs are seldom given much priority. The majority were given only hygiene kits and only a few were lucky enough to be given both a hygiene kit and a dignity kit. Every woman, mother, and child who did not receive what should have been a standard dignity kit was deprived of access to a basic human right. It would have been one less problem for a woman or mother to worry about.

Temporarily living in an evacuation center and sharing all its facilities with many people add up to another source of problem for pregnant and lactating women. The women of Kananga sacrificed comfort and security. Some of the lactating mothers told us that they felt awkward whenever they had to breastfeed their babies because they were not separated from men. One lactating mother said that she felt so harassed because a man kept staring at her while she was breastfeeding her baby. Others also said that they were forced to just change their clothes in front of some men for lack of privacy.

It is clear that even though there is a law mandating the distribution of gender-based intervention for affected individuals, especially for women and children, there is a gap in actual disaster management on the ground. The lack of awareness of sexual and reproductive health rights and laws¹ can affect disaster management from mitigation, preparation, and rehabilitation. This can also affect the sexual and reproduction rights (SRHR)

of women and children as they face additional burdens during disasters. Service delivery during disasters must be gender-sensitive and must prioritize the needs of specific groups to avoid further problems. SRH is an important public health need in every community especially in times of disaster because basic needs and essentials are not readily available. A comprehensive review of SRH laws and their implementation must be undertaken. The stories of the women in Kananga, Leyte serve as a lesson not only to the duty bearers but for everyone that we should try to evaluate our approach in catering and addressing the needs of the victims specifically women, and be gender-sensitive. The government should be able to readily address all these concerns because as it is, these are seldom regarded as urgent matters. Gender-based interventions seem to be a pipe dream and women and children will continue to be exposed to more gender-based violence.

[1] Republic Act No. 9710 or Magna Carta of Women under Rule IV- Rights and Empowerment, Section 13; Republic Act No. 10354 or Responsible Parenthood and Reproductive Health Law Chapter 2 Rule 4, Section 4.15 Local Government Code of 1991 Sec. 17; and Administrative Order 2016-0005 or National Policy on the Minimum Initial Service Package (MISP) for the Sexual and Reproductive Health (SRH) in Health Emergencies and Disasters



Making Reproductive Health Easier by Going Online

Elizabeth Deyro

Elizabeth Ruth Deyro is pursuing Master of Arts in Women and Development at the University of the Philippines Diliman, where she moonlights as a research assistant for a collaborative project between the UP Center for Women's and Gender Studies and Oxfam Philippines. She is a 2019 Philippine Center for Investigative Journalism fellow and a former features editor at CNN Philippines. A one-time Pushcart Prize nominee for poetry, she is also a member of feminist publishing collective Gantala Press and a literary editor at Singapore-based arts organization Half Mystic.

In 2018, I experienced a four-month delay in my menstruation. Knowing a similar instance had previously happened when I was 12, alarm did not immediately set in. But at 21, it was safer to conclude the worst: I might have been pregnant.

The only option I considered was to have an abortion. There was no question about it. I did not want to bear a child, not at 21 nor ever. So I visited the nearest ob-gyne and had a transvaginal ultrasound to make sure. I was not pregnant; I was diagnosed with polycystic ovary syndrome (PCOS). This first ob-gyne said there was no cure for PCOS. These circles they called cysts, she explained, were not cysts at all but rather holes all over my ovaries. It was permanent damage that could only be managed but not healed, and so she gave me medications to regulate my menstruation. Upon learning about this, my mother demanded a second opinion, and we set an appointment to meet another ob-gyne.

The second firmly believed that it could be cured under the condition that I actively work towards my own healing. The circles on my ovaries, according to her, were not holes. Small cysts attached themselves across my ovaries like grapes on

a claustrophobic vineyard. These cysts, dormant and harmless as they may be, were causing the fortnightly pain I've been enduring, blocking my system from its monthly shedding. I trusted her explanation far more, but the very fact that both ob-gynes, while sharing the same specialization, offered very different opinions was enough to unsettle. Do experts really know so little about a syndrome so commonly experienced by women across the globe?

This second ob-gyn prescribed a medication meant to be taken only for less than a month, for the same purpose of regulating my menstruation. I remember how my period did get better for the first month, and once more faltered for the succeeding months. I then had to rely on birth control pills (BCP). For only around 50 pesos a month, I enjoyed regular menstruation. A mix of side effects, both positive and negative, followed suit. I had to take them in secret to avoid confrontations with my mother who still deemed the pills as immoral and dangerous. BCP as maintenance became ideal, nevertheless, and I enjoyed some sense of stability for a while, only to be interrupted by the COVID-19 pandemic that held the world by its throat.

Under strict quarantines, I could not secure my refill of BCP. Without the pills, the effects were swift and overwhelming. With the sudden shift in hormones, not only was I unable to regulate my monthly discharge, but I also started dealing with bouts of emotional distress. It was hard to bear for two months, but at the third, I was desperate for intervention. Sadly, women's health issues have never been a priority in disaster response, much less for COVID-19.

“

There are pretty obvious ways that digitizing healthcare can drive down healthcare costs for the individual. For example, getting a prescription for a refill shouldn't require you to pay for a whole consultation.

”

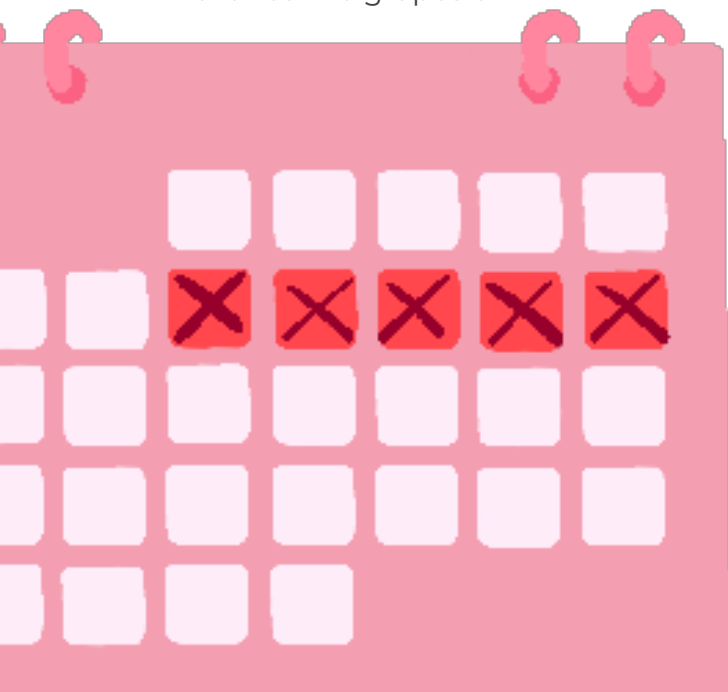
The Lancet, a medical journal, reported that the global prevalence of PCOS is yet to be exactly quantified, but citations of studies where the Rotterdam criteria have been used show that an estimate of 15 to 20% of women are affected. PCOS is but one small aspect of women's sexual and reproductive health that states disregard. Despite the existence of an eight-year-old law that ensures the reproductive health of Filipino women, there remain gaps in its implementation. Larger issues involving maternal mortality and gender-based violence have intensified during the strict lockdown from March 15 to May 31 this week.

I went online to seek more information about my condition and found Dima, a newly launched online platform for sexual and reproductive needs. Coincidentally, Dima was launched on the same week as the start of the community quarantine in the Philippines, as if anticipating the need for digitized health platforms for Filipinos. Despite some initial hesitation, I sent them a message on Facebook asking about birth control options. I tried out their services given

the promise of safe and discreet delivery of my purchase. Their online shop introduces three types of BCP. A blog post on their site provides information on which one might be most ideal for one's needs. What they prescribe for PCOS is Cybelle, at 500 pesos per box. The shop also offered medication for urinary tract infection (UTI) and yeast infection, condoms, and pregnancy test kits.

Dima's own medical doctors review and provide prescriptions for all medicines purchased via the platform, so shoppers are required to fill out a form where they are asked their medical history and current needs. To those who need in-depth analysis, Dima also offers online consultations with ob-gynes. What I appreciated the most was how the staff of medical professionals gave free, generous advice on SRH via Facebook Messenger. True enough, Dima's mission is to make reproductive health easier.

I got in touch with siblings Carlo and Julia Cu Unjieng, co-founders of the platform, to learn more about the project. In an email correspondence



where the two gave joint answers, they explained that the push to go digital was their belief that it could improve access to reproductive health information and services.

The Cu Unjieng siblings believe that making SRH accessible on the internet opens the discussion on how it is necessary to overcome cultural barriers. The latter could range from the stigma around sex, a limited understanding of reproductive health, and fear of buying products, like contraceptives, for fear of being discriminated against — all of which are far too commonly experienced in the predominantly conservative Philippines. While not licensed medical professionals, the pair are staunch advocates of sexual and reproductive health. Given Carlo's background in business, and with the help of a network of SRH experts across the country, the duo's choice to launch Dima as a niche e-commerce venture catering not only to Luzon but also Visayas and Mindanao, makes the most sense. Carlo and Julia plan to expand their services soon, providing services geared specifically towards the sexual and reproductive needs of the LGBTQIA+ community.

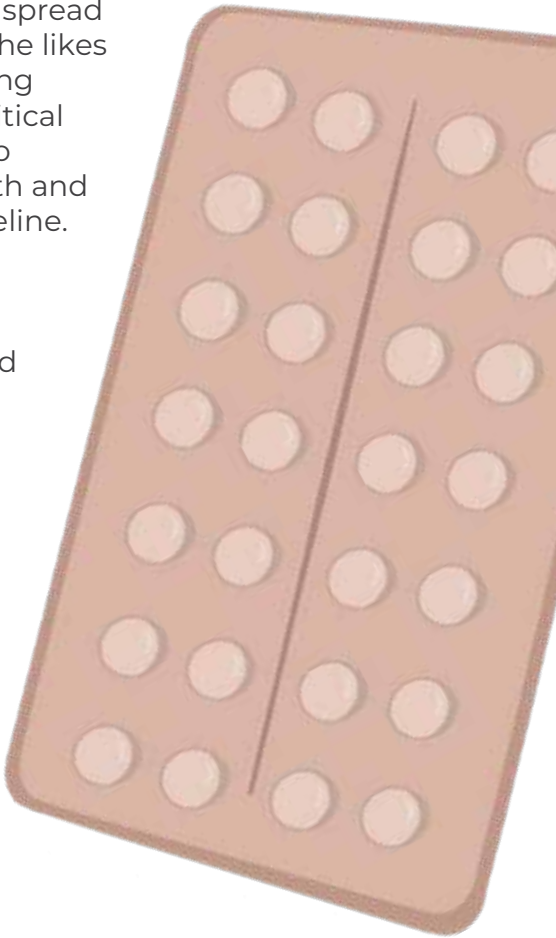
There is great truth in this: how convenient would it be if the basic understanding of our bodies could be readily accessible to us without having to spend too much? I spent more than a thousand pesos to be told that my ovaries have developed holes, only to have to spend thousands more to learn otherwise. Not everyone, especially in the Philippines, would know about PCOS. Not everyone would have the knowledge nor access to alternative medication. The beauty of digitized SRH services does not only lie in the convenience in getting

services but also in the accessibility of information and the privacy that digital confines offer.

“Launching Dima has made it more clear to us than ever just how lacking sex education is in this country,” they continued. “So many people here have no idea about RH. To see any true progress, people need access to reliable reproductive health information. We can't have people getting pregnant anymore because they think orange juice kills sperm.”

While the number of Filipino users on Facebook is remarkably large, the majority is left out — people living on the margins who actually are in greater need of comprehensive sexual and reproductive healthcare. Given the current situation where the safest mode of interaction is at online spaces, the digitization of health services makes reproductive health accessible to all Filipinos who have access to the internet. As the country struggles to contain the spread of COVID-19, the likes of Dima, offering solutions to critical gaps in Filipino women's health and welfare, is a lifeline.

To learn more about health services offered by Dima, visit [Dima.ph](https://dima.ph) on Facebook or online. For free advice on SRH-related concerns, visit [Ask Dima](#) on Facebook.



My Body, My Choice of Period Product



Mina Deocareza

Mina Deocareza is a writer based in Mandaluyong City, Philippines. She holds a BA in Creative Writing from UP Diliman and is currently pursuing her MA in Language and Literacy Education at UP Open University. She was a writing fellow for creative nonfiction at the 2019 UST National Writers' Workshop. She's currently the editorial director of Sinaya Cup, a local menstrual cup brand.

I struggled the first time I tried using the menstrual cup. The insertion was not easy, after all. My hand trembled as it tried to hold the cup that had been folded using my chosen technique. My feet felt sore as I had already been squatting on the bathroom floor for at least 15 minutes. But the moment I felt it pop open inside my vagina, I was relieved. Finally, I could use the period product I had been hearing great things about.

Yet, it was only the morning after when I was able to confirm that it was truly worth the try. The cup could be worn for up to 12 hours, allowing me to enjoy uninterrupted sleep. It could not be felt either, so it seemed as though I wasn't menstruating at all. I was also fascinated by the cleanliness of the sheets that greeted me as I awoke. They did not have even a single drop of blood on them, a proof of how reliable it was.

Four years have already passed and my love for the menstrual cup has grown a lot since. Now, apart from being a staunch menstrual cup user, I have also been busy advocating for menstrual cup use through my role as the editorial director for Sinaya Cup, a local menstrual cup brand known for raising awareness on menstrual and reproductive health in the country.

But apart from the menstrual cup's many benefits, I also love it for what it stands for. To me, it is not just a mere period product. It also represents the autonomy I have over my own body. Using it as a form of resistance in a society that is just so good at making us women feel that our bodies are everyone's business except ours. In other words, I derive a sense of empowerment from using it. Each time I put it in, I am assured that I have a say on what to use with, on, or in my own body. I have a choice.

*

Having a choice on such matters means so much to me.

As a child, I hated how I was always told what to do and how to act. At first, I thought it was simply because people around me had no sense of boundaries that they could not keep their thoughts to themselves.

However, as I began to mature, I realized that it was more than that. Those individuals simply assumed that they could easily dictate how women should behave, as though we were their possessions. It was suffocating.

Good thing, education helped emancipate me. At the university, I became more aware of my rights. I learned about the politics concerning gender and sexuality and got exposed to the teachings of various feminist thinkers, from whom I learned about the beauty of having agency. I also learned to understand my body from a scientific perspective, which helped me unlearn misconceptions I had previously learned about the female body. Before I knew it, I was already

making bolder and more informed decisions for myself.

By the time I graduated, I already had a strong sense of how I should carry myself as a woman. I entered the workforce confident and unapologetic for who I was and what I wanted to do. As I continued to navigate adult life, I also became more open to newer ideas on how to celebrate and care for my own body. Eventually, this mindset led me to the menstrual cup and, later on, to Sinaya Cup.

*

Now that I am still stuck at home and enduring the world's longest quarantine, I can't be grateful enough for my menstrual cup. It does not simply allow me to manage my own period more conveniently; it also gives me peace of mind amid all the chaos.

It helps me protect myself from the risks of COVID-19. Since one menstrual cup can be reused for two to five years, I no longer have to go out often to buy period products. It also feels good to know that I am helping lessen plastic waste by avoiding disposable pads.

I want more menstruators to learn about the menstrual cup and how they can benefit from it, especially in a challenging time like this. But I also know that in order to inspire more people to try it, some things need to be done first.

Like in many countries around the world, menstruation remains a taboo subject in the Philippines. Many of us grew up in households where periods are talked about in hushed voices and where period products are handled very discreetly, as though they were prohibited items.

“

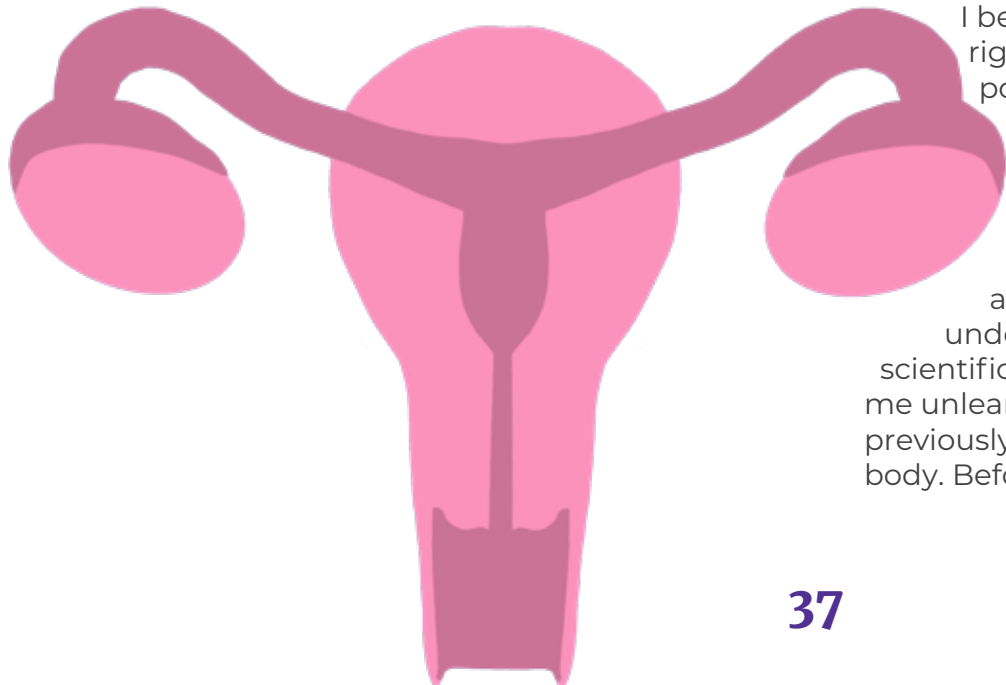
To me, it is not just a mere period product. It also represents the autonomy I have over my own body. Using it as a form of resistance in a society that is just so good at making us women feel that our bodies are everyone's business except ours.

”

It's not just menstruation, though. Discussions on any other topics concerning sexual and reproductive health are generally frowned upon here, which no longer comes as a surprise, considering the absence of comprehensive sexuality education in the country.

These realities just proved that we need to work harder to spread awareness of both menstrual and reproductive health in the Philippines. And this is what we're trying to do in our social enterprise.

In fact, this exact realization is what motivated us to revamp Sinaya cup's advocacy program in 2018. Instead of simply donating a menstrual cup to someone in



need for every cup sold, we also began holding workshops in which attendees could learn more about menstrual and reproductive health, body acceptance, and women empowerment. We decided to put emphasis on teenage pregnancy in our program as well, knowing that it remains a huge problem in the country.

The pandemic might have prompted the cancellation of our sessions this year, but it can't keep us from working harder for our goals. These past few months, we have been busy improving our sessions. We want them to become engaging and informative enough to leave a mark on every attendee.

We have been more active online as well. Apart from patiently answering questions about menstrual cup use and other related topics, we have been creating content tailored especially for menstruators under quarantine. Menstruating people's

needs do not stop just because there's a pandemic. We want to support them when they seek information and tips to help them get through their cycles.

*

Of course, I no longer struggle with menstrual cup insertion. I've been so used to it that my hand no longer trembles as it holds the folded cup and pushes it into my vagina. But I still feel relief each time it pops open inside me. It's just so comforting to be reminded of how my brave decision from four years ago continues to make life easier for me.

And this is why I believe in the work that I do. I know that menstrual cups seem intimidating at first, but with ample guidance from people who have been using it for years, transitioning does not have to be difficult at all. I hope that with our help, menstruators' hands would shake less as they try using a menstrual cup for the very first time.



Sinaya Cup



What Keeps Me Up at Night: COVID-19, Abortion and Protecting Women's Rights

Lara Cousins

Lara Cousins is Oxfam Canada's Women's Rights Knowledge Specialist (International Programs).

Oxfam is an international confederation of 19 humanitarian and development organizations working in more than 90 countries.

This piece was first published in Oxfam Canada's website. Find it at: <https://www.oxfam.ca/blog/what-keeps-me-up-at-night-covid-19-abortion-and-protecting-womens-rights/>

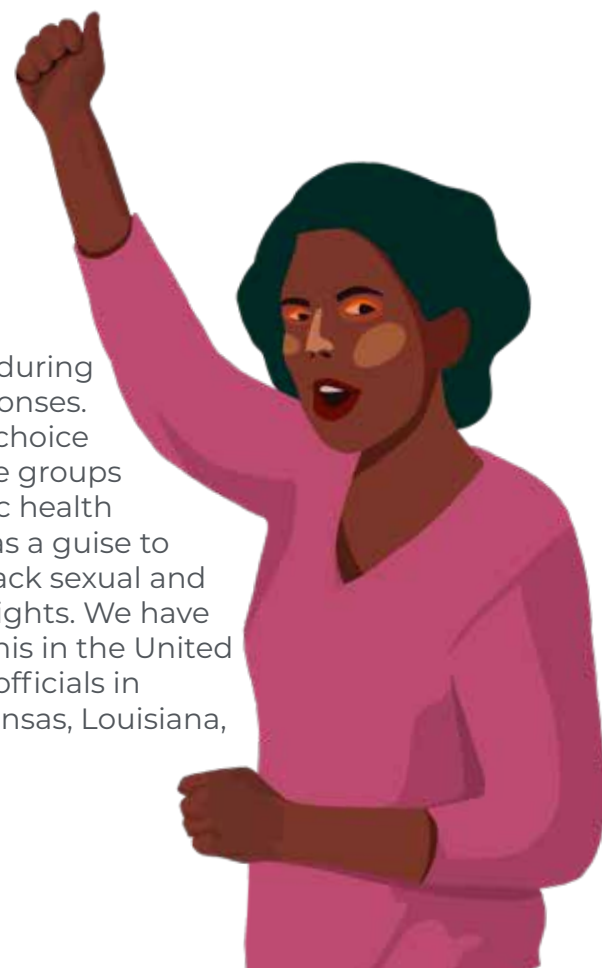
COVID-19 has been overwhelming. Like many people these days, I am up at night, worried about what the pandemic will mean for my loved ones, my community and the world in general. Experiencing change of this scale is new for all of us. The full ramifications of this crisis on the rights of women and gender diverse people remains to be seen. There is one trend – worryingly – that we have seen before in public health crises and are currently seeing again – the neglect, oversight, and in some cases, erosion of rights relating to our sexual and reproductive health (SRHR). At the heart of this is access to abortion.

In Canada, calls to a 24-hour info line offered by Action Canada for Sexual Health and Rights jumped by 30 per cent in the last two weeks of March; while in the Philippines, since the COVID-19 lockdown in Manila the Women's Global Network for Reproductive Rights (WGNRR) has similarly experienced a spike in email inquiries regarding options for unintended pregnancies. Global evidence shows us time and again that denying access to abortion does not reduce abortions; it only makes them unsafe. Treating the provision and uptake of comprehensive sexual and reproductive health services as anything less than essential, particularly during public health emergencies, will only contribute to increases in maternal morbidity and mortality, disproportionately affecting those who are poor.

In times of relative stability, SRHR are already some of the most challenging rights to fulfill worldwide, particularly for young women, adolescent girls and LGBTQI groups. Making inroads on sexual and reproductive rights, particularly expanding access to safe abortion, means grappling with

issues that, for some, can be difficult or uncomfortable at best. Issues like acknowledging (young) women's sexuality, challenging the conflation of womanhood with motherhood, embracing sex positivity, recognizing gender and sexuality as a spectrum of identities and experiences and respecting all people's bodily autonomy. More often than not, these are highly fraught and contested subjects, and require going up against entrenched social norms and patriarchal structures. There is almost always resistance or pushback from anti-rights or conservative groups. As a result, working to achieve sexual and reproductive rights, especially in terms of protecting and/or expanding access to safe abortion, requires ongoing work, diligence and persistence from women's rights activists on the ground.

In times of crisis, sexual and reproductive health services may be de-prioritized or wrongly considered non-essential. Even in Canada, where abortion has been decriminalized for more than 30 years, there was initial uncertainty regarding whether provincial governments would treat abortion as essential care during COVID-19 responses. At worst, anti-choice or conservative groups may use public health emergencies as a guise to rollback or attack sexual and reproductive rights. We have already seen this in the United States, where officials in Alabama, Arkansas, Louisiana,



© Eleanor Farmer | Oxfam

Ohio, Oklahoma, Tennessee and Texas attempted to use COVID-19 responses as a pretense to suspend access to abortion services.

Responses to COVID-19 may overtake or derail abortion advocacy efforts, as well. Consider a country like the Philippines, where abortion access is highly contested and women's rights activists have been calling for decriminalization of abortion. Advocacy efforts may be mistakenly dismissed as untimely or irrelevant. We have already seen this playing out in Argentina, where newly elected president Alberto Fernández had promised to introduce a bill into Congress that would legalize abortion (thanks to historic momentum and feminist mobilization). This legislative process was set to be initiated in March but was postponed due to a nationwide quarantine and suspension

of in-person congressional hearings. The end result? Further uncertainty about when such legislation will be introduced or advanced.

While affecting all of us, COVID-19 also highlights the cracks of inequality that in other times we might gloss over. It forces us collectively to take a long, hard look in the mirror. There's opportunity for systemic, structural change, because while we have achieved many hard-won gains to advance gender justice, there is still a long way to go.

And while the full effects of COVID-19 remain to be seen, in some ways we know what to expect, based on lessons learned from past public health emergencies such as the Ebola crisis in Sierra Leone. This means, if we're paying attention, we can better prepare for, and even maybe alleviate,

“
While it may be true
that extraordinary
collective efforts
are needed in these
extraordinary times,
response actions
and interventions
should not diminish
the dignity and
agency of affected
communities who
are dealing with
multiple threats
and risks alongside
COVID-19.
”

adverse outcomes. In this sense, public health crises, if approached comprehensively, are an opportunity for us to do better in our efforts to meaningfully realize women's rights and gender justice.

Integral to the change we need is the ongoing work that women's rights organizations and activists undertake worldwide: creating the space to advocate for SRHR issues,

protecting and expanding access to services. I have been so proud of the global leadership Canada has taken on sexual and reproductive health and rights, specifically our willingness to fund programming on neglected areas such as safe abortion and advocacy, as well as support feminist advocates at the frontlines in Canada and around the globe. As governments ramp up responses to COVID-19, we must be vigilant against attempts to use COVID-19 as a means to rollback SRHR, dismiss advocacy for SRHR, or stop providing essential sexual and reproductive health services. We need integrated COVID-19 responses that address shortages and disruptions in sexual and reproductive health services, global supply chains and commodities, and barriers to accessing care; as well as sustained, comprehensive, and stand-alone SRHR programming.

We need the work that's already being done on the ground by Oxfam's partners, like WGNRR. The words of their Executive Director, Marevic Parcon, struck a chord with me when she said "any public health strategy that is not mindful of human rights, including sexual and reproductive health and rights, will be inept and unsustainable and will also create massive grounds for human rights violations."

Both within COVID-19 responses and beyond, I firmly believe we must continue to support women's rights organizations, activists and human rights defenders who are holding the line for gender justice and SRHR. They are the ones pushing for the systemic and structural change that we sorely need and, in doing so, we need to have their backs, now more than ever.

PER SPEC TIVES





The Most Affected People and Communities at the Center of COVID-19 Response Actions

Patricia Blardony Miranda

Patricia Blardony Miranda is the Policy and Campaigns Manager of Oxfam Philippines. Oxfam is an international confederation of 20 organizations working together with partners and local communities in more than 90 countries.

This thinkpiece is an updated and abridged version of her essay titled “The most affected people and communities at the heart and start of the Covid-19 crisis response” initially published by SHAPE-SEA on their website: <https://shapesea.com/op-ed/covid-19/the-most-affected-people-and-communities-at-the-heart-and-start-of-the-covid-19-crisis-response/>

The Philippines had one of the ‘strictest and longest’ domestic containment measures to address COVID-19. Beginning March 2020, curfews, limited public transportation, additional roadblocks, checkpoints, social media surveillance, and police deployments in business districts were put into effect by the government.

Despite (or because of) these measures, the Philippines maintained the highest COVID-19 incidence in Southeast Asia from August to October, based on data from Johns Hopkins University and Southeast Asian Health Ministries. The *Lancet*, an international medical journal, has given the Philippines a dismal ranking of 66 out of 91 countries in terms of measures to suppress the spread of the disease in September 2020. There is ample evidence showing that highly securitized responses, which encompass unrestrained law enforcement power, to what is a multi-dimensional public health crisis can deter health-seeking behavior because of stigma and the fear of punishment for actual, or even perceived, violations.

COVID-19 Rapid Gender Assessment

In May 2020, Oxfam Philippines, together with 26 organizations, conducted a COVID-19 rapid gender assessment (RGA) survey among 950 respondents from urban poor and rural communities in the Philippines

across six regions in the three major island groups of Luzon, Visayas, and Mindanao. Sixty percent of the respondents reported that COVID-19 negatively impacted their incomes and mobility, and increased unpaid care work at home and in communities. The findings affirmed that women living in poverty are particularly hit the hardest by health emergencies and humanitarian crises.

The survey also revealed that community-led interventions could play a much more significant role in the rights-based and health-focused containment, control, prevention, and management of COVID-19. Eighty percent of the respondents found confirmed they found that that it is easiest to access services and information from the barangay (village) health center. The majority of the respondents also reported that barangay-level interventions had provided them with food, medicines, and livelihoods. In contrast, national and municipal agencies provided short-term support of food and medicines only.

Although the data suggested perceptions based on insufficient information, respondents viewed barangay processes as more trustworthy than municipal or national mechanisms for reporting violence against women and girls. Forty percent of the respondents also said that they



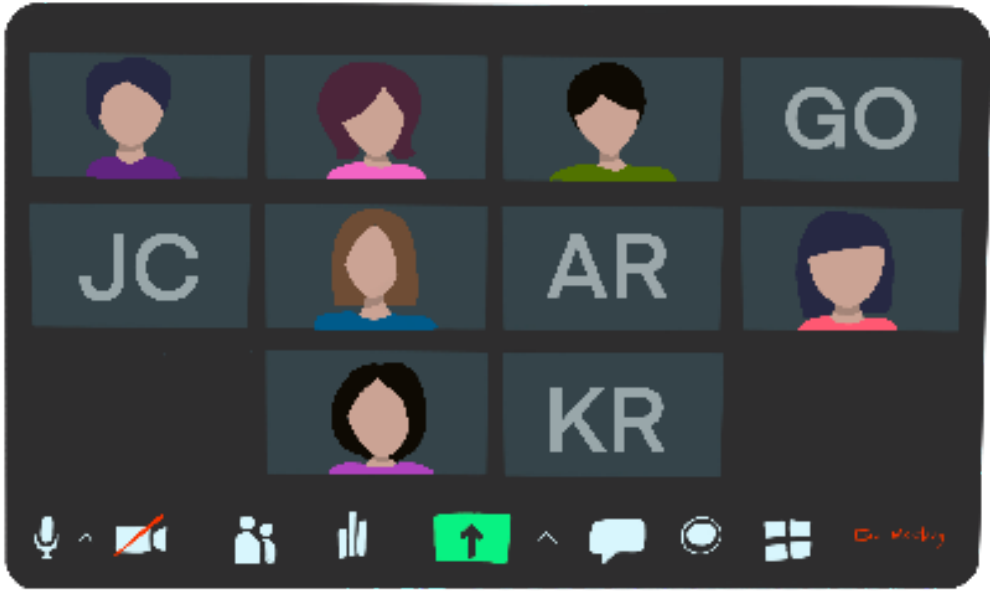
would report gender-based violence to barangay authorities or leaders, while only 26 percent said they would report to the police.

**The road to a ‘better normal’:
mobilize communities, not the military**

While it may be true that extraordinary collective efforts are needed in these extraordinary times, response actions and interventions should not diminish the dignity and agency of affected communities who are dealing with multiple threats and risks alongside COVID-19. Calls for accountability gained momentum as five typhoons battered the country between October to November. Three of the most destructive typhoons have washed out homes, decimated critical infrastructure, and displaced tens and thousands of people.

It is therefore critical to interrogate how ‘resilience’ is framed and claimed, especially when weaponized to justify the use of force under the guise of COVID-19 health concerns. Resilience narratives cannot be genuine if these are used to silence those who are suffering or unable to cope, or when these erase the stories of those who do not survive the compounded threats of the pandemic and humanitarian disasters, including the ‘shadow pandemic’ of violence against women and girls. Depictions of ‘resilience’ should not reinforce gender stereotypes or gendered inequalities or be used as a cover-up for disaster governance accountability gaps.

A rights-based approach (as opposed to a securitized or militarized approach) to health requires that policies and programs, and their implementation, must place the



needs of those furthest behind first to achieve fundamental equity. This principle has been echoed in the 2030 Agenda for Sustainable Development and Universal Health Coverage. Together with 192 other states, including all ASEAN member states, the Philippines committed to achieving the Sustainable Development Goals by 2030, ensuring universal health coverage and access to safe and effective medicines and vaccines.

Community-led health systems

These commitments matter. Affected communities are experts of their specific contexts, and their perspectives and insights are crucial to developing sustainable and feasible long-term solutions. Barangay or village leaders and health workers will be better equipped to identify and understand their community’s shared norms, values, and beliefs. In turn, community-led health systems help improve response strategies, allow for context-sensitive risk mitigation, and enable households to weather

“While it may be true that extraordinary collective efforts are needed in these extraordinary times, response actions and interventions should not diminish the dignity and agency of affected communities who are dealing with multiple threats and risks alongside COVID-19.”

the shocks and stresses of recurring emergencies and crises.

A ‘better normal,’ which indicates a vastly different way of doing things, has been the clarion call among civil society groups and advocates pushing for a healthy, equitable, sustainable, feminist future in the Philippines. This, however, can only be achieved when the most affected people and communities are at the heart and start of all decisions and actions that affect them.

References

Abo, N., & Ayao, A. (2020, June 1). The New Humanitarian | After ceasefire failures, Mindanao’s displaced women and girls are caught between conflict and coronavirus. <https://www.thenewhumanitarian.org/opinion/2020/06/01/Philippines-Mindanao-coronavirus-violence-women-girls>

Ampilan, D. (2020, April 9). Communities at the Frontlines of Beating COVID-19. SHAPE-SEA. <https://shapesea.com/op-ed/covid-19/communities-at-the-frontlines-of-beating-covid-19/>

Armas, S. G. (2020, September 15). At six months, Manila enters world’s longest COVID-19 quarantine. Agencia EFE. <https://www.efe.com/efe/english/portada/at-six-months-manila-enters-world-s-longest-covid-19-quarantine/50000260-4343512>

Barredo, J. (2020, June 16). Problematizing the Securitization of Covid-19 in Southeast Asia: A Necessary Step Towards an Inclusive, Rights-Centred Normal. SHAPE-SEA. <https://shapesea.com/op-ed/covid-19/prob->

lematizing-the-securitization-of-covid-19-in-southeast-asia-a-necessary-step-towards-an-inclusive-rights-centred-normal/

Caliwan, C. L. (2020, August 31). Police visibility assured as more businesses reopen Tuesday. Philippine News Agency. <https://www.pna.gov.ph/articles/1113917>

Catolico, F. (2020, March 28). From ‘very important politicians’ to ‘very insinuating patients.’ SHAPE-SEA. <https://shapesea.com/op-ed/covid-19/from-very-important-politicians-to-very-insinuating-patients/>

Dulawan, J., & Esturas, E. (2020). Covid-19 Rapid Gender Assessment: Initial Findings and Analysis. Oxfam Philippines.

Johns Hopkins University. (2020, September 24). COVID-19 Dashboard by the Center for Systems Science and Engineering at Johns Hopkins University. Johns Hopkins Coronavirus Resource Center. <https://coronavirus.jhu.edu/map.html>

Liboro, R. (2020, September 7). Statement of Privacy Commissioner Raymund Liboro on the PNP plan to monitor social media for quarantine violators. National Privacy Commission. <https://www.privacy.gov.ph/2020/09/statement-of-privacy-commissioner-raymund-liboro-on-the-pnp-plan-to-monitor-social-media-for-quarantine-violators/>

Miranda, P., & Angkaya-Kuhutan, S. (2020, May 13). Legal preparedness during ‘business unusual’ | Inquirer Opinion. <https://opinion.inquirer.net/129753/legal-preparedness-during-business-unusual>

Oxfam Pilipinas, Action for Economic Reforms, Social Watch Philippines, & National Rural Women Coalition. (2020) A Better Normal: Civil Society Reflections on Covid-19. Retrieved September 24, 2020, from <https://m.facebook.com/OxfamPilipinas/photos/gm.629088018034091/3464049180286499/?type=3&source=44>

Sachs, J. D., Karim, S. A., Aknin, L., Allen, J., Brosbøl, K., Barron, G. C., Daszak, P., Espinosa, M. F., Gaspar, V., Gaviria, A., Haines, A., Hotez, P., Koundouri, P., Bascuñán, F. L., Lee, J.-K., Pate, M., Polman, P., Reddy, S., Serageldin, I., ... Bartels, J. G. E. (2020). Lancet COVID-19 Commission Statement on the occasion of the 75th session of the UN General Assembly. The Lancet, 0(0). [https://doi.org/10.1016/S0140-6736\(20\)31927-9](https://doi.org/10.1016/S0140-6736(20)31927-9)

UNOCHA. (2020). Philippines: Typhoon Vamco (Ulysses) and Super Typhoon Goni (Rolly) Snapshot (As of 14 November 2020) - Philippines. ReliefWeb. <https://reliefweb.int/report/philippines/philippines-typhoon-vamco-ulysses-and-super-typhoon-goni-rolly-snapshot-14>



COVID-19 and the Challenge to Care: Feminist notes from the Philippines

**Sabrina Gacad
Gus Cerdeña**

Sabrina Gacad is an economist by training, a feminist at heart. She is currently an assistant professor at the Department of Women and Development Studies, College of Social Work and Community Development at the University of the Philippines, Diliman. She received a Master of Economics from the University of Sydney in 2019.

Gus Cerdeña is a program coordinator of the Friedrich-Ebert-Stiftung in the Philippines.

This piece was first published in Young Progressives Hub. Find it at: <https://www.youngprogressiveshub.org/blog/covid-19-and-the-challenge-to-care-feminist-notes-from-the-philippines/>

Containing and surviving the COVID-19 pandemic reminds us that governance is care work. The task is fairly straightforward: care for the people who are infected and those at risk of infection; care for the carers; and, care for the structurally disenfranchised and those on the cusp of poverty, including daily wage earners, gig economy workers, and micro- and small enterprise owners. Care must also be provided even to those who are relatively economically secure; the people's vulnerabilities are not limited to public health, or social and economic welfare, our emotional and psychological well-being have been compromised by the uncertainty this pandemic has created and the economy that it has brought to a grinding halt.

Care work refers to the labour that facilitates the well-being of people. This implies a relationship of dependence between the cared-for and their carer, often viewed as acts of altruism or love of the latter, involving some expenditure of energy or emotions, and cash transfers, (Folbre, 2014) and seen as emanating from a woman's being (Williams, 2001). This also refers to social reproduction, or the creation and maintenance of bonds and relationships that make social cooperation in our communities and societies possible (Fraser, 2016).

As its first systemic response to the COVID-19 pandemic – citing the need for quarantine to “protect the people” – Philippine president Rodrigo Duterte on March 12 ordered a “community quarantine” (essentially a soft lockdown) of the entire Metro Manila region (16 cities and one municipality; population: 13 million) from March 15 to April 14. Confusion and mad scramble ensued due to unclear rules and the suspension of all forms of transport to and from the region. Due to problems in its initial implementation, an “enhanced community quarantine” (ECQ) was announced, which was practically a stricter lockdown of the entire Luzon island (population: 63 million). Ten days after the Lockdown was enforced, Duterte asked the legislature for emergency powers that would allow him to freely reallocate the national budget from discontinued government projects to spend on social safety nets and support for public health frontline services, among others. The law – Republic Act 11469 or the “Bayanihan To Heal As One” Act — included provisions for cash grants to health workers, and cash aid to 18 million low-income households. While all these social amelioration provisions were commendable on paper, digital rights groups were quick to raise the alarm over a surreptitiously-added provision on penalizing individuals “creating, perpetrating, or spreading false information regarding the COVID-19 crisis on social media and other platforms...” (Section 6(f) of RA 11469: <https://www.officialgazette.gov.ph/downloads/2020/03mar/20200324-RA-11469-RRD.pdf>). The National Union of Journalists of the Philippines (NUP), among others, pointed out that this inserted provision threatens freedom of expression and of the press, and argued that it “seeks to punish people for an offense that, legally, does not

“

COVID-19 succeeded in doing is to make us realise that, regardless of privilege or lack thereof, we are all at risk of requiring care and support from others. The pandemic also makes us realise that we need a government that prioritises care work for its constituents.

”

even exist.” To critics, this provision yet again highlights the bias to instil control and order even as the urgent grant of emergency powers was premised on tackling a widespread demand for care.

As the Luzon lockdown approached the end of its fourth week, public criticism mainly via online platforms have heightened, demanding for a clear and transparent discussion of any national strategy to address the public health and social aspects of COVID-19 crisis. Many also wished for a detailed accounting of the much-touted PHP 300 billion (USD 5.9 billion) package for a social amelioration program (SAP) the president had promised to poor families whose work and subsistence are affected by the ECQ. Such criticisms come from a heightened sense of insecurity about income and food provisions as the ECQ entered its first month, and has been extended until end of April. While details of the funding and distribution of the SAP remained opaque, what was made clear by a Philippine National Police

report is that, by April 1, over 17,000 people have been arrested across the country for ECQ-related offenses (“curfew violations or disobedience”).

In an unprecedented national emergency like COVID-19, governments often mistake “law and order” solutions as real responses to the problem. While ECQ goals were commendable from a public health/epidemiological standpoint, the demand for care was also clear: how does government design measures to catch people who are left with no work, no income, and no choice but to depend on local or national government support for their basic needs, even as they strain to abide by the shared objective of the quarantine. Left on their own, the poor and the near-poor struggle with the only two fatal choices they seem to be offered: imminent hunger or the virus. As families waited for answers in midnight broadcasts of pre-recorded presidential talk, all they got were hollow assurances that help is on the way, and that they should “endure

the long delays.” Three weeks after the grant of emergency powers, the promised mass testing remained low and slow, the distribution of critical personal protective equipment (PPEs) to medical frontlines seems to be jammed at 7% of the promised supply, the cash grant for 18 million families is stuck at 24% of target, and the Labor ministry has stopped accepting applications for workers’ cash aid due to lack of cash. As these nationally-funded programs get delayed, local governments fend for themselves, devising ways to care for their own constituents. Some localities have seen minor explosions of hunger and discontent that threatened the fragile peace of quarantine – yet this small group of community protesters (that include mothers and grandmothers) were given severe warnings, not food. The root cause: the absence of care.

On paper, the quick passage of the Bayanihan Act has been justified as an attempt of a ‘caring government’ to promptly respond to the basic needs of the vulnerable sectors of society. In its operation, delays have rendered its promise falling short in offering security, comfort, or care to the very groups it has targeted.



The pandemic betrays the country’s weak social protection institutions. This weakness is not due to the present administration alone, and is certainly not unique to the Philippines. This is symptomatic of a global crisis of care due to patriarchal capitalism (Folbre, 2014; Fraser, 2016). As governments shirk from care work, the private sector makes profit from guaranteeing risk, and the exclusive distribution of services to those who can afford it. Worse still, women are expected to perform a disproportionate share of the reproductive work for their families and communities, and this includes the manual and emotional labour required to run a household and raise children (Williams, 2001), as well as the labour required to maintain social connections and relations at the level of neighbourhoods, communities, and other spaces and iterations of the commons (Fraser, 2016). The crisis of care has left millions of Filipino women over-burdened and their families vulnerable, even before the pandemic. The health crisis threatens the lives of healthcare workers, which in the Philippines comprise of about 72% women. If the virus’ relentless spread is not tapered, many homes are likely to be left with a sole breadwinner – most probably, a woman. What COVID-19 succeeded in doing is to make us realise that, regardless of privilege or lack thereof, we are all at risk of requiring care and support from others. The pandemic also makes us realise that we need a government that prioritises care work for its constituents.

Everyone has sprung to action. Local governments have shored up public health capacity and distributed care packages for their constituents. In a show of social power and solidarity,

individuals and private organisations have combined talent and resources to meet the population's needs, from PPEs and related material support for health facilities, to food and support for the basic and psychosocial needs of the frontliners and other vulnerable sectors. There continues to be an outpouring not just of donations, but also of gratitude.

The efforts have been massive, but not all have been provided relief. This is where the reach and resources of government institutions is critical. And for a government that has been given sufficient fiscal powers to stem an unseen killer and to swiftly weave a sturdy net to catch those who might fall in this long waiting game, the most urgent task is to break the spread of helplessness on the streets.

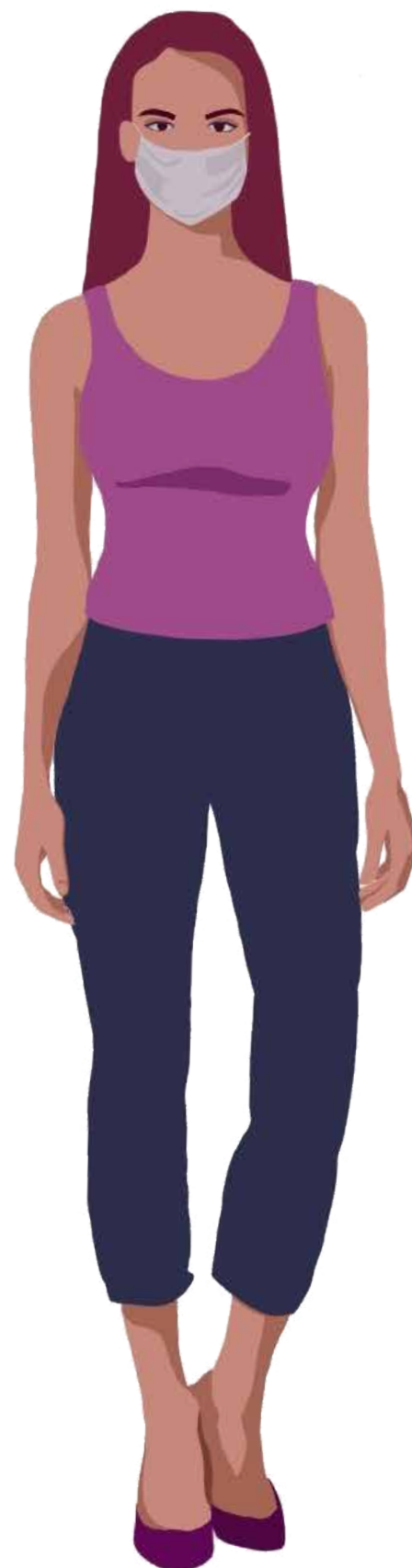
Global reports have linked the COVID-19 pandemic to the growth-driven economic paradigms and the social behaviours they created. Combined with the climate crisis, the Philippines and the world is facing a new normal of frightening levels of risks to individual and community well-being. People and communities have responded with unprecedented efforts to care for one another. But we need more than that. Leaders in the Philippines and elsewhere must take decisive action to show that social amelioration and care are not uplifting words on paper but concrete observable steps that impact real lives.

References

Folbre, N. (2014). Who cares? A feminist critique of the care economy. Rosa Luxemburg Stiftung.

Fraser, N. (2016). Capitalism's crisis of care. (S. Leonard, interviewer). Dissent Magazine (Fall 2016), retrieved from <http://www.dissentmagazine.org>

Williams, J. (2001). From difference to dominance to domesticity: care as work, gender as tradition. (Symposium on the Structures of Care Work). Chicago-Kent Law Review, 76(3).



Where Economic and Gender Oppression Meet: Sexual Violence and the Poor

Aleijn Rio P. Reintegrado

Aleijn Reintegrado is currently a Development Studies student in UP Manila, and the Chairperson of Project Sulong.

This piece was first published in Young Progressives Hub. Find it at: <https://www.youngprogressiveshub.org/blog/where-economic-and-gender-oppression-meet-sexual-violence-and-the-poor/>

Vulnerability to sexual violence differs across classes. The inseparable link between economic- and gender-based oppression endangers poor women most.

Across the world, it is poor women who fetch water (that they don't have at home), work longer hours (for which they're paid less), and are the most fearful of walking alone (regardless of to or from where). Low-income victim-survivors of sexual violence simply don't have the time or money to heal as they are expected to bring home money while also raising kids and doing housework. Even if they want to seek help, their contextual incapacities trigger a ruthless cycle that keeps them poor (if not poorer), and consequently, vulnerable (if not more so).

Of course, sexual violence can happen to anyone. But the worst of its kind, as with many other phenomena, is experienced uniquely by the poor.

Women in Poverty

As a Cause of Sexual Violence

Where household income is low, sexual violence tends to increase. Here, poverty is a cause of sexual violence, as poor women are confined to unsafe neighborhoods and insecure housing. Children of poor women also often have to be left unsupervised due to work. In some cases, children have to go to work themselves. These visceral risk factors thereby explain, in part, the sexual violence against women and children that happens outside the home.

But it often occurs inside the home, too. Intimate partner violence, of

which sexual violence largely comprises, drastically affects poor women—especially given the changing landscape of sex roles vis-à-vis traditional models of materialist masculinity. As more women become breadwinners (on top of their household duties) due to their relatively increased economic mobility, more men feel humiliated that they cannot financially support their families and have no success to prove to their surrounding communities. As a result, men resort to channeling their aggression towards women, demonstrating that poverty can also be a reason for the perpetration of violence as it is a risk factor for victimization.

There are many more contexts in which poor women are sexually abused. Prison is an important one. Jails have gender-insensitive protocols and a male-dominated workforce. Life in detention is also largely unexplored as a research issue. In the few local studies which look into jail-based sexual violence, a significant number of women have reported rape, attempted rape, sexual abuse, and sexual touching by prison officials. Even among inmates, this is also true. Forced sex is often a strategy for the imposition of hierarchy and discipline.

To put all of this into perspective, note that most of those imprisoned—and therefore sexually abused—are poor.

Militarization in the Philippine setting is also a pressing context that results in sexual violence. A 2003 Carnegie Council study correlates foreign militarization in the country to incidences of violence against

women, including sexual violence. In particular, sexual violence and militarized prostitution are prevalent in areas with US bases.

Militarization by our own—usually in rural areas or areas of conflict—isn't any better either. Martial Law in Mindanao started with Duterte encouraging the military to rape through a public announcement of crime absolution. Indigenous women are continually prone to and fearful of sexual violence by the military, given the blatant impunity and even support from national and local governments.

As a Result of Sexual Violence

Poverty isn't just a cause of sexual violence; sexual violence is also a cause of poverty. These two phenomena interact to subjugate poor women most, such that they face the worst degree of the consequences of sexual violence.

Poor women lack access to reproductive healthcare, psychological healthcare, and legal aid, and thus can't fully recover or seek justice. They are unable to report, whether because of social stigma from the community, or lack of financial capacity.

There are deeper layers too. In a lot of cases, economic dependence on abusers render women unable to move out, much more bring their children with them. This dependence can even be manufactured, as predators use social isolation, sabotage of education and occupational opportunities, and restriction of access to cash and credit as tactics to keep their partners within sight.

In the case that victim-survivors do escape from violence, they do not

“Poverty isn't just a cause of sexual violence; sexual violence is also a cause of poverty. These two phenomena interact to subjugate poor women most, such that they face the worst degree of the consequences of sexual violence.”

necessarily escape from poverty (which situates them in a cycle of vulnerability to violence). Limited income-earning opportunities come by in the aftermath due to low confidence and self-esteem, decreased performance, poor health, missed training, or job or schooling absenteeism. All of this goes to show the gravity of sexual violence—extremely concerning given its pervasiveness.

Women at Work

Discourse on sexual violence is incomplete without labor. But in today's status quo, while women's individual mobility as women has increased, their collective ability as workers to protest sexual violence and



other unjust conditions has decreased due to the decline of organized labor brought about by anti-worker legislation and court rulings, among other factors.

Low-income working women, in particular, have been left behind by this absence of collectivism. The inability of low-income working women to express discontent over company policies, simply find another job, or file a case against their employer due to fear of retaliation is the missing context in the individualism promoted by the #MeToo movement. This is problematic, because sexual harassment is most prevalent where low-wage workers dominate, due to the wide power imbalance between employee and the employer.

Farmworkers also have context-specific plights of sexual violence. Threats and retaliation exist in farmlands too, but are amplified because many familial farmworkers work for the same employer. This means that coming forward entails the possibility of losing the entire family's income. Other concerns beset farmworkers as well, such as walking long paths to access a bathroom and living in a farm labor camp which



Rosalinda Guillen, a farmworker activist, describes as similar to slave cabins that allow for no privacy.

On top of all of this, poor women are socially and financially pressured to maintain their jobs and perform well in school, which all the more make them targets for sexual favors.

Sexual violence is thus also a labor union issue. Poor women workers are (and will continue to be) targets under male-dominated work systems with anti-labor regulations, that are, necessarily, gender-blind too.

Moving Forward

There are ways to stop the cycle. These include bolstering research in sexual violence and strengthening report systems; using this research to assess and amend current interventions, or forward entirely new programs; and passing legal reforms that can help alleviate the problem.

Admittedly, these require some (if not a lot of) patience and degree of faith in the system. For comparatively immediate solutions, we can always look towards the grassroots. Organizing in communities and empowering labor unions can go a long way, and fast. Organically educating, capacitating, and mobilizing groups of people for victim-centered relief and long-term campaigns against sexual violence is the future—and the more sustainable one.

The most important and urgent step to take is to ensure the availability of quality legal, psychological, and reproductive aid to victim-survivors as soon as possible. Currently, Project Sulong offers free legal and psychological aid for victim-survivors of sexual violence; aims to expand towards also providing reproductive aid; and is looking for donors to help supply its Survivors' Solidarity Fund, the fund source from which it pays victim-survivors' fees and thereby keeps its services free.

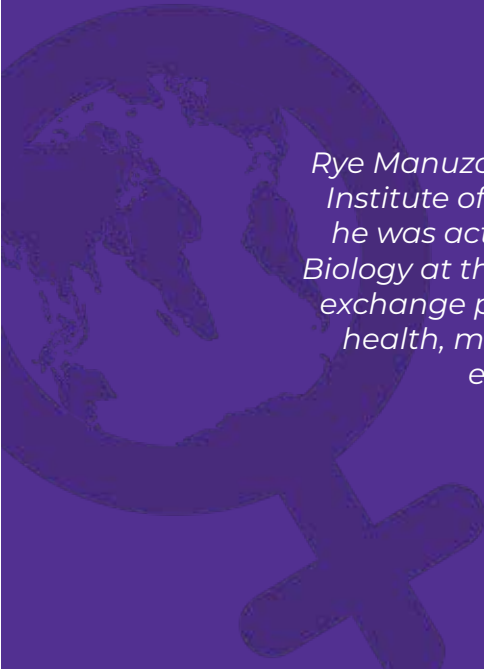
No more impunity for sexual predators!



The myth of COVID-19 as gender equalizer

Rye Manuzon

Rye Manuzon is currently working as a Senior Program Officer of the Institute of Politics and Governance. Before working professionally, he was active in the youth movement as a student studying BS in Biology at the University of the Philippines and has participated in an exchange program on human rights. His advocacies include public health, mental health, LGBTQ+ rights, HIV-AIDS awareness, and eliminating all forms of gender-based violence.



They say that the virus “SARS-CoV-2” is a great equalizer; it does not discriminate based on sex, gender, class, religion, political beliefs, and the like. However, they have failed to realize that while everyone is affected, not everyone is equally burdened. The current pandemic brought by the corona virus disease of 2019 (COVID-19) continues to expose the current structural challenges and social inequalities that the Philippine government has failed to address. This includes the plight of the Filipino lesbian, gays, bisexuals, trans folks, and queers (LGBTQ+).

As the COVID-19 cases continues to surge, the Philippine government implemented lockdowns and community quarantine on March 15, 2020. The following are the range of LGBTQ+ rights that are affected by COVID-19 pandemic.

LGBTQ+ right to political, and social freedom and equality

In April it was reported that LGBTQ persons in Pampanga violated curfew while running an errand for their grandmother. As a punishment, they were asked by barangay officials to perform lewd acts in front of a camera. The incident was uploaded online with their name to further embarrass them (Thoreson, 2020).

Also, for breaking curfew, queer and trans women in Zamboanga were also humiliated by cutting their hair. In Cebu, there were reports of online harassments because LGBTQ+ persons were accused to spreading coronavirus.

The pandemic has been used as an excuse to prohibit dissent as demonstrated by the arrests of young LGBTQ+ activists protesting the passage of the Anti-Terrorism Law. They were violently arrested by the police during a Pride March Celebration Rally held in June (Rappler, 2020).

LGBTQ+ right to health including sexual and reproductive health

The lockdown has prevented many LGBTQ+ from accessing medicines and sexual protections. LGBTQ+ persons living with HIV/AIDS (PLHIV) had a hard time undergoing antiretroviral treatments (ART). HIV Testing, including community-based screening, stopped. Thus, awareness building in the communities and other efforts to curb the rise of HIV cases has greatly suffered. This led to the UNAIDS to declare that the Philippines may soon experience a “second wave” of the HIV epidemic if the pandemic continues to obstruct access to life-saving medicines, treatments, and services (CNN Philippines, 2020).

Transitioning queers were said to have split their pill rations to make their last longer. The pandemic also has contributed to the

“
LGBTQ+ persons living with HIV/AIDS (PLHIV) had a hard time in accessing antiretroviral treatments (ART), vital for their survival. HIV Testing, including community-based screening, was stopped at the early onset of the pandemic.
”

degrading of the already fragile mental health of LGBTQ+ persons. having been exposed to discrimination, abuse and harassment from society.

LGBTQ+ right to safe space

With the shift to online learning, most LGBTQ+ youth and students, especially those living in their homes in the provinces, are isolated. This resulted in them going back to the “closet” because their homes are not a safe space. This condition would make them victims of forms of gender-based violence committed by their family and relatives.

Commercial safe spaces are also affected. Entertainment establishments and other businesses that cater primarily LGBTQ+ clients were closing down resulting in loss in sales. These include bars, clubs, bathhouses, and other venues.

LGBTQ+ right to labor protections

The informal economy, where LGBTQ+ members thrive, was also immobilized by the pandemic. Hair salons were forced to close. Their staff, majority of whom are LGBTQ+ beauticians, were laid off. LGBTQ+ entertainers such as drag queens and comedians are also compelled to perform live on Facebook and ask for tips or donations from their patrons as bars and clubs were closed.

While there are no known statistics yet, this pandemic was used as an excuse for firing LGBTQ+ persons in their workplaces, regardless of their work performance. Without the legal protections disallowing discrimination based on sexual orientation, gender identity and expression, and sex characteristics (SOGIESC), LGBTQ+ laborers suffered from unemployment.



Civil Society Rise to the Challenge

Civil society organizations (CSO) have stepped in to help LGBTQ+ persons.

For example, the project “ARVaniyahan” was launched by The Red Whistle, UN AIDS, TLF-SHARE, MapBeks and Angkas. The project facilitates the door-to-door delivery of ARTs to persons living with HIV/AIDS in different parts of the country.

Philippine Anti-Discrimination Alliance of Youth Leaders (PANTAY Pilipinas) and Youth for Mental Health Coalition launched “#QueerantimeSessions”, a weekly get-together of LGBTQ+ folks and allies to collectively survive the pandemic, learn about LGBTQ+-related issues, and check up on each other’s well-being. In the time of physical and self-isolation, there is a greater need for the LGBTQ+ community to support each other.

“Rainbow Relief Response”, provided relief packs and personal protective equipment to persons living with HIV and LGBTQ+ communities. This was initiated by Youth Voices Count (YVC). Donations drives for the Golden Gays, an organization of old LGBTQ+ folks living together, was also started by other CSOs. PANTAY Pilipinas, YVC and UP Babaylan also raised funds for the project “Walang Iwanan Mars: As Assistance Program for Metro Manila LGBTQ+ Students.”

Despite not having face-to-face classes, school-based LGBTQ+ organizations continue to conduct virtual awareness building activities for their fellow students.

The LAGABLAB Network also launched “Ikwent sa Lagablab”, a project facilitating an online assistance to LGBTQ+ victim-survivors of discrimination, harassment and abuse.

The pandemic may have exacerbated discrimination of LGBTQ+ in some areas. However, with the presence of support groups helping them, LGBTQ+ rights and well-being are somehow addressed.

Works Cited

CNN Philippines. (2020, July 7). UNAIDS sees ‘second wave’ of HIV epidemic in PH as COVID-19 blocks access to services. Retrieved from CNN Philippines: <https://www.cnnphilippines.com/news/2020/7/7/hiv-second-wave-epidemic-philippines-coronavirus-.html>

Rappler. (2020, June 26). At least 20 arrested at Pride march in Manila. Retrieved from Rappler: <https://www.rappler.com/nation/cops-arrest-individuals-pride-month-protest-manila-june-2020>

Thoreson, R. (2020, April 8). Philippines Uses Humiliation as COVID Curfew Punishment. Retrieved from Human Rights Watch: <https://www.hrw.org/news/2020/04/08/philippines-uses-humiliation-covid-curfew-punishment>



The call to decriminalize abortion: an appeal to save women’s lives

Philippine Safe Abortion Advocacy Network (PINSAN)

PINSAN is a network of organizations committed to working towards achieving full realization of women and girls’ human rights – including their sexual and reproductive health and rights. Currently, PINSAN is organizing a campaign to decriminalize abortion in the Philippines.

Women dying and suffering disability from unsafe abortion complications is a public health emergency.

Due to the restrictive abortion law, about 610,000 women are forced to induce abortion unsafely with at least three women dying every day and 100,000 hospitalized from unsafe abortion complications. These women are at risk of dying when they induce abortion unsafely through persons lacking the necessary skills, in an environment not confirming to minimal medical standards, using

abortion restrictions in their respective countries, the Philippines has not followed suit and remains to contend with its restrictive abortion law.

In an effort to save women’s lives, the Philippine Safe Abortion Advocacy Network (PINSAN) is proposing a bill to decriminalize abortion in the Philippines. Atty Clara Rita Padilla, initiated the drafting of the bill — “Act Decriminalizing Induced Abortion to Save the Lives of Women, Girls, and Persons of Diverse Gender Identities, Amending Article 256-259 of the Revised Penal Code.”

SAVE WOMEN’S LIVES DECRIMINALIZE ABORTION NOW

tablets without access to proper information or to a trained person if they need help, or by insertion of foreign objects.

Unfortunately, this fact has been buried under decades-worth of misinformation.

Every year on September 28, the world celebrates “International Safe Abortion Day” to remind us of women’s right to access safe and legal abortion. While governments around the world have almost unanimously removed

PINSAN is urging members of the Congress to heed the calls of women’s rights advocates including women rights organizations, public health advocates, academe, and young people to decriminalize abortion to save women’s lives. This bill when passed into law will provide access to safe abortion and avert maternal deaths and disability from unsafe abortion complications.

“The restrictive, colonial, and antiquated 1930 Revised Penal Code abortion law never reduced the

number of women inducing abortion,” said Padilla. “It has only endangered the lives of hundreds of thousands of Filipino women who are forced to undergo unsafe abortion.”

“Prosecution of women who induce abortion and those assisting them is not the answer,” Padilla explained. “Deaths and disabilities resulting from unsafe abortion complications are preventable with access to safe abortion and post-abortion care.”

“Decriminalizing abortion will save the lives of women who can be anyone’s daughter, partner, mother, sister, niece, or granddaughter,” added Padilla. “It would also help reduce maternal deaths related to unintended pregnancies and unsafe abortions during humanitarian crises like the COVID-19 pandemic.”

Ending the stigma

The stigma around abortion has limited people’s access to accurate information on the topic. This leads to discrimination against women who seek or have already sought

basic health care for abortion care, emergency abortion care and post-abortion care.

Among the misconceptions about abortion is when it is made a religious moral issue. “Access to safe abortion is a medical issue, not a religious moral issue. We must respect a woman’s personal decision-making, her right to bodily autonomy, life, health, privacy, equality and non-discrimination, equal protection of the law, and right against cruel, inhuman, and degrading treatment,” Padilla shared.

The bill seeks to eliminate this stigma by helping Filipinos better understand the imperative need for access to safe abortion. Abortion when done safely is even much safer than childbirth.

Treaty monitoring bodies recognize access to abortion as a human right. “Our government must comply with its international human rights obligation to decriminalize abortion as a means for women to have access to safe abortion, emergency abortion care, and post-abortion care,” Padilla stressed.



A screenshot of PINSAN members holding a copy of the draft bill.

Save women's lives by supporting this bill to decriminalize abortion.

Here's how you can support this bill to decriminalize abortion and save women's lives:

- Educate ourselves and others on how decriminalization of abortion can save women's lives
- Sign our online petition: change.org/decriminalizeabortionph
- Write letters to your representatives, urging them to support this bill
- Write and send articles to media organizations, urging them to cover this issue
 - Involve men and boys in the advocacy, so they too can become allies
- Support our online advocacy pages: decriminalizeabortion.ph, fb.com/pinsanorg
- Create a caring and respectful environment where we can listen to women's voices
- Understand the data and studies supporting the benefits of decriminalizing abortion
 - Join the conversation online: **#DecriminizeAbortionNow, #SaveWomensLives**



‘Institutional violence is a potent stimulant of domestic violence’: An interview with Atty. Clara Rita Padilla

Graciella Moises

Graciella Moises is a Political Science Major from Polytechnic University of the Philippines. Last year, she founded The Graciella Collective with the aim of tackling delicate issues through art and literature. An aspiring lawyer, she primarily advocates for feminism and social justice.

Institutional neglect of sexual and reproductive health can be a form of violence because it puts the lives of women, girls, and infants in danger. It can also lead to deaths.

Clara Rita Padilla, a lawyer and women's rights advocate, said that such dereliction of duty of leaders and legislators make them enablers and perpetrators of gender-based violence.

"There is gender-based violence in the lack of protection laws. There is abuse in the withholding of safe and legal reproductive services. There are deaths—multiple of them—of young mothers, infants, and families. All of which could have been prevented if their cries were heard, and their needs prioritized, said Padilla.

Padilla is a popular lawyer and women's rights activist. In 2003, she founded EnGendeRights, a legal non-governmental organization that promotes a human rights-based approach to sexual and reproductive health in Philippine laws and policies. Their main thrusts are the women's free exercise of their sexuality, and their rights to reproductive self-determination free from discrimination, coercion, and violence. This includes women's access to the full range of contraceptive measures, to include emergency contraceptives and safe and legal abortion services.

Institutional violence, also known as structural violence, refers to a form of violence wherein some social structure or institution may harm people by preventing them from meeting their basic needs. Examples of this are health, economic, gender and racial disparities.

"The lack of laws allowing safe abortions would count as institutional violence. Women and their children may die because of complications in unsafe abortions. In some of these cases, unwanted pregnancies come from sexual assault. So, these are all related," Padilla said. "Apart from that, institutional violence is also experienced by the LGBTQ+ community. You would have the examples of hate crimes, killings of transgender women, and even rape of persons with diverse sexual identities, especially transgendered men, and lesbian women. Sometimes, they are raped precisely because of their sexualities."

Padilla believes that internalized misogyny and sexism play a part in the pervasiveness of rape and sexual assault. "If you have misogyny—for example, we have people or even members of the executive branch. their negative views, whether in their personal or interpersonal relationships, may lead to intimate partner violence. Those are bad examples. Eventually, you'll have people who are misogynists, emulating these kinds of negative views and resulting in more cases of abuse."

According to her, there remains to be the lack of awareness to address gender-based violence (GBV), as shown in our weak and inconsistent deliveries of forms of prevention, investigation and prosecution. "If you talk about families, churches, schools, and even the media,

it's not discussed as much there. There aren't enough awareness-raising and prevention networks. By prevention networks, I'm referring to awareness on the laws, what to do, how to properly deal with victim-survivors, where to go, and of course, the capacity-building of service providers, medico-legal officers and law enforcement agencies." She added that "even in schools' sexual educational modules are yet to be prepared and implemented."

Padilla is the gender consultant of Quezon City Protection Center for nine years now. The city recently launched its first-ever shelter for survivors of GBV. She urges other cities to follow suit, saying that the establishment of crisis centers may be the first step to a responsive set of protection services.

It appears that many people are unaware of the resources in their respective barangays and municipalities. For example, the provisions of the Anti-VAWC (Violence Against Women and their Children) law punishes those who fail to provide financial support to their wives and children. Perhaps this may be the reason why victims hesitate to file cases, especially if they or their children are economically dependent on the perpetrators of abuse.

Some women are wary of the consequences of filing cases because they fear losing custody of their children, or may be deemed unfit by court to look after their children. Some are also reluctant to consult with a lawyer, as they might not have the money for the duration of the trial. Another reason, of course, is simply basic –a lot of women don't know where to formally file a complaint or seek legal and psychological assistance. Thus,

“
The lack of laws allowing safe abortions would count as institutional violence. Women and their children may die because of complications in unsafe abortions. In some of these cases, unwanted pregnancies come from sexual assault. So, these are all related.
”

the installation of assistance centers, or even accessible help desks and hotlines, may empower more people to seek help.

"The survivors of GBV should also be able to access emergency contraceptives, to prevent unwanted pregnancies and safe abortions from rape. But that's not the case yet." She



notes, “There are barangay officials, public lawyers and justices who approach such cases with a lack of gender sensitivity and responsiveness.” Padilla said that a strong set of laws are the best defense against violence. “The absence of a divorce bills poses a problem for those who are in abusive relationships,” she said. “Also, the Philippines has a low age of sexual consent, which is 12 years old. We’re still at the process of raising it to 16, so that 15 years below would be considered rape. We’ve been pushing for this since 2009 to 2010. It’s been 10 years already, but the age of consent has yet to be approved by the

Philippine Congress. Those are among the many institutional examples of GBV.”

Padilla noted that with the presence of rigid and consistent laws, the perpetrators would have second thoughts on abusing his or her children, spouse, etc. because of penalties prescribed in the law.

Women victims of gender-based violence also experienced having their complaints not taken seriously by authorities. “We also have cases

where men and women are ignored by the service providers or local police officers. The latter would opt to dismiss the case as nothing serious, arguing that it doesn’t really place them at any risk., said Padilla. However, she said that all complaints or cases must be treated with dignity and confidentiality—regardless of one’s age, gender, or socioeconomic status.

Padilla said gender advocates should be wary of the mental health state during the pandemic of those who may have been previously exposed to danger or violence.

Padilla ended the interview by reminding everyone that they have an important role to play in the fight against violence and impunity.

“There are a lot of things that could be done to help, instead of being passive onlookers. You must continually make a stand against gender-based violence and sexual harassment. You have to hold the abusers accountable. As for me, I usually represent students and professionals who have experienced sexual abuse,” she said.

EnGendeRights and Protection Centers help people who are experiencing gender-based violence. It is a center for women, children, and the LGBTQ+ community and opens from Monday to Friday, 8 a.m. to 5 p.m.

OPEN SPACE



I've been abortifacient / I've been alien / I've been angry / I've been apolitical / I've
 been asteroid / I've been autumn / I've been ball of cheese / I've been bashful / I've
 been barren / I've been battered / I've been big / I've been blamed / I've been blood
 / I've been blue / I've been bought / I've been bridal / I've been brilliant / I've been
 calendared / I've been cancerous / I've been cat's grin / I've been chased by sun /
 I've been clouded / I've been coined / I've been combed / I've been crazed / I've been
 crescent / I've been crimson / I've been damned / I've been dark / I've been daydreamer
 / I've been daytripper / I've been debris / I've been desire / I've been disappeared / I've
 been divorced / I've been double / I've been dust / I've been easy / I've been early / I've
 been eclipsed / I've been embarrassed / I've been embryo / I've been enemied / I've
 been estranged / I've been everywhere / I've been faint / I've been far / I've been feared
 / I've been festival / I've been first / I've been fertile / I've been frost / I've been full /
 I've been fucked / I've been galactic / I've been goddess / I've been gold / I've been gone
 / I've been gray / I've been greedy / I've been guide / I've been half myself / I've been
 happy / I've been haughty / I've been hello / I've been high / I've been hollow / I've
 been horned / I've been horny / I've been hungry / I've been ice / I've been illogical/
 I've been immortal / I've been impossible / I've been impregnator / I've been insatiable
 / I've been ivory / I've been jade / I've been jagged / I've been judged / I've been jumped
 / I've been kaleidoscope / I've been kidnapped / I've been killed / I've been knowledge
 / I've been last / I've been late / I've been lesbian / I've been light / I've been lonely /
 I've been loved / I've been lovely / I've been loss / I've been low / I've been lunatic / I've
 been mad / I've been malignant / I've been manic / I've been many / I've been marbles
 / I've been married / I've been menstruation / I've been measured / I've been milked /
 I've been missing / I've been mission / I've been mortar / I've been mother / I've been
 music / I've been myth / I've been naked / I've been narcissist / I've been nasty / I've
 been natal / I've been new / I've been news / I've been obedient / I've been object / I've
 been ocean / I've been old / I've been open for business / I've been orange / I've been
 orbit / I've been origin / I've been over / I've been palace / I've been pale / I've been
 partner / I've been pearl / I've been plate / I've been polar / I've been porcelain / I've
 been pregnant / I've been probed / I've been prize / I've been push and pull / I've been
 quaint / I've been queen / I've been queer / I've been quarter / I've been quartered /
 I've been rained / I've been rabbit / I've been raped / I've been rapist / I've been red /
 I've been reason / I've been rock / I've been running / I've been satellite / I've been seed
 / I've been seasons / I've been sickness / I've been silver / I've been single / I've been
 sister / I've been sleepy / I've been sorry / I've been stepped on / I've been stoned / I've
 been subject / I've been super / I've been surrogate / I've been swallowed / I've been
 swollen / I've been tides / I've been tired / I've been toured / I've been tried / I've been
 trophy / I've been tropical / I've been up / I've been under / I've been unpredictable /
 I've been used / I've been usurped / I've been vain / I've been vapor / I've been vast /
 I've been volcano / I've been walked / I've been waning / I've been wanted / I've been
 wanting / I've been waxed / I've been wife / I've been wise / I've been witch / I've
 been wolf / I've been woman / I've been worshipped / I've been xenophile / I've been
 xeroxed / I've been x-rayed / I've been yardstick / I've been yellow / I've been young /
 I've been zapped / I've been zoomed / I've been zygote

MOON

Regine Cabato



Cielo

Sed Belonguel

Kung sa Pilipino *Athena Charanne “Ash” R. Presto*

MAHIRAP *pang-uri*

ibig sabihin:

1. Tamad ka. Hamo nang kayod nang kayod maghapon-magdamag, basta sabi ng nakaupo, tamad ka.
2. Ayang na ang pulis, alis, alis, alis diyan sa lupang hindi inyo kahit ‘yan ang nilakhan niyo.
3. Anak, isubsob ang sarili sa trabaho’t aral sakaling umalagwa ang buhay. Baka lang naman.

BABAE *pangngalan*

ibig sabihin:

1. Yuko, dapa, tuwad kahit buong laman mo’y umaalma. Tangina ka, ginusto mo ‘yan, ‘di ba?
2. Mahirap marinig ang tinig-pepeng sigaw kung utak-titi ang pinapagana.
3. ‘Wag kang hihinde, tanga, kung ayaw mong mabaril sa puke.

LUMALABAN *pandiwa*

ibig sabihin:

1. Sa Malacañang o sa bangketa man tumae, sa huli ay sa pwet pa rin ang labas. Liban kung Presidente ka.
2. Tigilan na ang pangangayupapa sa nagpapakasasa sa kapangyarihan.
3. Ang tao. Ang bayan. Ngayon.



Pasya Ko

Kristine Chan

Regine Cabato is a journalist based in Manila. She is a recipient of the Don Carlos Palanca Memorial Award and Loyola Schools Award for the Arts for her poetry. Some of her work has been published in *Kritika Kultura*, *Asian Cha Literary Journal*, and *11 x 9*, an anthology of collaborative poetry from Math Paper Press in Singapore.

Sed Belonguel is a young SRHR and LGBTQIA rights artist-advocate from Cebu City, Philippines. He is a member of Young Advocates for SRHR. ‘Cielo’ was previously submitted to Philippine Safe Abortion Advocacy Network for Telling Truer Stories Live Art event and is his intellectual property.

Athena Charanne “Ash” R. Presto is a sociologist researching and standing with women and youth in the margins. She teaches Sociology at the University of the Philippines and sits as an officer at various civil society organizations, among them the Youth Against Sexual Harassment.

Kristine Chan is a versatile visual artist from the Philippines, working on both digital and traditional mediums. She is the co-founder and co-president of Filipino Freethinkers (FF), a civil society organization promoting critical thinking, evidence-based legislation, and progressive advocacy, including women’s rights (sexual and reproductive rights, divorce, feminism), LGBT rights, and freedom of expression. ‘Pasya Ko’ is a tribute to Ms. Mercy Fabros, long-time RH advocate.

LEARN COVID

Women's Global Network for Reproductive Rights

LEARN SRHR



Build skills in advocating for sexual and reproductive health and rights.



Share your advocacies and co-learn and link with advocates.

Workshop 1

SRHR ADVOCACY WORKSHOP SERIES

WHAT IS SRHR?

22 FEB | 1-4 PM
VIA ZOOM



LEARNING WHY

LEARNING WHY

SAFE ABORTION AND POST ABORTION CARE

Online conversation with healthcare practitioners and students and SRHR advocates



27 NOV 2020

15:00 EAT/ 20:00 PHT

VIA ZOOM

REGISTER TO
JOIN THE
CONVERSATION

Claiming the Rights to Safe Abortion
Strategic Partnership Project



WOMEN'S
GLOBAL NETWORK



WOMEN'S
GLOBAL NETWORK
FOR REPRODUCTIVE RIGHTS
WGNRR

SRHR? Ano this?

What is SRHR? What is the situation of young people's SRHR in the Philippines? Learn about your sexual and reproductive health and rights with fellow young people!

November 11, 2020
10am to 12nn via Zoom

If you are between 15 to 24yo and interested, register here:
bit.ly/srhr-anothis



Want to partner with us?

Email us at office@wgnrr.org!

Women's Global Network for Reproductive Rights (WGNRR)

is currently implementing a series of SRHR advocacy workshops, storytelling workshops and collaborative campaign activities for Women's month, May 28 International Day of Action for Women's Health, September 28 International Safe Abortion Day and the 16 Days of Activism against Gender-Based Violence.

3 Marunong Street, Barangay Central, Diliman, Quezon City, 1100 Philippines
T: + 63 (2) 8 9287785 ext/loc 105; F: + 63 (2) 8 9287992 ext/loc 108

www.wgnrr.org