



MONASH University

Embodiments of Crisis:

A Feminist Political Economy Analysis of Sexual and Reproductive Health and Rights in the Philippines

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A thesis submitted for the degree of Doctor of Philosophy at
Monash University in 2017
School of Social Sciences, and the
Gender, Peace and Security Centre



Monash University
Gender, Peace & Security

In honour of my grandmother, *Lola Celing*

Celestina Macawili Ramilo (1928-2015)

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Table of Contents

Copyright notice	iii
Table of Contents	iv
List of Tables and Figures	v
Abstract	vi
Declaration	vii
Publications during enrolment.....	viii
Acknowledgements	ix
Abbreviations	xii
Chapter 1. Introduction.....	1
Chapter 2. Invisible Labour, Invisible Bodies: How the Global Political Economy Affects SRHR in the Philippines.....	23
Chapter 3. Depleting fragile bodies: The political economy of SRHR in crisis situations	41
Chapter 4. Depletion of Moro Women’s Bodies in Conflict-affected areas of Mindanao	63
Chapter 5. Reproducing ‘Bangsamoro’: Sexual and Reproductive Freedom and Contesting the Nation	87
Chapter 6. Depletion of Women’s Bodies in Disaster-prone areas of Eastern Visayas	110
Chapter 7. Reproducing the Disaster Resilient Nation: On whose backs are we building better?	133
Chapter 8. Conclusion	157
Bibliography	167
Appendix 1. List of Interviews	197
Appendix 2. Sample Explanatory Statement	198
Appendix 3. Sample Consent Form.....	202

List of Tables and Figures

Tables

Table 1.1. Elements of a feminist political economy analysis

Table 3.1. Public Health Expenditure (% of total health expenditure)

Table 7.1. Haiyan-affected Provinces and 2012 Human Development Index Scores

Table 7.2. Gender-related Development Index (GDI) 2006, 2009

Table 7.3. Fertility Rates in Haiyan-affected Provinces

Table 7.4. Age at first sexual intercourse among young women

Figures

Figure 2.1. OFWs by Major Occupation Groups (%) 2014

Figure 3.1. Regional Skilled Birth Attendance

Figure 3.2. Reported VAW cases by Region, 2014

Figure 3.3. Medical Personnel Density by Region

Figure 3.4. OFWs by Region and Selected Occupation Groups

Figure 4.1. Geographic Distribution of IDPs in Mindanao

Figure 4.2. Percentage of Women (versus men) who receive economic packages in conflict resolution and reconstruction processes

Figure 5.1. Civil Society Participation by Numbers

Figure 6.1. Trajectory of Supertyphoon Haiyan

Abstract

The vast majority of maternal deaths and adolescent pregnancies in the world routinely occur in low to middle-income countries, and within fragile, humanitarian and emergency contexts. However, existing security and development approaches are yet to address inequalities in sexual and reproductive health and rights (SRHR). Neither have these approaches made the connections between SRHR and how households and communities experience crisis as well as recover in the aftermath. This thesis investigates two main questions. First, why have pervasive gendered inequalities in SRHR remained politically and economically neglected, and how is this neglect exacerbated in crisis situations? Second, what are the implications of neglecting SRHR before, during and after crisis for inclusive peace and sustainable development in countries recovering from conflicts and disasters? Using a feminist political analysis, this thesis draws on the Philippines as a case study to analyse the linkages between social reproduction in times of crisis and pre-existing gender inequalities that restrict women's bodily autonomy. Two sites of internal displacement were examined: first in the context of protracted armed conflicts in Mindanao; and second, in the aftermath of a rapid onset disaster in Eastern Visayas. Primary data were gathered through in-depth interviews with key-informants representing government, non-government and international organisations in the Philippines. Secondary data sources including official humanitarian reports, national statistics and surveys on experiences of internally displaced persons were analysed to corroborate the interview data. The findings of this thesis demonstrate that attending to the immediate and long-term SRHR of women and girls is integral to crisis recovery. Promoting SRHR for women and girls also bridges the gap between emergency relief assistance in crisis settings and long-term material redistribution in order to realise the goal of gender equality.

Declaration

This thesis contains no material which has been accepted for the award of any other degree or diploma at any university or equivalent institution and that, to the best of my knowledge and belief, this thesis contains no material previously published or written by another person, except where due reference is made in the text of the thesis.

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Publications during enrolment

1. Tanyag, Maria. 2017. “Invisible Labour, Invisible Bodies: How the Global Political Economy Affects Reproductive Freedom in the Philippines.” *International Feminist Journal of Politics* 19(11): 39-54.
2. Tanyag, Maria. 2017. “Review of Alicia Ely Yamin, Power, Suffering, and the Struggle for Dignity: Human Rights Frameworks for Health and Why They Matter (University of Pennsylvania Press).” *Medical Law Review*. <https://doi.org/10.1093/medlaw/fwx015>.
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Acknowledgements

A wise man by the name of Dumbledore once said that help will always be given to those who ask for it. In my case, I have been very fortunate to have received support that was above and beyond what I could have ever imagined when I started off on this journey. My PhD experience was made all the more fulfilling because I knew I was not going at it alone.

First, this research was made possible through the financial support of Monash University under the Monash Graduate Scholarship and Faculty of Arts International Postgraduate Research Scholarship. The generous assistance has enabled me to focus on my research, conduct field trips in the Philippines, and present my work in international and local conferences.

Second, I owe a great depth of gratitude to my supervisors. Thank you to Jacqui True whose political economy research on violence against women prompted me to raise my own questions that have shaped the course of this thesis. Through her counsel and mentoring, I was able to develop the confidence to forge my own research path. As always, her feminist insights continue to challenge and inspire me in transformative ways. Thank you to Ronli Sifris, whose impeccable attention to clarity has helped strengthen my writing. My analysis benefited greatly from her efforts to push me in interrogating the possibilities and limits of a human rights approach to sexual and reproductive health.

Third, I am grateful to the following for assisting me in conducting field research in the Philippines. Thank you to Vene Rallonza, Melissa Lao and members of the Ateneo de Manila University Political Science Department. They kindly offered a work space in Quezon City from where I coordinated my interviews. I also learned immensely from the conversations I shared with them and through the related research studies they were conducting at the time. At the University of the Philippines-Diliman Political Science Department, I am grateful to Maria Ela Atienza, Jan Robert Go, Jean Franco, Dennis Quilala and Aries Arugay (who also represents the Institute for Strategic and Development Studies). I received invaluable support from them which among others included ‘insider’ or local tips to navigate field research in Mindanao and Eastern Visayas, and feedback on the conceptualisation of my research design. In Tacloban, Leyte, I am indebted to Ladylyn Mangada from the University of the Philippines Visayas. Together with Irma Tan, she provided me with the care and hospitality that allowed me to gain a

contextualised understanding of post-disaster recovery. In Davao, I am thankful to the Ateneo de Davao University Social Research Training and Development Office for allowing me a space to pore over the pioneering albeit not widely published survey research studies on reproductive health and crisis settings in Mindanao. Thank you to the Asia Pacific Centre for the Responsibility to Protect (APR2P) for the opportunity to attend the 2016 civil society consultations for the ASEAN regional plan of action on eliminating VAW held in Bangkok, Thailand.

I am extremely grateful to all the research participants who generously shared their time and insights for this thesis. In some cases, my participants even extended warm Filipino hospitality and ensured my safe travels. I remain humbled by the relentless resilience of all the people I met. They continue to motivate me in thinking of my own ethical commitments in research, and how to advance broader policy impact for women and girls in fragile settings especially. This thesis is dedicated to them.

Fourth, I am thankful to the members of the Monash Gender, Peace and Security (GPS) Centre. I wish to acknowledge Sara Davies' mentoring through our collaborative research project together with Jacqui on preventing mass sexual violence in the Asia Pacific, and Mindanao particularly. I am very grateful for her contributions to my professional development as a whole. My sincerest thanks to Ann Tickner for her encouraging feedback on my research and for reading an earlier draft of Chapter 2. Thank you to Samanthi Gunawardana, Swati Parashar, Katrina Lee-Koo, and Lesley Pruitt who have all attended my milestone presentations at different stages. I found at the GPS Centre not only an exceptional research environment but also a supportive feminist community.

Fifth, outside of Monash, I benefited from presenting my research at workshops and conference panels. Notably these were at AIPEN (2016), OCIS (2016), ISA (2017), and the 2015 Master class with Cynthia Enloe at the University of Auckland, New Zealand. I had always thought that my PhD experience was already complete having met both Ann Tickner and Cynthia Enloe!

Sixth, within Monash, Farzad Sharifian who was then the Associate Dean for Research offered practical advice as I moved to Melbourne and adjust to the PhD programme. Kate Cregan's writing workshops provided the relevant space to 'troubleshoot' my writing as well as learn from other PhD candidates. Administration and support staff namely Sue Stevenson, Sherin Fernando, and Venkat

Raghupathi all made sure that the nuts and bolts to my successful PhD completion were taken care of. Their attention to detail and willingness to help (from processing conference reimbursements to stocking up on the specific post-its I preferred) were deeply appreciated.

I cannot stress enough the significance of the emotional support I received from the many PhD candidates (past and present) I shared this journey with. The companionship they offered to me was both a distraction from and inspiration in completing my PhD. Most often, it was a happy mixture of both. Thank you to Julie Ham, Sri Wiyanti Eddyono, Cemen Polat, Proad Suwinthawong, Yasmin Chilmeran, Sarah Hewitt, Jenny Hedstrom, Barbara Trojanowska, and Noor Huda Ismail. At the Clayton campus, I shared the hallways of Menzies with Rakshinda, Sally, Ari, Marzieh, Atefeh, Nita, Neeti, and Rosey Chang, my officemate. At Caulfield, the following have all taken turns feeding me and sharing bottles of wine even on a Monday: Cathy, Bernice, Harry, Sarah Maher, Karla, Rachael, and Paul. Will Gourlay with his daily ‘hobnobs’ was the Pavlov to my PhD writing! Filipino postgrads notably Mursha Dalay-on Gapasin, Michael Lim, Zola Gonzales Macarambon, Darwin Manubag, Earvin Cabalquinto, and many other members of the Beddoe, rooftop bar and ‘pubcrawl’ crews have all reminded me at different points of the ‘big picture’ – what it means to complete my PhD for advancing critical scholarship in and for the Philippines. They have also of course shared with me many a Filipino potluck.

Lastly, with everything that I do and achieve, I have had my closest friends and family beside me. To Cheryl Abundo, Arianne Cerezo, Nicky Acuña and James Pagsibigan – we will always keep moving forward! To my parents, Mama and Daddy, I have always strived to make you proud. I am immensely grateful for the love from our growing family – Kuya Bj, Kimi, Unica, Aj and Maia. You are the roots that ground me even as I continue to wander and soar!

Abbreviations

CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
HIV/AIDS	Human immunodeficiency virus infection and acquired immune deficiency syndrome
INGO	International non-government organisation
LGBT	Lesbian, gay, bisexual, and transgender
MDGs	Millennium Development Goals
NGO	Non-government organisation
ODA	Official Development Assistance
OFW	Overseas Filipino Workers
SGBV	Sexual and gender-based violence
SDGs	Sustainable Development Goals
SRHR	Sexual and Reproductive Health and Rights
STD	Sexually transmitted disease
UNDP	United Nations Development Programme
UNFPA	UN Population Fund
USAID	United States Agency for International Development
VAW	Violence against women
WPS	Women, Peace and Security
WFS	Women-Friendly Spaces
WHO	World Health Organisation

Chapter 1. Introduction

Sa panganganak ang isang paa ay laging nasa hukay. When giving birth a woman already has one foot in the grave. – Filipino aphorism

Maternal deaths in the Philippines have not registered any significant decline from 1990-2015 and the country has among the highest rate of adolescent pregnancy compared to its regional neighbours in the Asia Pacific (WHO et al. 2015a). In the Philippines, one in ten young Filipino women between the ages of 15 and 19 is already a mother or pregnant with her first child (PSA 2014). Globally, pregnancy and childbirth complications which are largely preventable are also the leading cause of death among young women within this age group (WHO 2017). In addition, the vast majority of maternal deaths and adolescent pregnancies routinely occur in low to middle-income countries such as the Philippines, and within fragile, humanitarian and emergency contexts (UNFPA 2015). This thesis examines these normalised patterns of inequalities in sexual and reproductive health and rights (SRHR), and the failure to address them in crisis settings including conflict and disaster-induced internal displacements. What is distinct about inequalities in SRHR is that they are defined by three interrelated conditions. First, SRHR are ideologically opposed by religious fundamentalist groups and conservative elites at different levels of policy-making. Second, like other everyday health inequalities, SRHR is undermined by unequal distributions of resources in the global economy. Third, despite evidence to show that risks of sexual and gender-based violence (SGBV) intensify in crisis and emergency situations, responses to mitigate their immediate and long-term impacts especially on women's and girls' distinct health needs remain marginal or often fall short.

This thesis poses two main research questions. First, why have pervasive gendered inequalities in SRHR remained politically and economically neglected, and how is this neglect exacerbated in crisis situations? Second, what are the implications of neglecting SRHR before, during and after crisis for inclusive peace and sustainable development in countries recovering from conflicts and disasters? To answer these questions, this thesis employs a feminist political economy analysis to explore the linkages between women's social reproductive labour in times of crisis and various pre-existing gender inequalities that restrict their bodily autonomy in everyday life at the household, community, state and global political economy. I develop my analysis through an embedded case study of the Philippines where thousands of families and

communities, and particularly women and girls are routinely displaced as a result of environmental disasters and protracted armed conflicts. This thesis aims to contribute to a growing body of academic and policy work that calls for a transformative agenda to promoting SRHR by shedding new light on how we can understand and better address the challenges that prevent the full realisation of SRHR for all groups of individuals, especially women and girls in crisis situations. By investigating crisis settings, I also aim to show how crisis exacerbates the conditions for SRHR for women and girls; and the continuity across restrictions on SRHR in times of crisis and in the everyday.

In this chapter, I begin by providing a succinct background on the global politics of SRHR to underscore the need for an integrated approach while building on human rights frameworks. Doing so encompasses the interdependence between women's bodies and the broader political economy governing the allocation of resources and people globally with a focus on crisis situations. Following this discussion, I identify the main elements to the feminist political economy approach advanced in this thesis. This conceptual framework draws on multiple feminist traditions and scholarships notably in Women, Peace and Security (WPS), global health, and feminist international and 'everyday' political economy. Finally, I then explain the research design and methodological approach before providing the logical structure to the rest of the chapters in this thesis.

Crisis and the global politics of SRHR

SRHR are enshrined within an evolving international human rights framework.¹ Several articles in the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) recognise that extensive forms of discrimination against women and girls on the basis of their sexual and reproductive identities serve as fundamental barriers to human dignity and are impediments to the equal sharing of responsibility between men and women and society as a whole.² The 1994 International Conference on Population and Development (ICPD) which was held in Cairo and the 1995 World Conference on Women

¹ Some of the earlier legal references for SRHR include the Universal Declaration of Human Rights (UNGA 1948) Article 25 which states that "everyone has the right to a standard of living adequate for the health and well-being of himself and his family"; and Article 23(2) of the International Covenant on Civil and Political Rights (UNGA 1966) which provides that "the right of men and women of marriageable age to marry and to found a family shall be recognized".

² See the Preamble and Articles 5, 12 and 16 (UNGA 1979). The Philippines is among the first countries to have ratified CEDAW having done so in 1981.

held in Beijing were pivotal in placing sexual and reproductive health at the forefront of international human rights and development agendas. The outcome documents of these global conferences set forth the definition and components to SRHR. For instance, under the ICPD Programme of Action, reproductive health is defined as

[T]he state of complete physical, mental, and social well-being in all matters relating to the reproductive system and to its functions and processes... [It] therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant...It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases (UNFPA 1994[2014], 59).³

As Rosalind Petchesky (2005) points out, SRHR or sexual and reproductive freedoms essentially refer to the “rights of the body and bodily integrity”. SRHR emphasise a “human rights discourse around the body and its needs for security, health and pleasure” (Petchesky 2005, 303).

In its General Comment No. 22, the United Nations Committee on Economic, Social and Cultural Rights (UN CESCR 2016) expanded the above definition and affirmed that these rights form an integral part of the broader right to health under Article 12 of the International Covenant on Economic, Social and Cultural Rights. The Committee stresses the indivisibility and interdependence of SRHR with other human rights which means that states promote SRHR as a cross-cutting issue to meet their other human rights obligations such as those relating to the right to education, right to work, and the right to non-discrimination

³ As I discuss further in this thesis, the definition itself is the subject of political contestations and debate. Here I explicitly use the term sexual and reproductive health rather than simply reproductive health to render visible the equal importance and interdependence of these two dimensions for bodily autonomy. In subsequent discussions, I refer to sexual and reproductive health and rights (SRHR) noting the differences between sexual health and reproductive health. The distinction does not imply a hierarchy between the two dimensions of health. SRHR is consistent with the subsequent development of the concept in both academic and human rights literature (see for examples UNGA 2013; PAI 2015; OURs 2017).

based on reproductive identities or sexual orientation. Importantly, under paragraph 10, sexual and reproductive freedoms are:

[I]ntimately linked to civil and political rights underpinning the physical and mental integrity of individuals and their autonomy, such as the right to life; liberty and security of person; freedom from torture and other cruel, inhuman or degrading treatment; privacy and respect for family life; and non-discrimination and equality.

The ability to fully participate in civic and political life requires that individuals also have healthy bodies free from discrimination and violence. Especially for women and girls, this involves eliminating various gendered injustices rooted in the unequal distribution of material resources and harmful cultural norms (UNGA 1979).

The importance of a human rights framework to sexual and reproductive health is that it sets benchmarks for recognising that sexuality and bodily autonomy form part of human dignity (Yamin 2017). Promoting women's health is not a matter of charity, but rather that of accountability. As Alicia Yamin emphasises, the distinct contribution of a human rights approach is in legitimising accountability measures when duty-bearers fail to meet their obligations (2017, 133). Accountability, however, is not simply about 'naming and shaming' individual perpetrators of violence and abuse, who are usually the frontline health workers. Rather, it suggests equal attention to systemic failures that incorporate a range of actors at different levels from community service providers to state parliamentarians and policy-makers, as well as development and aid organisations.

First, states are mandated to enact domestic legal reforms so that women and girls are able to assert their own identity and personhood beyond their reproductive identities within class, cultural, religious, ethnic or kinship groups for whom they are expected to embody (Correa 1994; Petchesky 2000; Ackerly 2014). This is also relevant in the context of pervasive denial of sexual and reproductive health information and services to specific groups of women and girls because they belong to minority ethnic groups or suffer from disabilities (Sifris 2014, 2016; Cook and Cusack 2010). More to the point, the recognition of equal dignity for all human beings may radically transform institutions, policies and deeply embedded cultural norms. It helps reveal forms of violence and discrimination that ultimately constitute the denial of the human worth for marginalised groups.

Second, from a human rights perspective, states as duty bearers must not only refrain from restricting the enjoyment of SRHR, but also ensure the provision of adequate conditions for their full realisation in

everyday life and even in times of crisis. For instance, according to the UN Special Rapporteur on the Right to Health,

An aspect of this [human rights] obligation is that the right to health is progressively realisable.

However, due to the destruction or diversion of resources to military or police needs, conflicts often reduce the availability of resources which may, at times, be detrimental to the right to health. Even where resources are available, states may not be able to make use of them due to the insecurity and poor infrastructure in many conflict environments. Nonetheless, progressive realisation is a specific and continuous state obligation. It does not dilute certain immediate obligations of states, including taking concrete steps towards the full realisation of the right to health to all, without discrimination and regardless of the status of persons as combatants or civilians (UNGA 2013, 5).

A human rights approach is therefore crucial for recognising that the sexual and reproductive health needs of all individuals matter before, during and after crisis. In practice, this means an active role among states in allotting resources for the availability and improvement of comprehensive and emergency health service delivery.

Financial and political support for SRHR from developed countries, however, remain inadequate in the face of worsening conditions for women and girls in developing countries and fragile settings (UNFPA 2013; 2015). Between 2002 and 2013, funding gaps for reproductive health assistance in emergencies were estimated at \$2.689 billion US dollars (Tanabe, Schaus, Rastogi, et al. 2015). This shows that SRHR remains marginalised in official development assistance (ODA) to conflict-affected countries with one study indicating that reproductive health-related activities and services comprised as low as 2.4 percent of the total ODA (Patel, Roberts, Guy et al. 2009). What this means is that many women and girls are denied the full range of sexual and reproductive health services precisely in situations when they need them the most.

A human rights approach on its own does not account for why various socio-cultural and economic barriers to SRHR persist. On the contrary, the application of human rights norms has been, thus far, limited by a liberal emphasis on individual rights which does not necessarily lead to social justice (Yamin 2017). For instance, the UN Committee on Economic, Social and Cultural Rights (2016) notes that in all countries, patterns in sexual and reproductive health outcomes continue to reflect intersecting and multiple social inequalities that are reproduced through laws and policies. While a human rights discourse frames sexual and reproductive health as universal and fundamental to human dignity, unlike other components of health,

sexual and reproductive health is fiercely opposed directly or indirectly in policy-making by religious groups and conservative governments (Chappell 2006; AWID 2016). The legal status of SRHR is therefore far from accepted and its progress has been fraught with ideological contestations and rollbacks despite existing international human rights frameworks.

The problem as Fiona Robinson argues, is that “the dominant conceptions of human rights and human security are widely based on an ontology of atomistic individualism that privileges the norms of self-sufficiency and neglects the relational nature of human existence and the fundamental nature of the human need to give and receive care” (2016, 125). Robinson’s critique is even more salient in a global context where human life is increasingly rendered fragile by multiple occurrences of global health pandemics which can intersect with other human security crises such as economic recessions, armed conflicts and environmental disasters. In addition, broader and compounding threats to human security are shaping new ways by which health is securitised in global and national agendas. This securitisation has far reaching implications for the relevance of human rights frameworks and in designing effective health service delivery within humanitarian, conflict or emergency spaces (for example Davies and Rushton 2016, 419). And yet, research has already shown that neoliberal economic policies have had adverse consequences to the sustainability of human reproduction because these policies erode public health systems, and fuel a marketization of medical research and intellectual property rights on drug patents to name a few (Benatar, Gill and Bakker 2011; Rai, Hoskyns and Thomas 2014). Through austerity, structural adjustments and state retrenchment in delivering public goods, women’s health and well-being have progressively suffered. This is evident in that first, as Elson (2012) points out, women and girls bear the brunt of shortages or gaps in social welfare and health investments especially in developing countries because they are most dependent on and are predominantly represented in caring institutions and due to their distinct sexual and reproductive health needs. More recently, critical literature on the global financial crisis thus underscores the need to identify and address the ways in which the broader consequences of surviving economic crises disproportionately fuel health risks among women (Mohindra, Labonté and Spitzer 2011; Elson 2012).

Second, neoliberal governance which promotes public-private partnerships in the delivery of social goods has opened spaces for non-state actors such as international funding institutions, transnational corporations and NGOs (Prugl and True 2014). Neoliberal economic transformations are also corresponding with transformations in the *modus operandi* of religious institutions and groups (see also Muehlebach 2013).

As Ferris points out, faith-based and secular humanitarian organisations are more active, with bigger budgets and have more credibility in service delivery than donor governments and related state ministries (Ferris 2005, 311). Faith-based organisations are characterised by one or more of these attributes: religious affiliation; explicit references to religion in their mission statement; financial support from religious sources; and governance structures and decision-making based on religious values (Ferris 2005, 312). Indeed, data collected by the Yearbook of International Organizations in 2014 indicate that non-government organisations dedicated to ‘social action’, which faith-based organisations fall under, comprise the highest number of organisations compared to other themes or subjects of activity.⁴ However, scant attention has been given to investigating the contradictory outcomes engendered by empowering religious groups in crisis or humanitarian spaces; or how their presence might further normalise cultural norms and practices that deny women and girls of sexual and reproductive agency. But as the report by the Association for Women’s Rights in Development (AWID) rightly cautions “making religious organizations a default choice for partnerships can have negative implications for human rights, and especially for women, sexual and gender minorities, and other marginalized groups” (2016, 27).

The global politics around SRHR and women’s bodies require a feminist political economy lens to analyse the role of religion in legitimising national and global economic policies that contribute to undermining SRHR for all individuals. A feminist political economy analysis of SRHR can explain why bodily autonomy for women and girls is contested not simply because of religious fundamentalist and conservative beliefs but also because there are political and economic vested interests at stake. There is a material basis to cultural and religious opposition to SRHR which coincides with the distribution of resources and authority not just within the family structure but also in national and global economies. In this thesis, I investigate how the control of women’s bodies or the denial of bodily autonomy especially in crisis settings has served to maintain unequal political and economic structures. Finally, as Robinson argues further, “feelings of security and insecurity are not experienced by individuals as isolated agents, but rather as beings-in-relation with others – family members and communities” (2016, 129). The multi-layered and interconnected relations of care and vulnerability, manifesting through health outcomes, are not adequately

⁴ The social action category includes a wide range of key themes related to people and society including health, social welfare, and societal problems and so on. See Figures 5.4 and 5.5 in Edition 52, 2015/2016 of the Yearbook. See the Union of International Associations, <http://www.uia.org/yearbook>.

captured by a human rights approach alone, which obscures the mutual dependence among humans, communities and states at large, especially during times of crisis. I now turn to discuss the feminist political approach in this thesis.

A Feminist Political Economy Approach to SRHR

The feminist political economy analysis I develop in this thesis weaves together different feminist traditions and scholarships particularly in linking women's bodies, social reproduction, crisis and the role of everyday political economy in engendering forms of SGBV. It constitutes an analysis of the structural and symbolic processes that underpin why states and the international community routinely fail to meet their human rights obligations especially in relation to SRHR before, during and after crisis. Identifying the political and economic conditions that restrict SRHR for different groups of women and girls especially those in displacement and fragile settings can help deepen the human rights approach to sexual and reproductive health. That is, in advancing a feminist political economy analysis of SRHR, I aim to show that the legal recognition of bodily autonomy is made more meaningful and substantive for the lived realities of women and girls when we are able to identify and reform broader structural inequalities.

The approach employed throughout the thesis consists of four main conceptual elements (see Table 1.1). First, I build on feminist political economy research on *gendered labour* to identify why and in what ways the economic devaluing of women's unpaid labour contributes to the invisibility of women's health needs in everyday life and more so during times of crisis (Elson 2012; Rai, Hoskyns and Thomas 2014; Harman 2016). Feminist political economy scholars have exposed the contradictory impacts and outcomes of national and global economic processes for different groups of women beginning with the unequal gendered division of labour as an important unit of analysis. In doing so, they have illustrated that contrary to prevailing assumptions and policies, the 'private' and intimate sphere of the family or household is not separate from but rather had always been integral for enabling the 'public' sphere of political and economic agendas. However, as Rai and Hoskyns (2008, 301) argue "the fact that unpaid service work in the home is seen to be outside the production boundary is particularly important, since this renders it invisible and severs the link between domestic labour and other economic processes". It also obscures the various forms of violence inflicted on women and girls in the name of attaining macroeconomic growth and global development (True 2012). Second, even when women's labour is valued, it is valued in certain respects and

not others. This is evident among professions that are feminised and racialised not simply because they are associated with women's work in the household, but also because these occupations are represented as not requiring skills or 'technical' knowledge which tend to be populated primarily by 'Third World' women (Safri and Graham 2010; Chin 1998; Mitter 1986). Hence, women particularly those employed as domestic workers, garment factory workers in export-processing zones or caregivers have been most vulnerable to violence and exploitation (Elias 2004; Parreñas 2001; Yeates 2009).

Table 1.1 Elements of a feminist political economy analysis

	<i>Dimensions</i>
<i>Gendered Labour</i>	<ul style="list-style-type: none"> • Economic devaluing of social reproduction especially care and domestic work at household and community levels predominantly performed by women and girls • Feminised labour in the national economy such as community health work • Feminised labour in the global economy such as service, 'low-skilled' and underpaid occupations
<i>Gendered Gaps in Governance</i>	<ul style="list-style-type: none"> • Lack of direct representation and other barriers for women in formal and informal institutions from community to global levels • Gender imbalance in governance especially in leadership positions • Gender biases in decision-making through essentialising masculinities and femininities
<i>Gendered Ideologies</i>	<ul style="list-style-type: none"> • Neoliberal economic ideology manifesting in global and national economic policies such as in privatisation of social welfare and gender equality as 'smart economics' • Militarised security discourses in crisis response and rehabilitation • Fundamentalism in the cultural and religious reproduction of the 'nation', group identity or 'family', as well as other related beliefs and norms
<i>Gendered Bodies</i>	<ul style="list-style-type: none"> • Deterioration or poor sexual and reproductive health outcomes for women and girls • Perpetration of sexual and gender-based violence • Self-sacrificing practices that lead to the neglect or undermining of bodily autonomy and well-being

The paradox is that women and girls are increasingly made 'visible' or recognised through instrumentalist approaches that link gender equality with economic growth and post-economic crisis

recovery despite egregious inequalities in SRHR. For example, within global development agendas and in the aftermath of the global financial crisis, feminist scholars have highlighted a general pattern to the feminisation of responsibility whereby women and girls are portrayed as key economic agents (Roy 2010; Hozic and True 2016). However, women's contributions to the economy may be narrowly represented to affirm biologically essentialist or maternalist assumptions including stereotypes of women being innately altruist or selfless and risk averse (Roy 2010; Calkin 2015). Consequently, this very recognition risks reinforcing stereotypical, caregiving roles for women and girls by perpetuating the norms that underpin unequal gendered division of labour at the global level. Mohindra, Labonté and Spitzer (2011) observe that there is a growing disconnect between neoliberal interventions purporting to advance gender equality and the pervading lack of access to primary health care and sexual and reproductive health among women and girls. Women and girls are likely contributing significantly to sustain wider political and economic processes, but do not necessarily share in the benefits and worse, whose very bodies are rendered dispensable.

Another element I examine relates to the *gendered gaps in governance* and for this I draw on feminist IR research including engaging with WPS literature. Sassen (2000, 506) uses the concept of a 'feminisation of survival' to connote how it is "increasingly on the backs of women that these forms of making a living, earning a profit and securing government revenue are realised...that households and whole communities are increasingly dependent on women for their survival". A feminisation of survival occurs in everyday life and to an even greater extent in times of crisis. In this thesis, I identify two ways in which this process of feminisation occurs. First is the formalised feminisation that has been the focus of critical and feminist studies on the relative success of, and challenges ahead for, mainstreaming gender within security and development agendas. Notably, this feminisation process has opened spaces for the visibility or recognition of women's roles in crisis situations particularly in the promotion of women's participation in peacebuilding (UN Women 2015) and post-disaster risk management and rehabilitation (Bradshaw 2014; The Economist Intelligence Unit 2014). This also includes the strong momentum around the political campaign on protecting women and girls from conflict-related sexual violence through the global WPS agenda (Davies and True 2017).

Second, and what have been relatively under examined, are the costs associated with the visible feminisation in peacebuilding and post-disaster rehabilitation such as the risk that women and girls are confined to the informal, community-based or non-political roles they occupy in times of crisis while key

leadership positions remain male-dominated. Another related risk is the neglect of their everyday, invisible contributions in ensuring the survival of families and communities precisely as a result of barriers to their direct representation in crisis decision-making bodies. Women's participation in political and economic decision-making is indeed crucial for ensuring that gender equality is a component for lasting peace and inclusive post-crisis recovery (UN Women 2015). However, as this thesis aims to substantiate further, bodily autonomy is a basic pre-condition for the self-determination of women and girls. Their full political and economic participation in crisis situations begins fundamentally when they are able to make meaningful sexual and reproductive decisions with informed consent and free from violence and coercion.

The neglect of SRHR in times of crisis may further exclude women and girls from substantively shaping and benefiting from the political and economic order post-crisis. For example, a permanent 'health crisis' characterised by endemic shortages in supplies and personnel serves as a backdrop to any humanitarian crisis. From a human rights perspective, promoting SRHR requires not just the absence of physical violence but also the availability of timely and reliable health services and supplies. To understand why improving global health outcomes which will fundamentally enable individual human capabilities remains politically and economically neglected especially in crisis settings, we need to also examine pre-existing barriers to SRHR including those embedded in development agendas. Lind (2009; 2010) argues that development frameworks need broader engagement not only with reproductive rights but also with sexual rights and in recognising pleasure as part of human dignity. Experiences in crisis settings are not entirely and always violent in nature. When positive experiences of sex in everyday life and during times of crisis are obscured, then a narrow picture of human sexuality is portrayed. Moreover, development programs that exclusively focus on "negative approaches to sexuality risk being disempowering, reinforcing gender stereotypes, crushing space for discussion of women's pleasure, and converging with right-wing discourses around sexual morality" (Jolly 2010, 34).

The third element in the feminist political economy analysis is the role of *gendered ideologies*. This is relevant because in the case of SRHR restrictions are shaped by various ideologies manifesting in neoliberal economy policies, religious fundamentalist and conservative backlash, and securitisation. For example, pre-existing inequalities relating to the lower status of women and girls in societies render them vulnerable to negative health outcomes as a result of crisis. Mohindra, Labonté and Spitzer (2011, 276) note that in societies with a cultural norm of son preference the health needs of men and boys are prioritised at the

expense of women and girls. Similarly, women's limited access to land and productive resources exposes them to intensified dependence on men in times of crisis which may lead to even greater restrictions on their ability to control their own lives. In times of heightened resource scarcity and austerity, this means further deprivation for women and girls resulting in deteriorating health. Indeed, Pope Francis, the leader of the global Catholic religious community, criticised how the progressive cutbacks on state social spending deliberately rely on the maternal sacrifices made by women and girls on a day-to-day basis for their families and communities. According to him, "often the readiness of mothers to make sacrifices for their children is taken advantage of so as to 'save' on social spending" (Pope Francis 2015). What this suggests is that socio-cultural norms and beliefs may serve to legitimise the economic devaluing of women's bodies and labour as manifested in poor financial investments in health. At the same time, Muehlebach (2013) similarly points out how neoliberalism is expressed and reproduced through Catholicism's morality on love, service and volunteerism. This moral style or Catholicised neoliberalism, she argues further, can be a site of resistance. Paying attention to such interplay between neoliberal and religious ideologies allows us to make sense of the contradictory impacts of economic and religious transformations especially in crisis settings.

Prevailing security approaches and discourses privilege immediate security concerns and militarism at the expense of long-term human development. In crisis settings, militarism diverts resources away from long-term prevention of violence and sustainable development. It aligns with, and exacerbates, neoliberal solutions such as fiscal austerity in response to economic crises thereby progressively depleting resources for social welfare, and by extension, health service delivery during and after crisis (Schippa 2016; Mercy Corps 2016). Interventions particularly in the form of 'rapid responses' to humanitarian crises are aimed at firstly restoring political order and delivering basic emergency health care. This form of securitisation is distinctly detrimental for women and girls because it obscures the multidimensionality of violence (True and Tanyag 2017). Feminist scholars have argued that the restoration of formal political and economic order does not always guarantee the end of violence for women and girls (Tickner 1992; Cockburn 2010). An example of the cost securitisation is in the WPS agenda. The agenda has been crucial for advancing a framework that states and international actors are responsible for women's protection against SGBV, the promotion of their participation in peace and security processes, as well as broadening their roles in peacebuilding and conflict prevention (True 2016, 2013; Shepherd 2014).

Feminist scholars have criticised the limited implementation of the WPS agenda in terms of prioritising the prevention of sexual violence in times of conflict at the expense of understanding how women's vulnerability to violence are rooted in pre-existing or deeply embedded structures of gender inequality mediated by class, race/ethnicity, religious hierarchies. WPS subsumed within dominant security approaches has been interpreted as a policy of making war safe for women and girls (Shepherd 2016). Consequently, the global attention to conflict-related sexual violence tends to isolate it within conflict and crisis settings and obscure the full continuum of violence from the perspective of women and girls. Such an approach risks implying a hierarchy among types of SGBV and severs crisis-specific physical violence with less visible or everyday inequalities. This is crucial because securitisation also mobilises resources and political will and diverts them from one crisis to another (Sjoberg, Hudson and Weber 2015).

Finally, I look at *gendered bodies* in order to theorise and empirically demonstrate the continuum of violence between SGBV especially in crisis settings and everyday inequalities such as deteriorating or poor SRHR outcomes. Here I build on feminist political economy research that examines the various ways through which gendered vulnerability and violence experienced in everyday life and in times of crisis are affected by various global political economic processes (see for examples True 2012; Elias and Gunawardana 2015; Elias and Rethel 2016; Hozic and True 2016). National reforms on gender equality issues such as violence against women and SRHR more specifically, are intricately linked with other political, economic and social policies because they fundamentally involve negotiating competing visions of the normative order – what is or is not valued within a given society (Hudson, Bowen and Nielsen 2011; Htun and Weldon 2015). As Htun and Weldon (2015, 451) point out, “[t]he rights established in family law shape women's agency and autonomy; they also regulate access to basic resources—such as land, income, and education—that determine a citizen's ability to earn a living independently, among other life chances”. In addition, in a quantitative study by Hudson, Bowen and Nielsen (2011), they demonstrate that there is a positive relationship between higher degrees of inequity in family laws directly favouring men, supporting male dominance and control over women's reproductive decision-making, and higher prevalence of violence against women. Feminist research therefore has shown how broader forms of violence stem from and are underpinned by, different modes of denying women and girls their bodily autonomy which can be codified in laws also governing political and economic distribution of resources within societies.

Promoting issues of sexual and reproductive health through a human rights discourse is part of a wider campaign to advance gender equality and women's rights globally. Population control measures such as forced sterilisation, which are frequently either condoned or instigated by states, have been targeted at women from lower socio-economic class, women with disabilities, and those from ethnic/racial or religious minority communities (Sifris 2014; Knudsen 2006; Correa 1994). Other forms of sexual violence including forced pregnancies have been targeted at lesbian women – to both punish and correct – for transgressing expectations on sexual and reproductive roles (OURs 2017). These abuses cut across developing and developed contexts; and are inflicted across borders to meet gender, class, religious, racial or ethnic specific constructions of the (imagined) boundaries of the collective. Thus, SRHR embody the historical and ongoing struggle by women's movements to connect SGBV which is often regarded as a 'private' issue with political agendas and 'public' decision-making in order to show how forms of gendered oppression are produced through global political and economic processes such as (neo)colonialism and neoliberalism (Correa 1994; Moghadam 2005; Sen 2005).

Brining all these elements together, this thesis aims to explore the continuities across different phases in a crisis from the lens of SRHR and feminist political economy. As True (2012, 30) points out, "power operates not only through direct coercion but also through the structured relations of production and reproduction that govern the distribution and use of resources, benefits, privileges and authority within the home and transnational society at large". A feminist political economy perspective demonstrates how women's bodies are strategically and symbolically harnessed to (re)establish political and economic order in times of crisis and emergencies. This type of fragile security, I argue, is reproduced at the cost of depleting women's bodies when this reliance is not matched by investments to sustain their health and well-being. The gendered costs of crisis manifest in various examples such as inflicting rape and sexual violence, the use of women and their rights as bargaining chips in political negotiations, and even in self-sacrificing practices by women and girls themselves in order to ensure survival. All these are related to, and contribute to, constraining bodily autonomy and well-being for women and girls through which global security and national economic stability are fostered. And yet, as I seek to examine in this thesis, state failure to bridge inequalities in SRHR among different groups of women and girls especially in crisis settings is directly linked to global violence and insecurity. In so doing, I help deepen the feminist concept of a 'continuum of violence' which renders visible the connections between physical, structural and symbolic forms; across

political, economic and socio-cultural dimensions; and the gender dynamics within families and kinship or ethnic networks, at level of the state and globally (Cockburn 2010).

Research Design and Methodology

This thesis employs a single case study research design to demonstrate the continuities across global and national political economies and inequalities in SRHR in the Philippines (Yin 2012; 2009). That is, to situate the experiences of bodily autonomy and well-being by Filipino women and girls within a broader global political economy (see similar approaches by Chin 1998; Kunz 2011; Marchand and Runyan 2000; 2011). The case study method is an appropriate methodological choice when the research aims are descriptive and explanatory, or both (Yin 2012, 5). It is also well suited for generating in-depth analyses of a phenomenon or set of phenomena (Yin 2012). Moreover, it is particularly aimed at studying the boundaries (or lack thereof) between a phenomenon and a given context such that both the case and context are considered equally important in the analysis (Yin 2009). As I discuss further in Chapters 2 and 3, the Philippines offers a unique insight to the global political economy of SRHR because of the country's economic reliance on a highly feminised care work export and the presence of strong Catholic fundamentalist lobby responsible for entrenching various barriers to SRHR.

Within this country case, I examine two nested cases representing the main types of crisis sites where internal displacement is acute in the Philippines (UNGA 2016c). These sites also present similar and contrasting regional and community-level findings for SRHR in the Philippine context. The first nested case examines experiences of internally displaced peoples (IDPs) especially women and girls as a result of protracted armed conflicts in Mindanao, Philippines. The second nested case examines experiences of internal displacement but in the context of a rapid onset disaster that occurred in Eastern Visayas in 2013. The objective in examining these two subcases is to account for the 'crisis' dimensions to SRHR within a given national context. By examining different sites of crisis in terms of armed conflicts and environmental disasters, this thesis directly engages with global and national data that indicate the leading causes for internal displacements are not only armed conflicts but also increasingly, environmental or climate-related disasters and the overlap between these two (IDMC 2016). As Ragin (1987, 13) points out, "when qualitatively oriented comparativists compare, they study how different conditions or causes fit together in one setting and contrast that with how they fit together in another setting...that is, they tend to analyse each

observational entity as an interpretable combination of parts – as a whole”. My comparative analysis is thus attentive to identifying similar and different political economy configurations within the nested cases to help explain national and regional patterns in SRHR.

Data for this research were collected through the triangulation of primary and secondary sources for both qualitative and quantitative data. First, key-informant interviews were conducted in the Philippines over three field trips in January-April 2015, October 2015, and April-May 2016.⁵ The field research locations were in Metro Manila, the capital, Davao, Mindanao⁶ and in two provinces in the Eastern Visayas region namely Tacloban, Leyte; and Guiuan, Eastern Samar. Desk research identified a diverse range of actors at different levels based on: a) who are directly and indirectly related to the provisioning of sexual and reproductive health care; b) especially for the crisis sites, have been involved in providing support to internally displaced populations. Participants were then recruited using publicly available information from these organisations while subsequent participants were identified through purposive snowball sampling.⁷ The interviews were semi-structured and my questions explored the neglect of SRHR in everyday life and in times of crisis. With specific reference to the crisis settings I was investigating, the interviews involved deliberately probing for or surfacing often marginal or invisible concerns arising in the aftermath of conflicts and disasters from the lens of gender and sexuality. The focus was also on understanding gendered experiences by asking participants to reflect on the different phases of a crisis response from emergency relief and long-term rebuilding. These key-informant interviews were indeed necessary for analysing meanings, relationships and processes that contextualise SRHR. Many shared perspectives held by their organisations, their own personal experiences from working in humanitarian assistance, and recounted stories from the IDP communities they worked with in the past and/or at that time. I draw on their insights critically so as to reveal prevailing silences in global security and development discourses. I contextualise

⁵ In total, there were 44 key-informants divided between 34 females and 10 males. According to affiliation, 9 were from different national bodies including a women’s political party, a youth branch of a political party, the national commission on human rights; 13 from international humanitarian and development NGOs; 3 from international organisations; 14 from local NGOs, and finally 5 academic experts (see Appendix 1).

⁶ The security risks in the most-conflict prone region of Philippines namely the Autonomous Region in Muslim Mindanao (ARMM) prevented me from designing a project that allows field work. However, two representatives from one of the international development organisation I interviewed recommended me to meet representatives of local NGOs from the ARMM that they were in partnership with for a specific development program that they were about to implement at the time (March – April 2015). Hence, even if I did not travel directly to ARMM, I was able to recruit interview participants from NGOs based in ARMM.

⁷ This recruitment process involved requesting a research participant if he or she is willing to pass on my details to relevant persons or organisations related to my topic. In some cases, research participants facilitated the introduction to potential recruits directly.

how each informant, by virtue of the positions they hold, can resist as well as reproduce the barriers to full implementation of human rights obligations. This research stance on ‘studying up’ as Nader (1972) argues is as equally important as studying those in the margins of power. That is, exploring the narratives of those within positions of power is crucial because they help shape the daily realities faced by internally displaced populations as well as offering insights on the policy or structural level (see also Wilson and Krystalli 2017; Tanyag 2015).

Second, to corroborate and deepen my interview findings, I also analysed official humanitarian crisis monitoring reports and related documents from government, non-government and international humanitarian organisations such as those regularly conducted by the Philippine Protection Cluster, UN Refugee Agency (UNHCR) and UN Office for the Coordination of Humanitarian Affairs (OCHA). Due to security and ethical concerns for both the researcher and potential participants⁸, this research was designed to exclude conducting interviews among internally displaced women and girls. However, I analysed and built on several survey research conducted among IDPs in both nested cases. These are surveys conducted by a number of academics from the Mindanao Working Group located at the Ateneo de Davao University (2006-2010) and by Nisa Ul Haqq Fi Bangsamoro, a local NGO. They explored different themes from the experiences of conflict-affected IDP women and girls including SGBV and reproductive health. For the post-disaster case study, these included surveys by Brookings Institution and International Organisation for Migration (IOM) (2015); International Organisation for Migration (IOM), Department of Social Welfare and Development (DSWD), Internal Displacement Monitoring Centre (IDMC) and SAS (2014); and Mangada (2016). I also draw from national surveys providing statistical information on a range of political, economic and socio-cultural indicators such as the National Demographic and Health Survey (NDHS) and Philippine Human Development Index reports. This secondary literature provided me with the supporting data to map out various structural patterns of inequalities in relation to SRHR thereby revealing differences at national and

⁸ This exclusion was a deliberate decision based on a number of reasons. First, because while I was in the field, my informants made me increasingly aware that numerous interviews had already been conducted with internally displaced persons prior to my first trip in 2015. Had I conducted more grassroots interviews, there was a risk of encountering rehearsed performances. Second, given my relatively short time in the field, I did not feel it was appropriate to expose potential participants to unnecessary harms. Nor did I want to be perceived as another spectator in their fragile lives. Finally, I was also mindful of my broader ethics, given the fact the crisis spaces I was working on were also where research and development practices were beginning to be criticized as ‘extractive’ (for related discussions see Gaillard and Gomez 2015; and Wibben 2016).

subnational levels. I used them to highlight the impact of neglecting SRHR in everyday life and in times of crisis for different groups of Filipino women and girls.

Applying a feminist research ethic

This methodology is purposively designed in such a way as to embody and be guided by a feminist research ethic. According to Ackerly and True (2010), a feminist research ethic is a commitment throughout the research process to linking feminist research theory and practice by means of employing critical reflection on the ways by which research can contribute knowledge in transformative ways. Specifically, this relates to being attentive to the role of epistemology, various boundaries and silences in and through our inquiry, and the different power relationships that define the research including the researcher's own 'situatedness' (2010, 22-23). Drawing from a diverse range of perspectives and triangulating different data sources proved helpful in being attentive to relationships and processes across different levels beginning with women's bodies, the state and globally. Importantly, tracing the linkages between individual, structural and symbolic forms of violence is crucial for informing comprehensive solutions that can help eliminate SGBV and stem various root causes. Indeed, following the UN Special Rapporteur on Violence against Women,

Situating violence against women as a problem that cuts across political, civil, economic, social and cultural rights compels us to recognize the *universality of violence*...individual women's productive and reproductive activities in all sectors is impacted by forms of interpersonal and structural violence which intersect with various factors such as immigration, trade and economic policy, social and economic development, civil and political development, sexual orientation, ability, legal protection, conflict, security concerns, and so on (UNGA 2011, 21).

I approached this research with intent to scrutinise boundaries and intersections in knowledge – including my own – around where women's bodily autonomy and well-being fit within prevailing discourses and structures of power in the global political economy.

A feminist research ethic was also crucial for practicing reflexivity or in reflecting on how I am positioned within multiple layers of relationships throughout this research. Being a Filipino woman presented me with advantages and disadvantages in conducting this research especially in gaining access for field interviews. Language, for instance, did not really present any significant barriers. The Philippines is a very multilingual country and English is widely spoken which meant that all of my interviews were either

conducted in English or sometimes occasionally in the national language (Tagalog/Filipino) which I am fluent in.⁹ Moreover, I was very familiar with the geography of the country and had strong personal and professional networks that ensured I had the practical knowledge to conduct field work safely. I noted how perhaps my gender identity – as a heterosexual young woman – helped facilitate a lot of windows of opportunity such that in many cases I was offered above and beyond the information and assistance I needed in conducting my research.¹⁰

However, being a Filipino woman did not mean that I was always viewed as an ‘insider’ and neither did I consider myself as one. Building on critical feminist research especially on intersectionality, I was always attentive to and, in some cases made aware by the different people I met, of my own set of privileges beyond my gender and national identities (Crenshaw 1991; Weldon 2006). I reflected on how my own subjectivity is engaged with the subject of this research and its participants throughout the research process from recruiting participants to analysing the interview data. This reflexivity was particularly challenging for researching the Mindanao case study which discusses the experiences of ethnic and religious minority groups who are subjected to everyday discrimination and violence in the Philippines (see Chapters 4 and 5). Reflexivity also proved crucial in thinking of how my own political commitments may foreclose access to interviewing participants particularly those representing local Catholic religious leaders.¹¹ In response to the limitations posed by my identity as a researcher based in Australia, of being born Catholic and originally from the capital, Manila (all of which meant that I had never directly experienced internal displacement), I endeavoured to consult various sources of information and receive feedback even at the preliminary stages of the research. The initial findings for both conflict and disaster case studies were validated in two local

⁹ Two other languages are spoken in the other sites I visited, these are *Waray* in Eastern Visayas, and *Bisaya* (Cebuano and Davaoño) in several parts of Mindanao. However, the participants I recruited were also fluent in and preferred to converse in English. I learned basic phrases in Waray and Bisaya to help me with facilitating rapport and especially for travelling in localities where Tagalog/Filipino was not commonly used.

¹⁰ These include among others offer of travel advice, invitation to attend or observe in meetings or public forums hosted by my participants and a more open conversation especially with female participants of the experiences of IDP women and girls.

¹¹ Based on previous field research experience, I found religious leaders to be difficult to access given the fiercely contested nature of SRHR in the Philippines (see Tanyag 2015, 66). Nevertheless, I was able to interview representatives from two faith-based NGOs including one that directly provided humanitarian assistance in my disaster and conflict sites.

conferences in the Philippines.¹² For example, sharing my research among local academics helped develop my analysis of the nuances in the role of culture and tradition for women and girls in the Philippines.

Importantly, I was invited to present the findings of my research before the National Inquiry on Reproductive Health and Rights convened by the Philippine Commission on Human Rights which brought together various stakeholders at national and regional levels. This human rights inquiry was conducted in several locations throughout the country and consisted of regional consultations, public hearings and fact-finding missions led by human rights commissioners. I presented on 8 April 2016 at the Manila public hearing. I also attended the regional public hearing in Tacloban, Eastern Visayas on 25 April 2016. My participation resulted in being included as a citation in the final report (CHR 2016). The national inquiry provided the platform for me to validate the research findings from an even broader range of audience as well as to further refine my own analysis in light of the inquiry report. For instance, a key benefit from sharing my research to a more policy-focused and human rights forum is that it encouraged me to be attentive to both the varying and similar insecurities experienced by IDP women and girls in disasters and armed conflicts in order to further integrate SRHR in national policy agendas.

Outline of the Thesis

This thesis is structured in three main parts consisting eight chapters. The first section advances the feminist political economy framework of this thesis by examining the confluence of global material and ideological factors that exacerbate restrictions on SRHR at the national level using the Philippines as case study. Chapter 2 begins by introducing the concept of Depletion through Social Reproduction (DSR) developed by Rai, Hoskyns and Thomas (2014). I build on this concept to examine the political economy of SRHR and reveal how restrictions on women's bodily autonomy and well-being serve to reproduce the neoliberal global economy through the legitimating role of cultural and religious discourses. Chapter 3 expands on this analysis by problematising restrictions on SRHR through the specific lens of crisis and the global political economy. Particularly, I situate the heightened abrogation of SRHR during times of crisis within dominant security and development approaches that prioritise immediate survival over long-term recovery. This trade-

¹² These are: the University of the Philippines Centennial Conference held on 22-23 October 2015 at Quezon City, Philippines (materials from Chapters 4 and 5); and the Philippine Political Science Annual Conference held on 21-22 April 2016 at Albay, Philippines (materials from Chapters 6 and 7).

off which exacerbates the marginalisation of SRHR is engendered by the everyday political economy of declining global and state economic contributions to social welfare needs, especially health. Hence, in the Philippine case we see the paradox of a country greatly in need of care as a result of multiple crises; yet is also where the state actively depletes the sources of care including through the continued neglect of inequalities in SRHR.

The second section begins investigating the political economy of SRHR at the subnational level within the context of armed conflicts in Mindanao. Chapter 4 documents the various ways by which women and girls bear the brunt of conflict-induced internal displacement in terms of the direct and indirect consequences to their bodily autonomy and well-being. In particular, I show how they provide both productive and reproductive labour in times of crisis and how their bodies allow them to negotiate the survival of their households and communities during and after intermittent armed conflicts. Chapter 5 links the analysis to the Mindanao peace process between the government and a rebel group, the Moro Islamic Liberation Front (MILF) to show that despite the various services and sacrifices women and girls take on to mitigate conflicts and promote peace, they nevertheless do not equally contribute or benefit from peace negotiations due to broader restrictions on their SRHR. The Mindanao case effectively demonstrates the patriarchal bargains surrounding peace processes wherein the right of women and girls to bodily autonomy are subsumed within ethnic and religious minority groups' claim to political autonomy and self-determination.

The third section turns to the feminist political economy analysis of SRHR in a post-disaster context within Eastern Visayas. Chapter 6 introduces a different type of internal displacement resulting from a rapid onset disaster caused by the 2013 supertyphoon Haiyan. Here I show once again the various contributions of women and girls for ensuring the daily survival of households and communities in the aftermath of a disaster but at the cost of their bodily autonomy and well-being. Unlike displacements caused by armed conflicts in Mindanao, the period of displacement in Eastern Visayas had been relatively shorter which enabled certain groups of households and communities to recover from the crisis. In Chapter 7, however, I show that recovery post-disaster will likely remain uneven due to the neglect of SRHR within the Haiyan emergency response and long-term disaster rehabilitation. Despite broader recognition of the importance of gender mainstreaming for building a disaster resilient nation, prevailing material and ideological restrictions on SRHR mean that women and girls will continue to suffer disproportionately from the consequences of

disasters as well as being further prevented from putting gender equality at the heart of disaster resilience in the Philippines.

Chapter 8 summarises the comparisons between the two sites, and uses the insights they provide on SRHR in times of crisis to deepen our understanding of everyday neglect engendered through national and global frameworks on security and development. The last chapter also outlines the transformative potential of recognising SRHR as a cornerstone for promoting inclusive peace and sustainable development. Specifically, the chapter reflects on how a feminist political economy analysis of SRHR enables us to also rethink first, what are the material and ideological conditions for sustainable forms of human reproduction before, during and after crises. Second, what are the shared responsibilities among states and non-state actors in broadening the value of self-care especially among women and girls in crisis situations, for increasing national and global economic investments in health, and in reconfiguring unequal gender distribution of labour across different levels? Rendering visible women's economic contributions is an important step in identifying why women's health matters from the household, the state and global economy.

Chapter 2. Invisible Labour, Invisible Bodies: How the Global Political Economy Affects SRHR in the Philippines

Introduction

Restrictions to sexual and reproductive freedoms, as forms of gender-based violence, are directly and indirectly enabled by the profoundly unequal distribution of costs and benefits from the household to the global level. In this chapter, I examine the mutual role in depleting women's bodies of a neoliberal global economy and religious fundamentalist ideologies that (re)inscribe discourses of female altruism such as the 'self-sacrificing mother' ideal. Building on critical feminist political economy scholarship, I argue that neoliberal economic restructuring processes are enabled by practices that undermine bodily autonomy primarily through the intensified reliance on women's unpaid social reproductive labour. Moreover, these processes perpetuate various everyday insecurities which directly and indirectly create spaces for religious fundamentalisms to simultaneously normalise the lack of contributions to sustaining women's health and well-being across different spheres in the household, community and the state. I draw on the case of the Philippines to demonstrate how sustaining its distinctive care work remittance-driven economy comes at the cost of progressively undermining SRHR for Filipino women and girls as extremely manifested by the sustained high maternal mortality rates in the country.

In the Philippines, female altruism is strategically harnessed at the service of the state as it strategically positions within, and by how it is positioned as the source country for ideal care workers in a neoliberal global economy. Local Catholic religious fundamentalists utilise the very same gendered discourses, particularly maternal self-sacrifice, to enforce policy restrictions to SRHR and perpetuate harmful norms that effectively deny women and girls the means to take better care of their own bodies. Hence, as this chapter underscores, advancing SRHR across all spheres of social reproduction is dependent on transformative change that tackles how the neoliberal global economy devalues social reproductive labour, and how particular religious fundamentalist ideologies serve to complement this economic devaluing.

The structure of this chapter is as follows. First, I begin by situating this research within the growing body of feminist political economy work that theorises the material and ideological roots to gender-based violence. I draw on the Depletion through Social Reproduction (DSR) framework developed by Shirin Rai, Catherine Hoskyns and Dania Thomas (2014). DSR is useful for conceptualising the links between women's

bodily autonomy and well-being, and the lack of material contributions to value care and domestic work in the context of crisis and global austerity. Second, I map out the growing relevance of religious fundamentalisms for legitimising particular restrictions to social welfare provisions especially on sexual and reproductive health, as well as in supplying meaning to experiences of gendered inequalities in an increasingly precarious world. Religious fundamentalist forces are present in every religion and manifest in dynamic and non-uniform ways across households, communities, and states. But they are nevertheless underpinned by the common intent to protect traditional notions on sexuality, human reproduction and ‘the family’ which the global sexual and reproductive rights agenda seeks to dismantle. Finally, I turn to the national context of the Philippines to further unpack how the global political economy affects SRHR.

Global political economy, depletion and everyday gender-based violence

Social reproduction collectively refers to biological reproduction which includes the provision of sexual and affective services that maintain family and intimate relationships; domestic labour and related care work at home and in the community; and the reproduction of cultural and religious norms, values and practices (Hoskyns and Rai 2007; Rai, Hoskyns, and Thomas 2014). As a key concept, feminist scholars in international relations have made significant theoretical contributions in drawing the links between the neoliberal global political economy, social reproduction and gender-based violence (Peterson 2005; Sutton 2010; Elson 2012; True 2012). Particularly, feminist political economy research has shown first, how the economic devaluing of social reproductive labour vis-à-vis productive labour underpins the unrecognised contributions of social reproduction to national and global economies. In times of economic crisis, this invisibility of social reproductive contributions heightens the concurrent reliance on and erasing of women’s bodies through neoliberal policies of austerity which among others involve cutting back of social welfare provisions and conditioning greater volunteer work to the disproportionate detriment of women and girls (Elson 2010; UN Women 2014). Furthermore, as Jacqui True (2012) argues, vulnerability to gender-based violence is constituted within global political economic processes and the material inequalities they generate which take root in the gendered division of labour in the household.

Second, research has drawn attention to how neglecting social reproductive contributions lead to harmful consequences to the sustainability of social reproduction itself (see Hoskyns and Rai 2007; Elson 2012; Rai, Hoskyns, and Thomas 2014). The concept of depletion is relevant for exposing the ways by which

social reproductive labour is harnessed to service economic activity at the expense of bodily autonomy.

According to Rai et al., DSR occurs when there is “a critical gap between the outflows – domestic, affective and reproductive – and the inflows that sustain [the] health and well-being” of those engaged in social reproduction (2014, 86). Indeed, depletion highlights the “structural aspects of social reproduction that undermine the sustainability of the everyday lives of women and men in a given social context” (89-90). Though Rai et al. do not explicitly apply the concept of depletion to unpack the political economy roots to gender-based violence it nevertheless lays bare the bodies that experience depletion particularly in the context of everyday life or beyond the boundaries of crises (see for a similar point Elias and Rai 2015).

Using the DSR framework, I identify restrictions to SRHR as indicative of the continuum between the gradual loss of bodily autonomy, and the structural and symbolic forms of gender-based violence that women and girls disproportionately contend with on a daily basis. Consequently, these conditions are also likely to be exacerbated in times of crisis (see for example UNFPA 2015). Employing a feminist political economy analysis to SRHR shows violence is not only directly inflicted on an individual’s body, but also rooted in structures that relegate unequal status and levels of access to resources and decision-making that significantly impact life chances, as well as in the symbolic representations that justify and render these inequalities as ‘natural’.¹

For instance, feminist scholars have noted the recent ubiquity for recognition of women and gender equality as crucial drivers in the global economy whether in the context of post-crisis recovery or in attaining global development goals (Roy 2010; Calkin 2015). First, we are seeing unprecedented levels of what Saskia Sassen (2000) observes as the ‘feminisation of survival’ in the global economy such that households, communities and states are increasingly dependent on women and social reproductive labour for economic survival. This dependence is further intensified in the context of crisis and global austerity where women’s unpaid time and care work are more prevalently assumed and expected as elastic. That is, they are contingent on women’s willingness to make the necessary sacrifices for the family, community and the state (UN Women 2014).² Second, through framing gender equality as ‘smart economics’, broadening women’s and

¹ See for relevant works on differentiating types of violence: Harding 1986; Haraway 1988; True 2012; Dominguez and Menjivar 2014; Rai, Hoskyns, and Thomas 2014.

² First, the global economic crisis brought differing extent of consequences for developed and developing countries particularly with the latter group affected indirectly depending on extent of integration to the global economy (UN Women 2014). Second, for many developing countries such as the Philippines, the GFC is a continuation of the various

girls' economic participation especially in developing countries has been increasingly represented as necessary for boosting economic growth as well as in rescuing economies in the aftermath of the global financial crisis (Roy 2010; Griffin 2015). The problem, however, is that given the prevalence of restrictions to SRHR globally and across various countries, women and girls are being made responsible for everything else, and yet are denied the means to take better care of their own bodies.

At the close of the 2000-2015 Millennium Development Goals (MDG) agenda, the final United Nations (UN) report noted that despite improvements, progress has been slow and uneven in the last 25 years with many developing countries including the Philippines falling significantly short of the global goal and actual targets for improving maternal health (Goal 5). As the report points out, only half of all pregnant women are able to receive the minimum antenatal care. The need for reliable and effective contraception continues to be unmet with access largely defined by one's age, marital status, education, disability, ethnicity and/or geographic location. Moreover, the growing rate of adolescent pregnancies remains poorly addressed. Early pregnancy strongly undermines a girl's ability to pursue education, fully participate in economic and political decision-making, and her likelihood of attaining the highest possible health and well-being. Global data, however, indicate that the birth rate among adolescent girls aged 15 to 19 only declined from 59 births per 1,000 girls in 1990 to 51 births in 2015. Maternal deaths refer to the death of a woman during pregnancy or as a result of childbirth related complications. In 2013 alone, an estimated 800 women each day died from preventable maternal deaths. Adolescent girls whose bodies may be too young to cope with the physical strain of childbirth are at an even greater risk of maternal mortality (UN 2015).

The DSR framework informs us that the depletion experienced by women and girls through their sexual and reproductive well-being is enabled by how the global economy is increasingly reliant on the domestic and care work contributions while this work remains unpaid, underpaid or uncounted. But as V. Spike Peterson observes, "this economic devalorisation is either hardly noticed or deemed 'acceptable' because it is consistent with cultural devalorisation of that which is feminised" (2005, 508). We know for example that the gendered division of labour has been rendered 'natural' across various historical and geographical contexts through cultural and/or religious tradition (see Yuval-Davis 1997). At the same time, culture and religion are playing direct roles in abrogating SRHR globally. In the next section, I expound on

economic and political crises sustained by the state and households whose very economic survival is predicated on precarious work conditions available to migrant workers especially female domestic workers (Spitzer and Piper 2014).

how religious fundamentalist ideologies symbolically justify depletion and the broader gendered inequalities it embodies.

Religious fundamentalisms, female altruism and SRHR

I use religious fundamentalism to refer to the ideology espoused by different religious groups and conservative governments whose common feature as Deniz Kandiyoti (2015) observes is “to establish the principle that matters relating to sexuality, to the control of female bodies, and to reproductive choice do not belong to the sphere of civic deliberation, public choice, or human rights but to a domain of non-negotiable morality defined by doctrinal imperatives”.

Studies show that religious fundamentalist forces are increasingly present in every religion – Christianity, Islam, Hinduism, Sikhism, Buddhism and Judaism (Sen 2005; Estrada Claudio 2010; AWID 2016). Yet, they reflect a shared “conservative and patriarchal point of view on gender issues which come together under a rhetorical ‘pro-family’ rubric” (Chappell 2006, 493-494). They “can work formally through the state and informally through institutions and individuals” (Estrada Claudio 2010, 15). However, “the violence that they are wreaking on women’s rights may differ and manifest in specific ways depending on the context” (AWID 2016, 10).

The distinction between *fundamentalist* religious ideologies and religion per se is crucial because progressive interpretations and practices of each religion equally abound (Moghadam 2005; AWID 2016). Moreover, as other scholars also note, religions can provide ‘empowering’ spaces which enable women to negotiate and even transform other patriarchal structures that define their everyday lives (see for examples Chong 2006; Htun and Weldon 2015).

I use a feminist political economy perspective for interrogating how different religious fundamentalist groups and conservative governments normalise restrictions to sustaining social reproductive labour through undermining sexual and reproductive rights reform in distinct ways. The rise of religious fundamentalisms in tandem with neoliberal global economic processes is not merely incidental, but in many contexts, may play a central role to legitimising gendered inequalities and by offering a lens to process personal and household experiences of depletion (see also Sen 2005; Estrada Claudio 2010; AWID 2016).

Household and Community Levels

Evangelicalism, for example, serves as a ‘neoliberal technology of the self’ which gains importance in relation to a deepening of precariousness in the global economy. According to Nancy Fraser, “evangelicalism does not give people security. Rather it gives them a discourse and set of practices through which they can manage insecurity” (2005, 303). Similarly in Catholicism, Pope Francis, the leader of the global Catholic community has strongly spoken against social injustices including global income inequalities. Still, he relies on the ‘martyrdom of mothers’ as an antidote to the contemporary ‘self-centredness of societies’. In his words, “motherhood is more than childbearing; it is a life choice entailing sacrifice, respect for life, and commitment to passing on those human and religious values which are essential for a healthy society” (quoted in Harris 2015). Indeed, in the Philippine context, cultural definitions of acceptable femininity largely stem from religious symbols such as the Madonna – virginal and a martyr – indicating the ingrained influence of Catholicism in society (Roces 2009). So as Caron Gentry observes, “Christianity, like other faiths, is a spiritual and relational way of being that requires a follower to be concerned with injustice and to care for the marginalized” (2015, 2). However, at its core is the self-sacrificing individual which is essentially feminised such that obligation weighs more heavily on women than men (Gentry 2015, 12).

We see themes of female altruism replicated in global development agendas based on how motherhood is fashioned as key to a country’s development success (Roy 2010; Molyneux 2007). Ananya Roy argues that the ‘Third World Woman’ in the Millennium Development Agenda is no longer represented as a victim; rather she is a heroic entrepreneur and selfless altruist (2010, 548). Notions of female altruism frame social reproductive labour largely performed by women and girls as duty or service. Female altruism also partly informs why social reproductive labour is treated as a ‘special’ form of labour, one that cannot readily be given a monetary value (Doyal 1995; Molyneux 2007).

As a result, women and girls do not necessarily share in the rewards or benefits brought about by their social reproductive contributions; and that is expected of them. Due to a ‘feminisation of responsibility and/or obligation’ which has its basis in religion and/or culture “women are working harder in and outside the home...however, in most cases, [they] appear to see no justification to expect or demand more as a result of giving more” (Chant 2010, 114).

State Level

Culture and religion are primary vehicles through which female altruism becomes ossified within institutions such as national policies and family laws. As Mala Htun and S. Laurel Weldon point out, particular configurations of “church-state relations help to shape key political outcomes such as party systems, the development of the welfare state, and the extent and nature of social provision (2015, 453).” At the state level, the political institutionalisation of religious authority is an impediment to promoting sex equality in family law (Htun and Weldon 2015). When particular religious interpretations become ‘frozen’ in institutions, these inform gendered hierarchies around distributions of resources, authority and obligations in society which are deemed natural. Consequently, the normative prescriptions and stereotypes contained within them serve as “instruments of inequality” affecting individuals differently depending on how they are positioned within overlapping structures of power based on class, sexuality, nationality or ethnicity (MacKinnon 2013). For instance, discourses relating to the family including motherhood are invoked to advance different, sometimes even competing political agendas because laws governing the family also regulate access to resources including social welfare (Carreon and Moghadam 2015; Htun and Weldon 2015). These also define citizenship demarcating boundaries among diverse ethnic, national and/or religious groupings (Yuval-Davis 1997).

Culturally and religiously-informed female altruism in this regard enables and exacerbates gender-based violence. When women and girls depart from or transgress religious doctrine and its interpretations, they are subjected to shame, guilt or stigma as well as physical violence for not conforming to acceptable behaviours and appearances (True 2012; AWID 2016). The emphasis on female bodies as *the* biological and cultural reproducers in society has also been used to define various forms of social reproduction in exclusively heteronormative terms. More specifically in the case of restrictions to sexual and reproductive freedoms in the Philippines, family and ‘pro-life’ issues are strategically deployed to obscure growing socio-economic inequalities (Tanyag 2015, Estrada Claudio 2010; see also Razavi and Jenichen 2010). Thus, alongside the religious fundamentalist value placed upon female altruism is the devalorisation and indeed violence against women and girls justified in its name. At the end of the day, depletion through social reproduction is about control of women’s bodies which has been at the heart of authoritative struggles over

claims on how society and the roles and relationships within it ought to be (Yuval-Davis and Anthias 1989; Yuval-Davis 1997).

Global Level

Globally, religious fundamentalists with representatives from two of the world's major religions (Christianity and Islam), conservative governments from the Middle East and the US right wing have mobilised transnationally to oppose SRHR. These 'unholy' alliances have solidified at UN conferences, Commission on the Status of Women meetings, and key international conferences on HIV/AIDS, population and development, and children (Petchesky 2003; Sen 2005; Chappell 2006). As a conservative lobby, international gatherings have been increasingly pivotal in creating spaces for them to organise and adapt to global and regional governance structures in the same way that women's human rights groups all over the world have mobilised transnationally (Moghadam 2005; Chappell 2006; Molyneux 2013; Girard 2014). In a bid to broaden political alliances, the Vatican, along with other religious fundamentalist groups, increasingly represent themselves as champions for the Global South against economic injustices. Specifically, Catholicism particularly with the historical influence of Marxist foundations through the "Theology of Liberation" has been represented as a 'Church for the poor' thus professing "a special concern for the poor and the victims of oppression, which in turn begets a commitment to justice" (see Ratzinger 1984).

However, there is considerable debate among conservatives in the Church which regard that while "[I]n order to answer the challenge leveled at our times by oppression and hunger, the Church's Magisterium has frequently expressed her desire to awaken Christian consciences to a sense of justice, social responsibility, and solidarity with the poor and the oppressed," yet as Ratzinger (1984) who will eventually become Pope criticises, proponents of liberation theologies assume "that the necessary struggle for human justice and freedom in the economic and political sense constitutes the whole essence of salvation. For them, the Gospel is reduced to a purely earthly gospel". Liberation above all must be divine or in conformity with Church teachings. Hence, feminists have noted that such strategies of promoting social justice couched in religious terms are used in so far as to effectively advance an anti-feminist agenda globally (Sen 2005; Petchesky 2000). Economic inequalities, from a feminist perspective, cannot be divorced from the gendered inequalities that emanate from the control of women's bodies.

In the context of developing countries, the already weak infrastructures for health care are further weakened by globally-promoted neoliberal economic policies that ‘roll back’ the state’s responsibility vis-à-vis welfare provisioning. Religious fundamentalists have been able to leverage greater influence over the sexual and reproductive choices of many women precisely as a result of these gaps. Barnett and Weiss argue that “[a]id agencies, in short, are becoming welfare workers as the neoliberal state outsources its basic welfare functions while focusing on the needs of the private sector...[t]he post 1980s ideology of neoliberalism and the limited state created a greater demand for humanitarian organizations” (2008, 17). Crucially, neoliberal governance, which emphasises public-private partnerships in delivering social welfare services and aid, directly enables faith-based non-government organisations (NGOs) (cf. Prügl and True 2014). For example, international and national donor bodies such as the World Bank and UN have begun treating faith-based service providers as ‘privileged interlocutors’ especially in contexts of humanitarian crises (Cooper 2015, 56). Faith-based groups have had a long history in humanitarian and development spaces (Barnett and Weiss 2008; Ferris 2005). More recently, their advantageous positioning is evident in that these organisations are typically rooted in communities even before any crisis occurs while remaining globally connected (Cooper 2015; Ferris 2005). However, the ‘faith-based turn’ especially in humanitarian and emergency relief serves to embed religious morality in addressing public health crises (Cooper 2015). Given the stance of fundamentalist groups on sex and reproduction, broadening the role of faith-based welfare delivery before, during and after crisis can only suggest that sexual and reproductive health and well-being will be disproportionately and adversely impacted.

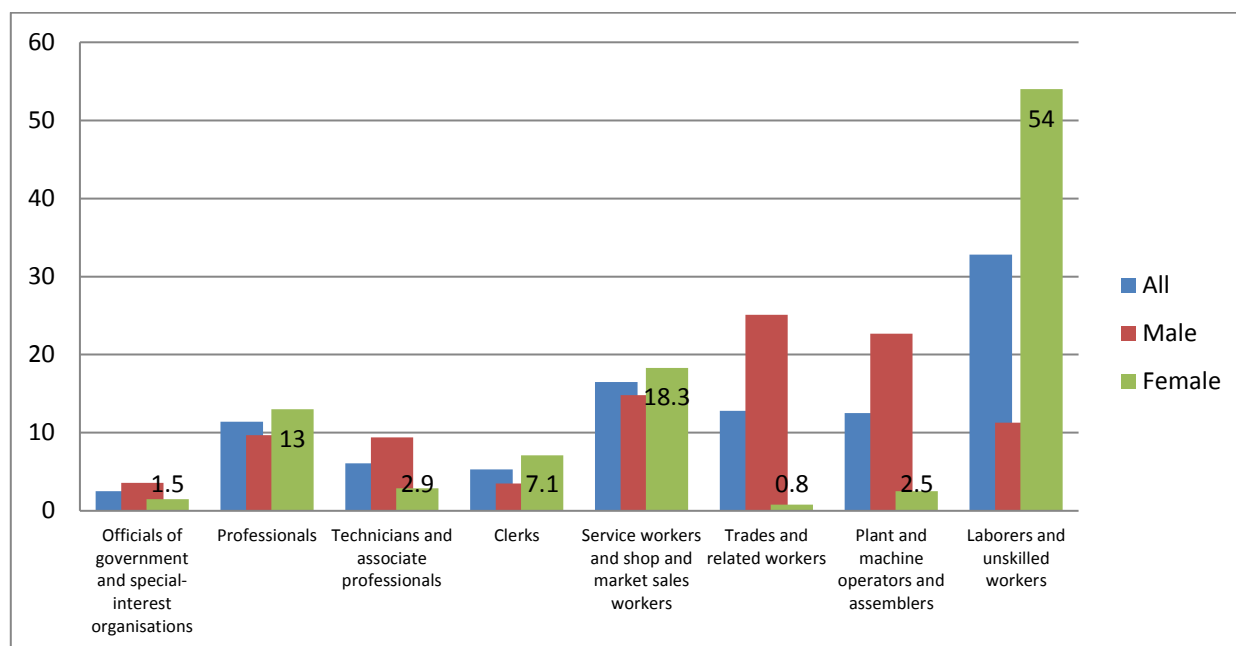
Finally, as Petchesky points out, “in the reality of a world governed by neo-liberal capitalist regimes, sexual and reproductive health and rights and the right to the highest attainable standard of health care are entirely subject to resource availability and held hostage to inequitable patterns of resource distribution that belie the myths of scarcity” (2005, 303). According to a 2014 World Health Organization report, maternal mortality ratio, or the number of maternal deaths during a given time period per 100,000 live births, is still fourteen times higher in developing regions than in developed regions (WHO 2014). These deaths reflect not just global material inequalities between developed and developing countries, but also ultimately whose bodies and social reproduction matter. This is why SRHR is both transformative and elementary. It goes against the depletive nature of the global political economy by recognising that the bodily autonomy and well-being of women and girls comes first and foremost.

Mothers at the Service of the Philippine State

I now turn to further analyse the case of the Philippines to reveal the context-specific ways by which depletion at the household and community levels are enabled by the neoliberal global economy and exacerbated by efforts of local Catholic religious fundamentalists to undermine SRHR. According to Cynthia Enloe, “to operate in the international arena, governments depend on ideas of masculinized dignity and feminized sacrifice to sustain their sovereignty” ([1989] 2000, 197). The Philippines with its remittance-driven economy is sustained by the state’s strategic harnessing of female altruism. Consequently, discourses of female altruism also define the structural and symbolic basis to the conditions that undermine reproductive freedom in the country (see Molyneux 2007). This gendered allocation of sacrifice in the neoliberal global economy increasingly informs whose contributions are rewarded and how.

Labour migration has been a key economic strategy in the Philippines by households and governments since the 1970s (Chin 1998; Safri and Graham 2010). Like many developing countries, labour migration in the Philippines was triggered largely by the structural adjustment programs of the World Bank and IMF, and was initially framed as a temporary solution to reducing high unemployment levels (see Chin 1998). As shown in Figure 2.1, the labour export of the Philippines is highly gendered with female OFWs heavily concentrated in ‘unskilled’ and service occupations such as labourers and domestic workers (NSO 2015). This pattern adds evidence to how the Philippines is positioned within a global division of labour that is increasingly gendered and racialised (Gibson, Law, and McKay 2001). The continued global demand for care work particularly to support the ageing populations of developed countries suggests that labour migration will remain a key feature of the Philippine economy despite recent economic developments such as the growth of business process outsourcing (BPO) industry including ‘call centres’ in the country (see David 2015).

Figure 2.1. OFWs by Major Occupation Groups (%) 2014



Source: NSO 2015.

The total number of Overseas Filipino Workers (OFWs) was estimated at 2.3 million in 2014 (NSO 2015). Remittance inflows to the country have steadily increased in the past four decades. On average, remittances constitute 10 to 11 percent of the country's gross domestic product (GDP). In 2014 alone, OFWs sent back 173.2 billion pesos (or approximately US\$4 billion) (NSO 2015). Indeed, Philippine remittances have been observed as more stable than other financial flows in the country since 1996, and have outranked foreign direct investments (FDI) and official development assistance (ODA) (Bayangos 2012; Nicolas 2012). Despite the noted impacts of the recent global economic crisis for migrant workers such as through retrenchments, OFWs' intensified vulnerability to precarious employment is just part of "the ongoing series of economic crises that Philippine workers and their families have faced at home and abroad for decades (Spitzer and Piper 2014, 1008)." Thus, precarity for many OFWs is normalised with the Philippine state playing a pivotal role for conditioning migrants and their families to merely cope or mitigate the consequences of economic crises.

Labourers and 'unskilled workers', who are predominantly women engaged in vulnerable occupations and are often underpaid and exploited, also typically send home the biggest amount of remittances. In 2014, these women sent back 24.3 billion pesos or 19.2% of the total remittances to the country (NSO 2015). As 'cheap' labourers, what this evidence indicates is that they are remitting a greater

share of their earnings with little to spare for their personal consumption to the detriment of their well-being (see also Spitzer and Piper 2014, 1011). This is intensified in times of economic crises which typically push their wages further down. Themes of selflessness or self-sacrifice particularly for mothers pervade various studies on Filipino domestic workers underscoring the important role played on one hand by cultural-religious expectations for women and OFWs in general; and on the other, by the financial dependence of left-behind families (see for examples Gibson, Law and McKay 2001; Parreñas 2003). The point is that though not all OFWs are self-sacrificing or altruistic, this is the ideal by which they rebel, conform or bargain with.

State-level Depletion and the Global Economy

The Philippine state fuels depletion as it actively promotes labour migration without adequately addressing the socio-economic conditions that push Filipinos especially women to work overseas and undermine their health and well-being. For instance, improvements in socio-economic well-being through remittances remain localised to the immediate family and communities where migrants come from (Gibson, Law, and McKay 2001). In the long-run, labour migration contributes to income inequality within the country as governments reap tremendous profit particularly on the backs of women migrants through their remittances without having to make substantial investments in domestic social welfare infrastructures (Safri and Graham 2010; Parreñas 2003). And yet, it is also women and girls, as caregivers and biological reproducers, who are disproportionately dependent on state welfare support especially for accessing reproductive health services (Rai, Hoskyns, and Thomas 2014; True 2012; Chant 2010). Moreover, despite the reliance on remittances that support the Philippine economy significantly, the state continues to inadequately protect migrant workers' rights especially those in already vulnerable occupations such as domestic workers. For instance, OFWs are trained to remit, learning where to course their money through various bank and non-bank remittance agencies than the protection mechanisms available to them via 'pre-departure orientation seminars'.³

To be sure, over time the Philippine state has acknowledged the valuable contributions by migrant workers in sustaining the economy. Beginning in the late 1980s, OFWs have been branded as the new heroes

³ See Philippine Overseas Employment Administration (POEA) and Overseas Workers Welfare Administration (OWWA) websites for examples: <http://www.poea.gov.ph/>, <http://www.owwa.gov.ph/>.

of the nation (Gibson, Law, and McKay 2001). The discourse continues to be relevant as it is reproduced by the state until now through national awards such as the ‘Model OFW Family’ and Bagong Bayani (New Hero) award. The state’s initial deployment of the ‘heroes of the nation’ discourse coincided with the successive, high-profile cases of abuse and exploitation of overseas workers including the execution of a domestic worker in Singapore in 1995. The nationalist discourse of OFWs as heroes underscores how migrant workers serve the country at great personal cost to themselves and their families. These forms of recognition evoke imageries of martyrdom emphasising the virtues of self-sacrifice by both migrants and their families in favour of the country’s economy. They form part of the various “technologies of servitude” that inculcate female migrant workers with values of selflessness, service and sacrifice for the family and country (see Rudnycky 2004; Spitzer and Piper 2014). More importantly, they offer a lens through which experiences of hardship and suffering by migrants and their families are given meaning.

The depletive conditions in the Philippines, however, are rooted in the strategic gendering of the Philippine state as it positions within the global political economy. As a labour exporting country, it relies on the gendered association of national identity with representations of Filipinos as having the innate aptitude for social reproductive labour specifically in terms of service or care-related occupations. For instance as Pauline Barber notes, “to speak of Filipina now, particularly when speaking from outside of the Philippines, is to conjure up the idea of domestic service” (2000, 400). Indeed, the word ‘Filipina’ translates to ‘maid’ in Italy, Greece and Spain. It is precisely this gendering that the Philippine state capitalises on “nurturing qualities associated with Philippine femininity” to secure a comparative advantage in a global economy increasingly reliant on social reproductive labour subsidy (Barber 2010, 2000; see also Chin 1998, 105-106).

For example, in the case of Filipino domestic helpers in Hong Kong and Singapore, the antagonism towards them by female employers has long been documented and made known to the state. Fixated on the sexuality of domestic workers and their perceived ambivalent relationship status, Filipino women have been subjected to the suspicions and severe policing of female employers who fear that domestic workers will form illicit relationships with their husbands (see Constable 1997). Most recently in April 2015, a prominent female public official in Hong Kong insinuated that their government should be held responsible for marriages wrecked by Filipino domestic workers (*The Manila Times*, April 19, 2015). In response, the Philippine government stresses that, “Filipinos are culturally family-centered. We are known to highly value family ties. This trait has defined Filipinos for generations, wherever they are and whatever circumstances

they may be in. *Filipino women are homemakers, not home-wreckers* (emphasis mine)”.⁴ This state-level response is consistent with the more individualised strategies which Kimberly Chang and L.H.M Ling observe: “in Hong Kong, many Filipina domestic workers resist their racialization and sexualization by redefining service in terms of devotion to God, family, and country” (2010, 41).

Reinforcing the ideal of Filipino women as ‘innate mothers’ protects the moral identity of domestic workers, and represents them as non-threatening to married female employers. Harnessing female altruism in the context of the Philippine care work export serves to both assuage migrant women’s negative experiences overseas. Moreover, it also has a direct and immediate benefit for reinforcing the Philippines’ stake in global care economies. Female altruism in the context of Philippine labour migration, however, aligns with the interest of local Catholic religious fundamentalists in entrenching the cultural ideal of the “non-complaining and silenced Filipina” (Roces 2009, 272). Through the same discourses of female altruism, local Catholic religious fundamentalists justify restrictions to reproductive freedom in the country. Being compliant and subservient makes Filipino women not only ideal care workers overseas but also valued mothers, wives and daughters in Philippine society. Women are thus at the service of the Philippine state and the neoliberal global economy but this servicing comes at the cost of their reproductive freedom.

Maternal Mortality: A Cost to Social Reproduction

An extreme indicator of depletion is the case of maternal mortality. Alicia Ely Yamin rightly points out that

[N]o global health issue may more acutely capture the culmination of conspiring inequities within, as well as between, countries than maternal mortality. And it is likely that no global health issue more graphically illustrates the role of health systems, their potential both for promoting greater democracy and for reinforcing exclusion and discrimination along gender, class, racial, and ethnic lines, which further marginalizes certain groups (2017, 232-233).

In the case of the Philippines, the clear economic reliance on women’s social reproductive labour especially in terms of the gendered sacrifices expected of them is reciprocated by worsening conditions for sexual and reproductive health. These include severe restrictions on accessing contraceptives and the criminalisation of

⁴ The Secretary for the Department of Labor and Employment (DOLE) issued an official statement indicating how the Philippine government took the issue seriously. I also note that the DOLE secretary at the time was a Christian woman. See “Statement of Secretary Rosalinda Dimapilis-Baldoz on the commentary against Filipino HSWs.” <http://www.dole.gov.ph/news/view/2779>.

abortion in the country (Likhaan, Reprocen and Center for Reproductive Rights [2007] 2010). For instance, maternal mortality in the Philippines have not registered any significant decline for more than two decades at an average of 128 maternal deaths per 100,000 live births (WHO et al. 2015a). Crucially, the total unmet need for family planning registered an increase from 15.7 percent in 2006 to 19.7 percent in 2011. This unmet need intensifies for poor, rural and less educated Filipino women (NSO 2012). In addition, adolescent and unplanned pregnancies majority of which occur in poor households affect 1 in 10 young Filipino women (NSO 2014). The prevalence of adolescent pregnancies in the Philippines is increasing and among the highest in the ASEAN region (see *IRIN News* 2012; YAFS 2014).

Historically, the Philippines is among the developing countries that were heavily dependent on foreign donations of family planning supplies. Since 1970, contraceptives in the country had almost exclusively come from USAID, UNFPA and other international organizations thus lessening the need for government procurement. In particular, USAID contraceptive donations accounted for 80 percent of the country's total supply requirement (Tanyag 2015). However, beginning in the late 1990s, the US government decided to systematically stop being the main provider of supplies, and left developing countries to be 'self-reliant' with their family planning programs (Brune 2005). The withdrawal of USAID contraceptive supplies in the Philippines significantly undermined reproductive freedom in the country by opening a juncture for Catholic religious fundamentalists to exert greater influence in the everyday reproductive decisions of many Filipino women including religious minorities. Catholicism's historical privilege or dominance in Philippine politics and society is reflected in the extent by which Catholic doctrinal teaching is embedded within state institutions. For instance, Catholicism is deeply ingrained and taken-for-granted that Philippine courts explicitly apply Catholic morality as legal standards (Ruiz Austria 2004).

It was not until 2007 when the phase-out of USAID supplies in the Philippines became effective that Catholic Church leaders, 'pro-life' groups and local government officials including conservative elite women were able to restrict access to contraceptives through the state. The national government under President Gloria Arroyo (2001-2010) made no effort to publicly provide contraceptives to the detriment of poor women who were reliant on state welfare support (Tanyag 2015). Throughout her presidency, Arroyo maintained a firm stance against contraceptives on the basis that her policy is responsive to the needs of most Filipino mothers who are conservative Catholics and do not use contraceptives (Abinales and Amoroso 2005, 296). She was also instrumental in enforcing a ban which remains in place today, on Postinor a widely used

and WHO-endorsed emergency contraceptive pill (Ruiz Austria 2004; see also WHO 2016). The ban remains in place owing to the pro-life claim that the EC pill induces abortion (see also Chapter 7).

In the highly populated city of Manila, a de facto ban on all types of contraceptives has been in place due to a policy promulgated by a ‘pro-life’ mayor since 2000 (Likhaan, Reproccen and Center for Reproductive Rights [2007] 2010). And yet, national surveys have consistently shown that the use of contraceptive pills is the most preferred method for family planning regardless of class and religious background. Muslim religious leaders representing an estimated 5 percent of the Filipino population had even issued a religious edict or *fatwa* in support of all family planning methods as early as 2003 (Solamo-Antonio 2015). This underscores the use of Catholic fundamentalist beliefs, rather than religion per se, that has been pivotal in perpetuating restrictions to SRHR.

Recently, a national legislation called the Responsible Parenthood and Reproductive Health Act of 2012 more popularly known as RH Law was enacted after more than 14 years since it was first proposed as a bill. With the support of President Benigno Aquino III, a progressive coalition led by women’s groups successfully campaigned for a law that guarantees state funding for reproductive information, services and supplies in the country. However, five years after the RH Law was enacted, it still remains ineffective as the state recognition of reproductive health has not been matched by actual allocation of state resources (CHR 2016). Local Catholic Church leaders and ‘pro-life’ groups significantly continue to challenge SRHR reforms in the country on the basis that doing so runs counter to the ‘Filipino culture of life’ – one that valorises motherhood in society. In another recent example, the local pro-life lobby, led by an organisation called Alliance for the Family and Foundation (ALFI), has successfully lodged a legal challenge on contraceptive procurement and distribution by the government through a Supreme Court temporary restraining order issued in 2015 (Geronimo 2015; Cabato 2017b). Under the ruling, the renewal of license and registration for a range of contraceptive pills and implants continue to be on hold pending proof that they are not abortifacients from the national Food and Drug Authority. While this restraining order is in place, the Commission on Population expects that 90 percent of certifications for various contraceptives will be expired by 2018. Consequently, they cannot procure these products and in effect further limiting the options for sexual and reproductive decision-making in the country (Geronimo 2016; Cabato 2017a; POPCOM 2017).⁵

⁵ See also CHR 2016 for a comprehensive documentation of other existing legal restrictions on SRHR in the Philippines.

International human rights bodies have long expressed grave concern over restrictions to SRHR in the Philippines. For instance the Committee on Economic, Social and Cultural Rights and the Committee on the Rights of the Child in 2008 and 2009 respectively, have urged the state to stem the rise of maternal deaths and adolescent pregnancies in the country by ensuring universal access to contraceptives and abrogating other existing institutional restrictions to reproductive freedom. The UN CEDAW Committee (2015a), as a result of the optional protocol inquiry, concluded that the Philippine state is accountable for various grave and systematic reproductive rights violations in the country. Specifically, the committee stressed the role of the Philippine state in perpetuating cultural and religious stereotypes of women's primary role as child bearers and child-rearers to undermine and constrain their bodily autonomy and well-being (see also Cook and Cusack 2010).

It is precisely these gendered stereotypes such as the discourse of selfless and nurturing mothers that the Philippine state strategically deploys to sustain its remittance-driven economy which then also serves to justify restrictions to SRHR. As a prominent Filipino senator argued during the intense public debates over the RH Law in 2012, "our [Filipinos'] biggest export is OFWs. That is export. That's why I'm against RH. What will improve our economy is the excess population that is used to accepting jobs that others don't want to handle (as quoted in Macaraig 2012)". Recognising women's sexual and reproductive freedoms threatens the country's ability to keep its advantage in the global economy, and maintain a stable flow of remittances. Upholding the Philippine state's human rights obligations especially under CEDAW means that it not only eliminates legal and socio-cultural barriers to health (CHR 2016); but also that this project requires redressing unequal political economic structures built on the invisibility of social reproductive labour.

Conclusion

Restrictions to SRHR are a keen revelation of prevailing global material inequalities and how crisis and global austerity come at the cost of bodily depletion for women and girls. Feminist political economy research has shown how social reproductive labour is harnessed to service various economic activities but the costs and benefits of this servicing remain profoundly unequal. In this chapter, I contribute to this growing scholarship by highlighting how women and girls are often excluded from material redistribution and subjected to violence despite their immense contributions to sustain the needs of the family, community and the state. This occurs precisely because their labours are considered as acts of sacrifice through the

legitimizing role of religious fundamentalist ideologies particularly female altruism. Importantly, it is through such ideologies that the subordination of bodily autonomy and well-being to economic survival, as well as barriers to accessing sexual and reproductive health are normalised. For care work exporting countries such as the Philippines, the linkages between care work export, female altruism and the deterioration of bodily autonomy and well-being are apparent. As a crucial site of depletion, the Philippines illustrates how economic dependence is directly maintained by discourses of female altruism wherein self-sacrificing women are fashioned as ideal care workers in Filipino households and the global economy. However, these very same discourses are rearticulated by local Catholic religious fundamentalists to justify restrictions to SRHR. And yet, without sustaining the very bodies that render gendered service and sacrifice, the well-being of households, communities and states are also severely impaired. Locating reproductive freedom within this contemporary nexus allows us to see that social reproductive labour is not merely devalued relative to productive labour, but that it is in fact increasingly being valued in religious fundamentalist terms.

Chapter 3. Depleting fragile bodies: The political economy of SRHR in crisis situations

Introduction

In his opening statement to the first ever 2016 World Humanitarian Summit held in Istanbul, then UN Secretary General Ban Ki Moon (2016) noted the unprecedented scale and frequency of humanitarian crises such that “more people have been forced from their homes than at any time since the end of the Second World War”. Indeed, according to the global report of the Internal Displacement Monitoring Centre, in 2015 alone there were 27.8 million new displacements in 127 countries; 8.6 million of the total was associated with conflict and violence in 28 countries, and 19.2 million with disasters in 113 countries (IDMC 2016, 7). He stressed the need for shared responsibility and stronger political commitment from the international community not only in stabilising crisis situations but more importantly, in creating lasting peace and prosperity. Yet, “that effort is not where our political leadership or resources are presently focused” (UNGA 2016a, 6). The reality for millions of women and girls is that shortfalls in global humanitarian aid mean that they bear multiple and compounded responsibilities for ensuring the daily survival of households and communities in crisis. Particularly in displacement contexts, the absence of and gaps in state and international humanitarian assistance mean that women and girls provide the necessary safety nets largely in the form of intensified unremunerated care work typically at the cost of their own bodily health and well-being. Consequently, states and international actors that respond to crisis situations – through this neglect – can directly and indirectly rely on the service of women without providing the crucial inflows to replenish the very bodies that mitigate both immediate and long-term consequences of crisis.

In this chapter, I build on the feminist political economy approach advanced in this thesis by demonstrating how the deepening vulnerability of women and girls during times of crisis and in fragile contexts such as the Philippines, is rooted in the confluence of pre-existing gendered material and ideological structures that restrict their bodily autonomy at the household, state and global levels. I apply the Depletion through Social Reproduction (DSR) model introduced in chapter 2 to show that an invisible cost of doing social reproduction in crisis situations is the heightened abrogation of SRHR. Specifically, DSR allows us to reveal how and why women and girls experience both an immediate and gradual loss of bodily integrity and well-being in crisis settings of armed conflicts and environmental disasters due to the marginalisation and

economic devaluing of the need for sustainable social reproduction within global peace and security frameworks. What does it mean for how we understand transitioning from crisis into peace time when the sustainability of care provision – a basic necessity for maintaining daily survival – is progressively depleted? For instance, recurrent and escalating humanitarian crises such as conflicts and disasters mean that the demand for care intensifies. However, it is also during crisis that the very sources of care such as health services including the availability of comprehensive sexual and reproductive health are frequently destroyed with distinct consequences for women and girls (Robinson 2016, 127; Urdal and Che 2013; Petchesky 2008). The survival of families and communities during and after crisis which rests upon the sustainability of care provision is further undermined through broader patterns of exclusion and discrimination experienced by women and girls.

This chapter is divided into three main parts. First, I outline how DSR can be applied to theorise women's bodies and specifically SRHR during times of crisis. I show that the cost of mitigating rising care demands is the immediate and gradual depletion of women's bodies. This occurs as a result of a heightened feminisation of survival matched by an absence of contributions to replenish and sustain the health and well-being of women and girls during and after crisis. Second, I turn to the case of the Philippines where precarious living for many Filipinos is built into and further normalised through the country's direct reliance on the provision of care by women and girls for sustaining its remittance-driven economy and globally by meeting ever increasing care demands abroad. However, deeply-embedded material and cultural barriers to SRHR suggest that the bedrock of the country's productive economy, and what ensures the survival of many communities during and after crisis is left un-replenished and depleted. Third, I conclude by exploring the implications of DSR for deepening our understanding of global security and development at a time of multiple and escalating crises. As I substantiate further throughout Chapters 4 to 7, the achievement of security and development to be sustainable, inclusive and not built on the depletion of women's bodies must consider bridging global SRHR gaps as priority.

Despite carrying the primary burden of survival for their families and communities through their caregiving roles, they are most likely to face barriers in the distribution of benefits or rewards during and post-crisis when the contributions they provide are rendered invisible or economically devalued even beforehand. This is particularly relevant in the crisis-prone country of the Philippines where millions of people are routinely affected by conflict and disaster-induced displacements. Yet, it is also where the care

work of women and girls directly and indirectly sustain national and household economies, as well as globally through labour migration at the cost of women's bodily autonomy and well-being. The prevailing neglect of SRHR during and after crisis therefore assumes that women's bodies and the care labour they provide are elastic or beyond depletion. However, studies show that globally, the ten countries with the highest maternal mortality ratios in the world are affected by, or emerging from, war (UNFPA 2015). Over half of the world's maternal deaths occur in conflict-affected and fragile states – and the majority of these are preventable (UN Women 2015; UNFPA 2015). In addition, women and girls are most vulnerable to severe restrictions and direct abrogation of their bodily autonomy during times of insecurity. For instance as UNFPA (2015) notes, 25 percent of the more than 100 million people in need of humanitarian assistance are women and girls of reproductive or child-bearing age. They constitute the group most at risk of various forms of sexual and gender-based violence (SGBV) including heightened exposure to STDs and HIV/AIDS and unwanted or forced pregnancies.

Theorising Women's Bodies, Depletion and Crises

DSR is useful for conceptualising the links between women's bodily integrity and the lack of material contributions to economically value care and domestic work during and after crisis. In chapter 2, I outlined how the neoliberal global economy fuels restrictions to sexual and reproductive freedoms by simultaneously relying on and effacing women's bodies due to significant lack of inflows to sustain social reproduction. This violently depletive nature of the neoliberal global economy is increasingly legitimised by cultural and religious discourses of female altruism and self-sacrifice. In this chapter, I build on this argument by drawing from a growing body of feminist research around the 'crisis' of social reproduction which has started to demonstrate the varied ways through which macro-level economic devaluing of social reproductive contributions leads to harmful consequences to the sustainability of social reproduction itself.¹

Feminist political economy research has drawn attention to how women's unpaid labour is intensely relied upon by states as an elastic 'safety net' or 'shock absorber' for the coping of families and communities during times of crisis (Doyal 1995; Elson 2010; Bedford and Rai 2010). Extending this critical scholarship further, I use the concept of depletion to reveal how the survival of households and communities depend

¹ To name a few see Elson 2012; Folbre 2014; Rai, Hoskyns, and Thomas 2014; Harman 2016.

more intensely upon the quality of health and well-being of caregivers who are predominantly women and girls. The sustainable provision of care, however, is increasingly divested unto women and girls to mitigate on their own. This occurs in that the intensified health needs of women and girls remain largely unmatched by state and global expenditure inflows to sustain social reproduction as evidenced by the staggering global health inequalities in sexual and reproductive health especially in crisis settings. As Elias and Rai similarly point out that “in times of crises, economic downturn, war, and social conflict, there can be an intensification of this harm” (2015, 428). Gaps in crisis responses and interventions particularly when they neglect SRHR suggest that survival and recovery are contingent on women’s willingness to make the necessary sacrifices – subordinating their personal needs to that of the family, community and the state. However, without replenishing or sustaining the bodily autonomy and integrity of women and girls, then lasting post-crisis recovery of households and communities are undermined too. Importantly, the very bodies that meet intensified care demands end up depleted (Rai, Hoskyns, & Thomas 2014).

Recent studies indicate that the feminised burden of care especially during times of conflict and emergencies contributes to the heightened mortality and long-term health deterioration for women and girls (Urdal and Che 2013; Robinson 2011; Harman 2016). The links between women’s health and crisis manifest in different modalities such as through direct or immediate health consequences such as the lack of self-care (eating less or going without food or water during times of income and resource scarcity), maternal death and pregnancy-related complications, and exposure to infectious diseases and health pandemics to name a few. The modes of depletion in crisis settings also include indirect health consequences which are nevertheless part of the broader gendered insecurities that occur in fragile settings. This is exemplified in the prevalence of SGBV that also intensify across internal displacement sites due to limited reporting and protection mechanisms. In shelters and evacuation camps, for instance, where there may be higher rates of SGBV that go unreported, there is an even greater unmet need for comprehensive health services and supplies such as post-exposure prophylaxis (PEP), emergency contraceptive (EC) pill, and abortion which are crucial for treating the often brutal consequences of rape and sexual violence (Center for Reproductive Rights 2016). Moreover, community health workers in conflict-affected areas who are typically front-line responders are usually ill-equipped, underpaid (or on voluntary basis) and under-staffed. They themselves may also be misinformed about sexual and reproductive health. Predominantly women, they too face heightened risks for conflict-related SGBV and require sexual and reproductive health support.

What then accounts for the neglect of sustaining social reproduction including health during times of crisis? Applying a feminist lens enables us to critically examine how dominant understandings of peace and security serve to reproduce binary logics that sever the interconnectedness between moments of ‘crisis’ and the ‘everyday’, between productive and reproductive economies, as well as across various forms of political, economic and socio-cultural insecurities from the individual to the community and the state and global society (True and Tanyag 2017). According to Sjoberg, Hudson and Weber, “it is important to pay as much attention to what is not swept up in the rhetoric of crisis as to what is included (2015, 530).” This means challenging how crisis responses tend to embody the ‘tyranny of the urgent’ or the privileging of ‘technical’ fixes and stop-gap solutions at the expense of long-term reforms. To understand the invisibility of social reproduction especially SRHR during times of crisis, DSR allows us to see beyond ‘crisis’ to reveal the everyday political economy of maintaining social reproduction and its implications for the bodily autonomy of women and girls.

Feminist research on human security and care ethics, for instance, argue that responsibilities and practices around social reproduction particularly in terms of receiving and giving care constitute the most basic necessity for daily survival that they are taken for granted in light of its very ubiquity (Robinson 2011; 2016). The ubiquity is complemented by cultural and religious norms that render the production of care as primarily women’s ‘bottomless’ obligation (Brickell and Chant 2010; see also Chapter 2). Hence, linking DSR and care ethics together suggests that the ‘mundane’ conditions required for sustaining social reproduction are left out, obscured or simply taken for granted in crisis responses, due to the economic devaluing and cultural expectations around women’s labour.

From a human rights perspective, states have the responsibility under international human rights and humanitarian laws to progressively promote the health and well-being of all individuals regardless of crisis (UNGA 2013; UNGA 2016b). Although there has been remarkable progress in targeting humanitarian services to women and girls over the past decade, large gaps remain in transformative actions beyond the crisis or emergency phase to address gender inequalities and in the gender-equitable distribution of resources during and after crises (UNFPA 2015; UNGA 2016b). An example is the growing awareness and recognition globally of the various burdens and vulnerabilities that women and girls distinctly suffer in times of crisis and emergencies. In the case of armed conflicts, UN Security Council Resolution 1325 and several subsequent resolutions constitute the Women, Peace and Security (WPS) agenda. This agenda identifies

three priority areas namely: the meaningful participation of women in peace and security governance; the protection of women's rights and bodies in conflict and post-conflict situations; and lastly, prevention of systematic and widespread SGBV.

Maternal mortality, as proxy for women's access to reproductive health services during and after conflict, is among the key indicators for monitoring the implementation of WPS provisions. Resolution 2122 specifically recognises the importance of humanitarian aid and funding to provide the full range of medical, legal, psychosocial and livelihood services to women affected by armed conflict and in post-conflict situations. Toward this end, the resolution also stipulates the need for the full accessibility of various sexual and reproductive health services without discrimination. However, this recognition of SRHR within the WPS agenda remains marginal given what feminists have critiqued as the agenda's narrow implementation. As True and Tanyag (2017, 52) point out, "gender mainstreaming in security and peace frameworks such as the WPS has often either detracted from, or served to depoliticise, comprehensive gender equality goals and outcomes." Furthermore, as this chapter shows, the promotion of women's participation and protection in times of crisis is contradicted by the prevailing neglect of social reproduction especially SRHR in the global economy. This then undermines the overall thrust in preventing SGBV and the root causes of insecurity especially for women and girls.

Addressing the full continuum of insecurities during times of conflict means that achieving WPS goes hand in hand with the promotion of sustainable development goals and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in order to narrow the gaps between crisis interventions that mobilise greater political attention and financial resources; and long-term structural reforms that are typically sidelined including material redistribution that rewards social reproductive labour. Importantly, this includes meeting the continued shortfalls in global investments to women's and girls' health. In the case of global health, however, health problems still continue to be intelligible as political concerns primarily when they directly threaten or endanger national and international stability such as through the spread of infectious diseases and bio-terrorism (McInnes and Lee 2006; Nunes 2014). Egregious health inequalities that fundamentally impede individual self-determination remain politically and economically neglected (Nunes 2014, 957).

Table 3.1. Public Health Expenditure (% of total health expenditure)

	1995	2014
Global	62	60.1
Low-income	34.3	42.4
Lower middle income	35.4	36.4
Upper middle income	51.5	55.2
High income	63.4	62.3

Source: World Bank, <http://data.worldbank.org/indicator/SH.XPD.TOTL.ZS>

Foreign aid allocations and public health expenditures have not increased to match rising health needs among vulnerable populations such as internally displaced peoples (IDPs) (see Table 3.1). The World Health Organisation notes that while for many countries there is a need to mobilise and effectively use domestic resources, “only an increased and predictable flow of donor funding will allow them to meet basic health needs in the short to medium term” (WHO 2012). The importance of stemming the egregious material neglect of SRHR for ensuring sustainable social reproduction is even more pertinent given recent global manoeuvres to further narrow the policy spaces for SRHR through the reinstatement of the so-called Global Gag Rule, and the withdrawal of US funding for UNFPA in 2017. Many were quick to point out how these restrictions will exacerbate the suffering of women and girls in developing and crisis-affected countries who are most dependent on humanitarian assistance (Tanyag 2017b; UNFPA 2017). Increasingly, cultural and religious discourses form part of the political economy underpinning restrictions to sexual and reproductive freedoms before, during and after crisis. The influence of fundamentalist religious beliefs aimed at controlling women’s sexual and reproductive decision-making manifests among others in unequal family laws, legal restrictions to abortion, as well as in the gendered reproduction of maternal symbols and identities in national and global responses to crisis.

For example, in the face of sexually transmitted global health pandemics such as HIV/AIDs, Ebola and Zika, stop-gap solutions have tended to reflect biases rooted in conservative religious beliefs. Responding to the Zika crisis, Latin American governments in effect have placed upon women the primary burden of containing the pandemic by advising them to prevent or delay their pregnancies largely through

the assumption of abstinence (ARROW 2016). Such an expedient approach ignores the tremendous material and cultural barriers women and girls already face in the region in terms of accessing modern contraception and safe abortion due to existing conservative Catholic lobby. Moreover, it even compounds the injustices experienced by victims of SGBV by denying the need for state provision of comprehensive assistance thereby heightening their risks for transmission (Human Rights Watch 2016).

Despite unprecedented levels of humanitarian crises, studies show that global expenditures for military and internal state security continue to outweigh global resources allocated for building lasting peace and sustainable development globally (Schippa 2016; Mercy Corps 2016). Effective financing to build peace is still lacking such that “aid to fragile contexts is often for ‘firefighting’ rather than for long-term structural change” (OECD 2016, 26, 131). According to the military expenditure database by the Stockholm International Peace Research Institute (SIPRI), global military expenditure in 2015 was an estimated \$1,676 billion USD. In the crisis-prone region of Asia Pacific where protracted conflicts and severe environmental disasters routinely intersect, military spending rose by 5.4 percent in 2015 and by 64 percent between 2006 and 2015, reaching \$436 billion in 2015 (SIPRI 2016). The allocation of resources to militaries when compared to the pervasively low public health expenditures is telling of the global dimension to the depletion of social reproduction exacerbated in crisis settings.

Indeed, while the quality of health care service delivery generally suffers in conflict situations often as a result of deliberate attacks by armed groups to strategically weaken communities (Urdal and Che 2013, 492), crisis might also allow for vital health services and assistance to be made available through the influx of foreign humanitarian aid (Petchesky 2008). Still, such critical junctures must be leveraged to progressively bridge emergency health assistance with long term development of comprehensive health services especially sexual and reproductive health for women and girls. For example, according to UN Women (2015), a global humanitarian standard on the delivery of Minimum Initial Service Package (MISP) for both reproductive health and clinical management of rape has been in place since 1999, and recently revised in 2010. And yet, in many crisis settings this standard has not been attained or implemented. Studies show that this is because the effective delivery of MISP “assumes some level of pre-existing, functioning health infrastructure, disrupted due to conflict, that humanitarians can help patch up and reactivate” (UN Women 2015, 78). In many conflict and disaster-prone regions such as in the Philippines, public health

systems are already weak or deeply eroded to begin with and this is causally linked to pre-existing global economic crisis (Fonn and Ravindran 2011; Benatar, Gill and Bakker 2011).

Lastly, a ‘crisis of social reproduction’ manifesting through all components to egregious health inequalities thus serves as a permanent background to ongoing humanitarian crises and insecurities brought on by economic recessions, health pandemics, armed conflicts and environmental disasters (Bujra 2004; Kunz 2010; Elson 2012). As Harman (2016) argues, global health governance and local health systems reproduce and exacerbate the invisibility of feminisation of care burdens and survival during times of crisis. Care provisioning rendered by women and girls directly and indirectly ‘fills in the gaps’ of poor health infrastructures. She further points out that,

Weak health systems are often underpinned by an informal care economy made up of voluntary carers working with community-based groups, non-governmental organisations, or independently in response to the needs of the community and carers working in extended families. These roles tend to be occupied by women (2016, 532).

A limited state role in times of crisis, is particularly problematic for SRHR, because it is also increasingly deepening the presence of faith-based NGOs and religious actors in crisis settings. Indeed, in a special session on religious engagement during the 2016 World Humanitarian Summit, Caritas Internationalis President Cardinal Antonio Tagle, who is also a prominent Archbishop from the Philippines, stated that “faith leaders and faith-based organisations in humanitarian contexts are not only able to deliver critical services during a crisis but to do so with a unique wisdom of compassion and reconciliation” (see also *Vatican Radio* 2016).²

Cultural and religious norms promoted by crisis responders themselves, may serve as barriers to accessing comprehensive health services. Based on a preliminary study by AWID (2016, 27) “there is some evidence that at least some religious organizations have used services and relief to introduce narrower interpretations of religion and adoption of rigid gender roles, heteronormativity, conservative dress codes and behaviour.” In the case of SRHR during crisis situations, the mitigating role of social reproduction is rendered even more ‘conspicuously invisible’ (Harman 2016) when women and girls put the needs of their

² The special session was called “Religious Engagement: The Contributions of Faith Communities to our Shared Humanity.” A summary of the session is available at <http://reliefweb.int/sites/reliefweb.int/files/resources/Religious%20Engagement.pdf>.

families and communities first to the neglect of their bodily autonomy and well-being. Here I show that there may be a widening of pre-existing gaps between the intensified provision of care and the contributions to sustain the very bodies that meet heightened care demands during times of crisis precisely because this is when gendered expectations of altruism and self-sacrifice operate the most. I now turn to the case of the Philippines to illustrate the severe and sustained depletion of women's bodies in crisis-affected areas and how this process is embedded in the global production of care workers.

Who Cares? Feminisation of Survival in 'crisis-prone' Philippines

The strategic positioning of the Philippines as a care work exporting country starkly reveals the paradox of the global economy increasingly dependent on immediate or short term survival through greater demands on social reproductive labour but at the cost of the long term depletion of women's bodies. It is illustrative too of how under a neoliberal global economy, a feminisation of survival is increasingly normalised during times of crisis without critical inflows to sustain their health and well-being. On one hand, it is a country clearly in need of and dependent on care. Like many other countries in the volatile Asia Pacific, it is crisis-prone where protracted armed conflicts and severe environmental disasters routinely intersect. For instance, according to Internal Displacement Monitoring Centre's Disaster Displacement Risk Index (DDRI), the Philippines is ranked second in terms of the highest risk to disaster-induced displacement relative to population size. Estimates suggest that approximately 21,000 per million Filipinos are at risk of disaster-induced displacement per year (IDMC 2015a, 23). On the other, Filipinos have come to represent ideal care workers both 'professional' skilled labourers as in nurses and doctors, and unskilled labourers such as domestic workers and caregivers in the global economy. The country's highly feminised labour export is also likely to remit more and save less from their incomes thus underscoring one dimension to the neglect of investments in long term security in exchange for immediate survival (see PSA 2016a).

Conflict and ongoing crisis affect the relationship between remittances, labour export and the sustainability of social reproduction. This is evident for example in a national survey that showed 63.5 percent of overseas Filipino workers (OFWs) from the conflict-affected region of Mindanao claimed that they did not have any savings from their remittances compared to the 36.5 percent who were able to save money (PSA 2016a). Compared to other less crisis-affected areas in the country, Mindanao OFWs constituted a group most unable to make long-term investments from their incomes. The presence of conflict

demands more from Mindanao OFW's earnings in order to maintain daily survival amidst precarious conditions. Globally, according to the Organisation for Economic Co-operation and Development (OECD) *States of Fragility 2016* report, remittances constitute the largest type of financial flow to fragile contexts followed by official development assistance and then foreign direct investments (OECD 2016, 17). Remittances, unlike long-term development assistance, typically augment daily care provisioning rather than stem structural inequalities including in the area of sexual and reproductive health.

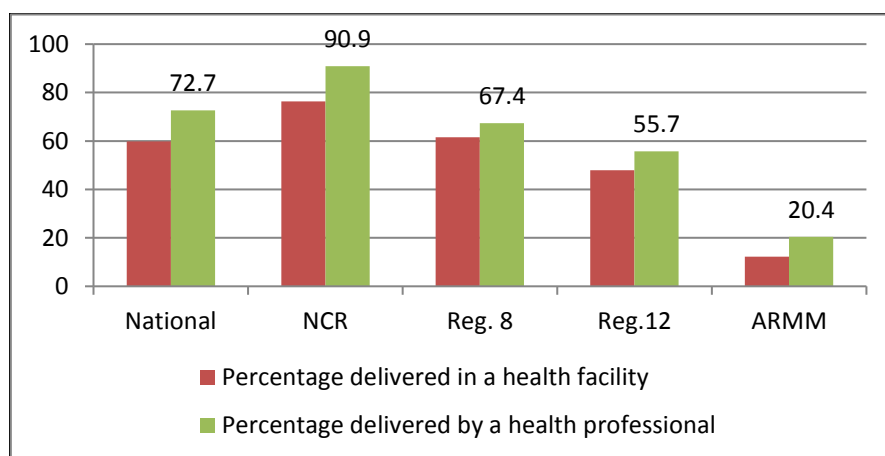
Building on the literature around 'care drain' and labour migration in the Philippines, I argue that the global political economy enables not just the mobilisation of female care workers from the Global South to the Global North which is how the concept of 'care drain' has been commonly applied (Ehrenreich and Hochschild 2003; Yeates 2009; Dumitru 2014). But at the same time, we are actually seeing the *depletion* of the very sources of care in profound ways especially during periods of crisis manifested in the undermining of SRHR. That is, the Philippine case allows us to empirically reveal the bodily costs of a simultaneous reliance on the labour and remittances of care workers in order to meet rising internal care demands among households and communities in crisis. Yet, the need to address health inequalities before, during and after crisis remains neglected at national and global levels. Moreover, bridging health gaps requires addressing pre-existing barriers to accessing health services between men and women, as well as across all groups of women and girls.

Based on the World Economic Forum's Global Gender Gap Index, the Philippines has consistently been in the top ten rankings and the regional leader for gender equality in the Asia Pacific.³ In 2016, the Philippines along with eight other countries have fully closed the gap on both the Health and Survival and Educational Attainment subindexes. No country has yet closed either the Economic Participation and Opportunity, or Political Empowerment subindex gaps (WEF 2016, 8). The Health and Survival Subindex of the Global Gender Gap Index is measured in terms of the health differences between women and men according to two indicators: sex ratios at birth; and life expectancies (WEF 2016, 5). These indicators, however, tend to mask the distinct health barriers that women and girls face in attaining bodily autonomy and well-being. The inclusion of the Philippines as among the countries that have bridged health gaps

³ The Global Gender Gap Index "is designed to measure gender-based gaps in access to resources and opportunities in countries rather than the actual levels of the available resources and opportunities in those countries" (WEF 2016, 4). It is measured based on four subindexes: Economic Participation and Opportunity; Educational Attainment; Health and Survival; and Political Empowerment. For full notes on methodology see WEF 2016.

between men and women obscures subnational health patterns defined not just by gender but also by overlapping inequalities based on race/ethnicity, class, religion, sexuality, and so forth. For example, crucial SRHR gaps among Filipino women demonstrate the impact of protracted conflicts and frequent environmental disasters in undermining health outcomes regionally.

Figure 3.1. Regional Skilled Birth Attendance

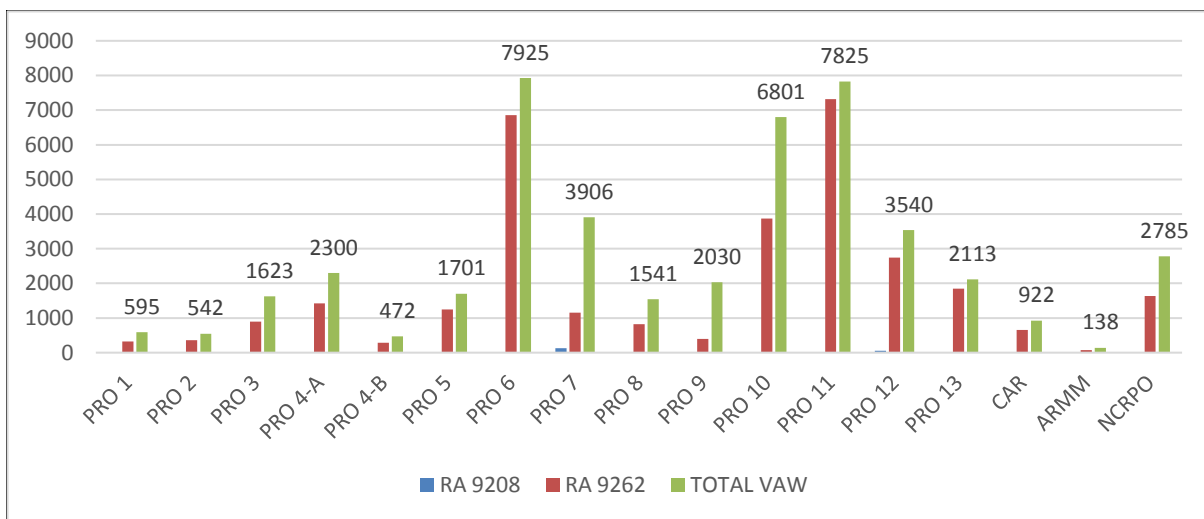


Source: NSO 2014.

Births attended by skilled health personnel are a crucial determinant for preventing maternal deaths (WHO et al. 2015b). This is due to the greater accessibility of emergency assistance in case pregnancy or birth-related complications arise. As shown in Figure 3.1, compared to the highly urban National Capital Region (NCR) and the national level of skilled birth attendance, the most conflict-affected region of Autonomous Region in Muslim Mindanao (ARMM) had the least number of medically assisted births based on 2013 data. Region 8 (Eastern Visayas) which is a typhoon-prone region and among the hardest hit regions by supertyphoon Haiyan in 2013, registered higher numbers compared to ARMM but also exhibited significant gaps compared to NCR. In addition, women from ARMM also reported the highest percentage of encountering barriers to accessing health care at 94.3 percent, compared to 53.8 percent of women from NCR (NSO 2014). The likelihood of underreporting in the conflict-affected region suggests that far greater numbers of maternal deaths among marginalised women remain uncounted, and in effect invisible (PSA 2016b; see also Davies, True and Tanyag 2016). In the case of women in ARMM who are predominantly from the Moro ethnic minority group, the invisibility of their deaths and state negligence to address such forms of preventable depletion demonstrates the impact of protracted conflicts in undermining health service

delivery and in the sustainability of social reproduction more broadly. Regional data in the Philippines show that a staggering 82.9 percent of total recorded deaths in ARMM occurred in the absence of health personnel (NSO 2014; also in PSA 2016b). This figure represents the highest rate at the national level signifying that even without disaggregating for gender, unequal access to health services speaks to the importance of eliminating structural inequalities based on religion, class, race/ethnicity and gender that define whose bodies matter.

Figure 3.2. Reported VAW cases by Region, 2014



Source: PCW, PNP.⁴

The same barriers that restrict the capacity of women and girls to exercise sexual and reproductive decision-making also underpin their inability to live lives free from violence. Figure 3.2 shows the irony presented by ARMM which has the highest concentration of armed conflicts nationally and yet had the lowest recorded cases of SGBV. The complex root causes to this contradiction is revealed partly through the OECD Social Institutions and Gender Index (SIGI). Unlike the Global Gender Gap Index, SIGI is different

⁴ Philippine laws categorise different forms of sexual and gender-based violence under the legal definition of Violence against Women. Data collection of reported cases fall under different categories such as shown in Figure 2. Republic Act (RA) 9208 refers to the 'Anti-Trafficking in Persons Act of 2003' criminalising trafficking of women and children. Republic Act (RA) 9262 refers to the 'Anti-Violence Against Women and Their Children Act of 2004'. This law defines violence against women and children under Section 3 as 'any act or a series of acts committed by any person against a woman who is his wife, former wife, or against a woman with whom the person has or had a sexual or dating relationship, or with whom he has a common child, or against her child whether legitimate or illegitimate, within or without the family abode, which result in or is likely to result in physical, sexual, psychological harm or suffering, or economic abuse including threats of such acts, battery, assault, coercion, harassment or arbitrary deprivation of liberty.' Source: Philippine Commission on Women; <http://www.pcw.gov.ph/statistics/201405/statistics-violence-against-filipino-women>.

in that it measures gender equality based on existing discriminatory social institutions.⁵ The Philippines obtained a SIGI score of ‘medium’ which means that its social institutions are “characterised by inconsistent or conflicting legal frameworks covering the family code, women’s access to resources and assets, and civil liberties. The strong influence of customary practices perpetuates discrimination in these areas (OECD 2014, 9).” According to the 2012 SIGI results, the country’s laws relating to the family are highly discriminatory.⁶ This score reflects the presence of legal provisions that do not adequately protect against early marriage, polygamy, unequal inheritance as well as the absence of divorce in the country. The index specifically identified acute concerns represented by the Code of Muslim Personal Laws along with routine customary practices in ARMM such as bride abduction and forced marriage (Davies, True and Tanyag 2016). This means that the ability to attain the best possible level of health is not simply about ensuring services are available. In addition, internalised barriers embedded in cultural or religious beliefs and practices that might prevent women and girls from accessing services in the first place require equal attention in terms of reforms.

There are material and ideological links between the SRHR outcomes for Moro women in Mindanao and the broader politics around control of women’s bodies in the Philippines. I explore these links in depth in chapters 4 and 5, as well as how similar processes play out in post-disaster contexts in chapters 6 and 7. Furthermore, I also highlight the various contributions of women leaders in community and national decision-making including forms of participation that are economically devalued and therefore rendered invisible. These important advances in crisis-specific political participation need to be strengthened. However, such an endeavour can only be meaningfully achieved by eliminating the tremendous gaps in SRHR that prevent from realising a more inclusive and lasting post-crisis recovery where broader groups of Filipino women and girls benefit. To understand the political economy of SRHR in crisis and emergencies, our analysis must go beyond how conflicts or disasters affect health systems and infrastructures to include how unequal health outcomes and vulnerability to violence in general are ultimately (re)constituted through global economic processes.

⁵ SIGI is a composite of scores from five dimensions: discriminatory family code, restricted physical integrity, son bias, restricted resources and assets, and restricted civil liberties.

According to OECD, “discriminatory social institutions perpetuate gender gaps in development areas, such as education, employment and health, and hinder progress towards rights-based social transformation that benefits both women and men.” See OECD, ‘Social Institutions and Gender Index’ <http://www.genderindex.org/>. OECD, “Philippines.” Available at: <http://www.genderindex.org/country/philippines>.

Linking labour migration, care drain and depletion in crisis

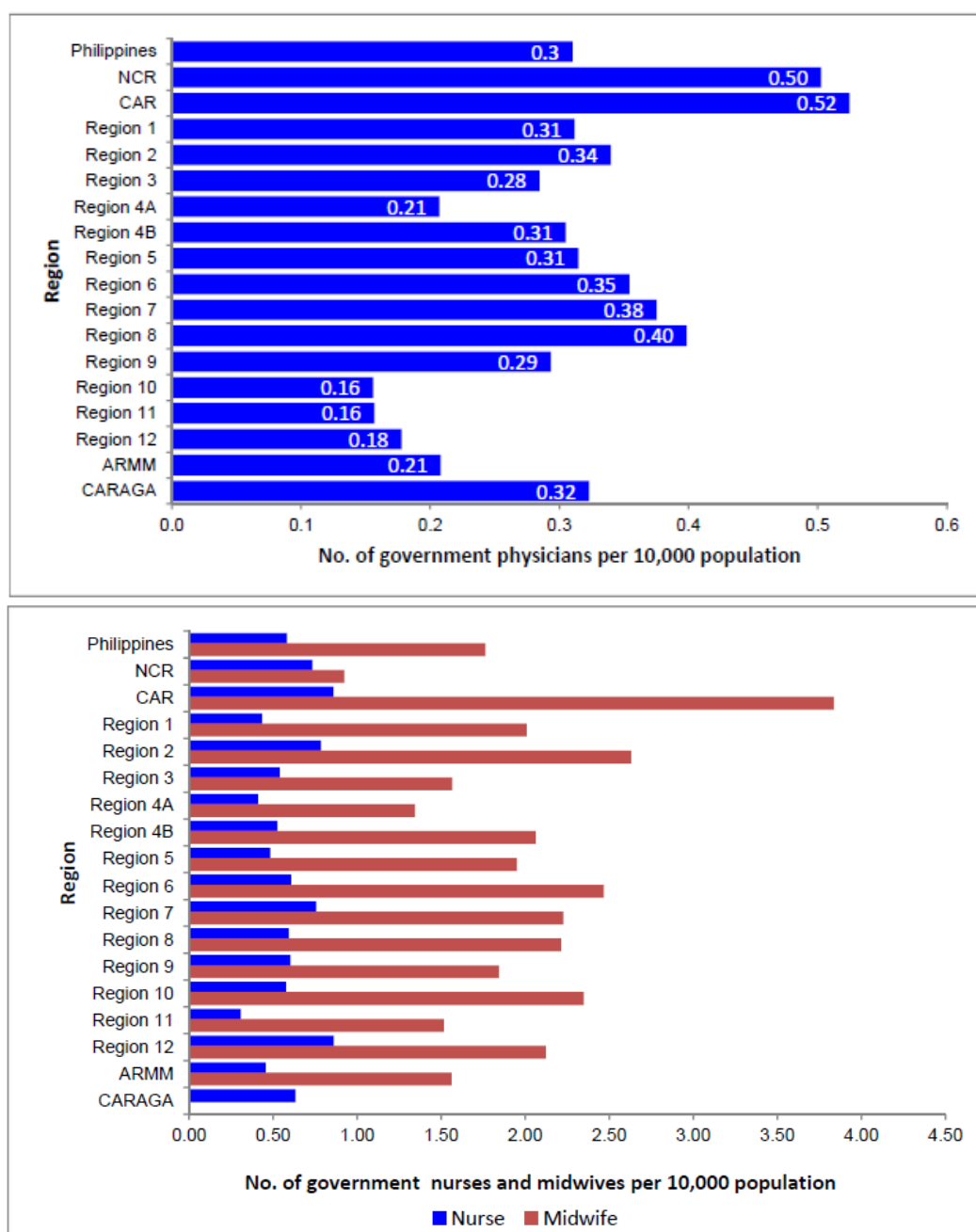
Deteriorating SRHR outcomes within crisis settings is evidence of the lasting detrimental impacts on the sustainability of social reproduction in the Global South enabled by a gendered and racialised global division of labour. In the Philippine case, one distinct consequence is the permanent shortage of health professionals and caregivers for meeting intensified care needs but this shortage nevertheless sustains national and household economies. For example, while producing a highly feminised labour export to meet global care demands discussed in chapter 2, the Philippines experiences a ‘permanent’ health crisis especially in rural and crisis-prone areas (see for example Harden 2008). Figure 3.3 demonstrates the severe shortage and uneven geographical distribution of medical personnel per region in the Philippines. The World Health Organisation (WHO) has a minimum threshold of 23 doctors, nurses and midwives per 10 000 population.⁷ The Philippines fails to meet this threshold especially in ARMM and other similarly conflict-affected regions in Mindanao.

Given the low density of medical personnel in ARMM and inaccessibility of frontline health service, this means that for life threatening health concerns such as pregnancy, many families and communities in rural areas simply contend with limited life chances. This regional pattern replicates the global inequality in health noted by WHO such that those faced with the greatest need for addressing diseases and health emergencies are also with the least access to health personnel and resources.⁸ While there have been attempts by previous governments beginning in the 1990s to address these shortages especially within rural areas and at the *barangay* or *barrio* levels. Initiatives such as the ‘doctors to the barrios’ (DTB) program, however, are stop-gap measures that are inadequate and reliant on mobilising values of altruism and sacrifice among urban doctors (Cabato 2016). DTB relies on volunteers to primarily relocate in these provinces in exchange for lower salaries and standard of living. Unsurprisingly, the DTB has not been a sustained initiative.

⁷ WHO, “Achieving the health-related MDGs. It takes a workforce!” Available at: http://www.who.int/hrh/workforce_mdgs/en accessed 25 April 2017.

⁸ WHO, “Density of physicians (total number per 1000 population, latest available year).” Available at: http://www.who.int/gho/health_workforce/physicians_density_text/en/ accessed 25 April 2017.

Figure 3.3. Medical Personnel Density by Region

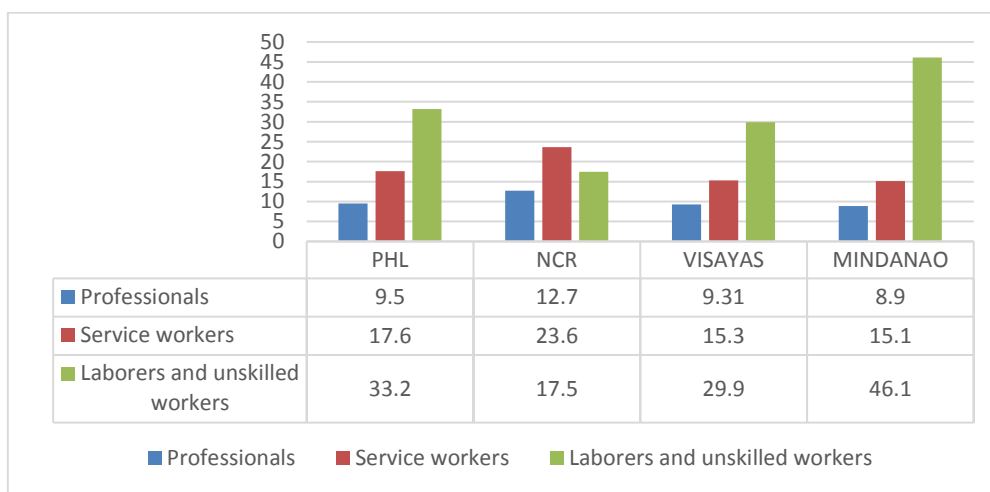


Source: Philippine Department of Health 2012, 356-368.

This ‘care drain’ exacerbates conditions in crisis situations by further driving households and communities to mitigate chronic state neglect through ‘self-help’ (Benatar, Gill and Bakker 2011, 647). This occurs because the very same regions with least access to health also fare poorly in terms of other indicators for human development which requires strong state-led social welfare. For example, based on the Philippine Human Development Reports, Mindanao provinces have consistently had among the lowest levels of human development nationally particularly in the areas of income poverty, life expectancies and education (see chapter 4). Migration provides access to economic resources unavailable to families in crisis-prone areas

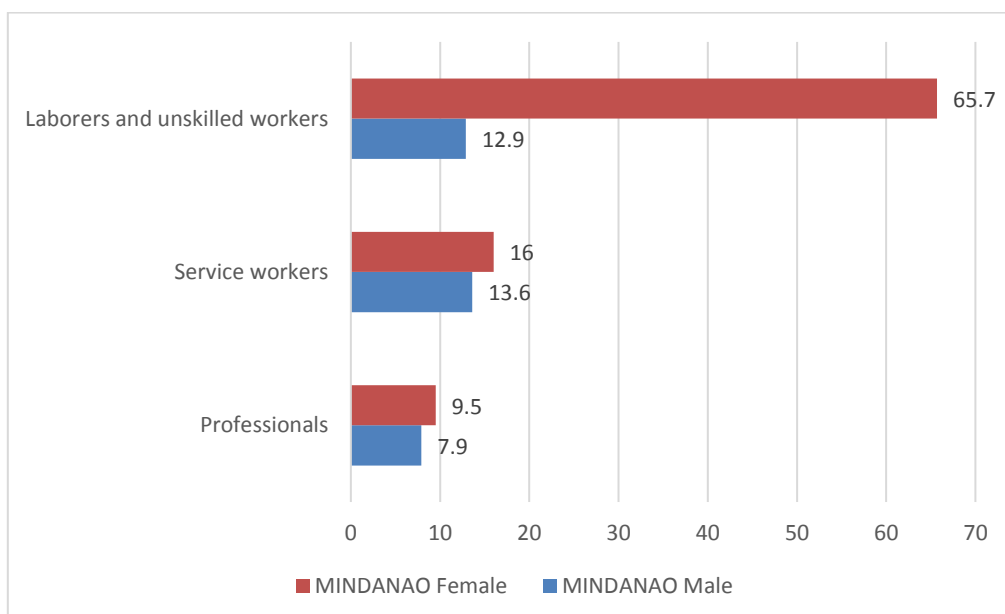
thereby allowing them the mobility to relocate to safer or urban areas. First, evidence point to how labour migration for many Filipino families is increasingly necessary and indeed a culturally sanctioned strategy to survive various crises from financial household crisis (chapter 2), armed conflicts (chapter 4) and environmental disasters (chapter 6). For internally displaced families and communities, remittances by migrant family members serve as the basic lifeline whether for only a short period of time as in post-disaster displacement in Visayas, or long-term dependence due to chronic displacements caused by routine conflicts in Mindanao. Conflicts and disasters intensify the pressure for women and girls to seek employment overseas.

Figure 3.4. OFWs by Region and Selected Occupation Groups



Source: PSA 2016a.

Figure 3.5. Mindanao OFWs by gender and selected occupation group



Source: PSA 2016a.

According to the 2015 National Survey on Overseas Filipino Workers (OFWs), the highest percentage of labour export nationally is comprised of women employed as labourers and unskilled workers. Regionally, thousands of these women migrants originate from and support families in Visayas and Mindanao (see Figure 3.4). In Mindanao, the pattern is strongly demonstrated such that 65.7 percent of labourers and unskilled workers from the region are female. Similarly, in Visayas, 53.3 percent were female compared to 9.3 percent male labourers and unskilled workers (PSA 2016a). These figures put into perspective the crisis-driven feminisation of survival at regional levels in the Philippines and the distinct vulnerability of women and girls in internalising conflicts or disasters by means of self-sacrifice. For instance, in 2014 approximately a year after super typhoon Haiyan devastated the Visayas region, national statistics on VAW recorded the highest prevalence of human trafficking cases in Region 7-Central Visayas (Figure 3.2).⁹ 132 documented cases or 55.5 percent of the national total came from one region alone in that year. This surge in reported cases as key informants have argued can be attributed to the sudden inflow of humanitarian contingents leading to an improvement in reporting and monitoring mechanisms in the short term.¹⁰ However, the ‘push factor’ for migration and self-help strategies especially for the most vulnerable populations extend beyond crisis periods and are in fact enabled by the country’s economic policies within a broader neoliberal global economy (Benatar, Gill, and Bakker 2011).

According to UN OCHA (2015e), 24.3 percent of financial assistance for the Haiyan relief and rehabilitation came from private individuals and organisations by August 2015. Although very little has been done to date on mapping the extent of contributions remittances in the Philippines have had for communities in crisis, available research (e.g. Le De, Gaillard, Friesen, and Smith 2015) and as I begin to demonstrate here, remittances play a crucial role in mitigating immediate security needs given weak state infrastructures and welfare provisioning (see also chapter 6). The frequent occurrence of conflicts and disasters mean that the Philippine state can invest very little in addressing these crises and yet reap economic profits. The global economy is thus deeply implicated in perpetuating various forms of crises that create significant human insecurities for communities such as in the Philippines because it is through the gendered reproduction of

⁹ The reported cases are registered in the report as under RA 9208, ‘Anti-Trafficking in Persons Act of 2003’.

¹⁰ Personal interviews with country representatives of international organisations 4 March 2015 and 18 April 2016, Makati City, Philippines.

crisis that the neoliberal economy is sustained. Consequently, women and girls bear the brunt of these crises in compounded ways. Often, given the precarious conditions of labourers and unskilled workers in the global economy, the immediate security of Filipino families and communities come at the cost of long-term depletion for both overseas women migrants as well as for families and communities in crisis-prone areas. The cyclical nature of violence is embodied in how many Filipino women and girls seek employment overseas through licit and illicit routes in order for themselves and their families to escape conflicts or disasters, only to be subjected to inhumane treatment and exploitation in their workplaces.

For many Filipino domestic workers especially in the Middle East, this includes threats of sexual and gender-based violence and even death in the hands of employers. The failure of the Philippine state and the international community to promote better work rights for domestic workers overseas contributes to the normalisation of OFW deaths. The employment conditions of OFWs clearly demonstrate the global economic devaluing of social reproductive labour as a root cause of gender inequality. Ironically, the Philippines' President Duterte in one speech casually stated that female OFWs ought to have access to pills so that they do not get pregnant even after being raped.¹¹ Such high-level statements reflect the pervasive reach of the ideal of self-sacrificing women migrants discussed in chapter 2. This ideal acquires further significance in relation to the invisible depletion of women's bodies during times of crisis. What the remark symbolically implies is that the responsibility for mitigating crisis and violence falls again on women as individuals thereby divesting states of the responsibility to remedy and ultimately prevent these immediate and long-term harms.

Ironically, this is a country where domestically and especially in crisis-prone areas such as Mindanao, many women and girls are routinely denied comprehensive and reliable SRHR services, supplies and information due to religious fundamentalist policy influence. Hence, armed conflicts in the Philippines may cease but this will not automatically guarantee the sustainability of health service delivery in the ARMM given prevailing neoliberal policies that promote fiscal austerity while at the same time fuelling a global demand and relatively higher remuneration for Filipino care workers overseas. Likewise, the availability of health services alone is not sufficient in addressing the globally pervasive economic neglect of

¹¹ The exact quote was "*They might as well bring with them 'yung pills wherever they go para di kayo mabuntis... otherwise pagdating dito manganak diyan sa toilet.*" This translates in English as "They might as well bring with them [birth control] pills wherever they go so they don't get pregnant... otherwise when they return they would give birth in a toilet [read: in secret; also implying self-induced abortion]." See *GMA News* 2017.

women's labour and deeply-embedded cultural and religious barriers to promoting the bodily autonomy of women and girls. Promoting SRHR in crisis situations must be part of wider reform efforts where health and well-being is recognised as central to simultaneously advancing gender equality and sustainable peace (Davies, Elbe, Howell and McInnes 2014; Davies 2014). More to the point, this endeavour is deeply intertwined with broader social justice projects to promote peace and security which includes economic rights at the global level. Finally, lasting peace and security cannot be built on the continued neglect of global health inequalities.

Conclusion

Sexual and reproductive health may in part be biologically determined or defined by physiological conditions and functions at the individual level. However, the quality of health care provided, the distribution of care obligations, and the cultural expectations on servitude are all socially, economically and politically constructed. These factors define unequal life chances and human capabilities in 'everyday life' and even more so under 'exceptional' circumstances of conflict or disaster-induced internal displacement. In this chapter, I examined the political economy roots to SRHR of women and girls during times of crisis as an important albeit neglected dimension within global security and development agendas. The routine invisibility of the bodily depletion experienced by women and girls intensify in moments of crisis precisely as a result of systemic inequalities that are perpetuated under a neoliberal global economy.

First, using the case of the Philippines, I demonstrated that egregious health inequalities among women and girls in crisis settings extend beyond episodic occurrences of conflicts and disasters. In fact, as a crisis-prone country, its highly feminised care work exporting economy is directly sustained by the multiple crises experienced by families and communities especially those in Mindanao. Instead of enabling greater state presence to promote human security and development, in the Philippine case we see the deepening of insecurity because mitigating crisis is largely internalised by remitting OFWs who themselves are predominantly women migrants originating from crisis-affected communities. Subsequently, they are employed in precarious occupations overseas further demonstrating the pervasive costs of economically devaluing social reproductive labour.

Second, those who are disproportionately faced with rising and multiple care burdens are at the same time fundamentally denied the means for self-care. Remittance and self-sacrificing practices intersect to fuel

both national and localised forms of bodily depletion in the Philippines. Depletion is mediated by neoliberal state retrenchment and the prioritisation of immediate security over long-term development. That is, deteriorating SRHR outcomes among Filipino women and girls serve as an indicator of depletion through social reproduction fuelled by the global gendered division of labour and reinforced nationally through crisis-driven remittances, care work export and a feminisation of survival. Bridging health gaps among different groups of women therefore is crucial in ensuring that peace and security is inclusive of the most vulnerable and marginalised such as in the case of internally displaced populations in the Philippines.

Especially for marginalised women and girls, how can we build caring societies including health systems that are not depletive, exploitative or self-sacrificing? A feminist political economy analysis reveals depletion processes as occurring at interconnected layers from households, the state and globally. It draws our attention to the material and ideological conditions that reproduce the unsustainable aspects of daily life before, during and after crisis beginning with women's bodies. Bodily autonomy especially for women and girls in crisis situations is both an outcome of addressing pre-existing gendered inequalities and a pre-condition for meaningful political and economic participation post-crisis. While gender equality has been mainstreamed across important security and development agendas such as the WPS, fully addressing the root causes to SGBV during times of crisis requires transformations in how social reproduction is economically valued such that the costs of women's labour are made visible across different levels of policy-making.

A feminist political economy perspective demonstrates that such a transformative agenda begins by making visible women's social reproductive contributions within households and communities and the role of gendered discourses in legitimating their continued invisibility and economic devaluing. The Philippine case reveals the pernicious impacts of a depletive neoliberal economy that simultaneously harnesses female altruism while legitimising states to abdicate their responsibilities both in emergency response and in promoting sustainable human flourishing especially for women and girls. Without critical and substantive material contributions that put health and well-being at the centre of security and development agendas, women and girls as primary caregivers will continue to distinctly bear the human costs of crises. Consequently, faced with staggering care burdens and their own personal trauma post-crisis, broader groups of women and girls especially those targeted by state discrimination on the basis of their race/ethnicity, class, religion or sexuality are far less likely to be able to participate at national and global decision-making on security and development. And yet, from a feminist perspective, it is precisely these women and girls as most

marginalised who are in the best position to promote comprehensive crisis solutions that attend to multidimensional experiences of insecurity.

Chapter 4. Depletion of Moro Women's Bodies in Conflict-affected areas of Mindanao

*I cannot cry, though I am told
It is better to cry and let go.
Where is my son's body for me to bury?
I only wear my grief in the lines
Of my face, my sunken cheeks.
Silent, I mourn a woman's
Bitter lot: to give birth to men
Who kill and are killed.*

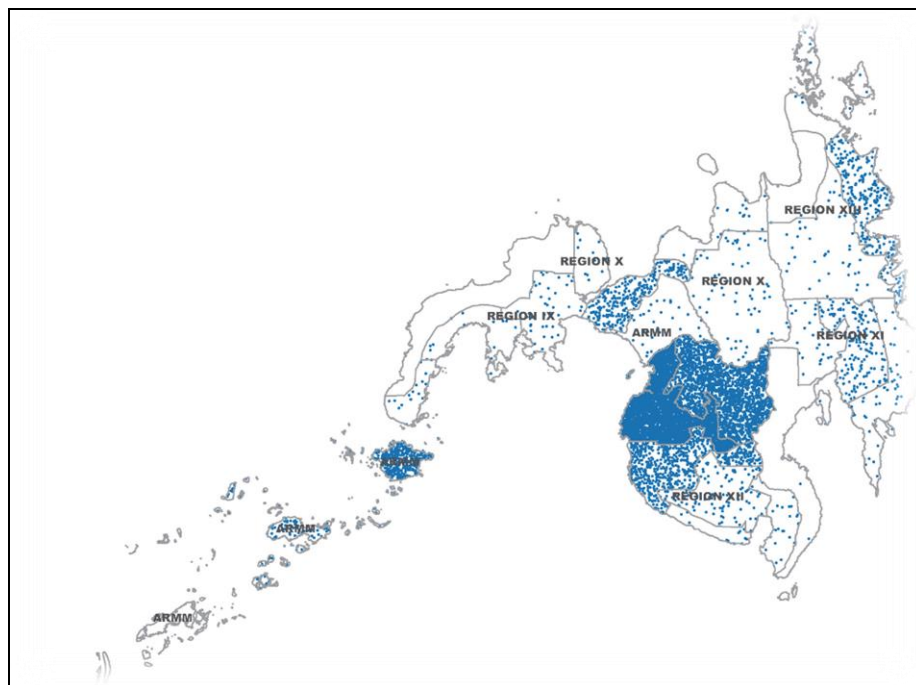
- Excerpt from "Brave Woman" by Grace Monte de Ramos (2003)

Introduction

In *Brave Woman*, the Filipina poet Grace Monte de Ramos offers a glimpse of how armed conflicts are gendered processes. First, Monte de Ramos frames women through motherhood as the symbolic womb of armed conflicts for giving life to men who kill and are killed. As mothers, women are distinctly obligated to mitigate the direct consequences of armed conflicts even as they themselves may actively take part in violence. Second, she also alludes to the long-term and indirect consequences of armed conflicts for women embodied through various self-sacrificing practices expected of them. This is manifested in the way the mother dutifully hides memories of her deceased son to shield her two other sons from further grief while she herself mourns silently. Much in the same way as Monte de Ramos' poem, this chapter investigates depletion of Moro women's bodies in the context of armed conflicts in Mindanao, Philippines. I argue that the survival and well-being of households and communities in conflict situations often comes at the expense of women's and girls' bodily autonomy and well-being. Employing the depletion framework, I demonstrate that the intensification of the burdens for social reproduction among displaced Moro women and girls is not matched by contributions to promote their SRHR. This neglect is shaped on one hand, by the economic devaluing of care and domestic work at household and community levels; and on the other, by the mediating role of cultural and religious discourses on female altruism. These gendered discourses justify self-sacrificing practices predominantly among women and girls which not only intensify in conflict situations, but also serve to normalise as well as bring meaning to their experiences of heightened bodily depletion. Developing this argument, I begin in this chapter by outlining the displacement situation among Moro

communities as distinctly engendered by the protracted and interrelating nature of armed conflicts in Mindanao. I then examine first, the household and second, the community as gendered sites for depletion.

Figure 4.1. Geographic Distribution of IDPs in Mindanao



Source: UNHCR and Mindanao Protection Cluster 2015, 2.

Armed conflicts in Mindanao have disproportionately affected households and communities belonging to Moro minority ethnic groups for more than 40 years since Moro separatist insurgency began in the 1970s. According to the Uppsala Conflict Data Program (UCDP) database, the Philippines has several ongoing conflicts involving intra-state, non-state and one-sided violence majority of which have occurred and are occurring in Mindanao.¹ Within Mindanao, conflicts are heavily concentrated in Central Mindanao and the Autonomous Region in Muslim Mindanao (ARMM).² Based on the 2011-2013 data by the Bangsamoro Conflict Monitoring System (BCMS), there were 2,758 reported cases of conflicts within the

¹ UCDP identifies and categorises three main forms of conflict. First, *interstate* conflict refers to conflict between two or more governments or states. Second, *intrastate* refers to a conflict between a state and a non-state actor with no interference from other countries. Third, *one-sided violence* occurs when the state or a non-state actor targets civilians. UCDP distinguishes intensity levels according to *minor conflict* constituting at least 25 but less than 1000 battle-related deaths in one calendar year; and *war* with at least 1000 battle-related deaths in one calendar year. See for full details UCDP, http://www.pcr.uu.se/research/ucdp/definitions/definition_of_armed_conflict/.

² Central Mindanao includes North Cotabato, South Cotabato, and Sultan Kudarat. The ARMM consists of Basilan, Lanao del Sur, Maguindanao, Sulu, and Tawi-tawi.

ARMM alone (International Alert 2014).³ An estimated 60 percent of these armed conflicts involved civilian perpetrators, followed by state armed forces at 19 percent. Moro rebel group perpetrators such as the Moro Islamic Liberation Front (MILF) and the Moro National Liberation Front (MNLF) were involved in only 5 percent of violent conflicts. Furthermore, particularly in the ARMM, conflicts are prone to morphing into different forms of armed conflicts from clan and community-related violence called *rido* to non-state and intra-state conflicts (International Alert 2014, 28; see also Torres III 2014).⁴ The concept of ‘conflict strings’ coined by BCMS refers to the distinct phenomena in Mindanao wherein majority of violent conflicts are multi-causal and involve multiple warring parties. They can be triggered simultaneously by disputes over land, political rivalry, and/or competition over economic resources. Consequently, they may constitute violence perpetrated through state forces, separatist rebels and private armies. However, these different conflicts largely involve and/or emanate from the clan and tribal dynamics in the region (International Alert 2014).

Protracted, intermittent and cyclical armed conflicts in Mindanao mean that the insecurities faced by households and communities are not only multiple and compounded, but also increasingly banal and part of everyday life (International Alert 2014; UN OCHA 2015a). Consequently, displacement becomes a recurrent and consistent phenomenon especially in places like Maguindanao and Cotabato which are prone to strings of conflict from intra-state, non-state and one-sided violence that can simultaneously occur, interact and exacerbate one another (International Alert 2014; Torres III 2014). In February 2015, there were approximately half a million Filipinos living in displacement with an estimated 95,000 individuals who had

³ The Bangsamoro Conflict Monitoring System (BCMS) uses the concept of *violent conflict* which refers to “incidents where two or more parties use violence to settle misunderstandings and grievances, and/or defend and expand their individual or collective interests (e.g. social, economic, political resources and power, etc.)” Incidents of violent conflicts are gathered from two key data sources: police database, and credible and reliable media sources. Each documented incident is registered under a specific incident number. A reference ID is used to monitor the links between violent incidents. Documentary evidence is attached per incident report. BCMS records single and multiple causes for reported incidents and subsequently allows for multiple classifications of violent conflicts. Violent conflicts are categorised as *vertical conflicts* referring to insurgency-related, separatist or non-separatist armed struggles against the state; and *horizontal conflicts* referring to all conflicts without state engagement such as violent struggles between clans, ethnic groups, rival insurgent factions, political parties and private armed groups or shadow authorities. BCMS identifies the following causes of violent conflicts: political; resource; identity; shadow economy; extra-judicial (where GBV such as domestic violence, rape and sexual harassment are classified under); and governance. In cases where the violent conflict is documented as occurring due to multiple causes, BCMS records the same incident under multiple categories. For example, *rido* or clan violence incidents may either be classified under a single category of identity-driven, or caused by multiple factors such as political, resources and shadow economies.

⁴ Clan feud or ‘*rido*’ as it is termed in Moro culture is typical of “small-scale societies where family and kinship ties are the main sources of authority and where there is a lack of effective state control and authority” (Torres III 2014, 8). See Chapter 5 for further discussion.

fled violence in Mindanao. The regions with the highest recorded number of internally displaced persons (IDPs) are: the ARMM (44,400), followed by Western Mindanao (38,200), and Central Mindanao (9,300) (IDMC 2015b).

Families directly located in areas where violent clashes intermittently occur are faced with the prospect of either being forcibly and permanently displaced from their homes or staying and risk being exposed to further violence. Displaced families may seek refuge in host relatives or extended kin offering shelter away from the conflict, and where they may eventually resettle (Kok 2015). Those who do not have such ties are displaced in IDP camps and/or transitional sites. In some cases, families no longer have homes to return to as these have been burned down by the military or rebel groups (IDMC 2015b; CEDAW 2004). When families cannot easily return home, they are likely to be trapped in prolonged state of displacement directly undermining their long-term prospects for human development. It is through prolonged state of displacement in camps with poor health, water and sanitation facilities that IDPs are exposed to abuse, exploitation, disease and death (Kok 2015). Families indefinitely contend with among others: inadequate shelter or overcrowding in camps, shortages in food assistance; lack of access to clean water, sanitation and hygiene (WASH) facilities; and a range of protection issues including SGBV perpetrated by armed groups against IDP families, or violence among IDPs themselves (IDMC 2009). For instance, UN OCHA as part of the Philippine protection cluster documented hundreds of infants and children that have become ill and/or eventually died due to the harsh living conditions in the camps (see for examples UN OCHA 2014; 2015b).

Due to similar or worse threats to life in the IDP camps and transitional sites, some families make the difficult decision to return home. Indeed, in a survey conducted among IDPs in Zamboanga, 92 percent of the 699 respondents overwhelmingly expressed preference to return home compared to relocating to other places or remaining further in the camps (Nisa Ul Haqq Fi Bangsamoro 2014). As one informant who has worked with IDPs in Zamboanga relayed,

Now they are being made to relocate to transitory sites. The women do not want this because it will be further away from their homes. It will be difficult for kids to go to school and they usually just walk so this brings greater danger for them. Of course the distance costs them time and resources.⁵

⁵ Personal interview, female representative of NGO, Quezon City, 18 February 2015.

And yet, it is also typical for families to return to their homes, only to be once again displaced by new clashes (CEDAW 2004). As the Special Rapporteur on violence against women points out, families “flee to escape arbitrary killings, rape, torture, inhuman or degrading treatment, forced recruitment or starvation, but too often, they encounter the same level of insecurity, violence, and threats of violence, reinforced by impunity, at their destination, including camps for internally displaced persons” (quoted in UN Women 2015, 69).

The Household as a Site of Depletion

In this section, I examine how conflict-induced displacement sheds light to how household arrangements and practices are (re)configured without necessarily altering the gendered allocation of labour and sacrifice which underpin depletion. Regardless of where families are displaced, their survival and well-being rely heavily upon social reproductive labour in the form of unpaid care and domestic work. As primary caregivers, women in their roles as mothers, wives and daughters predominantly perform the unpaid care and domestic work in the family. Because displacement is among the key ways by which conflict disrupts and keep disrupted everyday lives, the burden of making life as normal as possible is on women. They do so through the continued performance of daily care and domestic work routines for the family often taking on more conflict-related responsibilities. Moro women have reported how care and domestic work is made more onerous as a result of displacement. Surveys on Moro women in displacement, for instance, indicate that “women overwhelmingly tended to view their economic contributions during conflict less as examples of empowerment and more as an exhausting strain” (Dwyer and Cagoco-Guiam 2012, 13). As one female informant reported, just the basic act of food provisioning such as preparing and cooking meals are made more difficult in evacuation camps where everything is makeshift.⁶ Women have to routinely deal and ‘improvise’ with sub-standard living conditions as they attempt to continue on with their familial duties. That is, “care work responsibilities increase in times of conflict...*Babae ang dumi-diskarte* [it is the women who find ways...]”.⁷

⁶ Personal interview, Moro female representative of NGO based in ARMM, Quezon City, 18 March 2015.

⁷ Personal interview, female representative of INGO, Davao City, 10 March 2015.

Intensified Unpaid Care and Domestic Work in Conflict Settings

Based on the survey conducted by the Mindanao Working Group for Reproductive Health, Gender, and Sexuality (Cabaraban 2006), women reported that men as husbands whether before or during conflict were expected to and did most of the productive labour for the family such as ‘earning a living’ and ‘obtaining food’. Meanwhile, women as wives were found to be in charge with reproductive tasks such as cooking and doing the laundry (Cabaraban 2006, 101). However, certain types of conflict such as clan feuds lead to restricted mobility for men because they are targeted in revenge killings, suspected as combatants or subjected to forced recruitment (Dwyer and Cagoco-Guiam 2012, 10). In such circumstances, men cannot go to farms and are forced into hiding. When men cannot fulfil their household duties as the provider or breadwinner of the family, women fill in and do both productive and reproductive labour under precarious conditions. At the same time, Moro women engage in different informal economic activities to ensure that their families survive displacement. Rather than their husbands, they typically borrow money from various sources including relatives, loan sharks and the government. In addition, they are more likely the ones who solicit and/or queue for food and relief assistance (Cabaraban 2006; Dwyer and Cagoco-Guiam 2012).

Figure 4.2. Percentage of Women (versus men) who receive economic packages in conflict resolution and reconstruction processes

Institution	Program/ Kind of Assistance	Recipients			
		Total No.	Female	Male	
DSWD	Relief packages for Armed Conflict Victims	200	40	160	Data obtained from DSWD does not include the number of adult males receiving economic packages (it includes both adult females and child girls).
		279	147	132	
		29	21	8	
		67	63	4	
CCCM: NRC, Oxfam, MTB, ACF, CSFI, WFP, UNHCR	CCCM cluster; economic packages: shelter provisions, non-food items	38,947	23,368	15,579	
		Total (39522)	59.8% (23639)	40.2% (15883)	

Source: GNWP 2011, 261.⁸

⁸ The figures were obtained by the Global Network of Women Peacebuilders (GNWP) from data collated by the Department of Social Welfare and Development, United Nations Office for Coordination on Humanitarian Affairs (OCHA).

Conflict relief assistance is distributed per family or household. Data indicate that women rather than men more frequently receive relief (see Figure 4.2). Several informants corroborated this observation noting the greater number of women and children in IDP camps while men are overrepresented in direct battle deaths. Gendered expectations between men and women contribute in shaping this pattern too. For instance, the emphasis on identifying women as primary beneficiaries of aid is underpinned by the notion that “women devote a greater proportion of their income than men do to expenditures that benefit families — their own children and members of extended kinship networks” (UNGA 2010, 3).

Without critical reflection on the norms around female altruism or maternalist sacrifice that shape many women’s experiences of insecurities in conflict and post-conflict situations, these assumptions serve to normalise the subordination of women’s own needs for the benefit of the family or community. Similarly, when Moro men are recipients of aid this is regarded as directly undermining their masculine identity as breadwinners or providers for the family.⁹ This can be particularly acute for societies such as among Moros with high regard for personal and clan pride (see Torres III 2014). It is precisely the act of queuing for relief assistance and borrowing money which make them undignified and therefore feminised activities. Hence, when Moro women queue for relief not only is this an added burden they have to work around other care and domestic obligations. At the same time, it also suggests that their personal loss of pride or dignity is considered dispensable. Yet this practice is given meaning through altruism.

For households with displaced relatives or extended kin, armed conflicts also create insecurity for the host family even if they do not experience displacement directly. Consequently, host families have to deal with food shortages and the sudden lack of privacy within their own homes. As pointed out by an informant, the relatives of IDPs in a way end up being displaced within their own homes too.

Displacement goes beyond the evacuation centres. Many actually prefer to move in to their relatives instead of staying in camps because it is at least safer to stay at relatives' houses. Sure for a short period of time, the relatives might share their resources to accommodate displaced kin. But what if they are also very poor and live in a small house as is the usual case?¹⁰

Host women face double the care and domestic responsibilities for their own families and to their conflict-displaced relatives. But because displacement to host relatives is harder to identify and remains poorly

⁹ Personal interview, female representative of INGO, Davao City, 10 March 2015.

¹⁰ Personal interview, Moro female representative of NGO based in ARMM, Quezon City, 18 March 2015.

monitored, such households are effectively excluded from conflict relief assistance by state and international humanitarian organisations (see IDMC 2015b). Given limited resources and with little prospect of being replenished by aid, there is a greater demand for women to ensure that the needs of everyone especially children are met. For Moros with high-regard for clan pride, the failure of host relatives to adequately take care of displaced kin out of their own poverty leads to the emotional strain of ‘losing face’ (see also Busran-Lao 2005, 38). These conditions therefore intensify self-sacrificing practises particularly among Moro women even in households not directly impacted by conflicts. Commonly, as Moro women reported, “we’re used to this. If food is lacking, we don’t mind being hungry as long as the children can eat” (FGD participants, quoted in Fernandez 2006, 29).

Female-headed households are prevalent in conflict-affected areas of Mindanao where majority of IDPs are women and children (IDMC 2015b). In such households, widows are under heightened economic pressures to meet familial obligations. Economic desperation pushes women and girls as mothers, wives, and daughters to ‘sell’ their bodies in exchange for relief goods or money to buy them in the black market. This practice, allegedly fairly common, is locally known as *palit bigas* which literally translates to ‘in exchange for rice’.¹¹ The trade of sex in Zamboanga and Cotabato IDP camps reportedly thrived within weeks of communities being displaced there due to scarcity and inequitable distribution of local and foreign humanitarian relief assistance. Many women, girls and boys as young as 10 years old were reported to have engaged in prostitution.¹²

Female-headed households are also faced with heightened risks to their security while in IDP camps. In the absence of a male protector or provider, women and girls belonging to such households are disproportionately vulnerable to being targeted by various armed men as well as men in the IDP camps. As a UNFPA programme coordinator pointed out, “the economic consequences of losing the family breadwinner are compounded by the fear of vendetta and ‘rido’ or ‘clan war’, whose victims include women and children” (IRIN News 2008). Indeed, majority of the informants confirmed the prevalence of intimidation and sexual violence in IDP camps which are particularly rife in cases where women travel to obtain food and water, and when accessing toilet facilities. Furthermore, as the country representative of an international organisation

¹¹ Personal interview, male representative of NGO, Quezon City, 25 March 2015.

¹² Personal interviews with female representative of NGO, Quezon City, 18 February 2015; male representative of NGO, Quezon City, 25 March 2015; and female representative of INGO, Davao City, 10 March 2015.

argued, “[E]ven in food distribution...women especially in female-headed households are at a disadvantage because in order to queue for relief someone else must be with the children”.¹³ The mother who travels out to collect food rations and the children left-behind are vulnerable to being targeted for SGBV. These examples of *palit bigas* and relief collection embody how many women and young girls subordinate their personal needs and security for the well-being of the family.

Linking female altruism, sexual and reproductive health, and self-care

Despite and because of their intensified burdens, women and girls do not feel entitled to care for and eventually neglect their own sexual and reproductive health. Self-sacrificing practices are justified by prevailing cultural and religious beliefs around female altruism, and exacerbated by pre-existing barriers to accessing sexual and reproductive health information, services and supplies among IDPs. At its basic, self-sacrifice for women and girls occurs in the context of personal hygiene and self-care. According to one informant,

Women there [ARMM] say that they consider just making themselves presentable a luxury. To think about their beauty and care for their own bodies – they could not do that anymore and can’t remember the last time they managed to put make-up on.¹⁴

Even in ‘normal’ circumstances, when a woman takes time to take care of herself, she risks being deemed a ‘bad woman’ because self-care may be interpreted as putting her needs first before and above her family thus neglecting her primary obligation as a *caregiver*.

In conflict situations, especially in displacement, these expectations intensify for women and girls such that even maintaining one’s physical appearance is regarded as inappropriate, irrelevant and in fact deemed capricious. Various Moro women reported that beauty through maintaining physical appearance is a luxury they as IDPs can no longer afford (Fernandez 2006). Basic hygiene which supposedly makes a woman’s beauty more apparent can also expose her to a range of sexual and gender-based violence such as rape and bride abduction. In Basilan, Sulu and Tawi-Tawi, a Moro woman leader reported that women and girls vicariously fear for their appearance in the context of bride abduction by armed men (also in Fernandez 2006).¹⁵ And yet,

¹³ Personal interview, male country representative for international organisation, Makati City, 18 April 2016.

¹⁴ Personal interview, female representative of INGO, Quezon City, 16 March 2015.

¹⁵ Personal interview, Moro female representative of NGO based in ARMM, Quezon City, 18 March 2015.

for many Moro families routinely displaced by armed conflicts, the availability of time to recover is few and far between leaving even less time for women to attend to their own health and well-being.

The lack of self-care among IDP women and girls are exacerbated by the living conditions in camps and transitional sites rendering them disproportionately prone to sexual and reproductive health complications. In the case of Mindanao, one of the most commonly cited health problems is urinary tract infections (UTI) (Cabaraban 2006; Daguino and Gomez 2010). The rise in UTI cases among IDP women and girls is attributed to their inability to urinate properly, and in clean and sanitary conditions. In some cases, women end up with intensified care and domestic work in IDP camps that they ‘forget’ to urinate. Fear of conflict suddenly breaking out and/or the threat of sexual violence as they travel to camp toilet facilities, resulted in women and girls restricting the frequency of their urination (Amoyen and Diaz 2010; Daguino and Gomez 2010). One Moro woman recounted, “I had to hold my bladder because I was afraid to go out of our tent in evacuation area, especially at night time just to urinate” (42 years old, female IDP, quoted in Daguino and Gomez 2010, 38). The absence of clean and sanitary conditions specifically in the camp toilet facilities means that IDPs end up washing themselves in contaminated water or nothing at all. In Zamboanga evacuation and transitional sites alone, just two months after a violent clash displaced approximately 70,000 people, UN OCHA estimated that the gap in provisions amounted to 58,000 litres and 140 latrines (UN OCHA 2015c).

In many parts of the world and not just in Mindanao, women are unable to access sexual and reproductive health treatment due to sexual myths including the idea that having any form of problem in a woman’s vaginal area mean she is ‘unclean’ or promiscuous. A woman from Basilan narrated her experience in displacement:

I am embarrassed to tell you this, *Indah*, but... ‘mine’ was itching terribly and it was already sore from my scratching. What I did was to pour [disinfectant] alcohol on it but it was so painful! Maybe it’s because during those days, I wasn’t able to wash well because there is very little water and we were on the run. As Muslim women, we have to wash our private part.

*Asked why she did not go to the doctor for consultation, the woman exclaimed, Ay, it's so embarrassing! The doctor might think that I am a bad woman (female FGD participant, quoted in Fernandez 2006, 25).*¹⁶

Her experience highlights how reproductive health was undermined both by the lack of clean water and the fear that seeking medical attention might bring shame to herself or her family and clan. In addition, the religious practice of ablution for Muslim IDPs is limited by the availability of clean water and sanitation (Fernandez 2006). Moro IDPs are often faced with choosing between not practicing ablutions which is another way by which displacement disrupts their way of life, or using unclean water and compounding the health costs of displacement. Women and girls therefore face both religious and cultural pressures that push them to take on sexual and reproductive health risks.

While both men and women are affected, women are disproportionately harmed due to their distinct reproductive needs particularly during menstruation and pregnancy. Indeed, high rates of pregnancy-related complications among Moro women are directly attributed to armed conflicts in Mindanao. In March 2015, there were an estimated 695 pregnant and 595 lactating women in evacuation centres and transitional sites in Zamboanga (UN OCHA 2015c). Women were reported to have given birth or experienced miscarriages while fleeing from violence.¹⁷ At the same time, frequent eruptions of conflicts especially in acute areas such as the ARMM lead to a decreased mobility among populations for fear of being caught in the crossfires. However, this adversely impacts women's access to antenatal and postnatal care (see also Bosmans et al. 2008). In addition, the emotional, physical and psychological stressors in IDP camps contribute to and exacerbate pregnant women's suffering of stillbirths, premature births and miscarriages.

Extended periods of displacement mean that women, as part of the affective and sexual labour they provide, have been and continue getting pregnant despite and/or because of the deplorable conditions in IDP camps. Eventually, marital and extramarital sexual relations resume as communities continue on with their lives in camps and transitional sites. Some service providers have worked in enabling couples to resume having sex. For example,

¹⁶ The woman was referring to her vagina when she said 'mine' meaning her 'private part'. Muslims perform ritual ablution. *Indah* means sister or a term to address females in Bahasa Sug one of the languages used in ARMM.

¹⁷ Personal interview, female representative of INGO, Davao City, 10 March 2015. Also reported in Fernandez (2006) and Cabaraban (2006).

Our providers follow where our patients evacuate to - day and night. We always offer quality services even there... We are sensitive to evacuees' needs. One time, we had to put up a make shift 'motel' room in the evacuation centre to accommodate couples' sexual needs (public health officer, quoted in Lee 2008, 69).

However, the broader conditions for IDPs, particularly the lack of privacy and inaccessibility of contraception, fail to recognise and address the reality that sex and intimacy do not cease even in times of conflict. For instance, as one woman stated,

“Although we were at the evacuation centre, my husband would like to have sex with me...there were divisions in the sleeping quarters within the EC [evacuation camp] so it was all right. If I didn't give in to the advances of my husband, he would surely be bad-tempered” (28 years old, female IDP, quoted in Daguino and Gomez 2010, 43).

Sex in this regard becomes a way by which women as wives provide affective labour to their husbands while at the same time mitigating stressors within their households. Women as wives may also gain fulfilment by being able to provide intimacy to their partners in alleviating their suffering. This is different from the overwhelming focus on protection interventions which regard sexual experiences in IDP camps as negative experiences involving violence and duress, thus privileging narratives and experiences of victimhood (see also Chapter 3). For some women, they continue on with their pregnancies despite the higher risks associated with giving birth while in the camps because sexual relations and procreation are ways by which couples remain bonded. Sex allows them to attain a sense of normality in their daily lives despite the disruption brought about by conflict displacement. In the words of one woman,

I got pregnant during the conflict but we didn't mind. My husband was happy especially when I gave birth to a boy since my two elder children are all girls and also he was very grateful to God that someone will bring the family name in the next generation to come (female FGD participant, quoted in Fernandez 2006, 25).

According to Daguino and Gomez, in terms of the resumption of sex relations among couples “the primary concern of women while at the evacuation centre was the lack of privacy. Privacy was necessary for them to satisfy their sexual needs and to maintain their personal hygiene” (2010, 31).

In addition, without access to birth control even if reproductive health services for already pregnant and lactating women are provided, then sexual activity in the camps accrues more risks to women who will have

to bear an unwanted pregnancy and/or the possibility of giving birth while in the camps which heightens maternal mortality risks (UNFPA 2015). Childbirth in the IDP camps can also have a traumatising effect on women. For example, one woman reported that,

It was difficult to give birth inside the tent. It was very cold. Many people were looking at me and I felt helpless and ashamed but could not do anything but suffer in silence (28 years old, Female IDP, quoted in Daguino and Gomez 2010, 28, 34).

With the collision of intensified care and domestic work burdens and the lack of reliable health services and supplies that promote reproductive health and well-being, women and girls are typically left on their own to cope through suffering silently. As embodiments of female altruism, acts of silent forbearance by displaced Moro women are rooted in pre-existing gendered inequalities which exacerbate their loss of bodily autonomy in conflict situations. The lack of self-care at the household level is rendered particularly normal if not necessarily expected of Moro women and girls. As such, these expectations are difficult to ‘break away’ from because they are embedded within various patriarchal structures based on clan, ethnic and religious identities. Moro women’s personal identities also derive from these group identities. This sense of belongingness is important in giving meaning to their experiences of hardship and sacrifice. Indeed, that women and girls ‘choose’ to remain silent is a strong indictment of how normalised self-sacrificing is because there is no other available recourse.

The Community as a Site of Depletion

Women’s bodily depletion is compounded at the community level where unpaid care and domestic work is once again expected to fill in the gaps for various conflict and post-conflict programs and assistance. However, this reliance is not matched by the simultaneous provisioning and replenishment of sexual and reproductive health interventions necessary to maintain the bodies that labour for the community. Women’s various social reproductive contributions are expected to serve as the bedrock for the continued survival and functioning of communities in times of conflict, while at the same time keeping their labour primarily economically devalued. This is enabled, once again, by discourses of female altruism particularly self-sacrificing ideals which may be strategically harnessed at the community level by various state and non-state actors.

Routine displacement due to protracted and cyclical armed conflicts in Mindanao has fostered a strong sense of community among Moro women who view care and domestic work as a communal effort. A common coping mechanism involves the sharing of care and domestic work burdens primarily between and among female members of the family and community (Cagoco-Guiam 2013; Margallo 2005). Women's collective social reproductive labour serves as "the safety net that perhaps was not afforded by the government agencies and local government units. This safety net sustained the internally displaced persons despite the inadequacies of the evacuation centres" (Fernandez 2006, 30). In their own words,

We neighbours help each other. If they have water and we have none, they give us some. That's what we also do, sharing (Basilan female FGD participants, quoted in Fernandez 2006, 29).

Thus, the most vulnerable communities have adapted by focusing on helping one another, maximising available time per caregiver, and stretching available relief assistance among themselves rather than entirely depend on the state. Indeed, as the male country representative of an international organisation observed, "[the Philippines] is a very matriarchal society, women are the ones leading in the camps, in recovering from crisis".¹⁸ Importantly, however, women's initiative to lead within IDP camps stems from their caregiving responsibilities for their respective families and kin so as to ensure that relief assistance is distributed fairly and efficiently.

Sharing both resources and social reproductive labour is a way by which Moro women mitigate the intensified burdens due to armed conflicts. In addition, some Moro women also play important roles in the community that are steeped in ethnic and religious traditions. They are distinctly multi-tasking in nature fusing women's roles as primary caregivers and bearers of ethnic and religious identities. One example is the case of the Maranao ethnic group wherein women directly attend to the well-being of the community as healers, which is an extension of the care they already provide for their own families. "They served as *pamomolong* or traditional healers to help community members with afflictions and to safeguard the well-being of the people. They kept the family intact and helped in maintaining peace in the community" (Berowa 2006, xv). Community well-being especially at the psychological level is adversely impacted by conflicts and yet tends to be taken for granted in the humanitarian or conflict response.

¹⁸ Personal interview, Makati City, 18 April 2016.

Medical counselling services require trained professionals and time-intensive or sustained provision of assistance – both of which are in short supply in IDP camps in Mindanao.¹⁹ Consequently, this gap underscores the importance of women traditional healers for the emotional well-being of communities that are currently displaced or have been in the past. Another Moro example refers to the community *panday* or *hilot* who attend to both biological and cultural reproduction. Pandays or *hilots* are traditional birth attendants who render comprehensive reproductive care to local women by also assisting in household or domestic work while the new mother recuperates. Their service thus offers caring for the new mother's spiritual, physical and psychological well-being.²⁰

In Maguindanao, community or village women leaders serve as arbiters who resolve local feuds before they escalate to communal violence. In addition, they “also perform roles as traditional birth attendants, officiators of rituals, farmers, community workers/organizers, wives and mothers (average number of children is seven)” (Leyesa 2012). Moro women's community peacebuilding efforts have been nationally recognised as contributing significantly to preventing the occurrence and escalation of armed conflicts (Arnado 2012; Torres III 2014; O'Reilly, Suilleabhain and Paffenholz 2015). Moreover, increasing women's participation in peacebuilding especially at the grassroots level is part of the global Women, Peace and Security agenda (see Chapter 3). However, as these Moro women demonstrate, community-level peacebuilding is performed in addition to their social reproductive labour in their families and clans. Peacebuilding is also done alongside other cultural functions they have to perform like attending births and officiating rituals.

Finally, Moro women also provide care and domestic work for armed men both Moro rebel groups and the military (IBON foundation 2006). In the case of government soldiers, many women especially in areas where soldiers transit, were reported to have been routinely underpaid for goods they sell, and even asked to cook meals by soldiers typically under duress (IBON Foundation 2006; Cabaraban 2006). Women's acquiescence to rendering services for the military is a way by which they prevent further violence and insecurity being inflicted from their families and the community at large. Military presence therefore contributes to heightened insecurity particularly for women and girls and in some cases also exacerbates their

¹⁹ Personal interview, female representative of NGO, Quezon City, 11 April 2016.

²⁰ However, traditional birth attendants are questioned whether the services they provide are medically safe, appropriate or effective as substitute for 'skilled birth attendants' (see CHR 2016).

social reproductive labour burdens. Similarly, women through the Bangsamoro Islamic Women Auxiliary Brigade (BIWAB) support male Moro rebels and the rebellion more broadly by providing care and domestic work including medical assistance.

Officially, BIWAB members “bear no firearms but they have been trained to use them in case the situation calls for it” (Sarmiento 2012). However, since these women support rebels who are very likely also related to them by blood or kinship networks, they continue to perform household duties for their own families in addition to serving in the BIWAB. Supporting the rebellion in this regard therefore is an extension of their duties as mothers, wives, sisters and daughters. On the contrary, when women directly take part in armed conflicts as combatants, this may be regarded as clearly undermining the masculine identities of Moro men as protectors (see Chapter 5 for further discussion). For instance as noted in the case of women joining the government militia, the ‘reversal’ of gender roles within the household as a consequence of conflict is still dismissed by some Moro men as ‘like water going upstream’ (The Institute of Bangsamoro Studies and HD Centre 2011, 26). As the metaphor suggests, the gendered division in the household obeys a natural order based on biological differences between men and women which can remain unperturbed even in conflict situations.

Putting emphasis on women’s contributions at the community level needs to be matched with the availability of contributions in conflict situations that sustain women’s health and well-being. Without the latter, pushing for greater community roles for women deliberately draws upon notions of female altruism and represents their community work as gendered sacrifices women are expected to take on. Furthermore, broader community participation for different groups of Moro women is dependent on stemming the rates of bodily depletion among the most vulnerable of IDP populations. Specifically, which women will be around to build peace after conflict, when many of them are dead or dying due to pregnancy and childbirth complications? Indeed, Daguno and Gomez’s (2010) survey among IDPs in Pikit, Cotabato reported that women’s reproductive health including personal hygiene and maternal health care were the most neglected needs in times of displacement. Improvements in health system delivery will strongly benefit women and girls of reproductive age. For instance, the presence of skilled birth attendants has been identified as proven to reduce incidences of maternal deaths. And yet, high maternal mortality rates in Mindanao and skilled birth attendance have not registered any significant improvements for more than a decade (NSO 2014; see also Chapters 2 and 3).

The Philippine government acknowledges the weak social welfare provisioning in Mindanao as a direct result of government resources being stretched out between development and armed conflict. It claims, “the peace and order problems have also caused the government to increase spending on military activities, which drained the government’s meagre resources and adversely affected the delivery of vital services to the poor” (CEDAW 2004, 28). UNFPA similarly attributed the high vulnerability of Mindanao women to risky pregnancy and unsafe birth delivery to several decades of armed conflict that have weakened health infrastructures in the region (*IRIN News* 2008). Over time, community health service delivery is weakened by frequent disruptions caused by armed conflicts thus disproportionately affecting women. First, because they comprise majority of community health workers; and second, they are most dependent to accessing these services due especially during pregnancy when women must have regular pre-natal and post-natal check-ups.

Beyond the causal role of armed conflicts, however, the health situation in Mindanao and in the Philippines more broadly rests upon how community health work is economically devalued despite being at the frontlines of health service delivery in the country. As pointed out by a female informant, “you may have the infrastructures for health care centres but then where will you get the people to work there? Most social services at the community levels are voluntary.”²¹ Community health care work constitutes unremunerated or low-paying, and tremendously overburdened jobs despite providing the crucial link between national infrastructures and vital access to health services especially in conflict settings. The most basic unit of community health care and social service delivery in the Philippines comprises the Barangay Health Workers (BHWs).²² BHWs in the Philippines were initially meant to serve as voluntary auxiliary forces (CHR 2016).²³ These jobs historically targeted women usually mothers who are familiar with their barangays or local community. The tasks delegated to BHWs have gradually increased thereby undermining the sustainability of voluntary work. Fernandez (2006, 15) argue that “despite the wide-ranging services expected of them, their work is considered ‘voluntary’ and therefore, not regularly compensated.”²⁴

²¹ Personal interview, female representative of NGO, Quezon City, 18 February 2015.

²² Health service delivery in the Philippines is decentralised which means that the national government transferred “more powers to local government units (LGUs) in accelerating economic development and upgrading the quality of life for the people in the community” under the Local Government Code of 1991 (Republic Act 7160), http://www.lawphil.net/statutes/repacts/ra1991/ra_7160_1991.html. See also Lakshminarayan (2003).

²³ See also Republic Act 7883 or the Barangay Health Workers' Benefits and Incentives Act of 1995. Available at: <http://pcw.gov.ph/law/republic-act-7883>.

²⁴ Under a national legislation called the Magna Carta for Health Workers of 1992, several incentives and benefits are afforded BHWs but the range is only available for those who have served for at least five years. Furthermore, these

Specifically for the reproductive health in the context of Mindanao, BHWs are at the frontline of providing maternal, newborn and child health care (Rodriguez 2014; CHR 2016, 5). In the ARMM, their other responsibilities include: acting as a referral agent in seeking further treatment from other health facilities; organising and coordinating medical missions; assisting in birth deliveries; and serving as family planning counsellor among others (CHR 2016; Matuan, n. d.). The crucial contribution of BHWs in bridging health service gaps are clear. For a population of 3.3 million in 2015, there were only 74 doctors in ARMM (UN OCHA 2015d). That is, approximately 1 doctor per 44,595 people which is significantly below WHO standards.²⁵ Health service delivery is also supplemented by 119 nurses and 520 midwives (UN OCHA 2015d). The day-to-day provision of health assistance, however, rests upon the estimated 2,648 BHWs who are present in communities as of 2013 (Matuan n.d.).

The plight of BHWs as feminised labour reveals how the Philippine state economically devalues the social reproductive contributions of women by tapping into norms of female altruism. Barangay health work is predominantly performed by women. Consequently, BHWs are left overworked and underpaid because this type of labour is no different from the gendered expectations the women face in the household. A sharp contrast perhaps is offered by how the Abu Sayyaf Group (ASG) reportedly offers 50,000 pesos per month (approximately \$1000 USD) to recruit men and boys (Kerkvliet 2010, 7-8). Moreover, it is common for many community social workers to personally augment available community resources using their own resources just to continue performing their duties. This normally occurs because as women who belong to the communities they serve, they are personally invested in the well-being of the community (Rodriguez 2014). In chapter 2, I discussed how the Philippines is highly dependent on the economic subsidy generated through foreign remittances of migrant workers in care and domestic work. And yet at the community level especially in remote areas where health infrastructures are further debilitated by armed conflicts, health and social service is heavily dependent on the voluntary work of BHWs.

Community work is given meaning by narratives of sacrifice and self-less service, like women's care and domestic contributions to their families. For example, barangay health work offers non-monetary

benefits remain provisional unlike regular remuneration. In the public hearings conducted by the Commission on Human Rights, community health workers themselves lamented the lack of and uneven economic support for the contributions they make for promoting health (see for examples CHR 2016, 5, 11, 33).

²⁵ WHO proscribed skilled health professionals density thresholds are at 22.8, 34.5, and 59.4 per 10,000 population (see WHO 2013, [*A Universal Truth: No health without a workforce*](#)).

rewards to women such as improved self-esteem and emotional fulfilment. As one BHW puts it, “I’m poor but there are others who are less fortunate who need my help. It feels great to help without waiting for anything in return. ‘Thanks’ – that’s good enough for me” (quoted in Rodriguez 2014). The problem, however, is that community health work in this regard will continue to be economically devalued to the detriment of health workers who are primarily women. BHWs are increasingly relied upon to ‘fill in the gaps’ the state should be addressing. Indeed, BHWs’ voluntary nature influences the gradual increase in their delegated responsibilities in the context of austerity and budgetary allocations for health at national and local levels. Long-term, sustainable health service delivery requires adequate compensation for the services offered by BHWs.

In the context of armed conflicts in Mindanao, community social service jobs are also inadequately protected from escalating security risks associated with providing vital health services and supplies in fragile settings. A notable example is the 2001 Abu Sayyaf siege of Lamitan, Basilan wherein the terrorist group specifically targeted a local hospital. Among the violent atrocities perpetrated by the group was the killing of the only doctor in Lamitan and the brutal raping of a nurse (Fernandez 2006). As a result, Lamitan had a ‘doctorless hospital’ for several years (Fernandez 2006). Consequently, health infrastructures have been target risks for ASG terrorist activity. Such a tactic by armed groups in conflict is done specifically to destabilise communities and create vulnerability (see also Lee 2008; Urdal and Che 2013, 492; UN Women 2015, 75). Without adequate protections in place and long-term prospects for establishing peace in the region, both paid and voluntary community health workers support conflict-affected communities at great personal risk. Furthermore, health workers in conflict-affected areas of Mindanao are exposed to tremendous physical and psychological strain. Such threats to the life and well-being of health workers in conflict settings indicate expectations of self-sacrifice. Similarly, gendered assumptions mutually reinforced through development programs and humanitarian assistance also inform the availability of the range of sexual and reproductive health services and supplies.

Essentialist discourses in development and humanitarian assistance in Mindanao

Development and humanitarian assistance contribute to mitigating the long-term health consequences of armed conflicts in Mindanao. Beginning in the early 2000s, the national and local governments, and international donor agencies have partnered to address health gaps among conflict-affected communities in

Mindanao (ACDI/VOCA 2007; Lee 2008; GH Tech Bridge II Project 2012). Among the prominent examples of public-private partnerships in health service delivery were the two USAID programs in the ARMM region. These are: Rapid Improvement of Community Health (EnRICH) Project (2002-2007); and Sustainable Health Improvement and Empowerment through Local Development (SHIELD) Project (2006-2012).²⁶ In both completed projects, USAID assisted local governments and non-government organisations in improving reproductive health service delivery and availability of family planning supplies. Another example is a project headed by OXFAM and funded by the European Union called Improving Availability of Reproductive Health Services in the Autonomous Region of Muslim Mindanao, Philippines (EU-ARCHES) (Colina IV 2015). EU-ARCHES is a public-private partnership for promoting reproductive health in ARMM from 2014-2019. Its priority areas are: a) improving accessibility and infrastructures for delivering services and supplies; b) building acceptance and awareness for reproductive health services especially contraception; and c) ensuring that legal frameworks at the national and local levels are conducive to long-term promotion of reproductive health upon the program's completion.²⁷

The completed USAID programs specifically built partnerships with Muslim religious leaders in order to frame reproductive health interventions within culturally and religiously appropriate discourses (ACDI/VOCA 2007; GH Tech Bridge II Project 2012). For instance, a key outcome of the EnRICH project was the issuance of a *fatwa* on family planning (ACDI/VOCA 2007; see also Chapter 2). The support of local religious leaders is widely believed among development workers as pivotal in and a prerequisite for ensuring the successful delivery of reproductive health services among Moro communities. Similarly, EU-ARCHES builds on the momentum of these projects by continuing on the engagement with key progressive Muslim religious leaders.²⁸ While such a tactic may pave a way for local community support especially in enabling many women to take up birth control, it indirectly reinforces gendered discourses around motherhood and the family. This is exemplified by the prioritisation of maternal health at the expense of addressing the full spectrum of bodily autonomy and well-being.

²⁶ See also “Sustainable Health Improvements through Empowerment and Local Development (SHIELD),” ACDI/VOCA, <http://www.acdivoca.org/projects/sustainable-health-improvements-through-empowerment-and-local-development-shield/>.

²⁷ Personal interview, female representative, Davao City, 10 March 2015.

²⁸ Personal interview, female representative, Davao City, 10 March 2015.

Faith-based assistance do not necessarily guarantee full access to SRHR as demonstrated by the case of an international non-government organisation called Community and Family Services International (CFSI) based in the Philippines. As Lee (2008) pointed out, CFSI has provided valuable assistance to communities in Maguindanao, ARMM especially to pregnant, Muslim women. However, despite their own survey findings on high rates of unmet family planning needs among the local women, “CFSI does not directly promote or provide modern contraceptives to women, for religious reasons” (Lee 2008, 70). In this instance, Catholic religion espoused by the institution directly undermined effective provision of reproductive health services by failing to respond to the needs of diverse women. CFSI also modified the language they use in their programs such as “using ‘birth spacing’ instead of ‘family planning’ and relationships for ‘gender’” (Lee 2008, 70).

Comprehensive assistance in light of the high rates of maternal mortality in conflict-affected areas of Mindanao require the full range of services and supplies including accessibility of emergency obstetric care; types of contraceptives that are responsive to the needs of women in displacement contexts; and skilled birth attendants. Yet, these reproductive health programs naturally only serve *married* women of childbearing age. They exclude elderly women, young adolescents, and LGBTs. The same exclusions were noted by an informant in the context of protection interventions in IDP camps. For example, “adolescents are really left out because our current approach only focuses on Women Friendly Spaces and Child Friendly Spaces”.²⁹ The problem with the narrow focus on maternal health is that it easily conforms to and affirms biological essentialism. It serves to obscure sexual relations which are not procreative in nature, and instead encompasses pleasure and sexuality.

Still, even in more progressive initiatives that recognise sexual health in conflict settings, we see how essentialist discourses subtly reinforce female altruism. The case of ‘sex strikes’ in Davao, Maguindanao is illustrative of how sex serves as an ‘empowering’ tool for women to negotiate power relations at the household. Davao women collectively decided to withhold sex from their husbands many of whom belong to the MILF and are engaged in both rido and intra-state conflict with the military. One of the sex strike leaders’ husband consequently rallied other men to promote peace because “continued fighting would damage the [local] economy as well as his marriage” (Global Nonviolent Action Database 2011). Within weeks, communal

²⁹ Personal interview, female representative, Davao City, 10 March 2015.

violence stopped which then facilitated the setting up of UNHCR's small-scale sewing cooperative in Dado. Dubbed as a modern-day *Lysistrata*, these sex strikes gained international recognition including endorsement from UNHCR as an example of 'unconventional' but 'effective' modes of peacebuilding (see Global Nonviolent Action Database 2011; Houseman 2013). Indeed, as various observers of Dado women point out, sex strikes to prevent armed violence have been documented historically and in various countries as diverse as Colombia and Kenya (Smith 2011).

Armed conflict provides an opportunity to reconfigure the balance of power within the household but it can also re-embed women's traditional role of rendering service through sexual labour. That is, within discussions of sex strikes, women are taken as wives who cater to their husbands' sexual needs rather represent sex as a mutually shared need. More to the point, women are implicitly regarded as providers of sex rather than receivers. Cultural and religious constraints to bodily autonomy represent a root cause of what makes women and girls vulnerable and insecure in conflict situations. While some women can effectively use sex to bargain within the patriarchal structures of the household, data on IDP women suggest that many suffer from SGBV from their spouses or intimate partners. The survey report by Nisa Ul Haqq Fi Bangsamoro (2014) indicated various forms of domestic violence such as verbal abuse and marital rape endured by wives from their husbands while in IDP camps. Women attempt to reconcile with these forms of violent behaviour as 'conflict-specific' or a way by which their husbands deal with the stresses of conflict (Nisa Ul Haqq Fi Bangsamoro 2014). Stemming women's bodily depletion in times of conflict requires addressing pre-existing norms that censure women from caring for their own bodily needs.

In addition to these challenges, humanitarian assistance by nature is limited in scope and only intended to 'fill in the gaps' of state provisions. State and humanitarian relief assistance are routinely irregular, inadequate or stretched out thinly over time and across various geographical locations in Mindanao. Nevertheless, humanitarian relief in IDP camps do allow for some accessibility of health services previously not available to remote communities to begin with. The region of Mindanao is exposed to both conflict and disaster-induced displacements which affect how resources are mobilised from one crisis to another in the country (UN OCHA 2014; see also Chapter 3). The presence of protracted and intermittent armed conflicts compounded by frequent flooding as a result of typhoons cause disruptions in health service delivery as well as a range of protection issues for women and girls (see IDMC 2009; 2011). Such a context fuels logistical challenges which makes for instance tracking or monitoring patients extremely difficult (Lee

2008). Hence, as IDMC (2009) argues, the cycle of conflict and neglect in Mindanao means that victims of armed conflicts suffer multiple harms while they are being displaced and throughout displacement in camps or shelters. Without access to health services, women and girls have heightened risks of morbidity and mortality such that they may escape conflict only to die due to displacement conditions or post-conflict (Urdal and Che 2013).

Despite recent global attention to maternal and reproductive health in conflict situations, international aid funding for health interventions especially sexual and reproductive health services and supplies, remain low (UNFPA 2015; 2016). These shortages exacerbate gendered expectations of female altruism pushing IDP women to commit acts of sacrifice which can also expose them to different forms of SGBV. In conflict settings, the distinct vulnerability of community health workers as targets also indicate the crucial importance of situating the promotion of various human rights such as the right to health within wider issues of peace and security. As I elaborate further in the next chapter, state contributions to sustain displaced communities particularly in the area of sexual and reproductive health must be situated within broader national frameworks relating to peace, security and development.

Conclusion

This chapter examined depletion to show that it occurs in the absence of self-care among women to sustain their bodies which are at the forefront of mitigating the long-term consequences of crisis situations. Meeting overlapping and compounded social reproductive obligations serve as the backbone for the survival of families in times of conflict. However, this survival often comes at great cost to women's health and well-being. First, when women do more to 'fill in' these household gaps which are particularly acute in protracted displacement, the male provider ideal is not necessarily challenged. Even when women do engage in productive labour, in most cases armed conflict serves to 'excuse' men's inability to provide for the family thereby leaving the male provider ideal relatively intact. That is, once the conflict ends, men are seen as able to resume their gendered positions in the household where women are the primary caregivers. Although armed conflicts may generate frustration from men who are unable to fulfil the breadwinner role, it is precisely through such gendered expectations on female altruism where we see that this division of labour is entrenched.

Inadequate interventions to promote SRHR among women and girls in conflict situations indicate that the cost of servicing households is the depletion of women's bodies extremely manifested through poor health outcomes. That is, in times of conflict, women attend to the needs of everyone else while intensely less able to attend to their own. Consequently, this means that self-care among women may serve as an indicator of how different households are able to cope in contexts of protracted displacement. When women are able to allot time, access health resources and feel 'entitled' to care for their own needs, then the well-being of the displaced family and community in general can improve in a more equitable and sustainable way.

Lastly, depletion at the community level is engendered through the intensified contributions of women's social reproductive labour in various community roles as *pandays*, peacebuilders and/or BHWs thus compounding the labour these women also perform for their families, clans and ethnic groups. Feminised sacrifice normalises and provides meaning to the undertaking of these burdens. Consequently, such gendered expectations allow the state to strategically depend on women's volunteerism without having to make substantial contributions to replenish women's bodies rendered fragile and forbearing by armed conflicts. First, this is evident in the continued reliance on women's volunteerism to sustain health systems in conflict-affected communities thereby undermining the long-term sustainability of health service delivery post-conflict. Second, humanitarian and development assistance augment the gaps in health care service delivery especially by allowing for the accessibility of maternal health and family planning among IDPs. Program partnerships with religious or faith-based groups, however, can reaffirm the same gendered expectations that prevent the advancement of the full basis to bodily autonomy. An important strategy for replenishing social reproduction discussed in this chapter is the role of the state in ensuring economic contributions to value community service and health work.

Chapter 5. Reproducing 'Bangsamoro': Sexual and Reproductive Freedom and Contesting the Nation

MILF Panel Chair Mohagher Iqbal said his piece. Speaking from his heart, he believed that women and men cannot have absolute equality because they are different physically, biologically and even emotionally...

Yes we are different, biologically, socially. Men traditionally carried arms, women gave birth. But equality is not about sameness. It is about relationships founded on mutual respect and the dignity of both persons. It is no different from what the MILF wanted for the Bangsamoro - parity of esteem. The same 'parity of esteem' or mutual respect that is desired between the majority and the minority population is desirable as well between men and women.

- Miriam Coronel-Ferrer, Chief Negotiator for the Philippine Government (OPAPP 2014, 4-5)

Introduction¹

On March 27, 2014, a historic peace agreement, the Comprehensive Agreement on the Bangsamoro (CAB) was signed between the Moro Islamic Liberation Front (MILF) and the government of the Philippines, signalling the end of a 40-year conflict and 17 years of negotiations between the two sides.² With the signing of a peace deal, armed encounters between the government and the MILF were significantly lessened and conflict deaths declined (International Alert 2014). Indeed, according to the Internal Displacement Monitoring Centre, "the total number of people displaced by conflict and violence reached its lowest level since 2011. A reduction in the number and intensity of fighting incidents largely explains this decline" (IDMC 2015b, 1). However, as I illustrated in Chapter 4, Moro women and girls continue to disproportionately suffer the long-term and gradual consequences of armed conflicts in Mindanao many of which such as clan and community forms of violence continue unabated. Building on Chapter 4 which

¹ Parts of this chapter were incorporated in Davies, True and Tanyag (2016).

² A copy of the CAB is available at: "The Comprehensive Agreement on the Bangsamoro." *Gov.ph*, <http://www.officialgazette.gov.ph/2014/03/27/document-cab/>.

examines depletion of women's bodies at the household and community levels, this chapter draws out the continuum across physical forms of violence that directly undermine bodily autonomy and well-being on the one hand, and structural or symbolic forms of violence manifested through long-term and gradual harms experienced by Moro women on the other.

First, I argue that the neglect of sexual and reproductive health among Moro communities and particularly women and girls is part of the symbolic and structural violence by the Philippine state against ethnic minorities. The deterioration of SRHR among Moro women and girls in conflict is linked to their role as biological and symbolic carriers of clan/ethnic/religious identities within political contestations defining the nation. That is, depletion indicates broader patterns of state-sanctioned discrimination over whose bodies matter and the corporal demarcation of the boundaries of nationhood. Second, I argue that gendered inequalities particularly the various modes employed to control women's bodies are not only a consequence of armed conflicts in Mindanao. They also help enable the onset and dynamics of conflicts in the region. The political significance of women's bodies and social reproduction remains marginalised from and obscured within current national peace and security frameworks. Yet, the linkages between political struggles for gender equality and ethnic self-determination are powerfully evoked in the quote above by Miriam Coronel Ferrer, the first woman to head a government peace negotiating team. Claims to self-determination by minority ethnic groups may come at the cost of women's and girls' bodily autonomy.

This chapter explores the Bangsamoro peace process to show how women's bodies are precisely what is at stake in political negotiations over defining minority group rights due to the centrality of family and intimate relations in nation-building. It is divided into three main parts. First, I begin by discussing the Bangsamoro peace process and its implications for entrenching the cultural and religious bases to the depletion of women's bodies. While the peace process has been internationally recognised as a model for gender inclusive peace processes, political participation among Moro women and girls especially those that have been internally displaced remain limited. Second, I investigate how women and girls as biological and symbolic bearers of group identities are implicated in clan and community-level violence. Specifically, I highlight how clan and ethnic policing of sexual relations routinely undermine peace and stability in the region by interrelating with intra-state violence between Moro rebels and the state. Third, the chapter concludes that comprehensively addressing the vulnerability of women and girls in conflict situations, as well as in stemming their bodily depletion post-conflict, requires illuminating the continuum of violence

from the household to the state. Restrictions on SRHR and routine yet ‘invisible’ experiences of SGBV undermine lasting peace in Mindanao.

Bargaining with Patriarchy and the Bangsamoro Peace Process (BPP)

National peace processes in Mindanao have been almost exclusively conducted in relation to Moro insurgency by the two major rebel groups, the MILF and the Moro National Liberation Front (MNLF).³ *Bangsamoro* which literally means Moro nation or nationalism has been the dominant narrative underpinning intra-state conflicts involving Moro rebels.⁴ Bangsamoro has been articulated by Moro rebels in different degrees such as seeking complete independence or secession from the Philippines, securing autonomous governance thru the right to self-determination, and legal recognition of their indigenous identity including the redress of historical grievances.⁵ Crucially, these grievances are underpinned by Moro experiences of systematic discrimination manifested in colonial and post-colonial state policies (Transitional Justice and Reconciliation Commission 2016). For example, Moros as minority ethnic groups were dispossessed of lands and excluded from distribution of resources despite being the indigenous inhabitants in Mindanao. According to the anthropologist Thomas McKenna (1998), state-sponsored large-scale migration beginning in 1935 brought Christians in Mindanao. This historical settlement of Christians was specifically intended to marginalise Moro population.

From 1935 onward, the successive administrations of the Philippine Commonwealth and Republic provided steadily more opportunities and assistance to settlers from the North. By contrast, the government services available to Muslims were not only meager compared to those obtained by immigrant Christians but were also fewer than they had received under the colonial regime” (McKenna 1998, 117).

Subsequent waves of Christian migration to Mindanao were also deliberately used by governments to relieve severe political as well as population pressures in the Northern provinces. The demographic shift in

³ Here it is important to note that the two main rebel groups also represent competing ethnic groups. The MILF who are *Maguindanaos* have ongoing rivalries with the MNLF who are ethnically *Tausugs* (Podder 2012, 500).

⁴ Some scholarly works, however, challenge the salience of the ‘Bangsamoro’ discourse as the underlying cause or motivation. They argue instead that Muslims rebel for different reasons and not necessarily to attain an independent Islamic state (see for example McKenna 1998; Kerkvliet 2010; Human Development Network 2005).

⁵ The right to self-determination is embedded in Article 1 of the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights (ICESCR) respectively.

Mindanao was sudden and drastic leading to the dislocation of Moros and other non-Muslim indigenous groups called *Lumads* (Paredes 2015).⁶

Systematic discrimination against Moros as minority ethnic groups continues on in the present. This is evident in that the lowest levels of human development in the Philippines are in the conflict-affected areas of Mindanao particularly ARMM. The human development index (HDI) scores for ARMM provinces have been comparable to that of other conflict-affected countries such as Sudan, Myanmar and Afghanistan (Human Development Network 2005).⁷ Among ARMM provinces, levels of human development have progressively declined in the last ten years due to lowering of incomes and educational outcomes (Human Development Network 2012-2013). Furthermore, the region scored lowest in terms of life expectancy at birth for both males and females. National data indicate that life expectancy at birth for Filipino females in the ARMM provinces is among the lowest: Maguindanao at 61.65 years, followed by 58.53 years in Sulu and Tawi-tawi with only 57.50 years.

Although the life expectancy gaps between Filipino males and females nationally are around 8 years with females expected to outlive males. In conflict-affected areas such as Lanao del Sur, females will only outlive males by less than a year (National Statistics Office 2011a). The connections are clear according to one informant:

In Zamboanga IDP case, majority of the displaced are Moros. Magnified by environmental disasters, these communities are very vulnerable and become highly dependent on social welfare assistance. The cycle of dependence and vulnerability feeds stereotypes against Moros that justify their status as second-class citizens.⁸

The minority status of Moros is mutually reinforced by the frequent occurrence of multiple armed conflicts and historical state discrimination. This occurs first as Moro population levels are kept low as a result of lower life expectancies, higher mortality rates, and poor health outcomes. Second, sustained underdevelopment among their communities feeds into historical grievances and informs new narratives of oppression that are mobilised to justify the continuation or renewal of armed rebellion against the state

⁶ Lumads collectively refer to the indigenous 'tribal' groups that did not convert to Islam. They consist of more than 18 ethnic tribes each with a distinct language and culture (Paredes 2015, 168).

⁷ The Human Development Network based in the Philippines calculates the HDI scores at subnational level patterned after the methodology in the UNDP Human Development Index Reports. See for further information, "Computing for HDI," <http://www.hdn.org.ph/computing-for-hdi/>.

⁸ Personal interview, female representative of INGO, Davao City, 10 March 2015.

(Transitional Justice and Reconciliation Commission 2016). It is within this backdrop that the Bangsamoro peace process between the Philippine government and the MILF can be considered momentous especially given how it has culminated with the signing of the CAB.

BPP as a 'success story' for increasing women's participation

Prior to the Bangsamoro peace deal, there had been several peace agreements in place as a result of 'separate' but connected peace processes commenced between the government and the MNLF and MILF.⁹ The CAB, however, is strongly anchored on the minority group rights of Moro peoples to self-determination recognised as fundamental in advancing their equal political participation and socio-economic development and for securing lasting peace in Mindanao (Transitional Justice and Reconciliation Commission 2016). Indeed, in the preamble to the CAB, it states:

Underlying the CAB, is the recognition of the justness and legitimacy of the cause of the Bangsamoro people and their aspiration to chart their political future through democratic process that will secure their identity and posterity and allow for meaningful self-governance... The parties commit to reduce social, economic, and political inequalities; correct historical injustice committed against the Bangsamoro; and remove cultural inequities through the agreed modalities aimed at equitably diffusing wealth and political power for the common good.

The Bangsamoro peace deal, upon enactment into law by the Philippine Congress, will define the territorial boundaries whereupon autonomy will be exercised including already contested ownership of ancestral domains.¹⁰ It also provides a framework for revenue generation and wealth-sharing; power-sharing between Bangsamoro authority and central government; and a normalisation plan addressing socio-economic development and transitional justice and reconciliation.

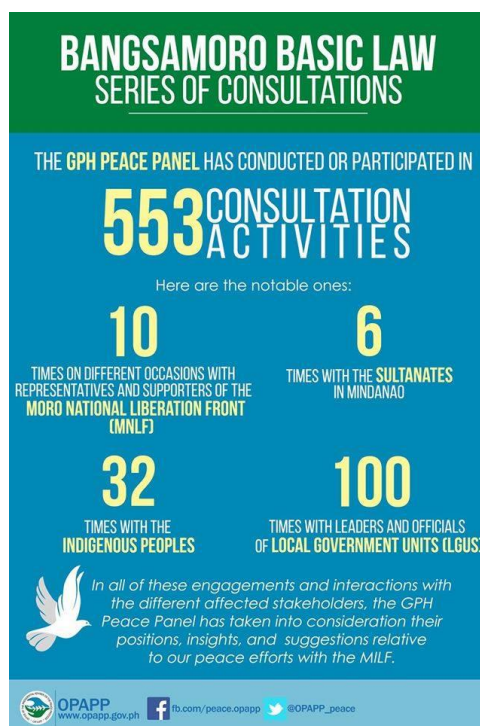
Importantly, the Bangsamoro peace process is historic too in terms of women's leadership and participation. Globally, it is considered a 'trailblazer' for its strong civil-society orientation in contrast to military-driven peace processes where key figures all come from military backgrounds (UN Women 2015;

⁹ Prior to the Bangsamoro peace deal there had been several peace agreements in place as a result of 'separate' but connected peace processes commenced between the government and the MNLF and MILF respectively. The peace process between the MNLF has not progressed since 1996 (HD Centre 2011, 46).

¹⁰ These terms will be codified in law under the proposed Bangsamoro Basic Law (BBL). No further legislative progress has been made under the current Duterte government (2016 - present).

O'Reilly, Suilleabhain and Paffenholz 2015). According to the Office of the Presidential Adviser on the Peace Process (OPAPP), the Philippine government in negotiating with the MILF conducted and participated in 553 consultations with various stakeholders including non-Muslim indigenous or Lumad elders (see Figure 5.1). This inclusive nature of the Bangsamoro peace process relative to previous peace negotiations corresponded with strong public approval nationally and within Bangsamoro communities (Social Weather Stations 2013; 2015). Secondly, the peace process reflected the highest rate of women's participation in an otherwise male-dominated environment. In June 2013 at the Global Summit to End Sexual Violence in Conflict, the Philippines with its majority-female delegation was recognised as a 'success story' or a model for women's participation in peacebuilding (DFA 2014). According to the global report of UN Women (2015, 45), between 1990 and 2011 across 31 peace processes that the UN was involved in, women represented just 2 percent of chief mediators, 4 percent of witnesses and signatories, and 9 percent of negotiators. In the case of Mindanao, women represented 50 percent of the government's negotiating team and 25 percent of the signatories. Women were present from both sides of the negotiating table and throughout the peace negotiation process (see also O'Reilly, Suilleabhain and Paffenholz 2015).

Figure 5.1. Civil Society Participation by Numbers



Source: OPAPP.gov.ph

These significant strides in women's participation in the Bangsamoro peace process were enabled by the presence of national institutional frameworks. Existing national laws recognise the distinct vulnerability of women and girls in conflict situations, as well as the importance of gender-inclusive peace processes. For instance, a key national legislation called the Magna Carta of Women of 2009 (Republic Act 9710) specifies the Philippine state's obligations in conflict situations.¹¹ Under Section 29:

- (a) Increase the number of women participating in discussions and decision-making in the peace process...
- (b) Ensure the development and inclusion of women's welfare and concerns in the peace agenda in the overall peace strategy...
- (c) The recognition and support for women's role in conflict prevention, management, resolution and peacemaking, and in indigenous systems of conflict resolution.

The Philippines is also credited for promoting the Women, Peace and Security (WPS) agenda as the first country in the Asia Pacific region to have drafted a national action plan on UN Security Council Resolution 1325 (UN Women 2015, 241). This national action plan (NAP) on 1325 has been 'localised' or implemented as concrete programs in conflict-affected areas in the Philippines including ARMM in Mindanao (GNWP 2014; WE Act 1325 2016).

The NAP is implemented primarily through the government's *Payapa at Masaganang Pamayanan* (PAMANA) program.¹² PAMANA serves as "a complementary track to peace negotiations, [it] aims to extend development interventions to isolated, hard-to-reach, conflict-affected communities to ensure that they are not left behind...PAMANA remains as the government's flagship program for conflict-vulnerable and affected areas in the country." Further, it "aimed to implement the NAP WPS through PAMANA as part of its own gender mainstreaming strategy. As a result, there had been efforts to include women in post-conflict normalization and community development and peace process" (We Act 1325 2016, 19). In the ARMM provinces, NAP localisation thus far have occurred first through allocating priority funding for agricultural (e.g. farming assistance) and community infrastructures (e.g. improving roads and water supplies). Second, community engagement through focus group discussions (FGDs) among Bangsamoro women were also conducted, the first of which was held in December 2011. The FGDs have identified

¹¹ The full text of the Magna Carta is available at: <http://pcw.gov.ph/law/republic-act-9710>.

¹² Translates to 'peaceful and prosperous (also resilient) communities'.

priority gender-related issues per ARMM province as follows: lack of livelihood opportunities and poor literacy rate for Basilan; plight of IDP women for Lanao del Sur; human trafficking for Maguindanao; ‘cycle of violence’ for Sulu; and human trafficking and deportation for Tawi-Tawi (We Act 1325 2016, 55).

Furthermore, as pointed out by an informant, “relative to other peace negotiations, MILF has made significant adjustments to accommodate ‘gender’ or women’s perspectives due in part to the presence of female negotiators”.¹³ Indeed, women’s presence in the peace panel enabled the creation of high-level opportunities for drawing attention to the gendered consequences of armed conflicts. In so doing, this translated to the inclusion of the language within key output documents upon which addressing the distinct vulnerability and needs of women for post-conflict reconstructions can be anchored in the future. For instance, this is illustrated strongly by the Framework Agreement on the Bangsamoro (FAB), a precursor to the CAB, which explicitly guarantees the “*meaningful* political participation of women” post-conflict and “protection from all forms of violence” (emphasis added).¹⁴ Similarly, in the CAB, women-specific provisions in the peace agreement and succeeding annexes include: a) at least 5 percent of Bangsamoro official development funds must be set aside for supporting women through a gender and development plan (*Annex on Revenue and Wealth Sharing, 2013*); b) the Bangsamoro governance structure shall consist of a council of elders where women and other sectors will be guaranteed representation (*Annex on Power Sharing, 2013*); and c) targeted socio-economic assistance for decommissioned MILF women auxiliary forces (*Annex on Normalization, 2014*) (GNWP 2014; O’Reilly, Suilleabhain and Paffenholz 2015, 24).

Miriam Coronel-Ferrer noted that the peace negotiations opened unexpected ‘windows of opportunity’:

On the item on non-discrimination based on sex, creed, race, ethnicity and so on, then MILF panel member Datu Michael Mastura moved to use “gender” instead of sex which he deemed a controversial subject. Qualifying that he is not saying that there is no sexuality in Islam, he nonetheless cautioned that the *ulamas* are wary of the s word. We heartily agreed to replace it with the even better alternative word that he had proposed (OPAPP 2014, 4)

¹³ Personal interview, male academic and specialist on conflict and peace in Mindanao, Quezon City, 4 February 2015.

¹⁴ The FAB was signed on 15 October 2012. The text is available at: <https://peace.gov.ph/2012/10/framework-agreement-bangsamoro/>.

The unlikely route to the inclusion of gender in the Bangsamoro peace deal instead of the word *sex* which was understood narrowly as sexual intercourse reflects the propitious spaces afforded to women negotiators. These advances – regardless of how fraught with misconceptions – establish precedents which can allow for structural reforms that stem the disproportionate bodily depletion of women in conflict situations. They open political and legal spaces for substantively integrating gender in peace and security.

The success story behind women's participation in the Bangsamoro peace process, however, is more apparent in the case of women on the government panel rather than the MILF's. By and large, the "MILF leadership is still very patriarchal and this was made evident throughout the peace process".¹⁵ Overall, the MILF's side of the negotiating table remained exclusively male and has never had a female representative despite having women auxiliary forces (GNWP 2011; see also the BIWAB in Chapter 4). Though the numbers of women involved in various roles in the peace process gradually increased, this was reflected more on the side of the government panel and broader groups of Moro women's participation were limited to indirect consultations spearheaded by the government (OPAPP 2014; O'Reilly, Suilleabhain and Paffenholz 2015). Furthermore, according to a female representative of an international organisation involved in capacitating women in peacebuilding, "we were unable to access BIWAB [Bangsamoro Islamic Women Auxiliary Brigade]. The MILF leaders were very protective of them and would not let us meet".¹⁶

Sharia Law and the Code of Muslim Personal Laws in the Bangsamoro

The lack of direct participation among Moro women from the MILF panel is telling of the prevailing masculinist biases within the Moro rebel group. It is also indicative of the multiple barriers Moro communities face especially those who are frequently displaced and are subjected to long-term and gradual bodily depletion. Higher mortality and lower levels of human development mean that they are most unlikely to fully participate in peacebuilding and post-conflict reconstruction. More importantly, as I argue here, it is precisely minority populations' claims to self-determination and political autonomy that risk further embedding women within patriarchal structures that deny them of bodily autonomy and define their experiences of insecurity. The Bangsamoro peace process in fact highlights Moro women's role as biological

¹⁵ Personal interview, female representative of NGO, Quezon City, 15 April 2016.

¹⁶ Personal interview, Quezon City, 19 April 2016.

and cultural reproducers whose bodies serve as symbolic carriers of tradition and markers of difference (Yuval-Davis 1997).

The tension between the Moro group right to self-determination and Moro women's right to bodily autonomy is manifested in the absence of 'within-group' violations of SRHR and SGBV in the peace negotiations. This invisibility underscores how the control of women's bodies is precisely what is fought over due to the centrality of family and intimate relations in exercising the right to self-determination. In the Philippines, Moro societies in Mindanao have plural legal systems. Moros are subject to Sharia Law for personal and family relations. In addition, they may also settle grievances through customary laws. Under Presidential Decree 1083 also known as the Code of Muslim Personal Laws (CMPL), the Code shall prevail over national laws that conflict with its provisions. In 1977, CMPL was enacted as a deliberate strategy by then former president Ferdinand Marcos to appease Muslim separatists (Chiarella 2012, 228; Solamo-Antonio 2015, 83). The Code predates the country's signing of CEDAW and other national laws on gender equality. Furthermore, it has not been reviewed since its enactment despite a growing clamour to update the Code's provisions to equally reflect the changes among Muslim communities (Solamo-Antonio 2015, 98).

Notably, in the UN CEDAW Committee concluding comments to the combined 5th-6th Philippine CEDAW reports,

The Committee expresses its concern about the precarious situation of rural and indigenous women, as well as the Muslim women in the autonomous region of Muslim Mindanao, who lack access to adequate health services, education, clean water and sanitation services and credit facilities. The Committee is also concerned about women's limited access to justice in cases of violence, especially in the conflict zones, and the lack of sanctions against the perpetrators of such violence. The Committee is furthermore concerned that the practice of early marriage is persistent among Muslim women (CEDAW 2006, 6).

While the precarious conditions of Moro women particularly in the ARMM are exacerbated by armed conflicts. They are also rooted in pre-existing patriarchal structures that undermine their bodily autonomy.

The combined 7th-8th Philippine CEDAW reports identify discriminatory provisions in the CMPL as those relating to early marriage, polygamy, divorce, and unequal inheritance rights (CEDAW 2015b, 8).

According to a female representative from a government commission,

Muslim women specifically face issues on early marriage and polygamy. In our consultations with them for the CEDAW reporting, they maintained that their religion sanctions these practices. The long-term solution is to really increase the rank and file membership of Muslim women in positions of leadership. The CMPL for instance was put together by a predominantly male congress and thus privileges the consultative role of Muslim leaders who are also primarily male.¹⁷

And yet, the peace deal was secured by an all-male MILF panel too. Consequently, the CAB expands and further entrenches Sharia law under the envisioned autonomous Bangsamoro region. Therefore, in the cases of CMPL and Sharia law, we see how the group right to self-determination by Moros has been articulated primarily from the vantage point of male Moro rebels. It perpetuates a male-centric ability to practice traditional laws and customs. Many of these traditions, however, relate to regulating the family and proscribing appropriate sexual relations and reproductive practices.

For example, in the case of early marriages, CMPL stipulates that marriage is allowed for any Muslim male at least 15 years old, while for Muslim females it states the ‘age of puberty’. Based on a survey Nisa Ul Haqq Fi Bangsamoro conducted, the reasons cited for early marriage among young Moro women were shaped by different factors although “religious beliefs ranked highest, with women saying early marriage was in accordance with their religion.” Indeed, according to Solamo-Antonio (2015), in one Sharia district court, it was found that the youngest age of marriage was 7 years old for a girl and 11 years old for a boy. Yasmin Busran-Lao, executive director for Nisa Ul Haqq Fi Bangsamoro¹⁸, argues that a strong obstacle to addressing early marriages among Moros, in addition to religious beliefs, is the lack of state institutions. Early marriages become prevalent when the state itself cannot keep track of what unions occur especially in conflict-affected areas with pre-existing weak social welfare and public administration. Marriage registration remains uncommon especially in remote areas (quoted in *IRIN News* 2010).

Early marriage also comes as a distinct consequence of protracted displacement. Another key finding from the survey is that due to the conditions of evacuation camps where there is a lack of privacy, parents resort to forcing their children into marriage particularly to protect the girl’s chastity and by extension, family honour. They do so to prevent against or anticipate the likelihood of pre-marital sexual relations among adolescents which are strictly forbidden in Islam. Further, early and forced marriages have an

¹⁷ Personal interview, Manila City, 19 April 2016.

¹⁸ Nisa Ul Haqq Fi Bangsamoro was a key Moro women’s NGO that participated in the peace consultations.

economic basis in the context of displacement. “In the evacuation centre, each family is entitled only to one food coupon for basic relief goods. Girls and boys are married off by their parents to create new families and qualify for more food coupons” (*IRIN News* 2010; see also GNWP 2014, 10). According to a female informant from an international development organisation based in Mindanao,

In evacuation centers we worked with, food pack distribution is by family, in situation where conflict and relief response have been routine and the latter, there is really a push for survival to just get married at an early age to secure relief packs. This may also help explain why there is a population boom too after calamities.¹⁹

Hence, the strategy of humanitarian relief assistance to target families as beneficiaries ‘nudges’ Moro communities who have been displaced over a prolonged period of time to use early marriages and adolescent pregnancies for economic survival.

Crucially, these forms of SGBV are legitimised by pre-existing discriminatory provisions in Sharia law such that the undermining of bodily autonomy for young girls and boys in conflict settings are in fact culturally embedded. The cultural sanctions in place for early marriages negate any interventions to promote broader political and economic participation among Moros in peace processes and post-conflict reconstruction. The Bangsamoro peace process, much like the CMPL, subordinates substantive gender reforms including the promotion of SRHR to that of more ‘political’ goals within nationalist struggles. This occurs precisely because male MILF rebels serve to benefit from and protect their interests in the carving of political authority. As Graça Machel, the co-mediator for the 2008 Kenya peace negotiations, puts it “when you give prominence to the warring parties at the expense of consulting and involving the majority of people, you are giving them rights to decide on behalf of the others, in essence rewarding them for having taken up arms” (quoted in O’Reilly, Suilleabhain and Paffenholz 2015, 14).

Women’s Bodies in Clan and Community levels of Armed Conflict

The lack of substantive representation among Moro women in the peace process reinforces the invisibility of gender as directly related to violence and insecurity in Mindanao. It also obscures women’s crucial role as symbolic bearers of clan and ethnic identities. As I discussed in Chapter 4, armed conflicts in Mindanao

¹⁹ Personal interview, female representative of INGO, Davao City, 10 March 2015.

escalate or morph into different permutations of conflict from *rido* or clan feuds to non-state armed conflict between different armed groups, and intra-state conflict (International Alert 2014, 28; see also Torres III 2014). Despite how “Muslim-Christian conflict in Mindanao dominates the attention of international and local media, clan conflicts are actually more pertinent in the daily lives of people” (Torres III 2014, 5). Indeed, as one informant noted, “the frequent occurrence of rido is to many communities just a ‘normal’ or everyday reality. It is normalised violence and also part of the structure that many communities deal with”.²⁰ Rido predominantly occurs in the mainland areas of Lanao del Sur and Maguindanao in ARMM (International Alert 2014; Torres III 2014). From the 1930s to 2005, there were a total of 1,266 documented cases of rido, 64 percent of which remain unresolved (Torres III 2014). Approximately half of the total rido incidences recorded by the Bangsamoro Conflict Monitoring System occurred in the last five years (2000-2004) averaging around 127 new cases per year (see also Hilsdon 2009). However, dominant accounts of violence and insecurity in Mindanao tend to reify intra-state conflict between Moro rebels and state armed forces as the most crucial manifestation of escalating conflict (International Alert 2014; Paredes 2015).

First, because the negotiations were only between the government and the MILF, naturally peace in relation to intra-state conflicts was negotiated while discussions on other forms of conflict particularly clan and community forms of violence such as rido were absent.²¹ Second, the experiences of insecurity by the most vulnerable groups such as internally displaced, non-Muslim, Lumad women are politically excluded because they continue to be “treated as bystanders, expendable in both conflict and peacemaking between the Moros, settlers and the government” (Paredes 2015, 171). Third, as Anne Marie Hilsdon points out, “the general framing of ‘war’ and ‘conflict’ in terms of declarations, ceasefires and peace negotiations, however, interrupts the contemporary social process and facilitates a ‘hands off’ approach by the government, which relegates forms of community violence like *rido* to culture” (2009, 358). The omission of clan and community level violence within the peace process conveniently erases the responsibility of the state in addressing such forms of violence including holding into account the role of the MILF in perpetrating violence against Moro and Lumad civilians.

²⁰ Personal interview, female academic and specialist on gender, peace and security in Mindanao, Quezon City, 3 February 2015.

²¹ This is evident from the resulting documents particularly the Framework Agreement on the Bangsamoro, and subsequent annexes.

Interrogating clan and community levels of armed conflict therefore carry significant implications not just for the Bangsamoro peace process but also in terms of the importance of taking gender seriously as an analytical lens. Applying a gender perspective can inform comprehensive interventions to peace that is more than just the absence of war. For example, Moro women's lives allow us to see that intra-state violence is intimately linked to the violence and insecurity in households and communities through the mediating role of gendered constructions of masculinity and femininity that underpin the family or clan. To begin, clans serve social, political and economic purposes. Various studies on Philippine politics have documented the importance of the family as a social unit in the Philippines.²² In terms of advancing political and economic interests, families are effective vehicles through which power is solidified (McCoy 2009). A clear example is the ubiquity of 'political dynasties' where several members of the family simultaneously occupy different government positions within a given locality (McCoy 2009; Teehankee 2007). It is through political clans that Filipino women, and in Asia more generally, have been able to secure public office (Derichs and Thompspon 2013). However, it is also through powerful clans that the more pernicious forms of violence occur in the country. Powerful clans especially in the case of the Ampatuans of Maguindanao have managed to amass weapons and build private armies to advance their political and economic interests and quell opposition.²³

In conflict-affected areas of Mindanao, Cook and Collier observe that "individual clans can be simultaneously represented in local politics, local military commands and local insurgency commands" (2006, 38). What this means is that clans and ethnic tribes blur the separation of the different spheres between the government, military and rebel groups such that it is possible for rido which is technically just war among clans or tribes to eventually 'escalate' into violence between MNLF and MILF when key members of these respective groups belong to the feuding parties. Conflict strings, as Steven Rood argues, occurs when "what begins as a dispute between families can end with organised armed forces clashing, as parties to the dispute persuade others to become involved or the Philippine military can mistake a clan clash

²² Indeed, the 1987 Philippine Constitution explicitly states the importance of the family for nation-building. See Article XV, <http://www.officialgazette.gov.ph/constitutions/1987-constitution/>.

²³ The human rights violations perpetrated by the Ampatuans have been reported by Human Rights Watch (2010) including clan members' tendency to kill female victims after raping them. This information is crucial in strengthening the links between sexual violence, the documented prevalence of extrajudicial killings and forced disappearances in Mindanao primarily perpetrated by armed state actors, and the use of state forces by clans such as Ampatuans as their de facto personal army (Human Rights Watch 2010; Amnesty International 2011).

as a separatist operation and intervene on its own” (2005, 6). Moreover, conflict strings suggest that the exercise of authority – whether local politics, military or within insurgent groups – is embedded within the historical and present relationships among clans and ethnic groupings in Mindanao.

Rido and Moro Masculinities and Femininities

Rido is fundamentally linked to the deep importance given to ethnic, clan and kinship identities and the cultural role of family in providing protection and retribution of honour. Conflicts arise as families, clans or ethnic groups struggle to protect their group’s honour when it is deemed insulted or disrespected by the offending party. Honour or ‘*maratabat*’ a term which originates from the Maranao²⁴ ethnic group, is inscribed within Moro cultural code as something that must be defended strongly if not violently when it is slighted. The unfortunately common outcome is a cycle of recurrent revenge killings owing to the deep emotions involved (Torres III 2014).

According to an ARMM police officer,

When there is rido, most of the time, women are not involved in the conflict. But when they are or do get involved, it gets out of proportion. Crimes against chastity, if it happens here, is more than rido that is why they get settled immediately in the traditional way...They have this tradition of maratabat or the pride of the men who are relatives of the victim and the pride of the women in connection with her male relatives that makes things very complicated – that is why these incidents are settled immediately and no longer get to us (quoted in We Act 1325 2016, 53)

Honour-based rido cases are most directly involving women and girls as they embody clan or ethnic group identity. Indeed, the *Darangen*, a Maranao oral tradition, tells epics of love and wars including the bride abduction of Princess Lawanen which is akin to the story of Helen of Troy (UNESCO n.d.). According to Montillo-Burton et al. (2014, 132) “there is a popular belief among Meranao that when the causes of a *rido* are land and women, they are hard to settle and involve much loss of lives and property”. Aside from being intractable, rido involving women can also be particularly emotionally intense, ‘irrational’ and violent thereby influencing the unwillingness of state authorities to intervene or for such cases to go ‘under the radar’.

²⁴ Alternative spelling for Maranao is *Meranao*.

As Anne-Marie Hilsdon points out, “arranged marriage, divorce, polygamy and its related activities all offer many opportunities for family honour to be besmirched and for its *maratabat* to be threatened” (2009, 353). While clan feuds can be triggered by land disputes and political rivalries (in some cases even simultaneously), perceived sexual misdemeanours committed against women appears to be a common basis for clan feuds (Bartolome 2001, as cited in Hilsdon 2009, 353). In contexts where an increasing number of young adolescents are engaging in sexual relations, rido is typically linked to early and forced marriages to appease feuding clans.²⁵ For instance, “daughters are offered for marriage to appease warring clans. Marriage is seen as one step in repairing damaged relationships but still grievances are understood to be deeper or more enduring. So rido can still occur despite the sacrifice of daughters”.²⁶ This therefore goes back to how pre-existing structures such as the CMPL fail to adequately protect Muslim women and girls when deadly clan feuds or ridos erupt. The violence can be triggered as a result of her eloping with a man not favoured by the family, or when the demanded dowry has not been paid (Solamo-Antonio 2015, 95).

Honour is gendered through cultural and religious norms that allocate different set of expectations between men and women. Discourses and symbols of the masculine protector and feminine protected inform the dynamics of clan feuds. Specifically, “offenses against the *maratabat* of [a] woman are deemed more serious than those committed against male *maratabat*” (Montillo-Burton et al. 2014, 133). That is, while the feminine *maratabat* is offended in so far as the offense undermines family and clan honour, it takes on a graver offense precisely because it challenges the masculinity of male relatives as protectors. Rido erupts to reclaim honour – specifically honour as Moro masculinity – since it is male members of the family who are expected to exact retribution through violence. The dichotomy between protector and protected is also evident in the often highlighted importance of Moro women’s roles at the clan and community levels. O’Reilly, Suilleabhain and Paffenholz (2015) for example highlight that in the context of Mindanao, women have served as mediators between feuding clans because they are rarely targeted in clan disputes and revenge killings (see also Dwyer and Cagoco-Guiam 2012). They argue that because their physical security is less threatened than men’s due to a norm on feminine protected, this enables their mobility allowing them to facilitate peace by means of collecting retribution payments and hosting reconciliation feasts (2015, 20).

²⁵ Personal interview, Moro female representative of NGO, Quezon City, 18 March 2015.

²⁶ Personal interview, female academic and specialist on gender, peace and security in Mindanao, Quezon City, 3 February 2015.

However, as Gemma Bagayaua of Maguindanao points out in her recounting of rido incidences involving Moro women:

“What makes women crucial in peace-making is the concept of *maratabat*, says Coco Lucman, a son of Princess Tarhata. It is an insult for the family of a man if he is the one to initiate peace talk,” Lucman says. “It’s like losing your *manly pride*.” It is a lot easier if a woman initiates the talks, he explains (quoted in Torres III 2014, 277).

What this indicates is again the gendered expectation of female altruism or the culturally and religiously enforced self-sacrifice for women whose own pride, as the above quote suggests, is malleable if not altogether dispensable compared to men’s. Women in conflict situations initiate peace and line up for relief assistance (see Chapter 4), but they do so because these actions are feminising. This also partly explains why there are relatively more spaces afforded to Moro women at the clan and community levels of peacebuilding compared to the national Bangsamoro peace process. Women’s peacebuilding roles are welcomed in so far as this does not challenge the gendered order which privileges Moro masculinity. In comparison, the exclusion of Moro women at the national level from the Bangsamoro peace process serves to maintain Moro women’s representation as in need of protection whose best interests can only be articulated by their protectors – male MILF leaders in the negotiating table. The resistance of the MILF to include women within their ranks even as they may negotiate with women from the government, is shaped by this deeply embedded norm on Moro masculine pride. Consequently, the highly political struggle for self-determination is severed from issues of gender equality *within* Moro clans and ethnic groups.

Linking female altruism, SGBV, and bodily autonomy in Mindanao

Norms on female altruism are enacted through pervasive self-sacrificing practices among Moro women and girls. Consequently, these define their experiences of sexual and gender-based violence and loss of bodily autonomy including the undermining of sexual and reproductive health. A graphic example illuminating the links between female altruism, SGBV and bodily autonomy is the use of women’s bodies as a ‘bargaining chip’ to prevent rido violence from escalating. For instance, Bagayaua argues that initiating peace among warring clans or ethnic groups comes at great personal cost for women mediators because “playing the mediator is not for the weak of heart. If one fails to handle matters well, one can invite trouble or unwittingly get caught in the crossfire” (Torres 2014 III, 277). Self-sacrifice is evident in that “generally, women do not

have key roles in clan conflict resolution...however in some instances they become involved as members of the barangay council, wives of the local chief executives who are serving as mediators, or as heads of LGUs themselves...they serve as ‘human shields’ being regarded as harmless, women serve those who need protection. Hurting or attacking women is regarded as shameful” (Durante et al. 2014, 106-107). Similarly, Hilsdon cites an anecdote of Maranao women intervening to prevent rido:

When Mahnaz’s husband would not resolve his dispute with the mill operator who had refused to mill his rice, the mediator, Fadzilah Omar, pleaded on behalf of their common ancestors and challenged both, saying, “If you kill that operator, you kill me first.” In addition, Mahnaz told her husband that she would leave him if he did not settle the conflict (2009, 355).

In many cases, these remain empty threats and the women not only end up scathe free but also actually gain esteem or status for having prevented bloodshed among clans (see also Torres III 2014). However, it also happens that women end up getting killed and the norm of feminine protected underpins this violence because Moro masculinity is rendered fragile precisely by denigrating their ability to protect their women.

The norm on the feminine protected can backfire and result in brutal violence against women as in the case of the infamous Maguindanao massacre (Rauhala 2014). In 2009, two powerful clans were fiercely competing over political office in Mindanao where elections are known to be extremely violent (Human Rights Watch 2010). The Ampatuans have been politically dominant in Maguindanao through the use of violence and coercion, and promoting clan interests at the expense of other people’s lives. When a rival clan, the Magudadatus decided to run for the same electoral post as the Ampatuans, the latter’s private army attacked the convoy of Magudadatu and several journalists as the group were travelling to an electoral precinct. Magudadatus had anticipated violence from the Ampatuans and strategically placed women clan members as ‘human shields’ to surround the convoy. According to UCDP, however,

at a checkpoint along the road, they were stopped by around 100 armed men from the Ampatuan militia. The victims were taken to a mountainous area where they were killed and thrown into hastily dug mass graves. It took the Philippine military several days to recover the bodies of the 57 people that were massacred. Many of the female victims had been sexually abused and their sexual organs had been mutilated.²⁷

²⁷ See UCDP, “Ampatuan militia – Civilians,” <http://ucdp.uu.se/#/onesided/1081>. This was corroborated by Human Rights Watch (2010).

In addition, Ampatuan men in Maguindanao are known to have perpetrated hundreds of human rights violations including sexual violence against countless women and young girls with routine impunity in a bid to dominate whole communities (Human Rights Watch 2010). This example demonstrates how the norm on feminine protected is rendered fragile in the face of violent masculinities. The continued currency of practices among Moros to literally use women's bodies to shelter men does not necessarily indicate women have 'valued' or untouchable status in society. Instead, they actual entrench and perpetuate expectations of self-sacrifice among women and girls to the detriment of their bodily autonomy.

Another example can be gleaned in the context of reporting SGBV wherein due to gendered expectations of self-sacrifice, women and girls victimised through rape or sexual violence 'opt' to remain silent to avoid rido between the woman's clan and the perpetrator's clan.²⁸ Particularly, this act of self-sacrifice is acute among IDPs who have limited or no access to protection from powerful and armed clans rendering them 'easy' targets. As one informant observed,

Not speaking up is a way by which they protect others – their own family (children), or communities from further violence. They would rather be individual victims of sexual violence than allow loss of life through clan wars.²⁹

Based on a 2014 nationwide crime statistics ARMM ironically appeared as the most peaceful region in the Philippines despite the presence of various armed conflicts, and where rido is especially rife (Vargas 2014). A high-ranking police official explained the severe underreporting of crimes: "because of culture, people will not report (crimes) to the police, they consult their village chiefs because once they report it to the police, it is tantamount to a declaration of war" (quoted in Vargas 2014). Self-sacrifice in this regard is also motivated by cultural perceptions and accessibility of appropriate redress to SGBV. For example,

They just can't report because of maratabat...they will go to channels of elderly women...then mediation occurs to prevent bloodshed through rido. The normal reporting channel is to go to the barangay or police and then DSWD. But with Moro areas, the preference is to course through indigenous mechanisms where mediation occurs.³⁰

²⁸ Personal interview, male representative from government organisation, Davao City, 13 March 2015.

²⁹ Personal interview, female academic and specialist on gender, peace and security in Mindanao, Quezon City, 3 February 2015.

³⁰ Personal interview, female representative of international organisation, Quezon City, 19 April 2016.

Globally, we know that when law enforcement is weak and criminals are rarely brought to justice, women and girls are less likely to report crimes committed against them to state authorities (UN Women 2011). And yet, non-reliance on state justice systems in Mindanao further empowers customary laws and tribal justice systems that may not necessarily be effective in protecting women and girls (Musawah 2009).

Moro grievances including those relating to SGBV are redressed in a manner that exposes women and girls to further harms such as through forced marriage (including dowry) and other forms of indigenous settlement arrangements which mean victims continue to interact with perpetrators in their daily lives. Thus, women and girls subordinate their bodily integrity by ‘internalising’ sexual and gender-based violence inflicted against them out of a sense of duty to protect family and/or clan honour. Importantly, the general lack of SGBV reporting in acute areas such as ARMM feeds into the lack of accessibility of sexual and reproductive health services that address complications of rape and sexual violence including treatment for STDs, HIV/AIDS, and post-abortion care among others. This occurs first, when victims do not report to state authorities then they cannot also access the appropriate medical treatment guaranteed by law to all victims of rape and sexual violence in the country. This includes a health professional administering post-exposure prophylaxis for HIV infection after sexual assault, and use of emergency contraception (Center for Reproductive Rights 2016). Second, from a public administration perspective, low statistics on rape and sexual violence in ARMM also mean that there is little data to support the allocation of budget for comprehensive sexual and reproductive health services that meet the needs of rape and sexual violence victims. That is, in principle, public administrators cannot likely estimate how much supplies and how many personnel are in fact needed due to historically weak sexual and reproductive health-seeking behaviour. As an informant emphasised,

Rape is very taboo in Mindanao. No reporting or complaints and even if there are legal remedies in place, victims just disappear... Shame, the importance on family/clan identity, honor all these add pressure for victims to just keep quiet.³¹

Finally, “*maratabat* which exists on all sides of nationalist conflict, similarly ignites both *rido* and ‘war’ between the government and Muslim insurgencies” (Bartolome 2001, quoted in Hilsdon 2009, 354). Yet as Hilsdon (2009) suggests but fails to further explore, state militarisation in Mindanao in response to Moro rebellion increases broader frustration, rebelliousness and circulation of firearms in Mindanao. Consequently,

³¹ Personal interview, female representative of INGO, Davao City, 10 March 2015.

armed conflicts whether rido, non-state or intrastate all present opportunities for Moro men to assert masculinity, and perform the male protector identity. Fulfilling the role of protector is even more salient in the face of underdevelopment and limited economic opportunities. Armed conflicts compensate their inability to become breadwinners in the family. Importantly, to be a protector, Moro men must have a family to protect in the first place. What this means for women and girls is the intensification of their role as biological and cultural reproducers to enable men to attain, perform and secure their masculine identity. Indeed as pointed out by an informant,

Maternal mortality is not controversial among Muslims. But we might face some tension on the issue of fertility rates and adolescent pregnancy...The current lack of access and its significance to high birth rates fit within Muslim or IP [indigenous peoples] pro-natalism in conflict as a way of replacing lives lost given that those who are disproportionately affected are Muslim groups.³²

Moro women's poor sexual and reproductive health outcomes especially high maternal mortality and fertility rates lie within the intersections of state neglect of public health systems in conflict-affected areas of Mindanao, societal pressures to culturally and biologically reproduce clan and ethnic identities in the face of depletion, and wider nationalist struggles defining majority-minority populations. Hence, "there is some concern although not a major or widespread fear that when you bring contraceptives to Muslim communities that the motive is to control the population of minorities".³³

State interventions around reproductive health cannot but be viewed with scepticism precisely because Moros are minority ethnic groups whose population growth when controlled serve to maintain their status as a minority population. For example, in the Philippines, Muslims comprise the largest religious minority group at 5 percent of the total population or 5,127,084 people according to the 2010 National Census (Philippine Statistics Authority 2013). The accuracy of the Muslim population size in the Philippines has been challenged by Muslim scholars who argue that Muslims actually represent around 8 to 12 percent of the population and that undercounting results from security concerns of census takers (US Department of State 2004). Estimates from the National Commission on Muslims Filipinos (NCMF) suggest that there were 10.3 million Muslims in the Philippines or 11 percent of the Filipino population in 2011 (cited in US Department of State 2012). At the same time, given significant structural barriers in Mindanao for

³² Personal interview, female representative of INGO, Davao City, 10 March 2015.

³³ Personal interview, female representative of INGO, Davao City, 10 March 2015.

registering births especially among displaced and geographically remote communities, the total population of Muslims and Indigenous peoples in Mindanao is likely underrepresented. Consequently, the undercounting for census data among minority groups affects the accuracy of conflict-related estimates including those by humanitarian organisations which in turn rely on official government data (see for example *MindaNews* 2006).

Female altruism, self-sacrificing practices in the form of internalising experiences of SGBV, as well as other dimensions to the loss of bodily autonomy are all heightened in situations of political violence and conflict. Women's bodies, in particular, become a site of struggle over the reproduction of populations and group identities (Yuval-Davis 1997; Stevens 1999). As Jindy Pettman argues, "violence demonstrates the boundaries of belonging, as well as, who owns the territory" (1996, 186). Violent competition, largely by men for political and economic resources, also represents modes of control that determine women's mobility and access to political decision-making and economic opportunities. Mindanao through the Bangsamoro peace process has been globally recognised for the successful signing of a peace deal. In effect, the peace process had relatively high rates of participation among women thereby creating more spaces to broaden Moro women's community and national peacebuilding roles in national laws. However, without understanding the gendered nuances that complicate experiences of peace and security beyond intra-state violence in Mindanao, we fail to see the kind of 'patriarchal bargains' Moro women make in their everyday lives that are costing their bodily autonomy and well-being (Kandiyoti 1988). Ultimately, meaningful political participation by broader groups of women is dependent on ensuring their SRHR which are so often undermined by cultural and religious norms on female altruism that take root in the family, clan and ethnic tribes.

Conclusion

In this chapter, I have shown how Moro women's bodies as symbolic markers of difference and bearers of clan and ethnic identities are situated within the contentious politics of the nation. The disproportionate impacts of conflict to women and girls especially in terms of undermining sexual and reproductive health are due to gendered structures and ideologies that simultaneously shape armed violence. By rendering women's bodies visible in the context of overlapping and interrelated forms of armed conflict in Mindanao, this paper strengthens the case for greater attention to clan and community level violence. Indeed according to the

Bangsamoro Conflict Monitoring System, “with rido continuing as a major source of violence, an exploration of which aspects of clan rules that govern behaviour and retribution can be incorporated into development and peacebuilding practice alongside notions of impunity, fairness, equality before the law and human rights. These are particularly crucial in the transition period” (International Alert 2014, 36). Like intra-state violence, clan feuds engender and rely upon women’s political and economic marginalisation by undermining their bodily autonomy. Such attention to the continuum of violence is necessary for addressing the vulnerability of women and girls in conflict, as well as in stemming their bodily depletion post-conflict.

Moreover, the absence of a wider critique throughout the Bangsamoro peace process regarding ‘within-group’ violence and discrimination disproportionately harms Moro women and girls. When patriarchal structures that govern Moro women’s lives such as the discriminatory provisions in Sharia law remain severed from political negotiations on Moro nationalist struggle, this severing risks the perpetuation of religious and cultural discourses that legitimise particular forms of SGBV, and undermine SRHR before, during and post-conflict. While the cultural and religious embeddedness of female altruism remains unchallenged, even ensuring accessibility of sexual and reproductive health services, information and supplies would be inadequate in stemming bodily depletion. This is because in conflict situations if women and girls are valued on the basis of or expected to be self-sacrificing, women and girls will put their own health and well-being as secondary to family, clan and/or ethnic honour.

Chapter 6. Depletion of Women's Bodies in Disaster-prone areas of Eastern Visayas

I would like to begin my comments by saying that no country can be fully prepared for the devastating impact of a disaster such as Typhoon Haiyan and the tragic loss of life and property that accompanied it... My visit allowed me to witness first-hand the extraordinary efforts to rebuild devastated communities as well as the resilience of displaced persons which offers an example to us all.

- Chaloka Beyani, UN Special Rapporteur on the Human Rights of Internally Displaced Persons (2015)

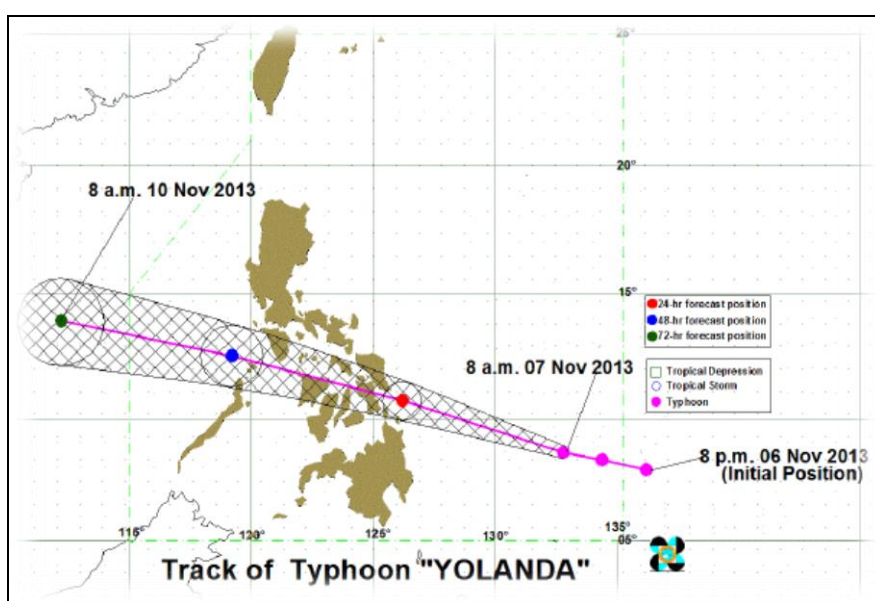
Introduction

On November 8, 2013, supertyphoon Haiyan locally known as *Yolanda* entered the Philippine area of responsibility and first made its landfall in Guiuan, Eastern Samar. Haiyan, classified as category 5, was then the strongest recorded tropical cyclone to make landfall. In terms of the World Health Organisation (WHO) classification of emergencies, Haiyan was at Grade 3 – the highest level with anticipated impacts comparable to the 2004 Indian Ocean tsunami and the 2010 Haiti earthquake (WHO 2013). By the next day, Haiyan would have devastated the entire Visayas region of the Philippines directly affecting 14 million people or roughly more than 10 percent of the country's population. Among the provinces severely affected were: Cebu, Leyte, Southern Leyte, Western Samar and Eastern Samar. In these localities, up to 90 percent of housing and infrastructures were damaged while the whole coast of Leyte was wiped out (UN OCHA 2013; Novales 2014). Further, the disaster resulted in approximately 6,300 reported deaths, 1,785 missing bodies, and at least 4 million internally displaced persons (IDPs) (Novales 2014; OPARR 2014; Oxfam 2015). On November 11, President Benigno Aquino III (2013) declared a state of national calamity to “hasten the rescue, recovery, relief, and rehabilitation efforts of the government and the private sector, including any international humanitarian assistance”.

In this chapter, I examine how post-disaster relief and reconstruction in the aftermath of supertyphoon Haiyan was at the cost of sustainable social reproduction. Here I focus on depletion of women's and girls' bodies as a result of disaster-induced displacements in Eastern Visayas. First, I investigate the household as a

site of depletion. The conditions in the IDP evacuation camps and temporary relocation sites called ‘bunk houses’ and ‘tent cities’ in Eastern Visayas fuel intense demands on social reproduction. Yet, alongside this intensification is the lack of self-care primarily among women and girls due to compounded care obligations as they attend to various physical, material, sexual and emotional/psychological needs of their families. Although gender sensitive initiatives such as the Women Friendly Spaces (WFS) program were put in place as part of the humanitarian response to support women’s distinct needs, they served to prioritise reproductive and maternal health needs at the expense of advancing broader SRHR.

Figure 6.1. Trajectory of Supertyphoon Haiyan



Source: OPARR 2014, 1

Second, I investigate depletion at the community level particularly among geographically isolated and disadvantaged areas which were the last to receive humanitarian assistance in the aftermath of Haiyan. I explore how these communities’ experiences of depletion are shaped by the confluence of heightened vulnerability to trafficking and prostitution, the even greater inaccessibility of sexual and reproductive health services, and the unintended consequences of humanitarian presence more broadly. Finally, this chapter concludes with implications of depletion and neglect of sexual and reproductive freedoms for the long-term recovery of households and communities affected by Haiyan. The Eastern Visayas post-disaster case study strengthens the importance of recognising the full basis of sexual and reproductive health as fundamental to human dignity within disaster humanitarian response and rehabilitation.

Various reports and monitoring of the disaster aftermath indicate that a significant population of IDPs were able to either stay with host families and extended kin outside of Leyte and Samar, or promptly return after the storm to their original land albeit without safe shelters (Brookings Institution and IOM 2015). In contrast to the displacement conditions in the Mindanao conflict case study discussed in Chapter 4, rapid onset disasters engender a distinct kind of displacement characterised by intense dislocation of survivors who then had to face the traumatic experience of massive loss of human life and the long-term or gradual physical and security risks when whole populations rebuild their lives. The important variable here is that after the storm, displaced populations know with a greater certainty when they can return home and reclaim their lives. By and large, displacement due to Haiyan was *definitive* as in causing permanent dislocation or allowed for clearer timing for relocation and resettlement. It was also *episodic* or clearly linked to a disaster event.

According to one informant,

One cannot simply return home when home has already been rendered unliveable. Conflict is more heartless, with calamities you can still bounce back and return to homes. This is because the early warning system is more effective in disaster.¹

In general they were more able to resume normality however slow the process, unlike Mindanao IDPs who are still in constant fear of being displaced because the region remains politically fragile and violent conflicts continue to intermittently occur. Furthermore, as the UN Special Rapporteur Chaloka Beyani (2015) concluded after visiting displacement camps in both Mindanao and Visayas,

Indeed it was evident to me that the Government's response to conflict-induced displacement in locations such as Zamboanga and Cotabato differs significantly to its commendable response to disaster and climate change induced displacement elsewhere as evident in the condition of some of the transitional and permanent shelter options provided to IDPs.

Finally, as the quote suggest, the difference in displacement outcomes was mediated by 'crisis competition' associated with death thresholds such that one episodic disaster resulting in a massive death toll rallied national and global attention unlike low-intensity, protracted conflicts where casualties are spread out thinly but over an extended period of time (see Davies, True and Tanyag 2016, 465).

¹ Personal interview, male representative of NGO, Quezon City, 25 March 2015.

According to UN OCHA (2013), within weeks after the calamity, the humanitarian response and rebuild efforts especially in ensuring the accessibility of life-saving assistance required an estimated total funding of \$348 million. The extent of death and destruction left by Haiyan served as a “massive test for the international response, and, to a great extent, that response proved effective” (UNGA 2016c, 5). Crucially, because the disaster caused by Haiyan was both sudden and immense, this was matched by an equally high outpouring of humanitarian assistance. The initial emergency response mobilised aid from 57 countries, 29 foreign military contingents, UN agencies, and local and international NGOs (Mangada 2016; Protection Cluster 2014; Republic of the Philippines 2013). According to Oxfam, “[w]ithin the first three weeks of the response, \$391 million in humanitarian assistance was given, with the largest contributions from the UK, the US, Japan, Australia, Canada, Sweden, the United Arab Emirates, the Netherlands and Saudi Arabia” (2013, 7). The response was visibly drastic such that an NGO informant who has served Leyte and Samar communities for more than twenty years emphatically commented, “INGOs are changing Visayas’ landscape”.² However, the tremendous international and national humanitarian assistance directed at post-disaster relief and reconstruction in the Haiyan case study demonstrate how the impacts of crisis may serve to undermine SRHR in various and complex ways similar to what can be observed in conflict displacements in Mindanao.

First, the reach of humanitarian response and development reconstruction was still limited even though “the world’s immediate response to Haiyan has been generous – certainly when compared to the numerous other humanitarian crises that struggle for international attention” (Oxfam 2013). The limitations in the Haiyan case were clear given the immensity of displacement and chaos that ensued in the immediate aftermath of the disaster. Poor governance structures around disaster coordination, and the geographical remoteness of many Visayan provinces undermined the effective delivery of relief assistance and programs (see for examples Cainghog 2014; Mangada 2015). Mangada (2016, 2) who herself is a *Taclobanon* and experienced Haiyan first-hand observed,

[t]hough there was no shortage of aid, relief efforts were not coordinated. Humanitarian groups that rushed to affected areas independently chose their beneficiaries as the Philippine government failed to lay down guidelines for the provision of assistance. Some communities received help while others got nothing. Duplication and overlapping of aid delivery was common. Local government units were

² Personal interview, female representative of NGO, Tacloban City, 24 February 2015.

unaware of who was doing what, where, and when (Mangada 2015). The timely delivery and equal distribution of assistance was further hampered by difficulties in traveling to inaccessible areas.³

These gaps meant that especially for vulnerable families and communities in Visayas, household and community survival depended on the intensified demands for social reproduction which were met by self-sacrificing acts of women and girls as well as among sexual minorities such as *bakla* or gay youth.⁴ Consequently, recovery has been uneven such that more than two years after the disaster, there are still IDPs who remain in ‘transitional’ shelters particularly in bunkhouses where they struggle to meet basic needs, face difficulties accessing social welfare services, and continue to be exposed to heightened risks for SGBV (UNGA 2016c; Brookings Institution and IOM 2015).

Second, the sudden influx of foreign and local disaster response teams including military personnel has been considered integral to the post-disaster relief and economic recovery. Their presence, however, contributed in the creation of new inequalities and exploitation risks. For example, according to a male country representative for an international organisation, “in the Typhoon Yolanda case, the military was pivotal in delivering aid and moving people in airplanes. People felt hopeless and just wanted to leave...”⁵ The terrifying and horrific conditions post-Haiyan such as growing fears around food shortages, spread of contagious diseases, and rising civil unrest, prompted a strong clamour from affected communities to be evacuated entirely out of Leyte and Samar. As one Taclobanon development worker emphasised,

When the military planes came to evacuate whole towns to Cebu, it was a real mass exodus. Many just boarded with no clear idea of where they were going after Cebu and whether or how they will survive especially financially. People were literally hauled out of Tacloban.⁶

This mass movement of people without clear directives in place to record and monitor transit and destination points likely abetted human trafficking. As the above informant added further,

This was a critical juncture for trafficking and high vulnerability of women to take on whatever ‘job’ they can get so they and their dependents can survive... Some would probably go to relatives out of Visayas but there would still be women who likely ended up in Pasay or Angeles [in sex tourist spots].

³ This observation was also corroborated in personal interview, female representative of INGO, Guiuan, Samar, 24 February 2015.

⁴ McSherry et al. uses the term *bakla* to mean “genitally male individuals who claim a feminine identity, engage in gender-crossing and desire intimate relations with men” (2015, 31).

⁵ Personal interview, Makati City, 18 April 2016.

⁶ Personal interview, male representative of INGO, Tacloban City, 26 February 2015.

Such unintended consequences of humanitarian responses accentuated pre-existing problems of poverty and SGBV in the Visayas region.

The Household as a Site of Depletion

Even in the context of disaster-induced displacements, social reproductive labour especially the unpaid care work disproportionately performed by women and girls served as the backbone for survival at the household level. Surveys and ‘humanitarian snapshots’ on Haiyan IDPs emphasise the contributions of women and girls borne by their duties as mothers, wives and daughters in ensuring that their families recover after the storm especially for female-headed households. According to one survey, “11.4% of households were identified as female single-headed households, and that 36% of households included one or several persons with specific needs (pregnant or lactating women, persons living with a physical disability; members who were seriously ill or with special needs; persons living with a chronic illness; and separated children)” (IOM, DSWD, IDMC 2014, 19).⁷ In addition, of the estimated 4 million people displaced, 1.7 million were children (IOM, DSWD, IDMC 2014, 11). As primary caregivers in a context of extreme disaster, not only were the care obligations distinct due to living in makeshift and insecure shelters but the demands were compounded by multiple specific care needs and personal trauma. For female-headed households, this meant severe constraints in their mobility to access relief and economic opportunities for post-disaster rehabilitation (Novales 2014; Mangada 2016). In the words of one informant, “after the storm, there was an increase of widows. Female-headed households suffer most in the bunk houses and in the disaster context more broadly. They have multiple burdens for care work and survival”.⁸

Intensified social reproductive labour as unpaid and undervalued

Based on qualitative interviews conducted by Mangada among 15 women survivors from Tacloban City, “[I]n Tacloban City, like any other locale in the country, women do not think solely of their needs... Prior to Haiyan, the informants juggled household duties and the occasional job to earn and contribute to their family income and welfare. Super Typhoon Haiyan did not alter these responsibilities – instead, it exacerbated and

⁷ Note that disaggregated data that breaks down total displacement figures by gender, age and by vulnerability remain unavailable. Figures were derived from general demographic statistics (IOM, DSWD, IDMC 2014).

⁸ Personal interview, female, Tacloban City, 23 February 2015.

accentuated their pre-existing vulnerabilities” (2016, 4). Whereas in the post-disaster rehabilitation phase, women and girls increasingly had to balance both reproductive and productive tasks, men and boys were primarily confined with performing productive labour and any reconfiguration of division of labour at the household level proved only temporary or short-term (Novales 2014, 31; Mangada 2016, 97). In the Haiyan aftermath,

Women predominantly take on the burden of surviving calamities. Women borrow money. They are involved in disaster preparations and warning systems especially as many women volunteer in barangay or community work. Particularly because of the care work of women they are both highly vulnerable to the worst effects, and at the same time obligated to support communities towards recovery.⁹

While women were contributing more to the survival of households taking on both productive and reproductive labour, these contributions were valued less. In the case of the fishing and farming communities in Haiyan-affected areas, “labour is counted and paid in cash only when it is considered ‘hard work’ such as and preparation and hauling - work that are usually taken by men or assigned to them” (Novales 2014, 31). The many value added, time consuming and direct contributions of women – such as sourcing capital, harvesting and selling produce, equipment maintenance, and of course caring for male farmers and fisher folk – are underpaid and uncounted which also means that these contributions are rendered invisible. Consequently, post-disaster livelihood assistance in farming and fishing tended to reinforce these gendered divisions through assumptions that relegate men as primary beneficiaries (Novales 2014).

The devaluing of women’s contributions is manifested through the lack of inflows to sustain their sexual and reproductive health and bodily autonomy more broadly. Replenishing women’s bodies in times of crisis is integral to the sustainability of post-disaster recovery. Certainly, men were also adversely impacted in the aftermath of the disaster. Studies suggest that men suffered higher mortality rates during Haiyan for they were more likely to have stayed behind in order to guard over their homes or to protect family possessions (Novales 2014; Ching et al. 2015). Post-Haiyan, boys were more likely to have stopped schooling to help fathers in farming or fishing although this was noted to have been fairly common among impoverished families even prior to the disaster (Novales 2014, 36). Meanwhile, women and girls were

⁹ Personal interview, female representative of INGO, Guiuan, Samar, 24 February 2015.

distinctly exposed to long-term, gradual harms *after* the storm as they were more expected to put the recovery needs of everyone else before their own. Due to their distinct sexual and reproductive health needs, they were also most dependent in the reinstitution of effective health care service delivery through post-disaster rehabilitation.

According to UNFPA (2015, 43), “250,000 women were pregnant when Typhoon Haiyan hit in November 2013 and approximately 70,000 were due in the first quarter of 2014”. Many women – estimated at 900 per day – gave birth in evacuation camps and transitional sites without privacy and skilled birth attendants, thus, compounding their maternal mortality risk as well as contributing to trauma (Valerio 2014). Indeed, the distinctly gendered consequence of calamities is such that “pregnancies don’t wait for debris to be cleared and for livelihoods to be restored” (UNFPA Executive Director quoted in Novales 2014, 25). Women’s reproductive or biological needs and their distinct positioning in society blur the artificial distinctions between emergency and rehabilitation phases to disasters. Kristine Valerio, who served as a GBV coordinator in Tacloban and was part of the team deployed in Haiyan-affected areas, pointed out that “while these women survived Haiyan, it was a challenge for them to survive the difficulties caused by pregnancy-related complications and trouble in lactation” (2014, 151). One informant who also served in a humanitarian response team recounted in our interview, “we heard stories and this was around the first three months after the storm, in the evacuation camps, many lactating mothers breastfed other infants”.¹⁰

Linking intensified social reproductive labour, SGBV and SRHR

In the aftermath of the disaster, various forms of SGBV were reported to have been abetted and exacerbated primarily in the context of displacement.¹¹ The rise has been attributed to several key factors. First, SGBV has been linked to the insecurities in evacuation camps and transitional shelters. For instance, as pointed out by an informant,

Among the usual complaints of women in bunkhouses is that they are violated by voyeurs [mamboboso] or *nabobosohan* because the common toilet and shower areas are made of weak

¹⁰ Personal interview, male representative of INGO, Tacloban City, 26 February 2015.

¹¹ Personal interviews, Tacloban City, February 2015. See also CHR 2016.

material that a cigarette can easily burn a hole through. So either they take a bath with husbands guarding them, or for single women and girls they shower quickly.¹²

Everyday insecurities while in displacement although associated with the absence of privacy are in fact reflecting pre-existing gendered hierarchies that normalise women and girls as disproportionately targeted for such sexual violence. Indeed, women and girls are expected to face sexual violence in toilet and bathing facilities that they need to have their husbands or ‘male protectors’ guarding over them in the first place. Alternatively, even when women do experience violence, “in the case of married women, they would rather keep the incident to themselves than tell their husbands to lessen or avoid conflict in the community”.¹³ Similar to the Mindanao case study, many women subsumed their well-being and security for the benefit of the family and community post-Haiyan. The ‘common sense’ to women and girls as targets for sexual violence, and expectations that when they do end up sexually violated they remain silent in order to prevent adding stress or conflict to the family reflect a norm that women’s bodies are never entirely their own. Displacement places under sharper focus this deeply-embedded barrier to sexual and reproductive health of women and girls.

Second, domestic and/or intimate partner violence have also been identified as having become prevalent as a result of Haiyan displacement. According to a male informant from an international development NGO, “we found that the rise in VAW [violence against women] after the disaster is caused by the economic strain many families are experiencing”.¹⁴ A female informant affirmed that “domestic violence is usually triggered by marital rape, verbal abuse, financial problems”.¹⁵ In these cases, violence as a form of subjugation is highlighted particularly in terms of how it is used to exert control over women’s bodies. Moreover, this linking of material or economic hardship and physical violence considers men’s inability to fulfil their breadwinner roles as a motive. Yet, domestic violence was also reported to be triggered in cases where women and girls fail to meet their care and domestic work obligations. As one informant observed,

[D]omestic violence has also been triggered by the sudden availability and frequency of gender programs which involve organising women into attending seminars. The usual story goes that because the wife has been out all day attending different ‘gender seminars’, she did not have enough time to

¹² Personal interview, male representative of INGO, Tacloban City, 26 February 2015.

¹³ Personal interview, female, Tacloban City, 23 February 2015.

¹⁴ Personal interview, Tacloban City, 26 February 2015.

¹⁵ Personal interview, female representative of government organisation, 25 February 2015.

still do the household duties her husband expected she would do. The husband has been tired all day earning cash for work in the cleaning up of debris only to come home to find the wife has not cooked rice! So the husband gets mad, the wife fights back and the beating ensues.¹⁶

The above anecdote is telling of how household arrangements and dynamics were affected post-Haiyan even in the short-term. The influx of humanitarian contingents with gender sensitive programs such as the seminars the informant mentioned sought to mobilise women and raise awareness on gender equality and women's rights. Typically these seminars are tied with the distribution of relief and livelihood assistance. Ironically, these very same seminars can serve as triggers for domestic violence due to the deeply ingrained gendered division of labour in households. What such cases of SGBV suggest is again the diminishing of time for self-care among women who alongside care work obligations must fulfil seminar hours and find ways to augment family income. These seminars while important must be matched by structural reforms that ensure women do not have to bear such multiple burdens at the cost of their personal well-being. Importantly, they must have access to protection services guaranteed under national laws.

Third, the noted increase in reported SGBV cases was associated with higher levels of reporting rather than an increase in prevalence per se. This was a result of the stronger monitoring mechanisms by humanitarian response teams and the government especially among the severely hit areas of Eastern Visayas in the aftermath of the disaster. That is, as pointed out by a male country representative for an international organisation, "the efforts put into trainings have started bearing fruit. For example in the Yolanda case, we did a lot to disseminate information on SGBV".¹⁷ He added,

[I]ack of privacy due to communal living...IDPs are also under open scrutiny due to artificial and temporary living conditions...so there is greater visibility of SGBV in these contexts because IDPs are easily monitored. Under normal conditions with privacy of households, this is not easy to see or detect.

Indeed, the influx of various humanitarian contingents each designating themselves to particular areas and communities of IDPs, allowed for wider presence and visibility of security personnel. In addition, various state agencies and international organisations were mobilised under the so-called GBV protection cluster to monitor and respond to cases of SGBV. As part of this initiative, an all-female watch group was also set up

¹⁶ Personal interview, male representative of INGO, Tacloban City, 26 February 2015.

¹⁷ Personal interview, Makati City, 18 April 2016.

and credited to the success of stemming potential SGBV threats in the IDP camps and transitional shelters.

According to the same male country representative,

SGBV under normal circumstances is already a sensitive issue, in exceptional circumstances the stigma is intensified. The PNP [Philippine National Police] and DSWD [Department of Social Welfare and Development] brokered a deal on a standby agreement for a cadre of policewomen to also serve as camp managers. In Yolanda, we were able to put this in practice and we were successful. The visibility of women in uniform was key to stemming SGBV... Women would be more open to talk to other women as representatives of the state.

Another touted successful gender-responsive intervention post-Haiyan was the Women Friendly Spaces (WFS) Program implemented through the GBV protection cluster. Primarily, “the idea behind women friendly spaces is that women’s distinct needs do not stop in emergency situations”.¹⁸ The WFS program was conducted through the partnership of UNFPA, DSWD, UNHCR, UNICEF, Oxfam and IOM.¹⁹ In these spaces, pregnant and lactating women were the beneficiaries. Missions are organised for localities with high demand for repro [reproductive health] missions. There will be several stations that the women go through where they receive info sessions, medical consultations, and at the end they receive the dignity kits. So the second component to the reproductive health assistance aside from the medical missions is the dignity kits.²⁰

Through a focus group discussion on WFS facilitated by DSWD in September 2014, women from Leyte and Eastern Samar evaluated WFS centres as a facility “where they learn about many things, one of which is about their rights as women;” “place to run to when abused or afraid of their husbands”; and which “provides Cash for Work, Livelihood programs, sessions on Health and Hygiene, Women’s Rights, Gender Based Violence, Child Trafficking and Child Abuse.” The women also indicated that among the many benefits of participation in the WFS initiative are better marital relationships due to women knowing their rights and discussing them with their husbands, and stronger community bond among the women (DSWD 2014).

¹⁸ Personal interview, female representative of government organisation, Tacloban City, 25 February 2015.

¹⁹ Personal interviews, 25 February 2015, Tacloban City; 4 March 2015, Makati City; and 15 April 2016, Quezon City. See also DSWD (2014).

²⁰ Personal interview, male country representative of international organisation, Makati City, 4 March 2015.

One informant, however, was critical of how in terms of protection, WFS “was about toilet segregation in the displacement camps and ensuring that access to water was safe by lighting collection areas”.²¹ Similarly according to a women’s health activist and director of an NGO,

In evacuation centers, the lack of privacy especially in toilet facilities fuel threat of SGBV. So while hygiene kits were distributed and this is a good start, the real issue is the lack of privacy and security in these areas.²²

She argued that while WFS was able to address specific post-disaster needs of women and girls through the accessibility of hygiene kits, it was rather less successful in addressing wider issues of violence and insecurity. Crucially, the presence of more and varied actors on the ground – state and non-state agencies – contributed to the obfuscation of referral pathways when SGBV cases were identified. As pointed out by a male informant,

UNFPA’s program on Women Friendly Spaces (WFS) involved training partners in reporting and monitoring crisis-related gender-based violence. It sought to coordinate and strengthen referral pathways to protect victims and ensure they are safe and can access justice. However, referral pathways are already problematic even outside of disaster settings.²³

A female government representative stated too that with more NGOs responding in the disaster-affected areas, “...their addition has made more complicated the different referral pathways in place for cases of VAWC [violence against women and children].”²⁴

Pre-existing gaps in state protection services, however, undermine any achievement in reporting and monitoring through the deployment of disaster response contingents and in the WFS. As noted by Oxfam Philippines, “out of 52 health facilities, [only] 22 provided sexual violence and rape management services and 35 provided referral service” (Novales 2014, 29). Women and girls are let down at the basic unit of state support which is the barangay. For instance, according to one informant,

²¹ Personal interview, female representative of NGO, Quezon City, 15 April 2016.

²² Personal interview, female representative of NGO, Quezon City, 15 April 2016.

²³ Personal interview, country representative of international organisation, Makati City, 4 March 2015.

²⁴ Personal interview, Tacloban City, 25 February 2015.

We found in Eastern Samar that many LGUs and local police were not even aware of RA 9262 [national anti-VAWC legislation].²⁵ Among the 10 municipalities we surveyed barely 1 percent had issued barangay protection orders. Many did not even know how to issue one.²⁶

The disaster was thus crucial in exposing the failings of state protection services which directly compound the violation of women's rights. This is evident based on an anecdote shared by a female informant,

There was a case of a woman in Tolosa, Leyte where she ended up seeking help via protection order from the barangay three times because they were unable to adequately help her or prevent further violence from the husband on two accounts.²⁷

This means that before and after the disaster, SGBV victims are not guaranteed access to adequate health treatment, protection, and redress. Such gaps create an environment conducive to impunity for perpetrators. They also mutually exacerbate the material and socio-cultural norms that undermine women's and girls' bodily autonomy and well-being (see also Davies and True 2015; Davies, True and Tanyag 2016). Women and girls are least likely to report and seek assistance when doing so entails significant barriers that undercut the fulfilment of their social reproductive roles for their families especially in the face of multiple care obligations post-disaster. In extreme cases, those in geographically remote areas do not even have the option to report given that they were left unreached by these initiatives and were consequently without access to protection measures prior to and after Haiyan (Novales 2014).

Finally, a chief consequence of supertyphoon Haiyan was what various state and non-state actors have called a 'post-disaster baby boom' particularly in terms of the pronounced increase in adolescent pregnancies (WHO 2014b). Various sources corroborate that adolescent pregnancies have drastically increased in Eastern Visayas especially Tacloban after the supertyphoon (Gabieta 2015; Rivera 2015). For example, it was reported that "at the Eastern Visayas Regional Medical Center, the region's biggest government-owned facility, the number of childbirths has almost doubled from an average of 10 a day. Almost half of the mothers are young women, according to a hospital staff member, and the youngest is 14 years old" (Gabieta 2015). The 'baby boom' is associated with several disaster-related factors that

²⁵ Republic Act 9262 also known as Anti-Violence Against Women and Their Children Act of 2004. The full text of the law is available at http://www.lawphil.net/statutes/repacts/ra2004/ra_9262_2004.html.

²⁶ Personal interview, female representative of NGO, Quezon City, 15 April 2016.

²⁷ Personal interview, female representative of government organisation, Tacloban City, 25 February 2015.

underscore the importance of recognising adolescent sexual and reproductive health before, during and after crisis. According to a female city population officer,

For every calamity there is always a ‘baby boom’ afterwards. The overall mindset for the many actors and the affected communities is that survival came in first. The safety of youth was the least priority especially when you look at the bunk houses. Seeking comfort through physical or sexual activity ensued.²⁸

Another informant noted that “[m]any women and young girls chose: cohabitation, early marriage, sex work. Sex is a coping strategy in all these contexts because it is used as a way to ensure survival not simply the survival of the women concerned but of their dependents and their family”.²⁹

The rising sexual and reproductive health needs of adolescent girls post-disaster were not matched by state and humanitarian assistance. According to one informant, “adolescents are really left out because our current approach only focuses on Women Friendly Spaces and Child Friendly Spaces”.³⁰ This is evident in the prioritisation of and near exclusive focus on the needs of pregnant and lactating *married* women who were provided ‘dignity or hygiene kits’ and ‘reproductive health kits’ such that interventions benefitted mothers and infants the most. While it may be true that crisis settings allow spaces for advancing broader issues of sexual and reproductive health as one informant acknowledged: “in some contexts [other countries], medical kits or RH kits can be a way to provide abortion services particularly for cases of teenage pregnancy. So disasters might make some services more accessible”.³¹

The surge in adolescent pregnancies post-Haiyan is situated within the utmost devastation of health infrastructures in Leyte and Samar, and the lack of humanitarian and development assistance targeted at addressing sexual health among teenagers despite the already high rates of adolescent pregnancies prior to the calamity. Crucially, the socio-cultural, political and economic conditions that deprive adolescent girls of bodily autonomy are already in place prior to the disaster. In fact, Haiyan disaster only exacerbated the already high rates of adolescent pregnancies in Eastern Visayas as well as in the Philippines – identified as the highest

²⁸ Personal interview, Tacloban City, 24 February 2015.

²⁹ Personal interview, female representative of INGO, Guiuan, Samar, 24 February 2015.

³⁰ Personal interview, female representative of INGO, Davao City, 10 March 2015.

³¹ Personal interview, female representative of INGO, Quezon City, 18 February 2015.

among ASEAN countries (Rivera 2015; YAFS 2014; *IRIN News* 2012). According to a male representative for an international NGO,

After the storm, we have seen a high increase in teenage pregnancy for the whole region. Even before the storm, teenage pregnancy and marrying young as a consequence of teenage pregnancy are common. This helps situate how there are a lot of female headed households in the bunk houses which are below 18 years old.³²

The lack of accessibility of sexual and reproductive health services for adolescent girls grossly undermines their ability to rebuild and recover ‘normal’ lives post-disaster. Furthermore, their prospects for recovery are also mutually undermined by their heightened vulnerability to SGBV and limited opportunities for accessing relief assistance and post-disaster livelihood. Indeed, as one informant pointed out, “the prevalence of adolescent pregnancies in the region in the aftermath...we are not really sure if most of these were consensual or coerced”.³³

The reported rise in pregnancies for Eastern Visayas in the face of heightened risks for SGBV post-disaster is a strong indictment of the barriers to accessing comprehensive sexual and reproductive health services in these areas. The connections are not lost to one informant who stated that, “after the storm, the risk and incidence of AIDS/HIV, STD are on the rise. Teenage pregnancy is also on the rise”.³⁴ She added further, “many children are physically abused and are subjected to forced labour. Many have stopped going to schools to work instead.” Depletion through social reproduction is thus strongly evident among households headed by girls who are themselves still *children* – mentally, physically and emotionally – and yet are experiencing motherhood at a young age. Ensuring survival for such families meant tremendous burdens that push women and girls to perform acts of self-sacrifice. For children who are left without access to education and exposed to early pregnancies sometimes as a result of rape, the whole family suffers an intergenerational or cyclical vulnerability to the harsh consequences of disasters upon health and well-being such as poverty and SGBV.

³² Personal interview, Tacloban City, 26 February 2015.

³³ Personal interview, female representative of NGO, Quezon City, 15 April 2016.

³⁴ Personal interview, female representative of NGO, Tacloban City, 24 February 2015.

The Community as a Site of Depletion

I now turn to depletion at the community level. This section discusses the conditions that enable community level depletion of women's bodies within the collision of heightened vulnerability to trafficking and prostitution and the even greater inaccessibility of sexual and reproductive services. This problem is acute for the most geographically isolated areas devastated by Haiyan. These communities were faced with even greater uncertainty in rebuilding their lives due to their isolation which also meant that humanitarian relief and programs were not made available until much later.³⁵ In the absence of state and international post-disaster assistance, family and kinship ties served as the safety net for remote communities. Communities were reported to have withstood devastation for several weeks before any official state assistance through OFW and urban remittances, as well as the built-in 'care chains' typical of many left-behind families in the Philippines (see Chapters 2 and 3).

As one informant pointed out, "remittances by migrants – local and international – have been crucial to disaster relief and recovery" (see also UN OCHA 2015e).³⁶ He added further that "in the case of Tacloban, relatives were the first respondents to victims". This observation was corroborated in Samar and Leyte provinces where people were not only coming out but also coming in to search for families and friends to rescue and offer assistance (IOM, DSWD, IDMC 2014). Through the aid of mobile technology and pre-positioned remittance services nationwide, important financial resources were wired to affected families. This ensured survival for some families and communities. However, the reliance on remittances also reinforced pre-existing socio-economic inequalities as well as created new ones. According to a female informant based in the remote town of Guiuan, Samar,

OFWs and private remittances contribute to the unequal recovery after the storm. So you can see concrete houses amidst nipa huts. Those with relatives working overseas received assistance to rebuild including to start a new livelihood.³⁷

This point is crucial because Eastern Samar, Samar and Leyte provinces in the Eastern Visayas region were found to have the largest proportion of individuals with social vulnerabilities and special needs, "possibly [as]

³⁵ One informant estimated that the most remote communities were not reached until three months after the disaster; personal interview, female representative of NGO, Quezon City, 11 April 2016.

³⁶ Personal interview, male academic and specialist in disaster research, Quezon City, 3 February 2015.

³⁷ Personal interview, representative of INGO, 24 February 2015.

a result of the higher impact from the typhoon, continued displacement and consolidation of households as well as pre-existing economic vulnerability” (IOM, DSWD, IDMC 2014, 18).

Prior to Haiyan, labour migration had already been a key economic strategy in the absence of employment opportunities for many impoverished provinces in Eastern Visayas. Moreover, migrants would largely be females, low or unskilled workers reflecting the national care work export. Emphasising the gendered burdens for crisis recovery, many parts of Visayas as well as in the Philippines more broadly, remittances have been secured through intermarriages with foreign nationals. The connections between crisis, remittances and women’s bodies are clear to one informant. She stated speaking from her experience as a local of Leyte, “in remote areas in Eastern Visayas, it is normal for multiple female members of the family to be paired with foreigner husbands through referral or match-making”.³⁸ For a country where national and local economies are built on the backs of women’s and girls’ care and domestic work, foreign marriages as a way out of poverty and insurance in times of crisis is not exceptional. Hence, as the same informant explained,

[S]ecuring a foreigner husband is important economic strategy because it is the ideal male/masculine provider that allows whole families to be lifted from poverty. The whole family of the girl will benefit from the exchange rate and remittances. Some families have been fortunate to find a good man who has clean intentions and actually help the family, but this is not always the case.

In Eastern Visayas, as an informant stressed, “trafficking has occurred even before and the region is already high risk. Trafficking in light of the disaster raises even greater challenges for identification of cases, orientation and training of teams”.³⁹ Consequently, various state and non-state actors were on high alert to monitor and prevent human trafficking through the GBV protection cluster. It was believed that “in the aftermath of Yolanda, illegal recruiters really targeted the region especially unaccompanied minors (those who lost their families in the disaster). They were brought to Cebu and then also to Paranaque [in red light districts]”.⁴⁰ In some cases, they were able to ‘rescue’ women and girls. But obstacles abound such as when “recruiters do not recruit for sex work outright. They will normally say to parents like they will send the girls to school, or arrange for them to work as a domestic helper in exchange”.⁴¹ Given how labour migration and

³⁸ Personal interview, female representative of INGO, Tacloban City, 25 February 2015.

³⁹ Personal interview, male country representative of international organisation, Makati City, 4 March 2015.

⁴⁰ Personal interview, male representative of NGO, Quezon City, 25 March 2015.

⁴¹ Personal interview, male representative of NGO, Quezon City, 25 March 2015.

feminisation of survival is normalised in the Philippines (see also Chapters 2 and 3) and then matched by the growing unevenness of recovery post-disaster and multiple burdens for care, many women and girls likely faced intensified pressures to take on illicit, ‘quick fix’ routes to secure employment in urban areas such as Manila often with the intention of securing further employment overseas at great personal or bodily cost.⁴²

Care chains, and the invisible labour of LGBTs post-Haiyan

The changes in domestic arrangements for households and communities dependent on remittances of predominantly women migrants before and after Haiyan suggest that ‘care chains’ were invaluable in alleviating the consequences of Haiyan just like how many crises have been withstood by various OFW households in many parts of the country (see Chapter 3). In the post-disaster context, this means that any shortages and delays in state and humanitarian assistance were mitigated by the passing on of care obligations to older daughters and grandmothers. However, while scholarly discussions on care chains have documented the contributions of *hetero* women and girls, what has been relatively neglected is understanding the role played by LGBTs in relation to care chains, much less the impact of crisis such as environmental disasters on sexual minorities. With a few exceptions, post-disaster assessments of Haiyan have begun to render visible the contributions of LGBTs specifically among *bakla* (‘effeminate’ straight men and gay men) in post-disaster relief recovery (see Oxfam 2016). As I argue here, sexual minorities are important contributors in social reproduction by ‘performing’ the role of mothers, wives and daughters in providing care for families and communities. Their contributions are rendered invisible precisely because they do not meet dominant or heteronormative representations of female altruism, the Filipino family, and social reproduction more broadly. Indeed, as pointed out in a special report by Oxfam (2016), LGBTs post-disaster spaces remain “unwanted but needed”.

The social reproductive contributions by LGBTs particularly among *bakla* are also multiple and compounded due to their socially constructed identities that bridge masculine breadwinner and feminine caregiver roles (Oxfam 2016). Owing to their sexual identities, LGBTs are also subjected to particular forms of exclusion, discrimination and violence. According to McSherry et al. in post-disaster contexts,

⁴² Personal interview, male representative of NGO, Quezon City, 25 March 2015.

young bakla often spontaneously walk around the village to collect and distribute relief goods amongst their neighbours. Along with this, bakla youth usually care for younger children and cook meals for their family or in temporary shelters. In spite of these contributions, when evacuated to those shelters, baklas must endure a lack of privacy, reporting discomfort being isolated amongst either women or men in gender-insensitive settings (2016, 35).

Further, they add that “while *kabaklaan* may be visible and unremarkable in the everyday Philippine context, during disaster times and their aftermath, bakla and other sexual and gender minorities elsewhere in the world become increasingly invisible to and unheard of by the dominant society” (2016, 33).

LGBT invisibility in crisis and emergencies is perpetuated by the economic devaluing of their contributions through interventions that ultimately neglect or undermine LGBT bodily autonomy; and by cultural and religious valuing of binary sexual identities. In this instance, ideals of self-sacrificing mothers and daughters actually contribute to the obscuring of liminal sexual identities. In the Philippines, deeply-ingrained cultural-religious definitions of family and marriage privilege heteronormative relationships which are carried over even in humanitarian program assistance. For example, Oxfam (2016, 7) reported that same-sex couples were more likely to be given less priority in the granting of housing in permanent relocation sites post-Haiyan. Same-sex couples also faced barriers in accessing relief assistance which are distributed according to family or household units because their unions are not formally recognised in national laws to begin with. As the study by McSherry et al. corroborate,

Such was the dilemma faced by some bakla evacuees after Typhoon Haiyan hit central Philippines.

In such instances, community members who are bakla are placed in a double bind. They were not given relief goods without documents, and when they had their documents with them, relief goods were given to them but not without some of them experiencing ridicule and harassment (2016, 34).

Lastly, LGBTs often experience violence and discrimination even from their own families which may become particularly intense in times of emergencies where they may be the last to eat, or be excluded from family relief assistance.

The invisibility of LGBT within representations of the Haiyan disaster similarly shapes the invisibility of the structural and symbolic violence they experience after disasters. For instance, according to a male informant who works for an international development organisation, [I]n the case of LGBTs, we had no programs specifically for them. Some gays who really wanted to be included were joined in the women in

carpentry program.⁴³ LGBTs in general were excluded in livelihood assistance if not for the initiative, resistance and audacity of those who demanded a space for themselves. Without access to livelihood and economic opportunities, same-sex households not only experience heightened depletion as a result of the disaster, but also communities reap the benefits of their service yet LGBTs were not equally entitled to share in the material redistribution post-crisis. The problem, however, is the cyclical impact of exclusions such that the invisibility of LGBTs in humanitarian relief assistance feed into the lack of empirical data around the extent of bullying, discrimination and hate crimes perpetrated against them which can be expected to escalate too just as other forms of SGBV have.⁴⁴ And because there are no ‘hard facts’ on LGBTs’ experiences, they have been neglected in development assistance critical for mobilising community groups in the first place. I found in one interview that a comment made by one informant to be telling of the politics surrounding ‘prioritisation of needs’ in times of crisis which is often underpinned by invisible sacrifices. According to the female informant, “perhaps the reason why there is no need or urgency to create specific programs for them [LGBTs] is because they are not that many”.⁴⁵

Humanitarian Response and Post-Haiyan Disaster Economy

The influx itself of humanitarian and development organisations responding to the crisis have contributed greatly to economic recovery of Eastern Visayas where many of the poorest provinces in the Philippines are. For example, as one informant noted,

Particularly in the case of INGOs, their presence made the disaster a profitable business. You can see it even in Tacloban, all of a sudden SUVs are so ubiquitous. Of course these big INGOs can afford them. The car companies were among the biggest winners in the disaster.⁴⁶

Indeed, in my own field visits to Tacloban, between my first trip in March 2015 and April 2016, I noted hotels and accommodations have proliferated, major car companies have opened, and a new shopping mall had been built. Among many other clear signs of economic recovery is the increased number of cafes, restaurants and bars thus providing employment for many Taclobanons. I distinctly recall a remark made by one informant that after Haiyan, Tacloban seemed to have acquired a taste for coffee because before a cup of coffee was

⁴³ Personal interview, Tacloban City, 26 February 2015.

⁴⁴ Personal interview, female representative of INGO, Guiuan, Samar, 24 February 2015.

⁴⁵ Personal interview, female, Tacloban City, 26 February 2015.

⁴⁶ Personal interview, female academic, Tacloban City, 23 February 2015.

worth 80 pesos compared to after the disaster where different 'café' style coffee now ranged from 150 to 300 pesos.

The impact to the economy was particularly stark prior to the disaster in that even six months after Haiyan struck, Ong (2015) noted,

Five times a week from 10 pm, a "booze truck" parks outside Burgos Street near posh Hotel Alejandro, local headquarters for the United Nations, and attracts an odd assortment of foreign aid workers, religious volunteers, and curious locals toasting to Heinekens and Red Horses. Here people are friendly and chatty, though weary from the day's work.

However, the surge of humanitarian contingents and foreign resources created economic opportunities just as much as is enabling new forms of inequalities and spaces for gendered exploitation. As Ong (2015) further pointed out, post-Haiyan recovery is bifurcated between 'two Taclobans' - a metaphor for deepening of economic inequalities causally related to the humanitarian effort. At the same time, another story is told through the 'changed landscape' of Eastern Visayas whereby different INGOs company logos were worn like brands by local communities. Each shelter and livelihood projects including boats, *pedicabs* and *sari-sari* stores are embellished by their logos. For example, Mangada (2016) noted how foreign humanitarian assistance is informing rivalries and belongingness among affected communities. Who gets to 'flash' which INGO 'brand' served as a new or incipient status symbol thus marking among locals those who have access to the aid economy. Post-Haiyan humanitarian and aid programs are informing new socio-economic hierarchies.

The local post-disaster economy was gendered with both opportunities and exploitation grafted unto social reproductive labour. According to a female informant, "it is well known that immediately after the storm, the first to open back up are the 'parlors' [massage parlours] and hotels".⁴⁷ Hotels are integral to prostitution and sex trafficking and yet they were beyond the remit of protection mechanisms post-disaster so violence occurring in these private spaces remain 'under the radar'. In the words of an informant, "in the immediate aftermath, hotels were not part of coordination on protecting minors from sex work and they continue to be excluded in protection efforts".⁴⁸ Another argued that, "Tacloban has its sex industry even before the storm. It is the center of Visayas and among the most industrialised or developed".⁴⁹ The arrival of foreign and local

⁴⁷ Personal interview, female representative of INGO, Guiuan, Samar, 24 February 2015.

⁴⁸ Personal interview, female, Tacloban City, 23 February 2015.

⁴⁹ Personal interview, female representative of government organisation, Tacloban City, 26 February 2015.

military contingents created a huge clientele such that women even from outside of Samar and Leyte were rumoured to have migrated in. The sex industry had been particularly economically rewarding as suggested by informants such that “in Western Samar, one local mayor is known to have encouraged sex work from female constituency. [He said] *Mabuti pa mag-prosti kesa tambay!* [better to be a prostitute than homeless]”.⁵⁰

Adolescent girls were also distinctly impacted by the surge in military personnel. According to one informant,

In our work immediately after the storm, there were several incidences wherein the Philippine military soldiers were found to have kept young girls as their girlfriends. The girls were found together with the men in their camps/bunk beds...the girls claimed they were just charging their cellphones since the military camp had generators...They [soldiers] said the girls insisted on going inside their camps...and that they were just there to charge their phones. The men said they could not resist. In the case of the girls, you know because of culture...many would just say it was their fault...they are ‘*pikat*’⁵¹ or flirts.⁵²

Blaming girls for their *pikat*-ness, I argue, obscures the tremendous barriers that had already been in place in terms of adolescent sexual and reproductive health even prior to the disaster. While indeed these anecdotal evidence points to the multiple significances sexual relations played – whether to seek for physical comfort, secure economic gains or both – the point is that the sexuality of adolescent girls must be located within their lack of access to sex education, and comprehensive sexual and reproductive services and supplies. Indeed, as one informant underscored,

Prevalence of unsafe sex in crisis situations is rooted in the lack of sex education in the country. It is the confluence of lack of knowledge or awareness on safe sex practices and restrictions to the accessibility of contraceptive supplies.⁵³

Women and girls in Eastern Visayas and in many crisis and non-crisis settings in the Philippines are routinely denied the means to protect and take care of their own bodily autonomy and well-being. This then makes them particularly vulnerable to various forms of exploitation and violence during times of crisis.

⁵⁰ Personal interview, female representative of INGO, Tacloban City, 25 February 2015.

⁵¹ *Pikat* in Waray means *malandi* in Tagalog/Filipino or ‘slutty’ in English.

⁵² Personal interview, male representative of INGO, Tacloban City, 26 February 2015. Another female informant from an INGO shared similar anecdotes in a personal interview, 26 February 2015.

⁵³ Personal interview, female representative of NGO, Quezon City, 15 April 2016.

Without addressing pre-existing health gaps, crisis and its many agents may even legitimise economic recovery of communities at the expense of greater restrictions to bodily autonomy of women and girls.

Conclusion

Drawing on the Eastern Visayas case study, this chapter examined the various and complex ways by which bodily autonomy is undermined in disaster contexts. Here I rendered visible how post-disaster survival and recovery of households and communities depended upon the various social reproductive contributions of women, girls and LGBTs. Despite their tremendous inputs, they do not necessarily share or are entitled to the benefits of redevelopment post-disaster due to the economic devaluing of social reproduction. Importantly, many material and socio-cultural barriers remain and are even further embedded as a result of the changes brought about by humanitarian presence.

This chapter therefore strengthens the case for recognising the full basis of sexual and reproductive health as fundamental to human dignity within disaster humanitarian response and rehabilitation. Addressing the gendered roots to vulnerability, self-sacrifice and depletion requires fundamentally recognising that sustaining the well-being of households and communities post-disaster is contingent upon ensuring the bodily autonomy of women and girls, and all sexual identities and expressions. In the next chapter, I link household and community disaster-related depletion with the political economy structures at the national level. There I emphasise how the rhetoric of building disaster resiliency and climate sustainable development in the absence of material contributions for sexual and reproductive health mutually perpetuates depletion of women' and girls' bodies.

Chapter 7. Reproducing the Disaster Resilient Nation: On whose backs are we building better?

God's grace has enabled our country to ease the sufferings of those who lost everything in Yolanda, and re-establish communities that are once again working to have a safer, and prosperous future. This would not have been possible without the world's embrace of our people and our people's own heroic generosity and sacrifice.

- President Benigno Aquino III (2015)

Introduction

In the aftermath of the 2013 Haiyan disaster and against the backdrop of ongoing disaster-related crises, the 'mantra' of building 'disaster resilience' has gained currency among national and international actors in the Philippines. Resilience or 'building back better' conveys continuity between disaster relief in the immediate aftermath, and long-term sustainable recovery and redevelopment (Fan 2013). The 'build back better' slogan first gained currency after the 2004 Indian Ocean tsunami response and is credited to former US President Bill Clinton who at the time served as the UN Special Envoy for Tsunami recovery (Fan 2013; UNISDR 2010). As a framework for humanitarian crisis response, it views disasters as opportunities to mitigate if not altogether transform the structural conditions that render particular groups of peoples especially women and girls as disproportionately vulnerable to the various human costs directly and indirectly enabled by disasters.

In the case of post-Haiyan Eastern Visayas and the Philippines more broadly, I demonstrate how the rhetoric of disaster resilience may serve as a rubric for the gendered allocation of material resources and obligations in disaster contexts. In this chapter, I draw the connections between the post-disaster bodily depletion at household and community levels discussed in Chapter 6, and the material and ideological conditions that enable depletion at the national level. Post-Haiyan Philippines particularly the Eastern Visayas region demonstrates how post-disaster relief and reconstruction are gendered national processes that intimately rely on and harness women's unremunerated, social reproductive labour in the household and community. Through the discourse of building a 'disaster resilient nation', I argue that responsibilities for disaster preparedness and human cost mitigation are increasingly divested away from the state and unto communities and their capacity for self-recovery and sufficiency. Indeed, then former President Aquino in a

speech commemorating the anniversary of the Haiyan disaster reiterated that the recovery of communities was a testament to the immense sacrifice and altruism of Filipinos. However, as I have shown in the previous chapter, acts of altruism and sacrifice are gendered in that the burden of ensuring the survival of households and communities were borne by women and girls. In many cases, this survival had come at the expense of their bodily autonomy and well-being. Disaster resilience is ‘built on the backs’ of women and girls when recovery comes at the expense of their invisible sacrifices and state neglect of their sexual and reproductive health and well-being during and after crisis. Consequently, disaster resilience does not penetrate through the gendered division of labour and the cultural norms that legitimise the lack of self-care among women and girls in crisis. As such, it may serve to reinforce the gendered allocation of sacrifice which also informs whose contributions are rewarded and how before, during and after disasters.

This chapter is divided into three main parts. First, I outline existing national frameworks on disaster resilience and climate change in the Philippines. Like its pioneering role in advancing the Women, Peace, and Security (WPS) agenda in the region, the Philippines has also been recognised as a global leader in advancing national laws on disasters and climate change. However, despite laws that explicitly recognise the importance of community-based, participatory and ‘gender-sensitive’ disaster responses, the implementation of these laws continue to neglect the cultural norms that lead to the intensification of depletion through social reproduction. Second, I trace back these norms and other pervasive material barriers to sexual and reproductive health in post-Haiyan disaster relief and reconstruction to the prevailing Church-State relations in the Philippines. Specifically, I focus on the deeply embedded political and societal influence of fundamentalist Roman Catholic beliefs that extend to post-disaster spaces. Faith-based partnerships in humanitarian and development assistance often treat local religious authorities as privileged interlocutors and yet this very form of cooperation may serve to obscure the equal importance of SRHR for human dignity even in times of crisis and displacement. Finally, the chapter concludes that inclusive and sustainable national and global decision-making on ‘resilience’ and climate change adaptation require progressively addressing major gaps with respect to sexual and reproductive health among broader groups of women and girls.

Disaster Resilience as a National Project

The Philippines is a disaster-prone country. Based on the 2016 Global Climate Risk (GCR) Index by GermanWatch, the Philippines was among the top countries identified as extremely vulnerable to climate change risks both in terms of exceptional catastrophes and continuous threats (Kreft et al. 2015). This index quantifies the impacts of extreme weather events in terms of direct fatalities and indirect or long-term socio-economic losses sustained as a result of a disaster. According to two datasets – one examining risks for 2014 and a more longitudinal analysis from 1995 to 2014 – the country has consistently topped in both rankings along with other primarily developing countries in the Asia Pacific region such as Thailand and Myanmar. However, the Philippines is distinct in that it is prone to recurrently experiencing extreme catastrophes within a 20-year period such as super typhoon Haiyan in 2013, and for consistently having an average of 8 to 9 typhoons per year (Kreft et al. 2015, 8). The frequent occurrence of environmental disasters in the country means that displacement is also a regular rather than exceptional experience for millions of Filipinos. Indeed, according to Internal Displacement Monitoring Centre's Disaster Displacement Risk Index (DDRI), the country is ranked second in terms of the highest relative risk to disaster-induced displacement with approximately 21,000 per million Filipinos at risk per year (IDMC 2015a, 23). This index also predicts future displacement trajectories based on historical data from 1994-2003 on frequency and intensity of displacements in a given country thus corroborating findings on the Philippines from the GCR Index.

Disasters have occurred with routine frequency in the Philippines such that the threats they pose are already integrated into the schema of Filipinos' daily lives (Bankoff 2003). According to Greg Bankoff's (2003) historical research on the Philippines, 'cultures of disaster' are evident in how the physical environment plays a vital role in shaping norms and values which in turn impacts on the design of political and economic institutions. Not surprisingly, the Philippines has been recognised as at the frontlines of developing national policies on disaster risk reduction and climate change in the Asia Pacific region (ARROW 2014). The Special Representative of the UN Secretary General on Disaster Risk Reduction (DRR), Margareta Wahlstrom considers the country's laws as the "best in the world" and indicates "a proactive stance in addressing disasters" (quoted in IDMC 2015a, 30). In addition, these laws contain textual references to promoting gender-inclusive and resilient communities. As I demonstrate further below, their full and effective implementation is undermined by the pervasive neglect of immediate and long-term sexual and reproductive health needs among households and communities especially in displacement contexts.

The pioneering legislation is the Climate Change Act of 2009.¹ This law paved the way for two key reforms: the creation of a Climate Change Commission; and the adoption of a National Climate Change Action Plan (2011-2028). Climate change reform, according to the Commission, is in response to globally acknowledged rising temperatures, and locally recorded climate changes such as the “slight increase in the number of cyclones in the Visayas during 1971-2000 compared with the 1951 to 1980 and 1960-1990 periods” (Climate Change Commission 2011, 2). The Climate Change Act sets forth the building of “climate-resilient and climate-smart Philippines with highly adaptive communities” as a national priority. To this end, climate resilience policy must “incorporate a gender-sensitive, prochildren [sic] and pro-poor perspective in all climate change and renewable energy efforts, plans and programs” (Section 2). Under the national action plan, ‘gender and development’ is explicitly defined as “cut[ting] across strategic priorities and sectors” such that ‘gender-responsive’ approaches are mainstreamed across all level and areas of climate policy-making (Climate Change Commission 2011, 6).

Another landmark piece of legislation called the National Disaster Risk Reduction and Management Act of 2010² seeks to

[a]dopt a disaster risk reduction and management approach that is holistic, comprehensive, integrated, and proactive in lessening the socioeconomic and environmental impacts of disasters including climate change, and promote the involvement and participation of all sectors and all stakeholders concerned, at all levels, especially the local community (Section 2, Article d).

Among its key provisions is the mainstreaming of disaster risk reduction and climate change in development processes across the policy areas of agriculture, water, health, education and poverty (Section 2, Article g). It stipulates that the development and implementation of a National Disaster Risk Reduction and Management Plan (NDRRMP) must be founded on the partnerships by national and local governments in building disaster resilience (Section 2, Article e). It also guarantees that “disaster risk reduction and climate change measures are gender responsive, sensitive to indigenous knowledge systems, and respectful of human rights” (Section 2, Article j). It even recommends the need to “enhance and implement a program where humanitarian aid workers, communities, health professionals, government aid agencies, donors, and the media are educated

¹ Also known as Republic Act 9729. The full text is available at: <http://www.ifrc.org/docs/IDRL/RA209729.pdf>.

² Also known as Republic Act 10121. The full text is available at: http://www.ndrrmc.gov.ph/attachments/045_RA%2010121.pdf.

and trained on how they can actively support breastfeeding before and during a disaster and/or an emergency” (Section 2, Article o). The NDRRMP for 2011-2028 provides indicators, expected outcomes and obligations of state agencies down to the *barangay* level in creating “safer, adaptive and disaster-resilient Filipino communities toward sustainable development”.³

The State and Resilient Communities Post-Haiyan

The case of post-Haiyan Eastern Visayas underscores how building resilient communities does not rest simply upon enabling communities to fend for themselves. Instead, such an undertaking requires a strong role from the state to address pre-existing structural inequalities that exacerbate the consequences of disasters. In particular, this means strengthening state social welfare service delivery as well as dismantling legal and cultural barriers on sexual and reproductive health that enable the bodily depletion of women and girls before, during and after crisis. Without this crucial dimension, disaster resilience as a rhetorical device may serve to keep the functions of the state ‘rolled back’ while normalising female altruism as the invisible safety net in times of crisis.

To begin, one informant tellingly revealed that the damage and dislocation caused by natural disasters are more readily accepted and mitigated in the Philippines than that of armed conflicts.⁴ Built-in or indigenous disaster early warning and coping mechanisms are exemplified by what is called in Filipino as ‘*bayanihan*’ or ‘*kapwa tao*’.⁵ Bankoff stresses this same point by arguing that disaster resilience in the country is rooted in a “long history of formal and informal networks committed to individual and community welfare that enhance people’s capacity to withstand the magnitude and frequency of daily misfortune as experienced in the archipelago” (2015, 431). Amidst the tremendous challenges for recovery and rehabilitation in Eastern Visayas post-Haiyan, affected communities were widely praised for their resilience or ‘self-recovery efforts’ in what would otherwise have been an even more devastating disaster (Su and Mangada 2016; Mangada 2016). In addition, cooperation among members of the community, and similar acts of *bayanihan* were also reported as providing a deep source of pride and will to survive the disaster.

³ The full text is available at: http://www.ndrrmc.gov.ph/attachments/article/41/NDRRM_Plan_2011-2028.pdf

⁴ Personal interview, male representative of NGO, Quezon City, 25 March 2015.

⁵ From the root word *bayan* or nation. The concept denotes a sense of collective action and cooperation to meet shared goals. *Kapwa tao* or *pakikipag-kapwa tao* means fellowship or to be part of the community. Literally, this means the self in community.

The resilience of Haiyan-affected communities was further memorialised through the state. For instance, President Aquino in his commemoration speech of the Haiyan tragedy stated,

May the memory and lessons of that time inspire us to persevere in *building back better*, and in living up to the solidarity, resilience, and generosity of Filipinos from all walks of life demonstrated not only then, but in all times of challenge and adversity (Aquino 2015).

International media coverage of the disaster notably from the famous CNN Reporter Anderson Cooper, similarly reproduced references to the inherent strength and resilience of Filipinos in the aftermath of Haiyan (Macaraig 2013; Su and Mangada 2016; Brookings Institution and IOM 2015).⁶

Table 7.1. Haiyan-affected Provinces and 2012 Human Development Index Scores

	HDI 2012
Philippines	0.644
Metro Manila	0.829
Biliran	0.568
Eastern Samar	0.389
Leyte	0.586
Northern Samar	0.432
Southern Leyte	0.533
Western Samar	0.452

Source: Human Development Network (2012-2013).

The valorisation of Haiyan-affected communities as characterised by mutual aid and cooperation risks obscuring the structural inequalities that influence how disasters are differentially experienced and characterised by unequal long-term outcomes. This occurs when such recognition leaves unexamined the broader political economy of disasters and the role of the state in perpetuating the depletion of households and communities especially. In effect, the idealised representation of resilient communities does not fully account for and even normalises the feminisation of survival discussed in Chapter 6. For example, a number

⁶ For example, throughout Cooper’s Haiyan coverage, he often remarked that “the strength of [Filipino] people is just extraordinary” (quoted in Macaraig 2013).

of informants emphasised that for poor communities besieged by constant threats of disasters, short-term survival is more important than long-term resilience building because “how can they think of preventing future disasters when they still face food insecurity on a daily basis?”⁷ A female informant also pointed out that “inequality is very visible and this is in part caused by aid workers themselves. Rebuilding has been too focused on appearance...it is externally driven too with aid organisations taking on more role while the state does very little”.⁸

Table 7.2. Gender-related Development Index (GDI) 2006, 2009

Province	GDI 2006		GDI 2009	
	Rank	Value	Rank	Value
Metro Manila	-	0.710	-	0.764
Southern Leyte	39	0.524	42	0.485
Leyte	47	0.510	26	0.545
Western Samar	51	0.500	40	0.491
Northern Samar	62	0.477	53	0.456
Eastern Samar	69	0.471	44	0.476

Source: Human Development Network 2008-2009; 2012-2013

Prior to Haiyan, the two main regions severely affected by the disaster – Leyte and Samar – reflected poor levels of human development. Table 7.1 shows that the 2012 level of human development in Eastern Samar was almost half of the national average, and only more than a third of the human development level in the urban region of Metro Manila where the capital is located. Even before the disaster, these provinces also exhibited unequal levels of gender development. For example, based on the scores for the 2006 Gender-related Development Index, Eastern Samar was comparable to the bottom five provinces of Lanao del Sur, Basilan, Maguindanao, Tawi-tawi, and Sulu (Human Development Network 2008-2009; 2012-2013). All five are from the most conflict-affected region of ARMM (Human Development Network 2008-2009, 154).

⁷ Personal interview, female representative of INGO, Guiuan, Samar, 24 February 2015; and male academic and specialist in disaster research, Quezon City, 3 February 2015.

⁸ Personal interview, female representative of INGO, Guiuan, Samar, 24 February 2015.

Although there were some improvements and shifts in rankings among the Leyte and Samar provinces in 2009, the GDI remains significantly lower than the capital region (see Table 7.2).

As Su and Mangada (2016) observe, representations of resilience post-Haiyan have tended to ‘romanticise’ community-based coping strategies as a source of post-disaster resilience thereby shifting the pressure away from government institutions. However, I argue that community-based initiatives for ‘self-reliance’ in crisis and emergencies likely flourish in order to meet the gaps resulting from the confluence of inadequate state disaster relief assistance and pre-existing chronic levels of underdevelopment. That is, communities in constant environmental crisis learn to practice mutual aid and support precisely because they are either left to their own devices as a result of geographical remoteness, have had weak state presence historically or both. The Haiyan disaster – in meaningfully implementing the *build back better* slogan – could have been leveraged in instituting strong state accountability and coordination measures. This approach is vital in bridging development gaps among affected communities in the long run. The Philippine state, instead, was regarded as having taken a ‘backseat’ in the relief and reconstruction while non-state actors ended up taking the lead (see also Mangada 2015; 2016).

After the Haiyan disaster, “funding [came] from three main actors: national government, local governments, and INGOs”.⁹ As one informant claimed, “NGOs were meant to just fill in the gaps...but in reality NGOs have ended up doing more and the government has less and less role or presence”.¹⁰ Another informant expressed the same sentiment, “INGOs are at the forefront of service provision on women in terms of the Haiyan response. The government just played a secondary role, had little initiative apart from a focus on infrastructure building”.¹¹ Majority of the non-state actors deployed to assist in the relief and rehabilitation process were constrained within the parameters of emergency assistance, and limited to a select number of beneficiaries at the community level (CHR 2016).

A ‘rolled back’ state during crisis poses distinct consequences for sexual and reproductive health and wellbeing post-disaster. For instance, in a public hearing convened by the Commission on Human Rights in Tacloban on April 2016, some participants noted that “INGOs were more active in delivering RH [reproductive health] relief and services [including contraceptives]” but that “in the coastal areas, women did

⁹ Personal interview, female, Tacloban City, 23 February 2015.

¹⁰ Personal interview, male representative of INGO, Tacloban City, 26 February 2015.

¹¹ Personal interview, female representative of INGO, Tacloban City, 25 February 2015.

not have access to contraceptives donated as aid”.¹² Meanwhile, others reported that there were communities in geographically remote areas that indeed received assistance including reproductive health services from international and local NGOs. Many therefore would not have had access to such services if not for the disaster. Still, this sort of ‘ad hoc’ health and social welfare delivery contributed to uneven recovery post-disaster (CHR 2016).

Gender mainstreaming in DRR and Women’s Bodies

Climate change and disaster risk reduction policies in the Philippines are replete with references on ‘gender’. Post-Haiyan Eastern Visayas, however, strongly demonstrated that meaningful implementation of gender mainstreaming provisions in disaster response and rehabilitation efforts require long-term gender equality promotion that acknowledges bodily autonomy, health and well-being. This includes ensuring the gradual elimination of the material and ideological barriers that undermine sexual and reproductive freedoms. These barriers in turn severely inhibit the full and equal participation of women and girls in disaster resilience and climate adaptation. A scoping study conducted by the Asian-Pacific Resource & Research Centre for Women (ARROW) pointed out that “the lack of coherence when it comes to climate change, gender equality, and SRHR is part of a larger problem of governance and coordination” (2014, 26). For example, the report further revealed that in terms of the national climate change action plan, “women’s organisations mobilised during the drafting stages of the plan to have SRHR included in the plan, however, their views are not reflected in the final plan” (ARROW 2014, 26). Such tensions are also evident in juxtaposing key gender equality laws in the country with its pre-existing legal and political barriers to advancing SRHR for all groups of women and girls.

Key gender equality laws in the country recognise the distinct and disproportionate impacts of natural disasters on women and girls. They serve to strengthen the explicit recognition of gender in the national laws on climate change and disaster resilience. In the Magna Carta of Women, Section 10 is dedicated to “Women Affected by Disasters, Calamities, and Other Crisis Situations” (see also Chapter 5). It guarantees that:

¹² Field notes, 25 April 2016, Hotel Alejandro, Tacloban, Philippines.

Women have the right to protection and security in times of disasters, calamities, and other crisis situations especially in all phases of relief, recovery, rehabilitation, and construction efforts. The State shall provide for immediate humanitarian assistance, allocation of resources, and early resettlement, if necessary. It shall also address the particular needs of women from a gender perspective to ensure their full protection from sexual exploitation and other sexual and gender-based violence committed against them. Responses to disaster situations shall include the provision of services, such as psychosocial support, livelihood support, education, psychological health, and comprehensive health services, including protection during pregnancy.

The Responsible Parenthood and Reproductive Health (RPRH) Act of 2012 which took almost two decades to enact stipulates key provisions on advancing sexual and reproductive health including the relevant assistance on comprehensive emergency obstetric and newborn care in disaster contexts (see also Chapter 2). Importantly, in Section 4.15 of the implementing rules and regulations of the RPRH Law entitled ‘Maternal and Newborn Health Care in Crisis Situations’, it provides that

The LGUs [local government units] and the DOH [Department of Health] shall ensure that a minimum initial service package [MISP]¹³ for reproductive health, including maternal and neonatal health care kits and services as defined by the DOH, shall be given proper attention in crisis situations such as disasters and humanitarian crises. The minimum initial service package shall become part of the DOH response to crises and emergencies.¹⁴

More recently, on February 2016, the Department of Health issued Administrative Order (AO) 2016-05. It provides further policy guidance on MISPs and dignity kits in emergencies and disasters as is consistent with the RPRH Law (Senate of the Philippines 2016). Referencing the lessons learned from the Haiyan experience, the AO further mandates that dignity kits must be ‘pre-positioned’ especially in disaster-prone areas such as Visayas. Lastly, local government units, given their direct relationship and proximity to communities, are also tasked to play a lead role in ensuring reliable and timely access to emergency health services as opposed to the national government.

¹³ MISP is a series of crucial actions required to respond to reproductive health needs at the onset of every humanitarian crisis (see Inter-agency Working Group on Reproductive Health in Crises 2010; UN Women 2015).

¹⁴ The full text is available at: <http://www.gov.ph/2013/03/18/implementing-rules-and-regulations-of-republic-act-no-10354/>.

Prior to the Haiyan disaster, many women were already having more children than they would prefer. Furthermore, as shown in Table 7.3, there is a strong contrast between the fertility rates of Visayan women and women from the urban region of NCR consisting of Metro Manila. This difference in reproductive health outcomes reveals broader and pre-existing patterns of structural inequalities in terms of accessing services and supplies which in turn heightened the impacts of the Haiyan disaster for women and girls. Furthermore, data prior to the disaster also indicate that many young women especially in Eastern Visayas have had sexual experience before the age of 15 (see Table 7.4). They comprise the second highest percentage of reported early on-set of sexual activity at the national level. As discussed in the previous chapter, various forms of SGBV occurred and were prevalent across displacement sites where different forms of contraception were also least accessible in the aftermath. Without comprehensive access to contraception, many women and girls were likely forced to bring to term unwanted and early pregnancies some of which could have resulted from rape or sexual violence (see also Center for Reproductive Rights 2016).

Table 7.3. Fertility Rates in Haiyan-affected Provinces

Region	Total wanted fertility rates	Total fertility Rates	Gap
National Capital Region (NCR)	1.7	2.3	0.6
VI – Western Visayas	2.4	3.8	1.4
VII – Central Visayas	2.2	3.2	1
VIII – Eastern Visayas	2.6	3.5	0.90
IX – Zamboanga Peninsula	2.4	3.5	1.1
XI – Davao	2.1	2.9	0.8
ARMM	3.6	4.2	0.6

Source: PSA 2014.

A female representative of an NGO emphasised that providing emergency contraception is an important link in the chain of services and treatments for rape victims/survivors. According to her,

In case of rape and sexual violence, 5 days past the incident, emergency contraceptive can still be effectively taken by a victim. 3 days after an incident, post-exposure prophylaxis (PEP) must be administered to prevent HIV/AIDs. Counselling is also an important component for HIV/AIDS assistance. In crisis situations, the delivery of these services can be compromised.¹⁵

However, the accessibility of emergency contraceptive (EC) pills was restricted even *through* the Haiyan humanitarian response itself. According to the same female informant,

UNFPA rape kit donations had EC pill [morning-after] but some members of UNFPA-Philippines decided to take them out claiming that these are unregistered in the country. However, WHO standards already provide that the delivery of unregistered products can be allowed under emergency situations.

This telling incident was corroborated in the Commission on Human Rights National Inquiry on Reproductive Health Rights held in Tacloban City where it was reported that “development partners distributed rape kits but allegedly took out EC pills. This [issue] was raised at a meeting in the regional office in the aftermath of Yolanda”.¹⁶

Table 7.4. Age at first sexual intercourse among young women

Region	Percentage of women age 15-24 who had sexual intercourse before age 15	Percentage of women age 18-24 who had sexual intercourse before age 18
National Capital	1.7	14.4
VI - Western Visayas	2.0	21.3
VII - Central Visayas	2.9	22.2
VIII - Eastern Visayas	4.0	21.0
IX - Zamboanga	1.3	20.0
XI - Davao ¹⁷	5.2	27.1
ARMM	3.1	23.5

Source: PSA 2014.

The deliberate restriction in the provision of emergency contraception reveals how local disaster response teams themselves may reinforce religious fundamentalist ideologies and pre-existing legal prohibitions on contraception in the country. First, as pointed out by a female lawyer informant,

¹⁵ Personal interview, Quezon City, 15 April 2016.

¹⁶ Field notes, 25 April 2016, Hotel Alejandro, Tacloban, Philippines. See for full details CHR 2016.

¹⁷ Note that Davao registered highest nationally and Eastern Visayas ranked second. Religious and cultural barriers may mediate under-reporting.

Misoprostol or Cytotec is banned in the Philippines.¹⁸ However, WHO lists the drug under its list of essential medicines.¹⁹ In conflict and disaster settings, there is a high demand and need for misoprostol because full reproductive care services are not available. Similarly, emergency contraceptive (EC) or ‘morning after’ pill [Postinor] is banned in the country.²⁰

Second, Postinor has been banned since 2001 on the basis that it is an abortifacient. This policy demonstrates the egregious and severe abortion restrictions in the country given that Postinor is a globally-accredited EC pill (Center for Reproductive Rights et al 2015; Tanyag 2015). To circumvent these structural barriers,

DOH had already provided guidelines on methods of emergency contraception (combined higher dosages of legal contraceptives) in its most recent family planning manual for ‘special populations’ women victims of violence and for those in disaster and crisis situations.²¹

But these are less effective methods and also more likely to generate side effects than one pill. There is also little guarantee that such services will be consistently and reliably available to all women who require this assistance in displacement settings. This is the case in the Philippines where health personnel themselves allegedly exercise discretion over the provision of SRHR services on a regular basis (CHR 2016).

The case of post-Haiyan Eastern Visayas demonstrates how gender equality mainstreaming in disaster frameworks are marred by gaps in terms of actual programs and funding allocations for sexual and reproductive health especially in terms of access to emergency contraception. This neglect, however, strongly undermines the fundamental role of sexual and reproductive health for human dignity which is rendered even more fragile in times of crisis and protracted displacement. If even the basic provision of emergency reproductive health care encounters deep ideological opposition in the Philippines, then all the more challenging it would be to implement condom distribution as part of post-disaster relief efforts despite the great need for this service in displacement settings. As one male informant shared in our interview after I asked about pre-marital sex in evacuation centres, “dignity kits had sanitary napkins...no condoms. At least in the case of [INGO], we are sure we did not distribute condoms”.²²

¹⁸ Local pro-life groups have tagged misoprostol as an abortifacient and consequently, successfully lobbied against its availability in the country. See for related information Flores (2015).

¹⁹ WHO only recommended as essential to prevent post-partum haemorrhage. It does not explicitly identify that the pill can also induce abortion.

²⁰ Personal interview, female representative of INGO, Quezon City, 14 April 2016.

²¹ Personal interview, female representative of INGO, Quezon City, 14 April 2016. See for reference Philippine Department of Health (2014).

²² Personal interview, male representative of INGO, Tacloban City, 26 February 2015.

State-Church Relations and Gendering ‘Resilience’

Divesting state responsibilities for resilience unto communities, stops short of challenging national and global structures of power especially in the intersections of class, religion, gender and sexuality. In the case of the Philippines, gender-equal and sustainable post-disaster rehabilitation demands a strong role from the state which includes the political will of leaders to address the deeply-embedded role of Catholic fundamentalist beliefs in determining what sort of humanitarian assistance is extended and to whom (for a similar point see Cooper 2015). First, in the case of post-Haiyan Eastern Visayas we see how the strong political lobby of Catholic fundamentalist forces against SRHR exacerbates the depletion and violence that women and girls experience in times of crisis. In particular, gaps in sexual and reproductive health service provisioning in the post-Haiyan context is situated within ongoing political and legal contestations over sexual and reproductive freedom at the national level. Second, neoliberal models of public-private partnerships – which form part of the disaster resilience frameworks in the Philippines – open critical spaces especially in crisis settings for key humanitarian actors including religious groups to impose their beliefs upon humanitarian efforts resulting in further restrictions on sexual and reproductive health. Faith-based partnerships may thus come at the cost of comprehensive sexual and reproductive health services and supplies when the fundamentalist views of the Church and other religious groups are incorporated in defining sex and reproduction as well as in responses to key issues such as adolescent sexuality and LGBT needs (AWID 2016, 27).

The State, Church and Basic Ecclesial Communities (BECs)

According to one informant due to the scale of the disaster, “in the Yolanda [Haiyan] case, many of the responders did not have pre-existing presence in the region. So the calamity really brought in a lot of new actors”.²³ The Office of the Presidential Assistant for Rehabilitation and Recovery (OPARR) identified 97 NGOs that have rendered significant contributions in the Haiyan response and rebuilding. Several of them were major Christian faith-based organisations that have had historical presence in the Philippines namely Couples for Christ, *Gawad Kalinga*, Christian Aid, Catholic Relief Services (CRS) (OPARR 2014, 15).²⁴

²³ Personal interview, female representative of NGO, Quezon City, 10 April 2016.

²⁴ Indeed, during my field trip in Tacloban City, a cursory glance of the logos that have proliferated already provide a visual representation of the strong faith-based intervention in Haiyan. Some of the logos I observed had the cross – a Christian religious symbol.

Notably, CRS, a US-based NGO, has been in the country since 1945, after World War II. The Church, Christian and other faith-based organisations are typically among the first in the civil society sector to extend aid owing to their pre-existing strong community ties considering that approximately 80 percent of the Filipino population are Catholics.

NGOs have historically played an important role in ‘filling in the gaps’ in terms of state social welfare provisions by first, training communities to be ‘self-reliant’ in meeting their own community needs; and second, by mobilising values of charity among Christian Filipinos especially from the affluent elites. Moreover, humanitarianism itself is ideologically rooted in key religious teachings on love, charity and service or sacrifice (Ferris 2005; Barnett and Weiss 2008). For instance, as a female representative from a prominent faith-based group argued, “charity is an integral part of Catholic teaching. Churches are even present in the most far flung places in the country...in times of crisis and calamities, Catholics are very visible in selflessly extending their hand. The values on charity and love are there”.²⁵ Similarly, a male representative from a major Catholic NGO stated that, “[we] try to do this as a deliberate coordinated response among all Catholic groups like a ‘one Church response’. But when we respond we do not only reach or help Catholics”.²⁶ The role of the religious in times of crisis, therefore, constitute material forms of interventions and their presence is legitimised by Christian ideologies of altruism.

The Roman Catholic Church and Christian faith-based organisations occupy a geographical presence as expansive as the state (if not more) through which various humanitarian and development assistance are pre-positioned or mobilised at a faster rate in the Philippines. This clear infrastructural and logistical advantage serves as the Church’s machinery for responding to any crisis situation.²⁷ In the Philippines, the Church has administrative regions that constitute dioceses and parishes throughout the country. Its organisational structure parallels that of the state such that several barangays will typically have one parish. At the primary level of this structure are the Basic Ecclesial Communities (BECs) also formerly known as Basic Christian Communities (BCCs). Through led by the parish priest, the Church is able to mobilise civic participation and resources among communities crucial for a disaster-prone country through BECs.

That is,

²⁵ Personal interview, Quezon City, 29 April 2016.

²⁶ Personal interview, Manila City, 18 April 2016.

²⁷ Personal interview, female representative of NGO, Quezon City, 29 April 2016.

[t]he Catholic Church has an infrastructure that matches, if not surpasses the network of government. Even in the most remote places, the church can reach because they are already there even before the calamity or crisis with pre-existing relationships and history of charitable assistance. Along with faith-based groups, the Catholic community is thus really helpful for relief and rehabilitation.²⁸

A clear advantage is evident in that the Church, along with its faith-based community networks, does not have the same bureaucratic procedures which can delay the transfer of personnel and goods in the face of emergencies. As one informant claimed, “[Catholic NGO] is among the fastest to respond in times of disaster due to its strategy of working with the Church which has an expansive network. Unlike the government which is typically delayed by bureaucratic processes even in times of crisis”.²⁹ Finally, churches – as in the physical infrastructures themselves – serve as shelters and evacuation sites:

In times of crisis (and even in normal situations), parish priests and local churches have always played an important role for many Filipinos. Filipinos seek refuge in churches. Historically, churches served as sanctuaries in times of disasters – they offer temporary shelter and provide donated relief mobilised through charitable institutions.³⁰

A female informant from an NGO representing rural women also noted that “the Church in the Philippines in many parts of the country, especially rural areas, functions as the State. The church has long look after the welfare of IPs [indigenous peoples] in this country while the state has largely been absent”.³¹ Consequently, as Bankoff argued “people may rely more on church-based networks and religious leaders to see them through times of crisis when social security provisions are rudimentary or non-existent” (2015, 434).

Anthropologists William Holden and Kathleen Nadeau (2010) noted that the BEC movement in the country began to develop during the Marcos dictatorship and through the localisation of the ideology of liberation theology post-Vatican II.³² Liberation theology frames the church as the champion of the oppressed (Cooper 2015). It is aimed at reconstructing “modernization processes from the vantage points of victims: the poor and those who have been displaced by development” (Holden and Nadeau 2010, 91).

²⁸ Personal interview, female representative of NGO, Quezon City, 29 April 2016.

²⁹ Personal interview, male representative of NGO, Manila City, 18 April 2016.

³⁰ Personal interview, female representative of INGO, Quezon City, 14 April 2016.

³¹ Personal interview, Quezon City, 10 April 2016.

³² The Second Vatican Council or Vatican II (1962-1965) refers to the religious council gathering that deliberated on church doctrinal teachings in response to then ongoing critique from within and outside of Catholicism (see Holden and Nadeau 2010)

Through liberation theology, the Catholic Church and BECs espouse a commitment to advancing social justice. In the words of one informant, “BCC or the Basic Christian Community is how the Church undertakes community organising. It started in Mindanao and reflects the conscientization of the religious order”.³³ However, as a female informant who is a leader of a faith-based NGO pointed out,

The Catholic Church in the Philippines is at the forefront of social issues...they are part of mobilisations on climate, poverty, corruption, governance...The Church was also a key player in toppling the Marcos dictatorship through Cardinal Sin. It is even convening a Workers’ Congress. So the Church is a strong advocate for a lot of social issues but never supportive of women’s groups when it comes to SRHR.³⁴

For Haiyan affected areas majority of which are rural, the Catholic Church and faith-based groups were pivotal in reaching out to far flung communities to provide relief assistance and initiate livelihood projects. But the Church and its affiliates are not beholden to its followers in the same way as governments are accountable through democratic institutions and processes. As the same informant added,

Unlike the state, the Church has less mechanisms for accountability. It is still very feudal. Bishops exercise tremendous power in a given locality. Diocesan priests are financially dependent on the generosity of the communities they are assigned in. Local elites financially support priests.

Especially for the Catholic hierarchy where decisions relating to and interpretations of religious doctrine remain exclusively made by men, “many priests though lack awareness or are out-of-touch with the issues when it comes to SRHR...rather than promoting ‘informed choice’ they insist on ‘blind obedience’. Reproductive health is not a stand-alone issue. It is connected with other social justice issues”.³⁵ Importantly, “when health service is framed through a particular religion the services offered will be limited or not the most appropriate for patients”.³⁶ The distinct impact of the Church for sexual and reproductive freedoms during and post-disasters are thus clear.

First, the Church and its partner organisations typically do not consider sexual and reproductive health as part of the ‘basic needs’ that families and communities require in everyday life, much less in times of crisis. For instance, as stated by a male informant from a Catholic faith-based NGO,

³³ Personal interview, female representative of NGO, Quezon City, 29 April 2016.

³⁴ Cardinal Sin was a prominent Catholic bishop in the anti-Marcos dictatorship movement.

³⁵ Personal interview, female representative of NGO, Quezon City, 29 April 2016.

³⁶ Personal interview, female representative of NGO, Quezon City, 15 April 2016.

Our response was to provide non-food items and emergency shelter. [The Church] was the one who provided food items. We were also part of the WASH [water, sanitation and hygiene] cluster and we provided for latrines and in setting up access to clean water.³⁷

As is common in the Haiyan-affected areas and in many humanitarian crises affecting the country, the priority has always been to send in food items and in establishing WASH facilities. But while many are focused on donating these items and funding WASH programs, what gets ‘left behind’ or excluded from the provision of ‘basic needs’ in displacement are the very services that address sexual and reproductive needs of women and girls. To be sure, the above male informant stressed that the assistance they extend are a product of consultative, ‘bottom-up’ approaches.

Listening to communities articulate what they need in terms of disaster relief is equally valued within his organisation’s technical risks and needs assessments. According to him,

In 2010, this was the first time that when we did an initial assessment in a disaster we were discussing household items and it was in this context that the lack of sanitary napkins in relief was raised. Subsequently, the lack of sanitary napkins was discussed among the staff so then it was a bottom-up consultation on unmet needs.³⁸

Another male informant corroborated the importance of participatory disaster decision-making and response in surfacing what communities need in times of disasters. “[L]ocals understand their vulnerabilities best – they know the challenges and hazards better than outsiders from the community. Because locals are most affected by the disaster, they too have the most at stake when it comes to issues of survival and well-being”.³⁹ Indeed, there have been important strides in meeting the distinct needs of women and girls post-Haiyan among them the Women Friendly Spaces discussed in Chapter 6. However, the emphasis on ‘bottom-up consultations’ may not always be appropriate and/or effective in bringing out sexual and reproductive health needs because of deeply internalised ideological barriers.⁴⁰

In this instance, the full ability of women and girls to articulate their needs must be interpreted within the strong stigma and prevalent sexual myths associated around sexual and reproductive health. These may

³⁷ Personal interview, Manila City, 18 April 2016.

³⁸ Personal interview, Manila City, 18 April 2016.

³⁹ Personal interview, male academic and specialist in disaster research, Quezon City, 3 February 2015.

⁴⁰ Yamin (2017, 174-175) makes a similar point in examining ‘internalised domination’ or the invisible ways through which a woman’s expectations and wishes for her life are stunted by the various conditions, practices and beliefs she has been socialised into.

prevent women and girls especially in rural, displaced areas to demand contraceptives for example when they do not consider their own health as priority. Indeed, as noted by a female informant,

The Catholic Church has a strong influence especially among rural women. The Church has worked to promote human rights of the poor but excluding issues of SRHR. Because the idea which if you are from an urban area you would think is already outdated, many in rural communities still believe that children are gifts from God, and more children means more to help in farming.⁴¹

Crucially, as I have also shown in the previous chapters many women and girls forego their sexual and reproductive health in performing self-sacrificing duties for families and communities in crisis. Even if they do consider their health important, they may not always have access to the necessary information and services to take better care of their own bodies. While the Church, BECs and other faith-based groups may have the ‘local knowledge’ and community presence – these should not automatically justify their treatment as privileged interlocutors who can then speak on behalf of women and girls or interpret their silence regarding accessing sexual and reproductive health services to automatically indicate an absence of demand.

The Costs of faith-based humanitarian partnerships

By tapping religious authorities and the vast network of BECs in the country, I/NGOs are in a better position to deliver relief assistance including health services. This is important given that the Church, especially through BECs, have pre-existing community ties in even the most remote locations thereby possessing the relevant local knowledge and personal networks necessary for rebuilding after disasters. According to a male country representative, “[the international organisation] has worked with faith-based organisations – Christians, Muslims as well as Tzu Chi, Buddhist. [Private-public] partnerships are crucial for providing comprehensive assistance for protecting refugees”.⁴² Another male country representative from a different international organisation corroborated that,

There are really gaps because we cannot service everyone all at once. [We] cannot really be comprehensive that is why we need to work with the government...[we] should just be supplementary. We work within what is already available...enhance or support capacities in place.⁴³

⁴¹ Personal interview, Quezon City, 10 April 2016.

⁴² Personal interview, Makati City, 18 April 2016.

⁴³ Personal interview, Makati City, 4 March 2015.

Particularly for remote areas where the Church or local religious leaders are highly regarded as authority figures, foreign humanitarian and development actors require their legitimating support in order to be able to access communities and actually provide assistance. Still, these partnerships serve as both an enabling and constraining environment for delivering comprehensive SRHR in disaster settings. The dilemma is such that on one hand, “advancing SRHR in the country requires inter-faith mobilisation which is crucial in communicating reproductive health issues in the language of religion to gain local community support”.⁴⁴ In addition, “the legal-basis for promoting SRHR would be more advantageous if complemented by religious support. The religion component cannot be ignored because many community women feel attached with and strongly for their religious beliefs”.⁴⁵ On the other hand, such partnerships must not be built on ideologies that perpetuate harmful beliefs and practices that exclude broader groups of women and girls from equally accessing post-disaster resources and in participating at all levels and stages of decision-making.

First, faith-based partnerships by themselves and even those involving major international organisations remain stop-gap solutions to structural and systemic inequalities that propagate oppressive religious beliefs that are harmful to women and girls. This is evident in how the Haiyan disaster tested the RPRH law. This calamity helped draw attention to the law’s gaps in responding to the growing rates of adolescent pregnancies in the disaster-affected areas and in the country in general. According to a male country representative of an international organisation,

The challenge to addressing the problem is in the recent law on Responsible Parenthood and Reproductive Health. UNFPA is promoting greater awareness around the law. However, a key provision which stipulates parental consent before teenagers can access contraception information and/or supplies contributes to lack of access on the ground. It also hinders the scope of our programs even in the Haiyan response and medical missions. That is why we cannot just distribute condoms in the Philippines. We cannot overturn the law.⁴⁶

In the Philippines, access to contraception and other vital sexual and reproductive health services have been routinely denied to women and girls on the basis of religion because of the expansive reach of Catholic fundamentalist beliefs especially in influencing local policies (see Chapters 2 and 3). In crisis and emergencies,

⁴⁴ Personal interview, female representative of NGO, Quezon City, 29 April 2016.

⁴⁵ Personal interview, female representative of INGO, Quezon City, 14 April 2016.

⁴⁶ Personal interview, Makati City, 4 March 2015.

this influence may even intensify due to the availability of spaces through which they can advance a ‘pro-life’ or ‘pro-family’ agenda. This stance means opposing what they perceive as threats to the institutions of marriage and the family including contraception, abortion, and same-sex relationships.

In the ongoing political contestations over the RPRH Law, the pro-life lobby was successful in protecting a) parental and spousal consents for accessing services and supplies; and b) conscientious objection by private and public health providers both of which were also upheld by the Philippine Supreme Court. Hence, service providers who refuse to extend sexual and reproductive health services and supplies on the basis of their faith and then subsequently refuse to provide appropriate referrals are in no way penalised. The difficulty here as one informant noted,

Under the RPRH Law, conscientious objection on provision of services was recognised but it is stipulated that they must still provide the appropriate referral to where services may be accessed...In emergency contexts, conscientious objection is problematic because SRHR [sexual and reproductive health and rights] is fundamentally part of emergency care.⁴⁷

What this tells us is that unless such legal impediments are reformed, SRHR gaps will persist to the detriment of women and girls in disaster settings.

Second, deeply-held beliefs and prejudices of local community partners served as a crucial barrier in promoting comprehensive SRHR programs. In some cases, power asymmetries between local authorities and foreign or external organisations meant that I/NGOs resisted conservative views at the cost of potentially not being given ‘access’ to or pressured to leave from the community. For example, in the case of the lack of assistance to LGBTs, the male country representative reported that

LGBTs and anti-discrimination against LGBTs remain controversial [among local partners]. Compared with other countries, Philippines shows a higher degree of acceptance. [We] do not really have specific programs supporting others outside of the violence against women program. Most work being done is around gender-based violence on *women*. We just do not have the capacity to take on another challenging area. We also do not have the expertise. But that is certainly the next area we should be focusing on.⁴⁸

⁴⁷ Personal interview, female representative of INGO, Quezon City, 14 April 2016.

⁴⁸ Personal interview, Makati City, 4 March 2015.

LGBTs in disaster settings pose a ‘challenging issue area’ particularly because it goes against a crucial partner in their programs. Violence against *hetero* women does not really challenge Church authority because it aligns with representations of women as victims in need of protection. Importantly, VAW aligns with the Church’s pro-family stance and therefore a ‘social justice’ issue it can champion.

The marginalisation of LGBTs in post-disaster interventions likely contributed to egregious violence and discrimination. In effect, LGBT populations many of whom require condoms for contraception are quite literally denied human dignity because they were excluded from the distribution of dignity kits and sexual health services. However, by examining their distinct sexual and reproductive health needs, the critical juncture afforded by the Haiyan disaster could have been fully leveraged. For example, much in the same way that the WFS program was able to allow for the accessibility of dignity and maternal health kits, condom distribution may serve as a medium for sex education especially for adolescent boys. Similar ‘safe’ spaces could have been created for engaging men and boys on broader issues of sexuality and consent that are vital for addressing SGBV in disaster contexts. The post-disaster response could have also helped raise awareness on the spread of STDs and heightened exposure to HIV/AIDs across all affected communities by directly engaging LGBT groups who have had strong national campaigns and service delivery in this issue area (McSherry et al. 2015; Oxfam 2016).

Conclusion

The Philippines is leading the way for climate change adaptation and disaster resilience through its globally recognised national policies and initiatives. The disaster-prone country is also transforming into a disaster resilient nation that is founded on the principles of gender inclusiveness and responsiveness. However, despite these lofty goals and rhetorical commitment to gender equality in disaster response and reconstruction, we see from the experience of Haiyan humanitarian and development interventions that disaster resilience remains built on the backs of women and girls through the neglect of their bodily health and integrity. As one female informant lamented, “after disasters such as Haiyan, it opens the best opportunity for substantive change. But this was not capitalised on fully in the Haiyan experience...if there was an effort to be transformative it came belatedly”.⁴⁹ As a national project, disaster resilience is implicated

⁴⁹ Personal interview, female representative of INGO, Guiuan, Samar, 24 February 2015.

in how the vast majority of women and girls are kept politically and economically marginalised from broader decision-making on risk reduction and climate change because they are fundamentally denied bodily autonomy. Building a disaster resilience national may in effect exonerate the state from its primary obligation in providing sustainable and comprehensive post-disaster relief and rehabilitation assistance through mobilising ‘self-reliant’ communities in times of crisis. Building disaster resilience in this manner aligns with the neoliberal state project of progressively opening spaces for private or non-state actors in the provision of social welfare services. Within this juncture, humanitarian organisations particularly faith-based groups have played a crucial part in reaching remote communities where the state has had little presence or authority.

In the Haiyan case study, I argued that religious leaders and faith-based groups are re-embedded as authoritative agents in humanitarian spaces through private-public partnerships in disaster relief and rehabilitation at the cost of sexual and reproductive freedoms. Although the Catholic Church and BECs disavow social inequalities they contribute to their exacerbation by keeping women and girls especially in disaster contexts without access to services and information regarding their sexual and reproductive health. They do so due to the implicit and explicit promotion of heteronormative understandings of the family, and by obscuring the equal importance of sexuality along with other human needs for maintaining dignity especially in times of crisis.

Linking back to Chapter 6 which unravelled the depletion of female bodies among Haiyan-affected households and communities, this chapter makes a strong case for how restrictions to sexual and reproductive freedoms in disaster contexts are rooted in unequal access to material resources and political decision-making at the national level. The more egregious the barriers to attaining sexual and reproductive health certain individuals and groups face in times of crisis, then they are least likely to be able to contribute politically in defining what disaster resilience is and what it entails in the long term. Therefore, community-based, participatory or bottom-up approaches within national disaster resilience policies need to reveal the full extent and value of women’s social reproductive contributions in ensuring the post-disaster survival and sustainable human flourishing of households and communities. Resilience building and climate change adaptation must progressively enable broader groups of women and girls from taking leadership roles at community and national levels. Participation that is meaningful rather than depletive is contingent on the promotion of SRHR as an integral component of post-disaster relief and rehabilitation. More to the point, for

the project of building a ‘disaster resilient nation’ to truly value the service and sacrifices of women and girls, the state must progressively address both their immediate and long-term SRHR needs. Transformative change that tackles the gendered roots of vulnerability and resilience requires fundamentally recognising that sustaining the well-being of households and communities post-disaster is contingent upon ensuring the bodily autonomy of women and girls across all spheres of social reproduction from the household to the state and globally.

Chapter 8. Conclusion

Caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare. – Audre Lorde (1988)

Self-care especially for women and girls in crisis situations is shaped by political economy. It is a form of ‘political warfare’, as Audre Lorde puts it, in the sense that the promotion and practice of self-care challenge overlapping hierarchies of power that stem from the control of women’s bodies. Self-care is not simply about individual women and girls recognising the importance of their bodily autonomy and well-being, but also the need to ensure that the political, legal, economic and socio-cultural conditions to fully exercise self-care are realised. This thesis has investigated why and how SRHR are neglected in everyday life and even more so in crisis situations. Feminist political economy analysis has revealed the restrictions on SRHR before, during and after crisis. These restrictions include the inadequate or complete lack of access to information, services and supplies. They result from as well as reinforce the economic invisibility of women’s social reproductive labour.

Throughout this thesis, I have examined how social reproduction or the daily biological reproduction, care and domestic work predominantly performed by women and girls, underpins the routine functions of human relations. However, the costs of doing this labour especially for the bodily autonomy and well-being of women and girls remain unknown and virtually invisible in dominant policy representations of humanitarian crisis. The analysis of the Philippine case showed how the depletion of women’s bodies as well as social reproduction more broadly is the consequence of a competitive neoliberal global economy as well as of cultural and religious fundamentalist ideologies. By marshalling together primary and secondary data, this thesis analysed how the neglect of SRHR is even more pronounced among crisis-affected areas in the Philippines. In such situations of crisis, the burdens for continuing social reproduction intensify. Yet, women and girls are often left without adequate material resources to mitigate the impacts of crisis upon their bodily autonomy and for the continuation of social reproduction among households and communities. As a matter of culture and religion, they are expected to render this labour as forms of altruism.

This thesis aimed to explore what implications the neglect of inequalities in SRHR has for advancing inclusive peace and sustainable development for women and girls, as well as among crisis-affected households and communities. To do so, it examined two sites of internal displacements in the Philippines illuminating in greater depth how social reproduction mitigates the consequences of armed conflicts and environmental disasters at the cost of women's and girls' bodily autonomy and well-being. SRHR restrictions were shown to be fundamental barriers that disproportionately prevent women and girls from becoming full and equal stakeholders in post-crisis reconstruction and recovery. First, this thesis showed that the lack of access to timely and effective emergency SRHR assistance in crisis settings means heightened mortality and morbidity among internally displaced women and girls. Second, gaps in SRHR assistance also compound displacement harms. Displacement sites in the Philippines demonstrated that women and girls are exposed to heightened threats of rape and sexual violence. Yet without access to emergency contraception or post-exposure prophylaxis, they are also at risk of other forms of SGBV such as forced or unwanted pregnancies, HIV/AIDS transmission, and early marriage to protect clan honour.

The thesis concludes that achievements toward peace are extremely fragile in the face of multiple social reproductive burdens, SGBV, and restrictions on SRHR that entrench gendered inequalities. Human development in crisis-affected households and communities is undermined to the extent that it depends on the women and girls' unrecognised labour. Thus, this thesis demonstrates the continuum between crisis-specific restrictions to bodily autonomy and long-term redistribution of care obligations and resources within a given society and globally. The study has generated some surprising findings that can deepen the human rights approach to sexual and reproductive health outlined in the next section.

Summary of Findings

In Chapter 1, this thesis introduced three defining features of SRHR that demand a feminist political economy analysis. First, SRHR are staunchly opposed on ideological grounds by religious fundamentalist groups at different levels of policy-making. Their influence has led to political and legal constraints on implementing SRHR globally and within national contexts such as the Philippines. Second, SRHR like other health components are shaped by global material inequalities produced through neoliberal economic policies on privatisation and state retrenchment. Third, SRHR in crisis settings are neglected in the prioritisation of restoring political order and immediate security versus long-term prevention and sustainable development.

Feminist political economy analysis is used throughout this thesis to explore the linkages across these three features to show that the realisation of SRHR in everyday life and in times of crisis is influenced by broader contestations over whose bodies matter from the household, the state and globally. By examining what constrains or impairs women's bodies, we are able to gain a more comprehensive account of crises – who they affect, how and at what costs.

In Chapter 2, this thesis showed the connections between the everyday economic reliance on social reproduction for sustaining household and national economies, and the depletion of women's bodies manifested in deteriorating SRHR outcomes and experiences of SGBV. Drawing on the feminisation of survival in the Philippines, it illustrated how women's bodies and the various social reproductive labour they provide ensure the continuity of a remittance driven economy through cultural and religious discourses that normalise self-sacrifice especially among Filipino women and girls. That is, social reproduction is kept economically devalued or without substantive material inflows precisely through the cultural and religious valorisation of female altruism in the Philippines. Local Catholic religious fundamentalist forces deploy the same discourses to justify preventing legal reforms in SRHR such as broadening access to contraception in the country. Still, women and girls are drawn into complicity in normalising the lack of investments to replenish their health and well-being when they themselves are conditioned to put the needs of everyone else above their own.

In Chapter 3, I examined how the economic reliance on social reproduction intensifies in times of crisis and how this intensification compounds the bodily costs of survival for women and girls. This is evident in that the most crisis-prone regions in the Philippines are also characterised by the lowest levels of human development and sexual and reproductive health among women and girls belonging to ethnic and religious minority groups. This chapter highlighted how inequalities in SRHR also reveal overlapping patterns of discrimination and marginalisation shaped not only by gender but also religion, ethnicity, class as well as geographic location. Moreover, recurrent conflicts and disasters erode the basic sources of social reproduction from health infrastructures to women's bodies. However, the global economy plays a role in exacerbating the depletion of social reproduction within crisis settings through the neglect of SRHR in humanitarian aid and development assistance. Global care workers, such as Filipino migrant women, who are driven by domestic crisis to take on precarious work overseas are further harmed by inadequate protection

and work rights from the Philippine state and globally. These women may escape insecurities of conflicts and disasters, but are nevertheless exposed to threats of physical violence in their workplaces.

The invisibility of daily social reproduction leads to the neglect of SRHR in crisis

Conditions in internal displacement within the Philippines demonstrate the assumption that women's labour is elastic, bottomless or beyond depletion. Yet, in two sites of internal displacements, this thesis mapped the ways by which both protracted armed conflicts and rapid onset disasters can exacerbate depletion through social reproduction. By examining both forms of crisis, this thesis was able to show their shared material and ideological conditions that shape women's crisis-specific experiences of violence and discrimination. In situations where women and girls are most vulnerable to violence and where they are faced with restrictive environments for continuing social reproduction, they are also denied the basic conditions for self-determination.

Chapter 4 examined the relationships between the depletion of women's bodies, and heightened care provisioning at household and community levels as a result of protracted armed conflicts in Mindanao. Moro women played pivotal roles in stretching meagre resources while in displacement typically by sharing social reproductive duties among themselves. Female-headed households, however, bear the brunt of conflict-induced displacements because they are faced with fulfilling both productive and reproductive needs. As a result of these household pressures, women and girls end up neglecting their own health and well-being. In their communities, Moro women leaders were crucial in mitigating conflicts and promoting community welfare through their traditional role as healers or *pamomolong* and volunteer health workers. However, because community service is a feminised form of labour in the Philippines, these women receive very little state economic assistance.

Chapter 5 showed how Moro women and girls were distinctly vulnerable to sexual and reproductive health complications and SGBV within IDP camps and transitional shelters, as well as from the state military and Moro rebel groups. In the Mindanao case, because of strong honour codes among Moros, women and girls maintain their silence on experiences of rape and sexual violence to prevent clan or community-level violence from escalating. I argued that this strategy exemplifies how women and girls internalise the burden of preventing conflicts or promoting clan welfare through culturally-sanctioned self-sacrifice. At the same time, such forms of silences obscure the extent by which conflicts harm women's bodily autonomy and well-

being. Cultural and religious barriers also mask the need for ensuring comprehensive SRHR information, services and supplies in crisis situations. It is in these spaces where we see an intensification of cultural expectations on women and girls as primary caregivers in households and communities, and where we might expect that SRHR are still not viewed as entitlements.

Chapter 6 examined that as in conflict sites, a similar intensification of depletion among women and girls can be observed in post-disaster Eastern Visayas. The cost of ensuring survival in the aftermath of supertyphoon Haiyan has been the undermining of bodily autonomy and well-being for women and girls. The recovery of households and communities relied on the ‘safety nets’ afforded by women’s and girls’ self-sacrificing practices ranging from neglecting their health, engaging in transactional sex in exchange for relief, and exposing themselves to forced or unwanted pregnancies to mitigate domestic violence. The chapter also explored the invisible labour of sexual minorities especially LGBT youths to illustrate further how through pre-existing marginalisation they are also denied full access to post-disaster relief assistance and rehabilitation. For sexual minorities such as young lesbians and gays, the impacts of the disaster from economic hardship to threats of SGBV were compounded by discrimination from within their own families and communities.

Chapter 7 traced the ideological roots of the gendered inequalities in post-disaster Eastern Visayas to the historical and contemporary importance of the Catholic Church in providing humanitarian assistance in the Philippines. The Church has been vital in mitigating weak state social welfare infrastructures especially in crisis-prone, rural areas. However, using the Haiyan case study, this chapter argued that the material and cultural embeddedness of faith-based humanitarian assistance in the country impedes the availability of comprehensive SRHR information, services and supplies. The Church’s presence in crisis settings, though vital in the short term, nevertheless reinforces the long-term political leverage of religious leaders in resisting legal reforms in SRHR. The cost of this trade-off is evident in restrictions to accessing emergency contraception and the neglect of sexual rights for LGBTs in the country. The chapter concluded that post-disaster depletion in Eastern Visayas reflects the political economy of State-Church relations in the Philippines.

SRHR reflect immediate and long-term harms in crisis settings

Across different surveys among households and communities displaced by both protracted armed conflicts and supertyphoon Haiyan, women reported the exhausting strain of fulfilling their duties as mothers, wives and daughters. Men and boys experience the adverse consequences of conflicts and disasters differently because of the cultural expectations on women and girls. That is, men and boys may be similarly displaced or exposed to death, disease and violence. However, in both crisis sites, women's and girls' experiences in internal displacement were greatly shaped by the need to mitigate intensified care needs at household and community levels. They performed this labour in the absence of crucial contributions from the state and international actors to replenish social reproduction generally. Undermining bodily autonomy and well-being in times of crisis also creates indirect or long-term harms through the further exclusion of women and girls from political and economic participation post-crisis.

For instance in Chapter 5, I examined how broader groups of Moro women and girls are prevented from participating in the Bangsamoro peace process in Mindanao due to the continued presence of armed conflicts triggered by *rido* or clan violence as well as low levels of human development. The chapter also examined how strong patriarchal norms among Moros prevented women even those belonging to the auxiliary forces from representing the Moro Islamic Liberation Front (MILF) in the peace negotiations. Consequently, the peace negotiation did not encompass the everyday insecurities many women and girls experience within Moro clan and kinship groups despite the inclusion of key women leaders in the peace panel. The exclusion of women from the peace process is also reflected in that the adverse impact of ongoing conflicts on sexual and reproductive health and for multiplying care burdens faced by women and girls were marginalised from national peace and security discussions.

In Chapter 7, I explored similar exclusions of women and girls from political participation, and marginalisation of SRHR in the post-Haiyan national disaster resilience project. In the aftermath of the disaster, residents of Eastern Visayas and Filipinos in general were praised by the state and international actors for their resilience and sense of community or *bayanihan*. I argued that the dominant post-disaster representation of *bayanihan* obscured the gendered nature of the disaster such that shortages or delays in relief assistance were not equally mitigated by men and women. Gaps in crisis interventions and assistance mean that the spaces for sexual and reproductive decision-making are even more constrained thus preventing many women and girls from fully recovering and supporting their households and communities in

sustainable and gender equal ways. Adolescent pregnancies in post-Haiyan Eastern Visayas underscored how the neglect of SRHR in times of crisis disadvantages young women in post-crisis recovery.

Crucially, there were key differences in the type of internal displacement and the nature of insecurity reflected in the conflict and post-disaster cases. Chapter 6 recounted how even the UN Special Rapporteur on the Human Rights of Internally Displaced Persons observed the stark contrast between the conditions of IDPs in Mindanao and Eastern Visayas. As a result of intermittent and cyclical violence in Mindanao, whole communities remain in semi-permanent displacement spending years in ‘transitional’ shelters and IDP camps. The delivery of humanitarian and development assistance in conflict-affected areas of Mindanao remains fragile and short-term despite the signing of a peace agreement. On the contrary, because the Haiyan disaster was an immense calamity which mobilised political will and economic resources from the state and the international community, people were displaced for a much shorter period of time and were able to rebuild their lives. The problem, however, is that recovery among communities has been uneven. In addition, the global outpouring of humanitarian assistance and personnel brought both economic opportunities as well as risks of exploitation. These differences matter for how we understand experiences of SRHR among women and girls in different contexts. Extended periods of internal displacement expose them to various insecurities that subject them to violence and constrain their bodily autonomy. Yet, it is not simply a matter of transitioning affected communities in and out of crisis, or from temporary to permanent shelters. Rapid onset disasters and protracted armed conflicts in the Philippines highlight the importance of progressively replenishing women’s bodies by integrating SRHR across emergency assistance and long-term sustainable development.

Rethinking security and development through the lens of SRHR

Throughout this thesis, I have examined how a feminist political economy analysis of SRHR can deepen our understanding of sustainable forms of social reproduction across interconnected layers from households, the state and globally. The Philippines has been a ‘model country’ especially in the Asia Pacific region for promoting gender equality laws and in comparatively high levels of women’s political representation and participation. Indeed, Filipino women leaders have received global recognition for their roles in peacebuilding (Chapter 5) and post-disaster recovery (Chapter 7) at community and national levels. This also includes being among the first country in the region to have adopted national action plans on Women, Peace

and Security and ‘gender-sensitive’ climate change. In Chapters 5 and 7 respectively, I examined these agendas in terms of their strong and positive emphasis on increasing women’s participation in political decision-making. Yet, the implementation of these progressive policies with respect to crisis is contradicted by pre-existing restrictions on SRHR due to the influence of conservative Catholic religious elites in national policy-making.

Leaving restrictions on SRHR unaddressed means that for broader groups of women and girls, political and economic participation especially during times of crisis come at great burden and bodily cost to them. Particularly for those suffering internal displacement, participation is not meaningful or substantive when they are prevented from exercising full control over their own bodies and are denied the practice of self-care in their daily lives. As Eli Stamnes argues, “it is not enough simply to add the perspective and participation of women. Social structures and institutions, and their particular hierarchies of femininities and masculinities, must be the subject of investigation and change” (2012, 190). That is, mobilising inclusive women’s leadership and wider participation in post-crisis rebuilding must be matched by efforts to decouple caregiving from expectations of it being an inherently feminine task. This endeavour must also be matched by the allocation of resources to support care institutions such as health systems. Otherwise, the very project of inclusion is undermined in the long run by compounding the burdens women and girls bear in surviving crises, as well as perpetuating the invisibility of the bodies that ensure this survival. Security is not attained during respites from conflicts or disasters when it is at the expense of perpetuating a crisis of social reproduction.

The neglect of SRHR in crisis settings is situated within the prioritisation of short-term protection versus long-term prevention. Examining the Philippine context, this thesis advanced the centrality of SRHR for global security and development agendas. Replenishing, as in economically investing in, the health and well-being of women and girls must occur at national and global levels. In the long-term, meeting the challenges of responding to multiple crises and their direct and indirect effects on health service delivery cannot be hinged upon states divesting more power to privatisation and financialization (Hozic and True 2016, 5). For instance, NGOs, including faith-based organisations, aimed initially at mobilising communities and supporting state functions especially in the Global South are instead taking on more of state responsibilities especially in crisis settings. In the post-Haiyan case study, I showed the importance of a strong state role in promoting the needs of sexual minorities such as LGBT youths in order to overcome

discrimination which also marginalises them from post-disaster relief assistance and protection. Furthermore, neoliberal solutions deployed under the rubric of ‘disaster resilience’ still regard risks and coping mechanisms as individual attributes. And yet, when resilience is construed this way, “conflict and inequalities are largely hidden by norms of family values, and the idea of the household as a ‘haven in a heartless world’” (Smyth and Sweetman 2015, 408). Resilience, therefore, reinforces the material roots to gendered vulnerability when it also divests states of the responsibility for eliminating inequalities in the distribution of resources during and after crises. Such an approach does not penetrate through the gendered division of labour and the cultural norms that legitimise the lack of self-care among women and girls.

Promoting SRHR in crisis settings is integral to broader gender equality initiatives on cultural transformations that relegate care work – not a burden that women and girls solely fulfil – but as a responsibility shared by all and across all levels of governance. Sweetman and Rowlands argue that “to achieve Equality, Development and Peace requires a radical and visionary understanding of how the social norms that underpin gender inequality and oppress women also drive wider fragility, violence, and conflict” (2016, 339). Increasingly, as this thesis showed, we need to pay greater attention to how religious fundamentalist ideologies align with or mutually reinforce a neoliberal global economy. Their alignments can close off substantive and broader participation for women and girls in security decision-making through rewarding particular constructions of femininity and masculinity in crisis situations.

As this thesis explored, gender essentialisms are also reproduced through humanitarian assistance that prioritises maternal health or neglects providing the full range of SRHR services including emergency contraception and post-abortion care. The lack of comprehensive SRHR assistance indirectly forces upon women and girls the identity of motherhood. This is particularly problematic in crisis settings where there is a likelihood of unreported and untreated forms of SGBV which can lead to pregnancies, the spread of STDs and HIV/AIDs, as well as other sexual and reproductive health complications. Importantly, the ‘downgrading’ of SRHR to mean primarily maternal health obscures the diversity of sexual identities that require protection and assistance during and after crisis. By contrast, as I have shown in armed conflicts and post-disaster situations, sexual experiences are not entirely negative. In times of crisis, continuing sexual relations may serve as a coping mechanism to alleviate trauma, a form of bonding among couples, and even simply a step at resuming normality. All these embody how individuals especially women and girls negotiate their sexuality before, during and after crises.

Lastly, this feminist political economy thesis has demonstrated why women's bodily autonomy and well-being although vital to human flourishing is pervasively undermined by global health inequalities and religious fundamentalism, especially during crises. New questions for research thus emerge, such as, how might the ongoing depletion of indigenous and internally displaced households and communities enable global political economic processes? What are the implications of counting and valuing social reproduction for how the distribution of power and resources are being (re)configured in an increasingly fragile world? Recalling the epigraph by Audre Lorde's, research can wage political warfare by opening new lines of inquiry. Future research can expose the ways in which restrictions to SRHR are occurring in everyday life for the most marginalised and vulnerable groups of women and girls displaced by different crises from economic recessions, health pandemics, armed conflicts, environmental disasters or increasingly, by the harsh confluence of all these insecurities. Women's bodies continue to be sites of power, violence and resistance simultaneously. They have much more to teach us about global peace, security and development.

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Appendix 1. List of Interviews

	Affiliation	Location	Gender
1	Academic	Quezon City	F
2	Academic	Quezon City	M
3	Academic	Quezon City	M
4	Academic	Tacloban City	F
5	Academic	Davao City	F
6	Government	Quezon City	F
7	Government	Tacloban City	F
8	Government	Tacloban City	F
9	Government	Tacloban City	F
10	Government	Davao City	M
11	Government	Manila	F
12	Government – political party	Quezon City	F
13	Government – political party	Via Skype	F
14	Government – human rights	Quezon City	F
15	INGO	Quezon City	F
16	INGO	Quezon City	F
17	INGO	Quezon City	M
18	INGO	Quezon City	F
19	INGO	Guiuan, Eastern Samar	F
20	INGO	Tacloban City	F
21	INGO	Tacloban City	M
22	INGO	Tacloban City	M
23	INGO	Davao City	F
24	INGO	Quezon City	M
25	INGO	Quezon City	F
26	INGO	Manila	M
27	INGO	Quezon City	F
28	International Organisation	Makati City	M
29	International Organisation	Makati City	M
30	International Organisation	Quezon City	F
31	NGO	Quezon City	F
32	NGO	Quezon City	F
33	NGO	Tacloban City	F
34	NGO	Davao City	F
35	NGO	Quezon City	F
36	NGO	Quezon City	F
37	NGO	Davao City	F
38	NGO	Davao City	F
39	NGO	Quezon City	M
40	NGO	Quezon City	F
41	NGO	Quezon City	F
42	NGO	Quezon City	F
43	NGO	Quezon City	F
44	NGO	Quezon City	F

Appendix 2. Sample Explanatory Statement



MONASH University

EXPLANATORY STATEMENT

(Public Officials and/or Government Agencies Representatives)

Project: Sexual and Reproductive Violence in the Philippines: A Feminist Political Economy Analysis

Chief Investigator
Professor Jacqui True
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Doctoral Student Researcher
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Dear Sir/Madam,

Mabuhay!

My name is Maria Tanyag, a doctoral candidate from Monash University, Australia and I would like to invite you to take part in this study. Please read this Explanatory Statement in full before deciding whether or not to participate in this research. If you would like further information regarding any aspect of this project, you are encouraged to contact the researchers via the phone numbers or email addresses listed above. Please note that my local number will only be valid until April 2015. For future correspondence, it is recommended that you contact me via my e-mail address.

What does the research involve?

This research project aims to understand the distinct configurations of political and economic factors that shape specific outcomes and processes relating to sexual and reproductive violence in crisis and non-crisis settings. Sexual and reproductive violence for this study means any form of violence that undermines and infringes upon the sexual and reproductive well-being of all individuals. Based on the international definition, sexual and reproductive health refers to the state of complete physical, mental, and social well-being in all matters relating to the reproductive system and to its functions and processes. It implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. The main issues that this study will focus on are: maternal mortality, sex trafficking and lack of access to contraceptives including information and supplies.

Participation will be in the form of a personal interview which will require you to give approximately one (1) hour of your time at a mutually safe and convenient place. This may mean that the interview will be held outside of your workplace if you are not comfortable having it there. A subsequent or follow-up interview may be necessary for data collection, which involves the same length of time and once again will be subject to your approval. You may or may not allow the use of a digital voice recorder throughout the interview. Even if you consent to the use of a recorder, you may decide to have it turned off at any stage. For security reasons and in minimising potential risks to both researcher and participant, the researcher may also decide not to use an audio recorder for the interview or to have it turned off at any stage. This means that while you speak you will notice the researcher taking down notes instead. A coding system will be used in note-taking to protect your identity and keep the information you disclose as confidential.

Data collected from interviews will be examined along with various other sources of data including official government publications, statistical data and archives.

Why were you chosen for this research?

You are selected to take part based on your role and the relevance of the government or public office you represent for this study. Your contact details were obtained from your office/agency's official website. No personal information beyond your role as public official or government agency representative in relation to sexual and reproductive violence will form part of this research. Instead, your participation is intended to incorporate your expertise as a leader in or senior representative of your organisation.

Consenting to participate in the research

Participation is voluntary and refusal to participate will be respected. You are encouraged to discuss or clarify with the doctoral student researcher any concerns you may have. Before the interview commences, you will be given the opportunity to go over the explanatory statement with the doctoral student researcher who will then ask whether you are satisfied with the information you have been provided regarding the terms of your participation.

A consent form is also provided along with this explanatory statement which you may opt to complete and return to the researcher via e-mail or in print before or after the interview.

Audio recordings will be transcribed and/or translated by the doctoral student researcher. While you will have the opportunity to reconsider or amend your response during the interview and until the researcher departs, you cannot access, review or amend the transcripts.

Withdrawing participation in the research

You are able to withdraw your participation from this research until three months after the interview. This means no information derived from your interview will be used in the research from analysis to publication. All information relating to your participation including audio-recordings, notes, correspondence and contact details will be deleted completely and immediately upon conveying your decision.

Possible benefits and risks to participants

The potential benefit to your participation in this research is the possibility of gaining a richer understanding of sexual and reproductive violence in the Philippines – its causes, mechanisms and outcomes. This addition to your knowledge may directly contribute to your practice in government.

As sexual and reproductive violence is a sensitive and potentially contentious topic in the Philippines, by participating in the interview you are at risk of experiencing greater than discomfort emotions if you have personal knowledge or intimate experience on any of the forms of violence that fall under this study. However, the interview questions will not ask you of any personal information beyond your role in government office or agency; and therefore this risk is minimal.

In the event of inadvertently disclosing sensitive personal information which may possibly result in emotional discomfort, you may end the interview immediately. If you decide to continue with the interview, you are free to determine the extent of time needed before the interview resumes. In either situation, please be assured that all sensitive personal information disclosed will be kept strictly confidential between you and the researcher. It will not be incorporated in the research which means it will not be included in the reporting of findings and will in no way be used against you. You are also reminded of the list of available counselling services suggested below.

This research is not intended to expose or uncover the participants' involvement in illegal activities relating to sexual and reproductive violence including perpetrating other forms such as domestic or intimate partner abuse, rape, sexual assault. However, there is an unlikely chance that such activity or involvement might be unexpectedly disclosed during the interview. In the event of inadvertently disclosing legally incriminating information, the information will not be incorporated in the research and will be kept strictly confidential by the doctoral student researcher within the limits of the law. Participants who are not involved in any illegal activity will face no legal risks by participating in this research.

The potential benefit of the unlikely discovery of illegal activity relating to sexual and reproductive violence is the protection of human rights by affected parties and in upholding sexual and reproductive freedom in society.

Services on offer if adversely affected

In the unlikely event that you are adversely affected by the interview, please find below a list of counselling services for your consideration. These have been selected on the basis of accessibility (including referral to satellite offices or networks in other parts of the country); and availability of *pro-bono* or donations-based assistance.

University of the Philippines – Diliman
Department of Psychology
Palma Hall Annex, Roxas Avenue, Diliman
Quezon City
Phone: (+632) 928-2728 or (+632) 981-8500

Center for Family Ministries – Counselling Site
Don Bosco Parish
Arnaiz Avenue corner Amorsolo Street
Makati City
Phone: (+632) 894-5932 or 34

Philippine General Hospital
2/F, Ward 7 – Department of Psychiatry and Behavioral
Medicine
Taft Avenue, Manila
Phone: (+632) 554-88470

Confidentiality

Confidentiality is guaranteed to all participants. The reporting of findings will be done in a manner that does not disclose the participant as the source of the information which includes the use of pseudonyms or similarly coded identifiers. This also applies to any or all publications that will arise from this research. However, the researcher cannot guarantee anonymity for any information or views that are already publicly known to be that of the participant's. In the case of certain information disclosed during the interview that prove vital to data analysis and reporting of findings, consent will be obtained to name or quote the participant beforehand. Your consent may be obtained 'on the spot' during the interview or through subsequent correspondence.

Storage of data

All documents or non-digital files will be securely stored in a locked cabinet in a secured office in the University for a maximum of five (5) years after which they will be physically and completely. Audio recordings and/or other digital files will be stored in highly secured, Monash network drives for the same duration and afterwards deleted completely.

During field work in the Philippines or whenever the researcher is gathering data without remote access to Monash services, digital data will be temporarily stored in a password-encrypted, external hard drive for convenience. Data will be immediately transferred to the Monash network drives once access is made available. Non-digital data gathered whilst conducting field work will be handled securely by the researcher but cannot guarantee safe storage under force majeure.

All data will only be accessible to the researchers; and solely used for the purposes of the research and its intended publication/s.

Results

A copy of the thesis and/or summary of findings will be provided to you once this study is completed. You may indicate your preference on receiving a hard or electronic copy to a nominated contact information.

Complaints

Should you have any concerns or complaints about the conduct of the project, you are welcome to contact the Executive Officer, Monash University Human Research Ethics (MUHREC):



MONASH University

Executive Officer

Monash University Human Research Ethics Committee (MUHREC)

Room 111, Building 3e

Research Office

Monash University VIC 3800

Tel: +61 3 9905 2052

Email: muhrec@monash.edu

Fax: +61 3 9905 3831

Approved by Monash University Human Research Ethics (MUHREC) on 4 December 2014, Reference Number: CF14/2950 – 2014001626. Thank you,



Professor Jacqui True



Dr. Ronli Sifris



Maria Tanyag

Appendix 3. Sample Consent Form



MONASH University

CONSENT FORM

(Regional or National Branch Representatives of International Organisations)

Project: Sexual and Reproductive Violence in the Philippines: A Feminist Political Economy Analysis

Chief Investigator
Professor Jacqui True
School of Social Sciences
Phone: +61 3 990 55286
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Co-Investigator
Dr. Ronli Sifris
Faculty of Law
Phone: +61 3 990 53375
email: Ronli.Sifris@monash.edu

Doctoral Student Researcher
Maria Tanyag
Phone : (insert local number)
email: Maria.Tanyag@monash.edu

I have been asked to take part in the Monash University student research project specified above. I have read and understood the Explanatory Statement and have also had the opportunity to clarify or discuss any concerns I may have with the doctoral student researcher. I hereby consent to participate in this project.

I consent to the following:	Yes	No
I am able to withdraw my participation until three months after the interview. This means all information relating to my participation will be excluded from the research and all records or files will be deleted completely.	<input type="checkbox"/>	<input type="checkbox"/>
I agree that my participation will be confidential, but anonymity cannot be guaranteed in the reporting of findings for views which are already publicly known, or identifiably mine.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that my permission will be sought before I or the organisation I represent will be directly quoted based on the information I disclose in the interview.	<input type="checkbox"/>	<input type="checkbox"/>
I will allow audio recording during the interview and can decide to have it turned off at any stage. For security reasons and in minimising potential risks to both researcher and participant, the researcher may also decide not to use an audio recorder for the interview or to have it turned off at any stage.	<input type="checkbox"/>	<input type="checkbox"/>
I accept that I will be given the opportunity to reconsider or amend my response during the interview, but I will not be able to view or amend the transcripts of the recordings.	<input type="checkbox"/>	<input type="checkbox"/>
I am assured that any sensitive personal information disclosed will be kept strictly confidential and will be excluded from the research.	<input type="checkbox"/>	<input type="checkbox"/>
I accept that any legally incriminating information disclosed will be kept strictly confidential within the limits of the law. The information will be excluded from the research.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that data will be kept in a secured manner for a maximum of 5 years, accessible only to the researchers, and after which they will be destroyed.	<input type="checkbox"/>	<input type="checkbox"/>
The data that I provide during this research will only be used for this research and its intended publication/s.	<input type="checkbox"/>	<input type="checkbox"/>

Please strike out the unnecessary option.

I wish to receive a printed and/or electronic copy of the thesis and/or summary of findings to this

contact detail:

Name of Participant

Participant's Signature

Date
