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People, President and the Pulpit: The Politics of the Reproductive Health Bill of the Philippines

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List of Acronyms

ACUP	Association of Catholic Universities of the Philippines
C4RH	Catholics for Reproductive Health
CBCP	Catholic Bishops' Conference of the Philippines
CEAP	Catholic Educational Association of the Philippines
CEDAW	Convention on the Elimination of All Forms of Discrimination
	against Women
CFC	Couples for Christ
CFFC	Catholics for Free Choice
DOH	Department of Health
DSWP	Democratic Socialist Women of the Philippines
FDA	Food and Drug Administration
HAIN	Health Action Information Network
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome
HLI	Human Life International
HOR	House of Representatives
HSRA	Health Sector Reform Agenda
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICPD	International Conference on Population and Development
IPPF	International Planned Parenthood Federation
IPPRP	Interfaith Partnership for the Promotion of Responsible Parenthood
LEDAC	Legislative Executive Development Advisory Council
LGBT	Lesbian, Gay, Bisexual and Transgender
LGU	Local Government Unit
MDGs	Millennium Development Goals
NCCP	National Council of Churches in the Philippines
NCR	National Capital Region
NFP	Natural Family Planning
NGO	Non-governmental Organization
NHTS-PR	National Household Targeting System for Poverty Reduction
PCPC	Philippine Council of Evangelical Churches
PhilHealth	Philippine Health Insurance Corporation
PLCPD	Philippine Legislators' Committee on Population and Development
RH	Reproductive Health
RHAN	Reproductive Health Advocacy Network
SONA	State of the Nation Address
SRHR	Sexual and Reproductive Health and Rights
STIs	Sexually Transmitted Infections
UNFPA	United Nations Population Fund
WHO	World Health Organization
YFC	Youth for Christ

Abstract

This research is about the politics of the Reproductive Health Bill (RH Bill) of the Philippines between two movements; the Pro-RH and the Anti-RH now that the bill has gained chances of becoming the RH Law after experiencing an impasse for more than 10 years. Examining the political context, opposing movements and public claims, the research argues that the Pro-RH movement, while interacting with the Anti-RH movement, gained political power in influencing the policy process by strategizing in the different levels, spaces and forms of power. Electing a Pro-RH president and the shift to 'responsible parenthood' is its new political and discursive strength. Using Catholicism, forming allies with religious groups and working with legislators also strengthened the Pro-RH position. Having similar claims with the Anti-RH movement has built its resonance: 'pro-life and responsible parenthood,' 'values formation in sexuality education,' and 'pro-poor and pro-development.' This research further reflects on the implications of the pending RH Bill. It argues that while the Pro-RH movement is winning in the policy process, it is losing its ideological battle of fulfilling the basic right of women and men to reproductive health, well-being and self-determination.

Relevance to Development Studies

This research is a contribution to the literature on reproductive health politics and dynamics of social movements. Particularly, it presents an interesting case of understanding power in the context of reproductive health reform.

Keywords

gender, reproductive health, power, sexuality, social movements

Chapter 1 Introduction

Policy change on contentious issues requires contentious forms of mobilization. — John Gaventa & Rosemary McGee¹

The Responsible Parenthood, Reproductive Health and Population and Development Bill of the Philippines, also known as the RH Bill are policy proposals aimed to institutionalize universal access to comprehensive reproductive health care technology, education and services for all Filipinos. The population and development bill, its maiden legislative measure, was first developed in 1998. To strengthen the health and human rights aspects of the bill, it was developed to become the Reproductive Health Bill in 2001 and is being debated for more than 10 years since its introduction. The RH Bill has been contested for three main reasons: 1) it will increase accessibility of contraceptives through rural and city health centers, 2) it will provide sexuality education in schools and 3) it will provide the budget for its implementation as a development measure.

The bill is pending due to the opposing arguments of supporters who identify themselves as 'Pro-RH' advocates, with the opposition as 'Anti-RH or Pro-Life' advocates. The interactions of the Pro-RH and Anti-RH movements are evident in public debates as religious institutions, experts, academics and activists take opposing stances. The pending status of the bill and the public debates were strongly influenced by the administration of former President Gloria Macapagal-Arroyo in years 2001 to 2010. Former President Arroyo was against the RH Bill and a strong ally of the Catholic hierarchy, the Catholic Bishops' Conference of the Philippines (CBCP). During her term, she referred to the RH Bill as the 'Abortion Bill' and had vouched to veto the bill if approved by the national legislature or Philippine Congress.

In May 2010, the election of a new president, Benigno Aquino, a strong RH Bill supporter, gave hope to the Pro-RH movement. President Aquino assured the Filipinos that passing the bill is one of his administrative priorities. He is a strong supporter of 'responsible parenthood' or giving couples informed choices to decide what family planning methods to use. During the first two years of his administration, opportunities to debate about the RH Bill were opened and dialogues with the CBCP were organized. President Aquino kept his firm support for the RH Bill amid strong campaigns of the Catholic hierarchy and threats of excommunication² from the Church. The Pro-RH movements continued to mobilize for the RH Bill, alongside Anti-RH strong campaigns to stop the passage of the bill.

¹ From the Introduction of *Citizen Action and National Policy Reform* 2010

² Excommunication is a censure that deprives individuals of church membership

During President Aquino's administration in 2012, the plenary debates on the RH Bill in the Philippine Congress ended and the policy proposal was able to move to the next phase of the legislative process, the period of amendments. This gives the RH Bill more chances of becoming the RH Law. This research aims to understand the politics and power dynamics of passing the RH Bill. It aims to understand how the Pro-RH movement, while interacting with the Anti-RH movement, gained political power in influencing the policy process of the RH Bill after a long political stalemate.

1.1 Reproductive Health Politics in the Philippines

The Philippines is the most predominantly Roman Catholic country in Asia. (Ruiz-Austria 2004: 96). While Catholics do not share the same ideals and values, the fact that more than 80% of the country's population are Catholics is often used to push for policies that follow the Catholic hierarchy's position. According to Tan (2004: 158), the country's religious and conservative stance can be traced back to its colonial roots as Catholicism was used during Spanish colonial period for more than 300 years. Following this, the United States (US) colonized the Philippines from 1898 to 1946, which created an impact to the strong influence of the right-wing politics of the US in Philippine government. When the Philippines gained independence in 1946 after World War II, the close relationship between the state and church, with impacts from the capitalist market, remained strong during the succeeding reigns of different presidents and pushing for policies on reproductive health (RH) has been a challenge. In the case of the Philippines, issues on sexuality and RH are not often discussed and the issue of reproductive rights is generally played out as controversies around abortion³ and sexually transmitted infections (STIs). The colonial influence can still be seen in the criminalization of abortion in the Philippines and in the legal system which permanently guarantees against judicial decrees permitting such.

The reproductive health system in the Philippines is preoccupied with the 'family,' because of its history of health reforms on family planning and its position as an inviolable social institution. The policies of the various presidents present a history of why this is so as well as its influence from Catholic hierarchy and market. Viado (2005) gives an account of the different administrations and their respective health reforms. Ferdinand Marcos has implemented health policies that focus on family planning and Malthusian population control measures (Viado 2005: 11). His successor, Corazon Aquino was indebted to the Catholic hierarchy for supporting⁴ her and in turn she was key in giving legal rights to the unborn in the 1987 Philippine Constitution⁵, as

³ Abortion is illegal in the Philippines. The country's abortion law is based on the Spanish Penal Code of 1870

⁴ The Catholic hierarchy was instrumental in the popular uprising that toppled the dictator, former president Ferdinand Marcos

⁵ Section 12 of the 1987 Philippine Constitution states that the 'State shall equally protect the life of the mother and the life of the unborn from conception'

well as denying women access to contraceptives (Ibid.). It was Fidel Ramos's administration when most of the international agreements on women's rights transpired, such as the International Conference on Population and Development (ICPD) and Beijing Conference⁶. Ramos was instrumental in institutionalizing reproductive health policy and program, but were adversely affected by the asian financial crisis in 1997 and his budget cuts for social development (Viado 2005: 17). The next president, Joseph Estrada, had implemented the Health Sector Reform Agenda (HSRA) in response to the devolution of duties to local government units (LGUs) and 'corporatization' of government hospitals (Viado 2005: 18-19). His successor, Gloria Macapagal-Arroyo pushed for health reforms within strong free-market system (Viado This account of the presidents' health reforms gives us a 2005: 19). background why family planning is the core of RH in the Philippines, how the market influenced the limited access of women to RH facilities and why LGUs are able to implement their own RH policies.

Reproductive health is also influenced by the social conservatives / prolife movement and the feminist / women's movement in the Philippines and also by two People Power uprisings that appointed presidents who were strong allies of the CBCP. During the time of Marcos' dictatorship⁷, the women's health movement became political and public with their appeals. Thev organized a mass demonstration and a political coalition of women, called GABRIELA (Fabros et al. 1998: 228). Along with this development, the Pro-Life Philippines was established in 1970s (Pro-Life webpage 2012) and the 'People Power' revolution took place, from 1983 to 1986. This was backed up by the Catholic hierarchy led by the late Cardinal Jaime Sin, former Archbishop The demonstrations toppled the dictator and there was a of Manila. proclamation of Corazon Aquino as new president, who was a devout Catholic (Ruiz-Austria 2004: 98). In 2001, another 'People Power' revolution took place led by the same religious leader that ousted former President Joseph Estrada for issues on corruption and proclaimed then Vice President Gloria Arroyo as new president. Both presidents of the People Power uprisings expressed their debt of gratitude to the Catholic hierarchy and often cited their religious beliefs publicly (Ibid.). This position of authority is a factor to the pending status of the RH Bill⁸.

The Philippines Congress is a bicameral system composed of the Senate and the House of Representatives (HOR). The Senate, also known as the upper house has 24 senators while the current HOR, known as the lower house, has 286 members. Currently in the 15th Congress, there are two versions of the RH Bill that are being discussed: 1) House Bill No. 4244 or The Responsible Parenthood, Reproductive Health and Population and Development Act of 2011 and 2) Senate Bill No. 2865 or An Act Providing for a National Policy on Responsible Parenthood, Reproductive Health and

⁶ Fourth World Conference on Women 1995

⁷ Also known as Martial Law, or administrative rule under the military

⁸ Issues related to the RH Bill are linked to the 'immorality' of abortion and other issues of 'moral decay'

Population and Development (PLCPD webpage 2012). Both versions share the same values and principles of freedom of choice, fulfilment of reproductive health and rights, information and access to natural and modern family planning methods, partnership with LGUs, active participation of communities and sexuality education (Ibid.). Both versions recognize that abortion is illegal but have provisions on 'humane, non-judgmental post-abortion services' to Also, both versions 'promote provision of medically-safe, legal, women. effective, legal, accessible, affordable and quality reproductive health care Since the two versions did not have the merits of services' (Ibid.). consultations among the authors of the two houses of Philippine Congress, several provisions including the bill's formulation vary. While the sources of the bills are the same, as well as the supporters from the Pro-RH movement, the strategies in the two houses differ. The major provisions of the two versions will merge in time when these are approved in the two houses, during the bicameral sessions in the Philippine Congress, where the Senate and HOR converge to discuss the RH Bill. Having versions in the two houses expedites the legislative process in the passage of the RH Bill into a law as Pro-RH advocates continue to work closely with Pro-RH legislators.

The lack of an RH Bill has an impact to the lives of Filipinos. The population of the Philippines is estimated to be more than 92 million ('Philippines population hits 92 million' 2012) with a growth rate of 1.9%, one of the highest growth rates in Asia (Benaning 2012). This rapid increase in population is argued to be linked to the country's lack of a RH policy which leads to the lack of access of the poor to RH information and services (Ibid.). In addition, the Philippines has the highest rate of maternal mortality in Asia, next to Cambodia and East Timor (Fabros 2010: 89). According to the University of the Philippines Population Institute, there are 4,700 maternal deaths or 12 Filipino women dying each day (Ibid.). Young women account for 20% of the total material deaths in the Philippines and most of these cases are abortion-related (Ibid.). High maternal mortality in the Philippine is criticized to be 'symptomatic of a weak and inequitable health system in which health facilities are unaffordable, out of reach, under equipped or simply nonexistent' (Ibid.). As confirmed by Lester Añonuevo9 (personal communication, 10 November 2012) Philippine health trend in the last decade is characterized by high fertility and low contraceptive use. A large portion of births or 63% in 2008 are unplanned and unwanted. For thirty years, the family planning program of the government had relied on contraceptive donations but in 2004, there was a gradual phase-down of foreign donations of contraceptive commodities. In eliminating unmet needs for family planning, the government through the Department of Health (DOH) sought to assure that there will be no disruption in contraceptive supplies to current users during the phase-down of donations particularly among the poorest users and develop complementary means of financing contraceptives through a variety of options such as

⁹ Lester Añonuevo is part of the group that plans, monitors and evaluates the health programs of the DOH

PhilHealth, employer benefits and out-of-pocket financing. The issues related to high population growth and high rate in maternal mortality can be addressed by a policy that focuses on improving RH technology, education and services. The Anti-RH movement has been successful in their strategies to keep it in a pending state, even if the policy has gained public support. The high population growth and high rate in maternal mortality is the current backdrop of the opposing movements in RH Bill debate.

1.2 Research Objectives

The objective of this research is to understand the shift in power dynamics in the political struggle of passing the RH Bill of the Philippines. This is after the long impasse because of the opposition. It unpacks the political and discursive power of the Pro-RH movement, while interacting with the Anti-RH movement, in gaining political power and influence in the policy process. The research uses historical perspective in determining key moments in the public debates and the characteristics and strategies of the opposing movements since the last June 2010 national elections till August 2012. The movements' claims in the public debates on reproductive health that are interrelated with gender and sexuality are also analyzed. The research attempts, by looking at social movement dynamics and framing, to understand how movement strategies are carried out to gain political power and influence change in a political struggle. The research will answer how the pending RH Bill gained better chances of becoming a law within the struggle of providing universal access to RH technology, education and services for Filipinos. It also serves as a reflection on the implications of the pending RH Bill in fulfilling reproductive health and rights in the Philippines.

Research Question

How the Pro-RH movement, while interacting with the Anti-RH movement, gained political power in influencing the policy process of the RH Bill?

Specific Objectives

- 1. What is the political context of the pending status of the RH Bill?
- 2. What are the characteristics and strategies of the Pro-RH and Anti-RH movements?
- 3. What are the similar and competing claims of the opposing movements in the public debates?

1.3 Research Methodology and Reflexivity

To understand the politics of the RH Bill of the Philippines, first there's a need to situate its political context by reviewing key moments in history since June 2010 national elections until the bill's commencement into the period of amendments that ended the RH plenary debates in the HOR in August 2012. The timeline may illustrate how after the 9-year administration of the former Anti-RH president, having a Pro-RH president is a factor in advancing the ProRH position. To determine what other factors contribute to advancing the RH Bill, key moments were determined by reviewing RH-related newspaper articles from two newspaper broadsheets. Second, the characteristics and strategies of the Pro-RH and Anti-RH movements by reviewing the newspaper articles, and interacting with movement actors and joining collective spaces were carefully examined. Lastly, the public debates to find out the movements' similar and competing claims were also critically observed by interviewing movement actors and examining the current proposed amendments to the bill. Overall, power analysis was used to understand how the Pro-RH movement was able to advance its position and increase the passing chances of the RH Bill.

The research methodology is inspired by written works on social movements and sexual politics by Dr. Silke Heumann, and on power analysis and social change by Dr. John Gaventa. Heumann (2010), looked at the interactions of the pro-life and pro-choice movements in Nicaragua in the debate around abortion legislation to explain the increasing power of the prolife movement in Nicaragua. She analysed how the interplay of the political context, the mobilizing strategies of the actors involved and the competing discourses in the public debate influenced the development of the debate. Analyzing the political context, opposing movements and public claims will help answer why in the current context, the RH Bill has more chances of becoming the RH law. Gaventa's 'Power Cube' (2006) is also used in understanding how the movements' strategies to access power influence the policy process. Using the power cube will help determine the different conditions and factors that contribute to advancing the Pro-RH position. This is done by analyzing the interrelation of the different levels, spaces and forms of power in the politics of the RH Bill.

I am a supporter of the RH Bill and fervently supports activities and mobilizations that advance the position of the Pro-RH movement. But while I support fulfilling reproductive health and rights in the Philippines, I am still critical of some claims in the public debates regarding the RH Bill. I have particular discomfort in conceptualizing reproductive health and rights within marriage, procreation and family with the explicit promotion of 'responsible parenthood.' This limits RH services only to married couples and parents who comprise families. My discomfort comes from discourses that do not recognize the diverse sexual and reproductive health needs of Filipinos. And although the foundation of the RH Bill, as endorsed by Pro-RH proponents, is women's rights to health, I am critical of public debates that correlates the RH Bill as primarily a population and poverty reduction measure. Lastly, I also have a concern that the RH Bill is becoming a conservative compromise - while sexuality education is already highly controversial, the right to safe abortion is not discussed at all. While I have this grey area in supporting the RH Bill, I recognize that 'reproductive health' is political that is negotiated. I am still committed in supporting the RH Bill than having no policy on reproductive health at all.

My fieldwork was carried out during the period of July 1 to August 15, 2012 in Metro Manila, Philippines. My previous involvement with diverse RH organizations made it easier for me to contact key actors from the Pro-RH and Anti-RH movements. Social networks also gave me the advantage in gaining access to information about movement activities and discussions in the

legislature. Initially, I only intended to focus on discourses, particularly on public claims. Formerly, I had an assumption that the Anti-RH movement is winning and how despite the gains of the feminist / women's movement in advancing women's rights, the progress of the RH Bill in the legislative mill hasn't been moving in more than a decade. Eventually, during the course of my fieldwork, there were key moments that moved the bill in the legislature, giving it better chances of becoming a law. My initial assumption was challenged because of this change in power balance and hence, my research objectives also evolved. Because of the key moments and after interacting with advocates from the opposing movements, I realized that the need to interlink the political context, opposing movements and public claims in also about understanding power.

The politics of the RH Bill is about development and political change. Using social movements and framing will help me understand the context and dynamics of movements. Understanding how power works in this political struggle will help me gain insights on how one movement was able to strategize and influence the course of policy process. To understand the public claims and this shift in power balance, I interviewed movement actors and asked them about what is at stake in passing the RH Bill, the controversial issues that are debated and the chances of the RH Bill being passed with the explicit support of the president. The advocates I chose for the interview were actively involved in the public claims as they write and speak about the movements' positions. I found it easy to discuss with Pro-RH advocates because they know me from my previous involvements. Meanwhile, I am a 'new face' to the Anti-RH advocates and collective spaces. I presented myself as a researcher who is critical of the RH Bill, a stance shared by those who are not completely for or against the policy proposal. My interviewees were helpful during my fieldwork and they provided me with information, contacts and materials that I needed to learn more about the politics of the RH Bill.

Primary Data

Personal interviews were done from July 19 to August 2, 2012 with advocates from Pro-RH and Anti-RH movements. I used an interview guide and recorded each interview. All interviews lasted for 27 to 45 minutes. Four (4) Pro-RH advocates and three (3) Anti-RH advocates were interviewed. I also intended to interview a Catholic Bishop but to no avail did not pursue due to his hectic schedule. Due to the contentious debates around the RH Bill, I have decided not to disclose the personalities of the advocates I interviewed. This is so to keep their anonymity whilst the amendments on the RH Bill is being discussed publicly and in the Philippine Congress.

Code		Date of Interview	Involvement	Sex
Pro-RH	1	19-07-2012	Pro-RH party list	Female
Pro-RH	2	27-07-2012	Pro-RH NGO	Male
Pro-RH	3	02-08-2012	Catholics for RH	Female
Pro-RH	H4 02-08-2012 Active member of RH/		Active member of RHAN	Female
Anti-RH	11	26-07-2012	Catholics against RH	Male
Anti-RH	12	30-07-2012	Pro-Life NGO	Male
Anti-RH	ti-RH3 30-07-2012 Anti-RH party list		Male	

Table 1 Key Informants

I reviewed articles from two (2) newspaper broadsheets in the Philippines from May 2010 to June 2012 and chose key moments in history for analysis. I chose this since newspapers are prime public sites for moral arguments and for constructing values and ideologies. I reviewed articles written in English in the Philippine Daily Inquirer (Inquirer) and Manila Bulletin. Depending on source and survey organizer, either Inquirer or Manila Bulletin remains to be the top most widely read and circulated broadsheet in the Philippines. With its slogan 'Balanced News, Fearless Views,' Inquirer was founded in 1985 and prides itself for being independent and multi-awarded (Inquirer webpage 2012). As the second oldest newspaper in the Philippines, Manila Bulletin was founded in 1900 and labels itself as 'The Nation's Leading Newspaper' (Manila Bulletin webspage 2012). Both newspapers have online search engines and gathering of newspaper articles were done electronically by using the following search terms: 'reproductive health bill, RH Bill, healthcare, abortion and sexuality.' Newspaper articles gathered online were also counter checked with Health Action Information Network's (HAIN) compilation of printed newspaper articles related to the RH Bill and issues on Sexual and Reproductive Health and Rights (SRHR). I went to HAIN's office and checked their complication of newspaper articles from Inquirer and Manila Bulletin. Articles gathered were a mix of informative and opinion articles and letters to the editor. The information from the articles is valuable in examining the political context, the opposing movements and the public claims of the movements.

Newspaper	Number of Articles			
(May 2010 to June 2012)	2010	2011	2012	Total
Philippine Daily Inquirer	35	230	29	294
Manila Bulletin	15	61	12	88
Total Number of Articles				382

Table 2 Newspaper Articles

I also gathered campaign materials produced by the movements when I visited the organizations of my key informants and joined collective spaces. These materials were brochures, stickers, banners, magazines and newsletters. I joined the Prayer Power Rally of Anti-RH advocates organized by the CBCP

in Edsa Shrine, Quezon City on August 4, 2011 and the Pro-RH mobilization organized in front of the HOR in Quezon City on August 6, 2012. I also had observed the end of the RH plenary debates in the HOR that transpired on August 6, 2012, a day before the scheduled voting. In these public collective spaces, I observed the advocates and their claims. This immersion is important in understanding the dynamics of the movements and the claims they put forward. Within these spaces, I took photos and interacted with the advocates.

Secondary Data

I reviewed secondary data such as books, journals and articles that are relevant to the topic. Scholarly search engines are used to access relevant literature.

1.4 Structure of the Paper

This research is divided in to six chapters. This Introductory Chapter is followed by a Chapter on the conceptual and analytical framework of the research that consists of social movements and framing, reproductive health and its interrelations with gender and sexuality, and power analysis. In Chapters 3 to 5, the research question is addressed by answering in sequence the specific questions. Chapter 3 unpacks the political context of the pending status of the RH Bill characterized by the change of political leadership as well as other political openings and factors that influence the RH Bill outside and within the Philippine legislative process. Chapter 4 presents the characteristics and strategies of the opposing movements, the rationale why advocates and groups are linked in the movements and allies in the Philippine Congress. The analyses of the public claims, both similar and competiting, and how these affect the provisions of the RH Bill are discussed in Chapter 5. In Chapter 6 the research is concluded with a short reflection of the key implications the findings held in fulfilling reproductive health and rights in the Philippines.

Chapter 2 Conceptual and Analytical Framework

In this chapter, the conceptual and analytical framework of the research is presented. In order to understand how a movement, while interacting with a countermovement, gained political power and influence in the policy process, the political context of the pending bill is situated, the characteristics and strategies of the opposing movements are determined and the framing of the public claims are unpacked. This is helpful in understanding how meanings and values are negotiated and legitimized over the process of debating about the RH Bill. Framing is done within the politics of reproductive health and its interrelations to gender and sexuality. Overall, power analysis is done to determine the factors that contribute to how the Pro-RH movement gained political power in influencing the policy process.

2.1 Social Movements and Framing

Social movements are dynamic and described as 'consisting in networks of information, interaction between a plurality of individuals, groups and/or cultural conflict, on the basis of shared collective identity' (Diani 1992: 3). In the case of the RH Bill, the Pro-RH movement interacts with an opposing movement or the Anti-RH movement. While a social movement is defined as a 'set of common opinions and beliefs, which represent a needed change in society,' a countermovement on the other hand, 'has a set of opinions and beliefs opposed to the social movement' (McCarthy and Zald 1977: 1217-1218). The Pro-RH movement was borne out of the need to have a national policy on reproductive health, while the Anti-RH movement acted to stop or derail the policy proposal that the Pro-RH movement espouses. Studies on social movements have identified that there are three dimensions of social movements: network of relations, collective identity and actions on conflictual issues (Diani 1992: 17). The conditions in social movements as Gaventa and McGee (2010: 11) argue are useful in gaining insights on how collective actions effect policy change.

Analyzing framing is important to understand the dynamics of two opposing movements for meanings are produced and re-produced in 'meaning work' or the 'mobilizing and countermobilizing ideas and meanings' (Benford and Snow 2000: 612-613). To understand how claims are negotiated with an opposing movement, considering the discourses of movement actors is deemed important. They are considered to be 'signifying agents actively engaged in the production and maintenance of meaning for constituents, antagonists and bystanders or observers' (Benford and Snow 1988 in 2000: 613). Movement actors' personal discourses are taken into account along with messages in media (newspapers) and public spaces, to understand the framing of the movements. In doing so, we gain insights on how framing legitimizes and strengthens the resonance of the movements (Brenford and Snow 2000: 619). In framing, the various dimensions of claims such as silences, populism, political correctness, etc., are considered.

2.2 Reproductive Health, Gender and Sexuality

The research is on the politics of a policy proposal on reproductive health. Therefore, there is a need to first unpack the politics of 'reproductive health' to determine the factors that make it debatable and the actors and institutions engaged in the political struggle. One of the reasons why RH is contested in different contexts, such as in the Philippines, is the critique that it is a 'Western' concept, and therefore, not applicable and problematic. This idea has been challenged because women from different contexts have also contributed their own analyses, have linked the concept to their specific needs and highlighted the perspective on women's health before, during and after reproductive years (Diniz et al. 1998 in Petchesky 2003:4). Women's health movements around the world have challenged the concept of 'reproductive health.' According to a documentation, (Garcia-Moreno and Claro 1994 in Petchesky 2003: 4) 'While Western ideas have played a role, women in Southern countries have generated their own analyses, organizations and movements, with and without exposure to the West, and there are considerable cross-fertilization of ideas across many countries.' In the Philippines, the women's health movement were organized more formally during the struggle against the dictatorship of former President Ferdinand Marcos. After the dictatorship and constitutional reformation in 1986, women's health organizations became more organized, with the goals of advancing women's reproductive health and self-determination.

The 1994 ICPD, the international conference that was instrumental in changing the population paradigm to women's right to health and selfdetermination faced challenges from the local women's health movement in the Philippines. One of the contributions of the women's health movement in the Philippines was its criticism of a lack of 'development' component in the discussion on reproductive health and rights (Fabros et al. 1998: 230). Another challenge encountered during the ICPD was interacting with social conservatives. The Holy See, which leads the ecclesiastical affairs of the Vatican, was a permanent observer to the Assembly (Correa 1994: 3, Petchesky 2003: 36). They blocked the inclusion of 'fertility regulation, safe motherhood, family planning and the right of individuals to decide on the number and spacing of their children' (Correa 1994: 3). The Vatican also objected any language that they interpret will lead to legitimizing abortion, giving women and children the capacity to have reproductive decisions independent of men and parents, recognizing diverse forms of families and unorthodox sexualities (Petchesky 2003: 36-37). The role of the Vatican was later challenged during the ICPD +510 when the women's movements gained the support of the Catholics for Free Choice (CFFC). They raised questions on the Vatican's status as 'non-member state permanent observer' when it is not a recognized state and should not be given special privileges (Rahman 1999, CFFC 2000 in Petchesky 2003: 54). This shows us that Catholics do not share the same values as those espoused by the Vatican. The Vatican is one of the strongest

¹⁰ Five years after the 1994 ICPD

forces that assert its power and influence on matters related to women's reproductive health and rights mainly based on fundamental religious beliefs that are non-negotiable and limited to natural family planning (NFP).

In the struggle for reproductive justice, one concern of the women's movement is fundamentalism which is defined as 'a political agenda that has impact at both international and national levels' (Reproductive Health and Justice, International Women's Conference for Cairo '94 in Correa 1994: 3). At both international and national levels, the struggle for reproductive justice has experienced opposition as fundamentalism strengthens its legitimacy. In the case of the Vatican, it mandates local religious leaders to stop the passage of policies related to reproductive health and rights. In addition, conservative forces that are against abortion, use the 'rights approach,' which is similar to the argument on protecting women's right to health. They counterclaim that the fetus is also entitled to its right to life (Correa 1994: 73). The argument of reproductive health and pro-abortion advocates is that there is neither scientific nor theological explanation about the fetus' human life (Correa 1994: 73). These are some of the challenges of the 'reproductive health' agenda and as the ICPD Programme of Action¹¹ is not legally binding, there's a challenge to translate the rhetoric into implementation of policies in different contexts, such as the Philippines.

Consequently, the politics of reproductive health is interrelated with gender stereotypes and assumptions on sexuality. Fisher (2011) discusses how sex is a moral discourse and argues the arbitrariness of sexual immorality. According to Fisher, 'sexual acts have no meaning in and out of themselves' (2011: 38). Sexual behaviours that are accepted are only those that are within monogamous marriage and for procreation. She adds that the dualistic metaphor of 'purity and pollution' is used to determine what is sexually moral and sexually corrupt (Fisher 2011: 41). This metaphor illustrates that before being polluted, one must be pure first and sexually innocent (Fisher 2011: 42). Rubin (1999: 149-150) also argues that there are assumptions about sexuality that explain sexual inequalities and these are sexual essentialism, sex negativity, fallacy of misplaced scale, hierarchical valuation of sex acts, the domino theory of sexual peril and lack of a concept of benign sexual variation. Among these, she highlights the importance of sexual essentialism and sex negativity. Correa and Jolly (2008: 24-35) also discussed how sexual essentialism and sex negativity are evident in development interventions and initiatives (2008: 24-35). They maintain that marriage and motherhood normativity are central to sexual essentialism while sex negativity is associating sex to risks and dangers. These are also used in analyzing the arguments and public claims of Pro-RH and Anti-RH movements.

¹¹ Steering document for the United Nations

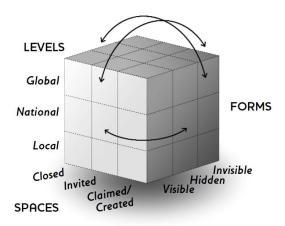
2.3 Power Analysis

An overall analysis of power is done in the politics of the RH Bill while using social movements and framing. Power analysis is used to explain how after a long impasse, there's a recent change in the power balance and the RH Bill has more chances of becoming a law. This change and the factors that contribute to it are explored using a tool called 'Power Cube.' Gaventa's Power Cube (2006) is used for 'analyzing levels, spaces and forms of power and their interrelationship.' Like a Rubik's cube, the blocks represent the different spaces, levels and forms of power (Gaventa 2006: 26). Analysis can be done by considering a particular block and also by linking this to other blocks. The different levels, spaces and forms of power are the following:

- 1. Levels. The different levels are local, national and global. Levels are flexible, adaptable and are in a continuum;
- 2. Spaces. The different spaces are closed, invited and created. Spaces are opening and closing. The elites make decisions without consultations in closed spaces. The invited spaces are institutional and transient, while created spaces are those outside institutional spaces; and
- 3. Forms. The different forms are invisible, hidden and visible. The shaping of meaning of what is acceptable is an invisible form, setting the agenda is hidden form, while policy-making is visible form.

(Gaventa 2006: 25, 29)

The politics of the RH Bill is part of the struggle for reproductive justice. For more than a decade, the Pro-RH movement was not able to advance its position in terms of the policy process because of the Anti-RH opposition. What the power analysis tells us is that power is accessed and change happens when effective movement strategies are implemented across the different blocks of the Power Cube. Using this tool in the case of the RH Bill, we seek to understand how the Pro-RH movement was able to strategize in the different levels, spaces and forms of power effectively. The Power Cube is used along with social movements and framing, within the politics of reproductive health, to reflect on how the Pro-RH movement strategies are carried out to change power dynamics and influence policy outcome.



Source: The Power Cube (Gaventa 2006: 25)

Chapter 3 Political Context

This chapter presents the political context of the RH Bill as a contentious policy proposal. First, it discusses how the new Pro-RH president opens political spaces to negotiate with the opposition, the shift to 'responsible parenthood,' and how the debates affected reproductive health policies at the local levels. Second, it discusses the legislative process on the RH Bill, specifically on how the Catholic hierarchy and pro-life groups shaped the process and the different factors that influenced the status of the RH Bill.

3.1 Towards a Compromised Reproductive Health Bill

The RH Bill is a result of a push to have a national policy on RH because of the weakness of public health system in the Philippines and after an international agreement on recognizing reproductive health and rights of all. This agreement is the 1994 ICPD. The global agenda of recognizing reproductive rights at the national level is also promoted in other international agreements like the 1979 Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the 1976 International Covenant on Economic, Cultural and Social Rights (ICESCR) (Santiago in Yamsuan 2011a) and 1995 Beijing Conference. Since the ICPD is not legally binding, Pro-RH advocates campaign that the Philippines signed the ICPD treaty to put more legitimacy in passing the RH Bill. For Pro-RH, there's a need to implement the ICPD Programme of Action in the national and local levels by having the RH Bill.

While there's a move of influence at the global and local levels to the national level, there are still contentious issues on the passage of the RH Bill and its rationale because of opposition at the national level. The Anti-RH argument claim that the bill is a 'Western' import and problematic within the Philippine cultural context. This cultural context is a conflation of Catholic morals with national identity based on assumption that all Filipinos are Catholics. There's a Pro-RH counter-argument that not all Filipinos are Catholics and not all Filipino Catholics have the same ideals. Hence, this religious imposition is also problematic.

Electing a Pro-RH President

The RH Bill has been pending for more than a decade. This impasse is influenced by the 9-year administration of former President Arroyo, who only promoted NFP and explicitly reduced the RH Bill's provisions over the controversies of abortion, even if the bill explicitly states that abortion continues to be illegal. A major change that opened up political spaces for the RH Bill was the change of political leadership in June 2010, the newly elected President Aquino. In fact, the RH Bill is one of his priorities and subsequently promised the Filipino people that it will be passed during his administration. Unlike his mother who was also a former president and his predecessor, President Aquino did not win the presidency because of a popular uprising called by the Catholic hierarchy. He doesn't have a strong alliance with CBCP that during the first months of his presidency, there were reports of threats that he will be excommunicated because of his support to the RH Bill (Aquino and Lucci 2010, *Inquirer* 2010), a report clarified by the CBCP that there were no talks about this sanction (Aquino and Kabiling 2010). This threats were likened to the 'Dark Ages' and the excommunication of Crisostomo Ibarra¹². With his 'leadership over faith,' the president expressed that he is unafraid of any threats and will continue to prioritizes the welfare of Filipino people (Manila Bulletin 2010). During the commencement exercise at the University of the Philippines in 2011, he stated that supporting the RH Bill is the 'correct and conscientious thing to do' (Balana 2011a). The gridlock was sustained for years based on a claim that the RH Bill is against morality, the very core of Catholic Church teachings which made the perception to the RH Bill as against to Filipino values. With the president's support, there is tension because political spaces are opened for the passage of the policy proposal.

Shift to 'Responsible Parenthood'

The RH Bill was initially entitled 'Reproductive Health Care' and President Aquino endorsed a change of title of the RH Bill to include 'Responsible Parenthood.' Nothing changed in the bill except the title and adding the value of 'Responsible Parenthood' among its provisions. This is about giving Filipino couples choices on natural and modern family planning methods. This opened more discussions because the RH Bill is not anymore just about 'women' or 'health' but about 'family relations' and 'parenthood.' Under 'Responsible Parenthood,' the RH Bill is prioritized under Legislative Executive Development Advisory Council (LEDAC). With this new slant, the president is determined on giving couples, especially the poor, information and access to different family planning methods. Amidst opposition, he released a statement clarifying his stand on the contentious issues.

5 Point Agenda on Responsible Parenthood

- 1. I am against abortion;
- 2. I am in favor of giving couples the right to choose how best to manage their families so that in the end, their welfare and that of their children are best served;
- 3. The State must respect each individual's right to follow his or her conscience and religious convictions on matters and issues pertaining to the unity of the family and the sacredness of human life from conception to natural death;
- 4. In a situation where couples, especially the poor and disadvantaged ones, are in no position to make an informed judgment, the State has the

¹² Crisostomo Ibarra is the lead character from Noli Me Tangere, a 1887 novel by Philippine national hero, Dr. Jose Rizal.

responsibility to so provide; and

5. In the range of options and information provided to couples, natural family planning and modern methods shall be presented as equally available.

(President Aguino's stand on responsible parenthood, 2012)

The CBCP still rejected this statement because of its provision of modern family planning methods or contraceptives. It withdrew its commitment to engage in a dialogue with the President, closing an invited space and deciding to create political spaces for campaigning that are outside institutional spaces. For the CBCP, there's no changing the president's position in supporting the RH Bill. The president continued to keep his strong stand on responsible parenthood and informed choice. He got involved in global spaces that promote RH such as the Millennium Development Goals (MDG) Summit in New York on March 2011. During this event he asserted that he will continue his commitment to provide information and access to both natural and family planning methods to Filipinos (David 2011a) amidst opposition to the bill. Clearly, the president has a clear position for the RH Bill whilst negotiating with the opposition within a democratic space to reach an agreement.

Pro-RH and Anti-RH Local Policies

Because of devolution and lack of a national policy on reproductive health, the controversies of the RH Bill are also found at the local level. LGUs implement their own RH policies, which can be either Pro-RH or Anti-RH, depending on the leadership of the locality. This difference in local policies result to created spaces of campaigns that are for or against the local policies. A controversial local ordinance that is reported to be pro-life and Anti-RH is the Ayala Alabang Ordinance banning the sale of contraceptives (Orejas 2011). Protest rallies were held against the local ordinance, with one Pro-RH advocate and celebrity Lea Salongga stating 'No one has a say in how my husband and I express ourselves sexually, or what contraceptive measures we decide to employ, or not employ' (Hicap 2011). It was also reported that the CBCP in their website encourages local officials to 'defend their positions against the RH Bill by enacting ordinances that would protect the sanctity of life, especially of the unborn' (Orejas 2011). While these pro-life local ordinances are deemed violations of rights, there are also Pro-RH local ordinances that Anti-RH advocates reject, such Davao City's (Antonio and Hermoso 2011) provision of RH services such as access to contraceptives.

3.2 Philippine Legislative Process

The involvement of the Catholic hierarchy and pro-life groups is shaping the legislative process of the RH Bill. This is visible in the policy-making itself, with pro-life party lists and legislators engaged in debates and decision-making of what social policies are to be implemented. They have a direct and indirect influence in what is going to be prioritized and is acceptable, or specifically, 'morally acceptable.' The bible is often cited in plenary debates especially by

pro-life legislators such as the one in the HOR during the May 24 interpellations of Cebu Rep. Pablo Garcia and Manila 5th District Rep. Amado Bagatsing (David 2011g, Evangelista 2011). Another factor that shaped the legislative process of the RH Bill is the opposition of former President Arroyo, who is currently a legislator at the HOR. She is working with her allies in ensuring that the RH Bill is not passed. The Catholic hierarchy and Rep. Arroyo's stance are supported by pro-life legislators in the legislature.

Upcoming 2013 Elections

With the contented RH Bill, it has been challenging for some legislators to be firm with their stand in public debates. It was reported that one legislator had reservations about attending the Eucharistic mass because the priests call Pro-RH advocates 'terrorists,' while another legislator expressed that he 'secretly' supports the policy proposal (Cabreza 2011). This has been beneficial to Anti-RH movement as it derails the process that the legislators may not support the RH Bill due to pressures and political ambitions of being re-elected. Part of the campaign of the Catholic hierarchy is to threaten Pro-RH legislators that they will persuade Catholic voters not to vote for them. This Anti-RH strategy causes a delay until the period of plenary debates is over and may be set aside by budget hearings. Pro-RH Rep. Bello explains that this is a 'bluff,' since there is no 'Catholic vote,' unlike the Iglesia ni Cristo, a religious organization that supports the RH Bill (Bello 2012). The powerful position of the Catholic hierarchy in the electoral context is evident, that even if there is no 'Catholic vote,' the legislators take this as important consideration in deciding or making public their position regarding the RH Bill. It is also evident that the political party system in the Phlippines is relatively weak as politicians switch from one party to the other in accordance to their political agenda and ambitions. Even if the president has the power to prioritize the legislative agenda at the national level, in this case passing the RH Bill, the parochial pressure to adhere to the position of the Catholic Bishops is also strong at the local level. Hence, the Catholic Bishops are also influencial in competition for political power in the next 2013 elections and this influence the pending status of the RH Bill.

'Delaying Tactics' and Surveys

Before 2010 ended, policy proposals on RH were up for consolidation in preparation for the opening of the 2011 plenary debates in the HOR. The RH Bill was prioritized for plenary debates according to Pro-RH Rep. Garin even though there are 'delaying tactics' to stop its passage (Fernandez 2010). There was a long list of interpellators for the RH Bill, who according to Pro-RH Rep. Bag-ao are 'disinterested as they don't show in the session hall' (Cabacungan 2011). Pro-RH Rep. Lagman, one of the sponsors of the RH Bill refuses to answer the repetitive questions during plenary debates (Balana 2011b). The Speaker of the House also released a memorandum on avoiding repetitive questions (Tamayo 2011). The lack of quorum is also reported to be a cause of 'delay' (Aning and Balana 2011, David 2011c). While these are considered 'delaying tactics' to Pro-RH advocates, for pro-life legislators like Senator Sotto, these are 'interventions that question and expose the defects of the RH

Bill' (Aquino 2011a) and in fact, they want to expedite the debates on the RH Bill so the Senate can have an 'intelligent vote' (Esguerra 2011a) and 'dispose the bill to the garbage bin' (Esguerra 2011b).

A national space that influence what is accepted or not and affects the prioritization of agenda are results of independent surveys that may reflect the need of people. According to Pro-RH Senator Santiago, while there is no clear dividing line or numbers between those who are Pro-RH or Anti-RH in the Senate, the senators are waiting for developments in public opinions such that will influence their positions (Burgonio 2011b). Pro-RH Rep. Lagman emphasize that Catholics support the RH Bill as shown by results of Social Weather Stations (SWS) and Pulse Asia, two public opinion polling bodies in the Philippines, and this support is formalized by the 'nationwide organization of Catholics for RH' (Balana and Burgonio 2011). In the Pulse Asia survey conducted in October 2010, 69% of those surveyed agreed with the RH Bill, 80% have shown high level of awareness on the legislative process, 24% remain neutral while 7% are opposed to the RH Bill (Kwok 2010). Those who oppose rejected the provision on sexuality education but agreed on other provisions such as recognizing 'women's and couples' rights to have information and access on natural and modern family planning methods and use of government's funds to support family planning initiatives' (Kwok 2010). In a report, there is a call for President Aquino to acknowledge his 'boss,' the Filipino people, and their support to the RH Bill (David 2011a). The president calls the Filipinos 'his boss,' that is reflective of the democratic value that people are served and their needs addressed, which challenges the authoritative position of the Catholic hierarchy in policy-making, that government should always listen to them for guidance, as public office is a public trust.

Committee on Population and Family Relations

According to Nenita Dalde¹³ of PLCPD (personal communication, 27 July 2012), the RH Bill was always tackled in the Committee on Health, Committee on Women or Joint Referral of the Committees on Health and Women in the HOR. In the 15th Congress, the RH Bill was tackled in the Committee on Population and Family Relations. This is because the bill tackles 'family issues' as well issues on population and its relation to the economy and environment. Under this committee, the bill was duly passed in the First Reading¹⁴, a victory considered by the Pro-RH movement. Under this committee, I infer that legislators are more open to tackle the RH Bill because it's not under issues of just 'women' or 'women's health.' In terms of gender, the issues now involve all legislators in Congress, majority of which are men because 'family relations' involve not only women, but 'both men and women.' In addition, the legislators are more expected to commit to policy measures related to population issues especially when it deals on poverty, hence, the interest and

¹³ Nenita Dalde is the National Advocacy Officer of PLCPD

¹⁴ The legislative process includes 3 readings on separate days: First, Second and Third

commitment to discuss the RH Bill. Discussing the RH Bill in this committee was beneficial in advancing the RH Bill.

Protection of the Unborn Child Act of 2011

In 2011, a pro-life counter-measure to the RH Bill was also pushed in the Philippine Congress. Anti-RH Senate President Enrile filed the 'Protection of the Unborn Child Act of 2011,' a policy that aims to protect both the mother and the unborn (Burgonio et al. 2011). The CBCP expressed their full support to this policy proposal (Ager 2011). It was reported that Anti-RH Senator Sotto maintain that the Unborn Child Act is already a 'compromise bill' to the RH Bill and proposes to pass this since it protects women and the unborn (Burgonio et al. 2011). In response, Pro-RH Senators Santiago and Cayetano clarified that the two are the different policy proposals and should be treated separately (Ager 2011, Burgonio 2011a). This counter-measure is a strategy of creating space for discussing issues related to the RH Bill, with a proposal that espouses the Anti-RH agenda. In this policy proposal, the rights of the unborn to life is ensured, amidst all the complications that the pregnant woman may have notwithstanding the sacrifice of the life of the unborn when medically established as necessary to save the life of the mother. Since it's another policy proposal at the national level, it's also a strategy of communicating pro-life advocacy and views of the Catholic hierarchy in the legislative process.

Ending the RH Plenary Debates

The president's support to the RH Bill is a major change and this makes it easier for the Pro-RH to mobilize. Both Anti-RH and Pro-RH advocates expressed that the RH Bill has a 50:50 chance of passing due to the strong political power of the Catholic hierarchy and President Aquino (interviews Pro-RH1, Pro-RH4, Anti-RH2, Anti-RH3). The voting to end the RH debates in the HOR was set on August 7 after the president endorsed 'responsible parenthood' during his July 2012 State of the Nation Address (SONA). This voting is historic and deemed to be tantamount to the final voting of passing the RH Bill for the next time the it is presented in HOR, only its title shall be read succeeded by a votation. For the first time, the RH Bill is regarded as viable, pushing Anti-RH and Pro-RH movements to organize and work more with the legislators. Though there were other factors¹⁵ that caused the delay in voting, Pro-RH advocates didn't worry as Pro-RH Rep. Ilagan stated the president can 'marshall his supporters in the House to pass the RH Bill' (Salaverria 2012). Following this statement, the RH debates ended in Senate on June 2012, and a day before the scheduled voting on August 2012 in the HOR, after the President held a lunch meeting with legislators. This closed space was influential in the push to end the RH plenary debates. After the lunch meeting, the voting surprised the public for instead of nominal voting, where legislators vote one by one, the legislators voted through 'viva voce,' or

¹⁵ One is the impeachment trial of Chief Justice Corona

by simply shouting 'ayes or nays' (yes or no). This was strategic for the Pro-RH proponents, as it didn't disclose the personalities behind who voted for and against the legislation. This voting moves the RH Bill to the next phase of legislation, the period of amendments¹⁶, giving it more chances of being passed.

¹⁶ Period of amendments is under the Second Reading

Chapter 4 Opposing Movements

In this chapter, the characteristics and the strategies of the Pro-RH and Anti-RH movements are presented. First, it discusses the rationale why Pro-RH advocates and groups are linked as well as the strategies of the movement and their allies in the Philippine Congress. Second, it tackles the foundation why the Catholic hierarchy and pro-life groups are organized against the RH Bill, as well as their strategies in maximizing the pulpit and prayer, and their allies in the Philippine Congress. By doing so, we analyze the different levels, spaces and forms of mobilization within the politics of the RH Bill.

4.1 Pro-RH Movements: 'Reproductive Health and Rights'

The Pro-RH groups are collectively mobilized to promote and protect reproductive health and rights, with women's basic rights to health at its core. In the Philippines, women's rights activists have been defending this right not only at the local and national levels, but also at the global level. Advocates and activists struggling for gender equality and women's rights are supporting and campaigning for the RH Bill. In addition, being members of diverse affiliations, they also campaign for other initiatives that advance women's human rights. This explains why the activities of the Pro-RH movement are anchored on women's right to health, well-being and self-determination. Part of recognizing reproductive health and rights is the youth's right to sexuality education.

The main activities of the Pro-RH highlight the need to recognize women's right to health. On March 8, 2011, during the International Women's Day, Pro-RH advocates gathered in Quezon City Hall to rally for the RH Bill (David 2011b). Protest actions were also held in different parts of the country. Another campaign for the RH Bill entitled 'Purple Ribbon Campaign' was launched in May 2011, since purple symbolizes women's rights (Quismundo 2011). The color purple is also worn by Pro-RH advocates as observed in rallies and plenary debates, to show their support for the bill. The symbol for the 'Purple Ribbon Campaign,' shows a woman's face encircled by shades of purple, emphasizing that the struggle for passing the RH Bill is a struggle for women's right to health.



Source: Purple Ribbon Campaign, RH Bill Portal, 2012

President Aquino also implemented initiatives for safe motherhood. One is declaring March 1 as 'Araw ng mga Buntis' or 'Day of Pregnant Women' (Mahilum 2011) and the second week of May as 'Safe Motherhood Week' (*Manila Bulletin* 2011a). These safe motherhood initiatives promote the need to work with local agencies, organizations, academe, medical associations, LGUs and international development partners (*Manila Bulletin* 2011a). As promoted by Pro-RH advocates, the RH Bill tackles issues on responsible parenthood, poverty and population but at its core is the women's right to health. Hence, feminist / women's movements, supporters and partners are involved in the campaigns for the RH Bill to become the RH Law. The achievements and strength of mobilizations for women's human rights provide opportunities for Pro-RH allies in the Philippine Congress to push for change and this also influence the pending status of the RH Bill.

Catholics for RH and Religious Groups

Recognizing that the Catholic hierarchy is one of the main opposition to the RH Bill and how Catholic values are correlated to Filipino values, Pro-RH advocates who are Catholics organized themselves to challenge this. Catholics for RH (C4RH) highlight how people's values are negotiated and not all Catholics adhere to the preaching of the Catholic hierarchy. According to a member of C4RH, they promote the values set forward in the RH Bill because these are attuned to the same values of being good Catholics and being good to others (interview Pro-RH3). Following this, it can be observed that the separation of the church and state is not a mobilization strategy for the Pro-The movement recognizes the value of religion and Catholicism to RH. Filipinos and uses these to advance its position. Pro-RH highlights that various religious organizations are part of the movement. These religious organizations are Iglesia ni Cristo, Interfaith Partnership for the Promotion of Responsible Parenthood (IPPRP), National Council of Churches in the Philippines (NCCP), Philippine Council of Evangelical Churches (PCPC), Muslim groups and Christian groups. Having these various religious organizations and networks made the argument clear that Filipinos regardless of religions are supporting the RH Bill. This strategy asserts that not all Filipinos are Catholics and the RH Bill is not against moral values of different religious beliefs.

Some Catholic Pro-RH advocates have also done controversial forms of protests challenging the authority of the Catholic hierarchy. Part of their protests shamed the Catholic hierarchy as being 'backward and unmodernized.' On September 2010, Carlos Celdran¹⁷ held a protest inside the Manila Cathedral by disrupting an ecumenical service attended by Catholic religious leaders. Dressed as Jose Rizal¹⁸, he went in front and shouted that the Church should stop meddling in politics while holding a poster 'DAMASO,' the name of the hated Spanish friar¹⁹ in Jose Rizal's 1887 novel 'Noli Me Tangere' (Andrade 2010). In a report, he stated 'I am a Catholic and I am very, very disappointed with the Catholic Church' (Ibid.). In another report, on March 2011, Carlos Celdran ripped off a tarpaulin of the Catholic Bishops, with a campaign statement 'Choosing Life, Rejecting the RH Bill' (Tubeza 2011c). Following these protests by Celdran, was a similar mobilization by the Democratic Socialist Women of the Philippines (DSWP) and Filipino Freethinkers. They went to Manila Cathedral wearing black shirts with the word 'DAMASO' to join a Eucharistic mass. In a report, they were not welcome, sent away and called 'Satan' and 'not real Catholics' and were also told that they should 'tell their mothers that they should be aborted' (Salaverria 2010). Some Pro-RH advocates deemed that the Catholic hierarchy is 'backward and unmodernized,' by using the characters of Jose Rizal's novels. In fact, Pro-RH advocates also used the birthday celebration of Jose Rizal to campaign for the bill by dubbing it as 'Rizal's Heritage: Pass the Reproductive Health Bill,' promoting that Rizal's heritage of knowledge and progress are the same as the RH Bill (David 2011d). These activities present the sentiments and negation of the Pro-RH Catholics to the position of the Catholic hierarchy, the Catholic Bishops, who as they describe act like the imposing friars during the Spanish colonial period.

¹⁷ Carlos Celdran is a tour guide, artist and an activist for reproductive health

¹⁸ Jose Rizal is a Philippine national hero who was executed for being an advocate for reform during the Spanish colonial period

¹⁹ A friar is a member of a religious order, in this context, Damaso is a Dominican



Left photo: One banner in a rally held outside the Philippine Congress. Right photo: Man acts as a Catholic Bishop with a woman who acts as Rep. Arroyo. This symbolizes the strong alliance of the Catholic Bishops and the former president. *Source:* Pro-RH rally organized by Akbayan on August 6, 2012, photos by Erika Sales

Pro-RH Advocates and Activities

Pro-RH advocates and organizations are coordinated by the Reproductive Health Advocacy Network (RHAN), and its Secretariat is Likhaan Center for Women's Health. On November 2011, RHAN commemorated its 10 years of struggle to pass the RH Bill (David 2011f). In this event, they highlighted how many things have already changed, except the pending status of the RH Bill in legislation. RHAN and its allies strategically decided to be silent on other campaigns, according to Marlon Lacsamana²⁰ (personal communication, 29 September 2012). There are Pro-RH advocates who support divorce, same-sex marriage, abortion rights and other liberal and 'sex positive' policies but the movement decided to focus their campaigns on the RH Bill and see it as a 'test bill' that challenges the influence of the Catholic hierarchy in policy-making. This strategy is important in gaining support and a more focused public opinion on the issue.

The international organizations that support the Pro-RH movement are the United Nations Population Fund (UNFPA), Oxfam, European Union (EU), International Planned Parenthood Federation (IPPF), World Health Organization (WHO), etc. The members of RHAN range from national and international organizations whose work deals with SRHR, family planning, population and development, social justice, human rights, women's rights, LGBT rights (Lesbian, Gay, Bisexual and Transgender), youth, etc. In addition, RHAN also has members from the government, medical field, media, Catholic and interfaith groups, communities and also the academe. Pro-RH groups are doing various activities to support the RH Bill. These activities range from providing services to communities, organizing seminars, working with legislators, going to TV and radio shows, engaging in social networking

²⁰ Marlon Lacsamana is an LGBT activist and a member of RHAN

sites and working with the president (interviews Pro-RH1, Pro-RH3, Pro-RH4). There's a strategy of working closely with the president and legislators, and not so much on organizing awareness building activities for the public. This is because the struggle is more about passing the RH Bill, and not so much on raising awareness on the policy's provisions.

Pro-RH Allies in Philippine Congress

The Pro-RH movement has allies in both houses of the Philippine Congress. In the Senate, the sponsors of the bill are both women, Senator Cayetano and Senator Santiago. Six versions (6) of the RH Bill were filed during the opening of the 15th Congresss²¹. All RH proponents are working with the president. During the first part of 2011, the RH Bill was consolidated and it explicitly states that 1) abortion is illegal but there is provision on post-abortion services that is humane, non-judgmental and compassionate to women, and 2) all modern family planning methods which are registered with the Food and Drug Administration (FDA) of DOH (Cabucangan and Uy 2011) are considered safe, legal and effective. Amidst mobilizations of Anti-RH advocates, the president and RH proponents in both houses remained firm with their position. They exerted efforts to discuss with the opposition especially on contentious issues such as informed choice, sexuality education, population and development.

4.2 Anti-RH Movement: 'Catholic Filipino Family'

The Anti-RH groups are collectively mobilized to promote and protect the Catholic Filipino Family. Catholicism and its correlation to national identity and Filipino cultural values are central to Anti-RH mobilizations. The 'Filipino cultural values' that the Anti-RH refers to is characterized by pro-life advocacy, an advocacy that espouses 'living pure' and 'natural conception to death.' The RH Bill is considered a threat that will destroy the Catholic Filipino Family specificially with its provision of contraceptives that is believed to be 'abortive' and sexuality education that it will lead to 'youth promiscuity.' In reports, there's a call from the Catholic hierarchy to be faithful, defend and respect life and the family (Carrol and Rivera 2011, Galang and Orejas 2011). Anti-RH advocates describe the bill as 'immoral, anti-life, anti-family and anti-Christian,' which will cause the culture of death (Espino 2011, Tubeza 2010b, Uy 2011e). Anti-RH highlights that anything pro-life is pro-family, and the RH Bill as antilife is anti-Catholic Filipino Family. In protecting the Catholic Filipino Family from threats, according to Catholic Bishop Socrates Villegas, the Church plays the role of the 'mother to her children,' the Filipino people, who are not able to see the many dangers and 'moral traps' (Uy 2011d). Because of this 'mother and children' relationship, the Church preaches to her children, Pro-RH Catholics, who have gone astray. To quote Bishop Tandag:

²¹ The RH Bill has 6 main sponsors from the consolidated bills in the HOR: Edcel Lagman, Janette Garin, Kaka Bag-ao, Luz Ilagan, Emmi de Jesus and Rodolfo Biazon

The Church does not recognize 'Catholics for RH' as an authentic Catholic association.. The uncompromising stand of the Church to uphold the dignity of the person, to protect and respect the life from conception to natural death. We are Filipino Catholics who value life. We serve the same country, the same people and the same God.. supporting RH should unite rather than divide us as Christian people. (in Aning and Esguerra 2011)

Describing the RH Bill as 'not Catholic, not Filipino and will not protect Families,' assumes that all Filipinos are Catholics and all Filipino Catholics have the same ideals and values. Anti-RH advocates use the color red in mobilizations because red symbolizes life. One of the symbols often seen in Anti-RH campaigns is a red no sign, with 'RH' and 'pass no bill.'



Source: CBCP for Life, an Online Resource Portal for Family and Life, 2012

This mission of protecting the Catholic Filipino Family is evident in the political and lifestyle prescriptions of the Catholic hierarchy and pro-life groups. These prescriptions are backed up by religious convictions that are non-negotiable, that adheres according to reports to the 'Catholic / Church teachings, God's 10 Commandments and religious morality' (Mongaya 2010, C. Roa 2011, Uy 2011a). The history and strength of the Catholic hierarchy and pro-life organizations provide opportunities for Anti-RH allies in the Philippine Congress to push their agenda of not passing the RH Bill.

Catholic Hierarchy and Pro-Life Groups

The CBCP is comprised of dioceses and ecclesiastical provinces all over the Philippines. In the Anti-RH movement, the CBCP are working with pro-life groups, religious associations, lay associations and also catholic educational associations, that include the Catholic Educational Institution of the Philippines (CEAP) and Association of Catholic Universities in the Philippines (ACUP) ('The Roman Catholic Church in the Philippines' 2010). Some of the pro-life groups that are against the RH Bill are Couples for Christ (CFC), Singles for Christ, Youth for Christ (YFC), Federation of the National Youth Organization, Youth Pinoy, Columbian Squares, Alliance for Family, Filipinos for Life, Families Against RH Bill and Doctors for Life. The Anti-RH movement also has advocates who are members of the medical field, media

and academe. While the Catholic hierarchy and pro-life groups work closely together in their campaigns against the RH Bill, the Catholic hierarchy is not homogenous regarding its stand. There are religious leaders and members who strongly support the RH Bill.

The Anti-RH movement is supported by the Vatican, social conservative forces in the US, Human Life International (HLI), the headquarters of pro-life missionaries that is also based in the US, etc. The HLI Regional Director for Asia and Oceania is Dr. Ligaya Acosta, a Filipino residing in the Philippines and she is campaigning with the CBCP in stopping the passage of the RH Bill (HLI webpage 2012). The 7th Asia-Pacific Congress on Family, Life and Family organized by HLI was held in Manila. In this Congress, they discussed the RH Bill and the need for the Catholic Bishops to strategize on protecting the 'culture of life' (Tubeza 2010a). The NCR Youth Ministry organized the 'NCR Youth Day for Life, Live, Love and Learn,' attended by parish and campus youth ministries, where the youth discussed in depth their stand against the bill (Hermoso 2012). The Families Against RH Bill also held sticker campaign rallies in different parts of the Philippines (Inquirer 2011). In these mobilizations, the Catholic hierarchy and pro-life groups have made moral judgments that they have the right position to determine what is good and ideal for Filipinos.



Left photo: Pro-life banners against RH Bill Right photo: A small banner worn by Anti-RH advocates in a prayer rally. It has statements regarding other issues linked to the RH Bill. *Source:* Anti-RH prayer rally organized by CBCP on August 4, 2012, photos by Erika Sales

Anti-RH Advocates and Activities

Maximizing its position of moral authority, CBCP used various mobilization strategies such as the pulpit to preach and pray against the RH Bill. On January 2011, the CBCP issued a mandatory prayer against the RH Bill entitled 'Oratio Imperata,' and this prayer was recited in every Eucharistic celebration in every church all over the Philippines (Aquino 2011b). The following month, on February 2011, CBCP released a 4-page Pastoral Letter entitled 'Choosing Life, Rejecting the RH Bill' (Cabucangan and Uy 2011) that was distributed in all churches and printed in newspapers. This served as a pitch before the legislators present the consolidated RH Bill for plenary debates. In the Pastoral Letter: 'We echo the challenge we prophetically uttered 25 years ago at Edsa I and call upon all people of good will who share our conviction: Let us pray together, reason together, decide together, act together, always to the end that the truth prevail over the many threats to human life and to our shared human and cultural values' (Ibid.). In this statement, the CBCP claims that their key role in the fall of the dictatorship in the past means they are making the correct moral judgment of not supporting the RH Bill in the present, and hence, Filipinos should heed their call. The Pastoral Letter emphasized the Anti-RH's objection of providing contraceptives and sexuality education.

The issuance of the 'Oratio Imperata' and Pastoral Letter gave the Anti-RH movement a broader reach on their stand on the RH Bill. In addition, the Catholic hierarchy also mandated Church leaders and priests to maximize the power of the pulpit during homilies (Tubeza 2011a). After President Aquino delivered his July 2011 SONA, the Church hierarchy released their version of the 'State of the Soul of the Nation,' reiterating that the 'RH Bill is unnecessary, unconstitutional and oppressive' (Calleja 2011). The CBCP continues to use its resources in mobilizing large crowds against the RH Bill such as the 'Filipinos! United under God for Life' prayer rally in Manila with its crowd chanting 'Obey God's Will! No to RH Bill' (Andrade 2011) and the 'Grandmother of all rallies' was held during the Feast of Annunciation Day of the Unborn or Day of the Unborn Child, where the Philippines was regarded as the 'last country standing against vicious attacks of powers in connivance with lawmakers' (Manila Bulletin 2011b). A prayer vigil was also organized three days before the scheduled voting to end the RH plenary debates in the HOR entitled 'Prayer Power Against the RH Bill.' To reach a broader audience, CBCP also goes online with its resources on Family and Life (Uy 2011c) because it sees the internet as an extension of the pulpit. In these spaces, Anti-RH claim that everything should adhere to 'God's Will.' This claim is supported by the need to recognize that the CBCP is the channel of 'God's Will,' hence, the need to adhere to their position against the RH Bill.

Anti-RH Allies in Philippine Congress

The Anti-RH movement has allies in both houses of the Philippine Congress. In the Senate, the more outspoken are pro-life Senator Sotto and Senate President Enrile. In the HOR, pro-life party lists and legislators are strongly opposed to the RH Bill. In addition, Rep. Arroyo, the former president is a strong Anti-RH ally in the legislature. It was reported that Cardinal Sanchez encouraged the Bishops to go on 'charm offensive' and persuade legislators to stop the passage of the RH Bill (Tubeza 2011b). It was also reported and confirmed by an Anti-RH advocate that the Bishops opt to have one-on-one conversations because they'll be able to maintain influence over the legislators (Burgonio and Cabacungan 2010, interview Anti-RH2). When the Church decided not to have dialogues with President Aquino and legislators, they also made a declaration that they will use the pulpits during homilies and prayer rallies for their Anti-RH campaigns (Uy 2011b). The influence of the Catholic Bishops in the legislation also uses the value of democracy in highlighting

religious freedom. Hence, Catholic Bishops are argued to be citizens who have rights to participate in democratic spaces and religious institutions can exercise activities according to their beliefs.

Chapter 5 Public Claims

In this chapter, the public claims of the Pro-RH and Anti-RH movements are analyzed. These claims are within the three main contentions, where the opposing movements share similar claims: 1) 'pro-life and responsible parenthood,' 2) 'values formation in sexuality education' and 3) 'pro-poor and pro-development.' In each contentious issue, the public debates are presented to see how the claims are negotiated and how these affect the provisions of the RH Bill. In doing so, it can be seen how the Pro-RH movement is able to build its legitimacy and resonance in advancing its position. The framing of claims is done within the politics of reproductive health and its interrelations to gender and sexuality.

5.1 'Pro-Life and Responsible Parenthood'

Pro-RH and Anti-RH movements share the claim that they are 'pro-life' and promoters of 'responsible parenthood.' With President Aquino's endorsement that the RH Bill is about 'responsible parenthood,' it can be observed that spaces for debates on the RH bill were opened. Pro-RH emphasized that 'responsible parenthood' is about giving couples the information and access to choose the family planning method for them. While this is beneficial for the Pro-RH, it also re-enforces gender stereotypes that reproductive health is only for married heterosexual couples and within procreation. It presents a hierarchical valuation of sexual value, wherein 'married heterosexuals have the respectability and institutional support' (Rubin 1999: 151). It doesn't recognize the diverse sexual and reproductive needs of Filipinos, who also need access to RH information and services. The Anti-RH also promote 'responsible parenthood' but only within NFP, and modern family planning is nonnegotiable. Hence, they object to the RH Bill because of its provision of contraceptives.

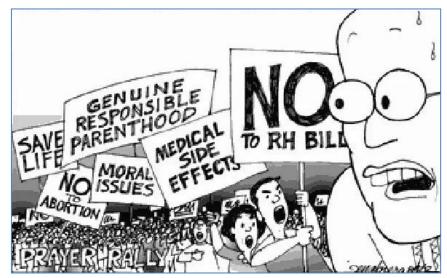
Anti-RH advocates claim that the RH Bill is 'anti-life' and 'immoral' because of its provision of contraceptives. This is grounded on pro-life advocacy that life naturally starts at conception and hence, contraceptives are abortive because it intrudes this natural process. In fact, the Catholic hierarchy re-defined abortion by including the 'killing of the unborn from conception or fertilization,' hence, rejecting contraceptives (E. Cinco 2011). This redefinition refers to the RH Bill, which is described by an Anti-RH advocate in a report as 'anti-life and evil' because 'it will legalize abortion to address poverty and encourage divorce' (Ibid.). In addition, Archbishop Socrates Villegas expressed in a campaign against the RH Bill that passing the bill leads to divorce, euthanasia and homosexual marriage (E. Roa 2011). D.E.A.T.H.S., an acronym for Divorce, Euthanasia, Abortion, Two-Child Policy, Homosexuality and Same-same marriage is also propagated in Anti-RH activities. This presents a domino theory of peril, wherein the passage of a bill will eventually cause disruption of moral order leading to sexual chaos (Rubin 1999: 152). CBCP President Bishop Odchimar states that the RH Bill will lead

to 'unpeace in the womb and threat to the unborn,' equating the RH Bill to 'extrajudicial killings, insurgency and terrorism' inside the womb (Tubeza 2010b). In reports presenting the Anti-RH position, Pro-RH advocates are often referred to as 'terrorists' or 'murderers' for promoting contraceptives that 'kill innocent unborn babies inside the mothers' wombs' (Avendaño 2011a, Avendaño et al. 2011, Mallari and Ponte 2011, Tubeza 2010b). Other than being abortive, contraceptives is rejected because for Anti-RH advocates, it will lead to a change in culture, such as a culture of promiscuity that is against the Catholic Filipino Family.

Pro-RH advocates emphasize that the RH Bill does not legalize abortion, hence, the misinformation in the Anti-RH claims. Senator Santiago defends the RH Bill stating that 'RH Bill doesn't support abortion nor does it promote abortifacients,' and instead 'it upholds the right to privacy in terms of sex, marriage and procreation, because it allows couples to choose their preferred family planning method' (Carandang 2011). Informed choice is the essence of 'responsible parenthood' for Pro-RH advocates. With these claims that the RH Bill doesn't legalize abortion and it protects the couples' rights to choose, Pro-RH advocates are able to frame their arguments by claiming that they are also 'pro-life' and promoters of 'responsible parenthood' like the Catholic hierarchy and pro-life groups. A Pro-RH advocate shared how 'responsible parenthood' according to the RH Bill is following Catholic teachings:

The RH Bill tells us that couples, especially women should have access to the family planning methods of their choice, that means according to own values, their own lifestyles, their own conscience to use also a religious term / a spiritual term ... So we tell them [Bishops], if you are really anti-abortion, then join the cause with us to pass the RH Bill, as has been experienced in other countries with RH program, abortion will drop by a 25% ... In the bill is the mandate for post-abortion complications care, because if a woman arrives bleeding in the hospital, doctors by the Hippocratic Oath, have no choice but to save her life, restore her to health, provide counselling if that's what she needs. It's criminal and it's not Christian to leave her to hemorrhage to death ... I really believe what the Bishops themselves teach us, that God gave me a conscience, and one of the aims of Catholic education is formation of conscience so why not after once they've formed my conscience and I'm an adult, why shouldn't I use it to make the decisions that I think are best? (interview Pro-RH1)

By doing so, they do not only re-articulate what the RH Bill contains but also build resonance with opposition. This challenges the Church hierarchy's authority, who determines what was ideal for Filipinos because with the RH Bill, the authority to determine what is ideal for the family now lies with the couple's decision and choice. Though opposing movements share the same claim whilst having debates on the values of 'responsible parenthood,' this concept does not recognize a benign sexual variation by creating a universal system, in this case, being parents will and should work for everyone (Rubin 1999: 154). Subsuming reproductive health under 'responsible parenthood,' assumes and universalizes that everyone is heterosexual and will eventually become parents and have children.



Source: Editorial Cartoon of Inquirer on August 4, 2012

Other than 'pro-life,' Pro-RH advocates also claim that the RH Bill is 'pro-quality of life.' This claim is highlighted by a statement of Sister Mary John Mananzan, O.B.22, that 'one should look into the life not only of the fetus but also what happens afterwards, the quality of life' (Barawid et al. 2011). With this claim, there is an emphasis on the quality of life of the woman as well as her children and family. Pro-RH advocates emphasize protecting women's health under the discourse of increasing rate of the maternal mortality and the fact that these deaths are avoidable. According to reports and personal interview, the passage of the RH Bill will address issues related to maternal mortality (David 2011e, Manila Bulletin 2011, interview Pro-RH1) and providing RH care and family planning methods will improve the lives and conditions of women, especially the poor (Torregoza 2011, Tubeza 2011d, interview Pro-RH1). On the other hand, Anti-RH claim that the RH Bill does not promote the welfare of women and is 'not pro-health.' They argue that the RH Bill is contradictory because it doesn't expose publicly the adverse effects of contraceptives to women (Sanchez 2011, interviews Anti-RH1, Anti-RH2). Pro-RH advocates share how fulfilling the RH Bill will lead to better quality of lives of women and fulfilment of their basic right to health:

It [work at the community level] made it more firm to continue my advocacy, moves of local government officials really deprive our women, of their right to information, right to service ... [On sex] You have to plan it out that you're not getting pregnant all the time, you also have to think of how to raise your child, which is part of what the Church is teaching, that when you have children you have to raise them well, raise them in good environment, you feed, you cloth them, and if you don't have the resources, especially in poor

²² Sister Mary John Mananzan, O.B. is a Missionary Benedictine sister and an advocate of women's rights.

communities they have to plan how many children they are going to have ... You [Bishops] have to accept that people have different sexual needs and don't limit it to NFP, not all women are the same and can perform NFP. (interview Pro-RH3)

It [RH Bill] says that women and their families have the right to health ... The right to comprehensive health care must include reproductive health care, that's all ... That's truly comprehensive because it addresses the particular needs of the particular populations that have differing needs, in this case women, men and their families in the area of reproduction ... Women are dying from lack of contraceptive access, access to emergency care, access to trained and skilled birth attendant ... You can't say I'm for comprehensive health care but let's not give women contraceptives ... This position [opposition] is really a denial of so many basic human rights ... The right to health is a right, once you violate that then you violate so many other rights. (interview Pro-RH4)

5.2 'Values Formation in Sexuality Education'

The provision on providing age-appropriate health and sexuality education is also contented. The Anti-RH advocates claim that implementing the RH Bill will bring about a culture of sex because sexual activities will increase, and this in turn will increase the rates of HIV/AIDS, all due to providing sexuality Anti-RH advocate writes that the RH Bill will education to the youth. 'redefine sex and will make Filipinos believe that regulating the sexual drive is impossible, it will destroy women's bodies and corrupt human sexuality' (Najera 2010). This is linked to a claim that sex is sacred, to which Pro-RH claim that sexual activity has no correlation to having sexuality education nor Pro-RH advocates express that the sexuality access to contraceptives. education can address problems on teenage pregnancies (interviews Pro-RH1, Pro-RH3). Within these debates, there is an excess signification in sex (Rubin 1999: 151) that sex is special and needs to be controlled and in the domino theory of peril (Rubin 1999: 152) claiming that information on sexuality would lead to all sorts of moral disorder and chaos.

To reach a compromise for the provision on sexuality education, in a dialogue between Catholic Bishops and the President, there was an agreement to emphasize 'values formation' and to provide sexuality education only to young people who are at the 'eve of puberty,' or those between 11-12 years old (Uy 2011f). For Pro-RH advocates, 'values formation' would mean learning about respect, relationships, gender roles, human development etc. While for the Catholic hierarchy, 'values formation' would mean 'discipline and self-control.'

5.3 'Pro-Poor and Pro-Development'

The Anti-RH reject the RH Bill as a poverty and development strategy for three main reasons as they claim that: 1) The RH Bill will not solve poverty and will not lead to development, 2) The RH Bill is primarily a population control measure disguised as an RH policy and 3) the RH Bill is a 'Western' import that is anti-development. In response, Pro-RH advocates claim that the RH Bill is 'pro-poor' as it fulfils the basic rights to health especially of poor women, and a strategy for sustainable development and social justice.

Anti-RH advocates claim that the RH Bill will not solve poverty because there are other root causes of poverty that must be addressed, more importantly than RH. These causes of poverty are corruption, greed, lack of access to education, poor infrastructure, just to name a few. Lito Atienza²³ wrote in a report that overpopulation is not the cause of poverty, but greed (Atienza 2011). Pro-life Rep. Pacquio²⁴, in reports stated corruption should be addressed instead of passing the RH Bill (Matabuena 2011, Zonio 2010). In addition, the funding required for the RH Bill is also questioned, that this can be grounds for corruption. Anti-RH advocates stress that only the big pharmaceutical companies will benefit from the RH Bill and there are more urgent national problems that are unfunded. In addition, Anti-RH advocates claim that poverty and population doesn't hinder economic growth. Senate President Enrile stress that population measures like the RH Bill can lead to 'less workers, less production, less consumption, less taxpayers to support the government' (Esguerra 2011c). Rep. Roilo Golez²⁵ also stressed that the economy of the Philippines during former President Arroyo's administration grew, refuting the argument that overpopulation hinders economic growth (Burgonio 2010). Counter-arguments to the RH Bill use comparisons of Philippine population to other aging populations of foreign countries that have implemented reproductive health measures.

The RH Bill is also described by Anti-RH as a population control measure disguised as a RH policy. Hence, it is argued to be 'Malthusian' in scope and anti-poor, because it aims to control the population of the poor to solve poverty. In reports, Senate President Enrile claims that the RH Bill is about controlling the population through providing contraceptives (Esguerra, C. et al. 2011, Yamsuan 2011b). With this, Anti-RH advocates support their claim that the Philippines is not overpopulated and issues linking overpopulation, poverty and finite resources are just obscure threats that push countries to implement 'Malthusian' policies, such as the RH Bill.

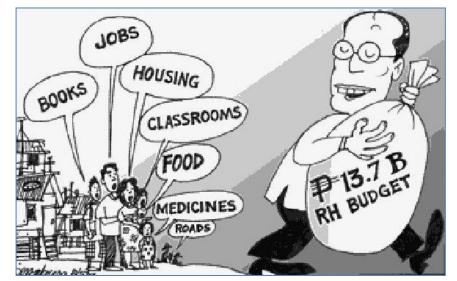
Lastly, the Anti-RH claim that the RH Bill is a 'Western' import that is anti-development. This is supported by the belief that Filipinos have a set of moral and cultural values that need to be protected from modern and Western values. In the words of Bishop Ted Bacani, the RH Bill is like a 'piece of cake with poison inside' (Cantreras 2011). In a report of the main sponsors of the RH Bill, they expressed that the RH Bill is often scrutinize as a product of the plot of the US to control population of developing countries, of the United Nations and its supposed goal of legalizing abortion and big pharmaceutical companies that want to earn big profits out of selling contraceptives (Bag-ao,

²³ Lito Atienza implemented a pro-life local policy banning contraceptives in Manila

²⁴ Manny Pacquio is a professional boxer and an HOR representative

²⁵ Rep. Roilo Golez is the author of the Unborn Child Act of 2011 in the HOR

et al. 2012). Hence, the Anti-RH claim that the RH Bill will just lead to more poverty and less development.



Source: Editorial Cartoon of Inquirer on August 5, 2012

In all of these oppositions, Pro-RH advocates claim that the RH Bill is 'pro-poor' and is a strategy for development. The 9-year administration of fomer president Arroyo were filled with controversies and charges of plunder, etc. Her successor, President Aquino comes in an opportune time, with a more legitimate presidency, to make reforms that addresses poverty and development. In supporting the RH Bill, President Aquino asserts that it doesn't aim to control population and doesn't set an ideal family size (Kabiling 2011). Instead it provides information and access to family planning methods and let couples decide which is best for them, especially the poor. It is anchored on giving couples the right to plan, manage and sustain their families, which in turn will be reflected in the country's sustainability. What the RH Bill also seeks to address is the social class issue of access to RH information and services. Right now, only those who can afford can buy the reproductive health services they need. But with the RH Bill, these will be made available and accessible to the poor, especially poor women who are most affected by what is unavailable to them. Pro-RH Senator Santiago states 'denial of access to reproductive health is also anti-poor, and the claim for reproductive health is a claim for social justice' (Pangalanan 2011). Pro-RH Rep. Bello also argue that high fertility and high population result to poor development, and hence the need to link family planning initiatives to development plans (Bello 2012). Finally, Pro-RH advocates argue that the solutions to problems of overpopulation is not exclusive with solutions for solving other causes of poverty such as corruption, lack of access to education and poor infrastructure. Hence, the RH Bill can help solve poverty along with implementation of other poverty measures.

Pro-RH advocates emphasize that the improving the lives of the poor in different communities, is what's at stake in passing the RH Bill:

I've been involved with community based health programs, there you will see

the need to educate women about their sexuality, their reproductive health and how they can space the children they will have, but you will also see difficulty in access to services or even no access to facilities [situations when contraceptives are banned]. (interview Pro-RH3)

When I see the need and I prove that what we say is right [campaigning for RH Bill], when we go to provinces and communities and it is true they say they need this [RH Bill] and they need the support of the government, and I see their situation, that's my source of inspiration. (interview Pro-RH2)

If there's one claim that the opposing movements agree on, it is their concern for poor and development of the Philippines. One of the Catholic teachings is to help the poor and being good to others. This same principle is part of the claim that the RH Bill is for the poor. In campaigns for the passage of the RH Bill, lives of poor are featured to illustrate the urgency of passing the RH Bill. RH proponents in the Philippine Congress use the Catholic teachings on helping the poor in its messaging to pass the RH Bill. Pro-RH Senator Santiago emphasize in plenary sessions, 'Jesus' openness to women as equals and rejected any use of God to perpetuate patriarchal relationships' and that the 'struggle for the RH Bill in the context of poverty in the Philippines is part of Jesus' message to struggle against social forces of oppression' (Yamsuan 2011c). The RH Bill is about fulfilling the needs and rights of mothers in different social classes, especially those who are poor, as it is for social justice. This argument based on helping poor, especially poor women, has a direct effect in improving the lives of families. For Pro-RH, the improvement of families is correlated with improvement of the country and thus, having sustainable development.

5.4 Compromising the Right to Reproductive Health²⁶

In these similar and competing claims, it is evident in the current proposed amendments to the RH Bill that components of RH are compromised in order to pass the policy proposal. These current proposed amendments are from President Aquino, authors of the RH Bill and leadership of the HOR. The compromises are also influenced by the Pro-RH strategy of framing similar claims with the Anti-RH to advance its position in the policy process.

Framing Pro-RH arguments within 'pro-life' led to having proposed amendments that the State recognizes that parents raise their children in 'truly humane way' and women of reproductive age are prioritized. While it is beneficial that there is a renewed emphasis on quality of life, with the special focus on women's reproductive years, the claim on protecting women's health and its link to reproduction presents sexual essentialism (Correa and Jolly 2008: 25). While this is needed for the claim on maternal mortality, it is problematic as RH is supposed to be encompassing and it misses to value the diverse sexual and reproductive health needs of women, who don't necessarily want to

²⁶ See Appendix 2 for Proposed Amendments to the RH Bill

become mothers, and also men. The claim on 'motherhood within marriage' also presents a hierarchical valuation of sexual value (Rubin 1999: 151), that married women who are procreating are most valued, while others who are not do not have the same institutional support and respectability. Framing Pro-RH arguments within 'responsible parenthood' led to proposed amendments highlighting that responsible parenthood is defined as the 'exercise of reproductive health rights consistent with religious conviction.' In addition to correlating responsible parenthood with religiosity, there is also an amendment that religious-led hospitals may be exempted from providing modern family planning methods. These are both reiteration of the opposition's stance on Catholic Filipino Family and claims for religious freedom within demoracy.

Also part of the strategic choice of Pro-RH to compromise is to provide sexuality education to young people between 11-12 years old, instead of 10 years old and emphasize 'values formation in sexuality education,' that include 'proper and responsible sexual behaviour, delayed entry to sexual relations, abstinence before marriage and avoidance of multiple sexual partners.' A compromise is made here that ignores sexuality before puberty and of giving parents the option of not allowing their children to attend sexuality education, a reiteration of the Catholic hierarchy's stance that only parents have the duty and right to teach their children on matters of sex and sexuality. In addition to the proposed amendments, sectarian schools may exercise flexibility in teaching sexuality education. While an agreement to have sexuality education is gained, with the values espoused in the RH Bill, the option for parents and exemption for sectarian schools, achieving young people's right to sexuality education is not guaranteed.

The Pro-RH claim that the RH Bill is 'pro-poor and pro-development,' resulted to several proposed amendments that emphasize that the bill is for the poor, especially for 'poor marginalized women.' Due to public debates that the bill is a population control measure, there are proposed amendments to delete the provision on 'ideal family size' and reiterate that the RH Bill does not include 'population control.' This excess significance given to poor women conceptualizes RH as aid or charity to the poorest, most vulnerable and marginalized. Prioritizing poor women in their reproductive years also essentializes RH and excludes the varying needs of individuals, both men and women who don't necessarily want to marry and become mothers.

Chapter 6 Conclusion

In this chapter, the insights and key findings of the research as well as its implications in achieving sexual and reproductive health and rights in the Philippines are presented. In the research, we answer the questions, 'How the Pro-RH movement, while interacting with the Anti-RH movement, gained political power in influencing the policy process?' What is the political context of the RH Bill, the characteristics and strategies of the opposing movements, and their similar and competing claims?'

6.1 Summary of Findings

In the political context, the RH Bill is a result of a global and local push to recognize reproductive health and rights at the national level. The RH Bill has experienced an impasse because of the strong alliance of Catholic hierarchy and former President Arroyo, who was in power for almost a decade. The change in political leadership was important for the RH Bill. The new Pro-RH President Aquino and his endorsement of 'responsible parenthood' was the new political and discursive strength of the RH Bill, which were evident in hidden form (setting the agenda) and in visible form (policy making) of power. The President in invited spaces had organized dialogues with the CBCP to negotiate on the contentious issues of the bill. Under the discourse of 'responsible parenthood,' and the president's support, the RH Bill was able to move in the committee level, under the Committee on Population and Family Relations, and was prioritized under LEDAC. But even with the president's support, the Anti-RH forces are able to influence the policy-making. The proposed Unborn Child Act of 2011 was filed and this divided the space to discuss the issues pertinent to the RH Bill. The influence of the Catholic Bishops in their campaigns is evident in the competition for political power in the next 2013 elections. Some legislators refuse to take stand on the RH Bill as this may affect their reputation because of the 'Catholic Vote.' But in the end, with the different factors that set the conditions and strategic mobilizations at different spaces and forms, the push from the global and local levels to the national level was carefully negotiated and the plenary debates on the RH Bill was ended, giving it more chances of being an RH law. This is considered to be a victory for the Pro-RH movement.

In the opposing movements, the characteristics and strategies of both movements show how contentious and political the RH Bill is. Both movements have support from the global, national and local levels. The Pro-RH groups are collectively mobilized to promote reproductive health and rights, with its core as women's basic right to health. The Anti-RH groups on the other hand are mobilized to protect the Catholic Filipino Family, which is characterized by pro-life advocacy. Both have a long history of mobilization and have strong alliances with religious organizations, medical field, academe, media, etc. Recognizing that Catholicism and Filipino cultural values are important to Anti-RH movement, this claim is also used by the Pro-RH. Organized groups such as the C4RH and other religious organizations supporting the RH Bill challenge the claim that the values of the RH Bill is against Catholic values and against moral values of religious beliefs. The reason behind why and how movement actors are organized influence their activities and how their allies communicate in different levels, spaces and forms. The renewed strength of the Pro-RH movement, with its continuous efforts to respond actively to criticisms and organize negotiations with the opposition, allowed the RH Bill to move forward.

In the public claims, we observe how claims are negotiated to reach a compromise and advance one's position. These similar claims are used in various forms of power in promoting one's position as legitimate as how the opposition define its values. Like its opposition, Pro-RH movement claim that they are also 'pro-life' with its promotion of 'responsible parenthood,' one of the teachings of the Catholic Church. They highlight that their being 'proquality life' is anchored on its value of 'women's health.' Here, the Pro-RH advocates emphasize safe motherhood and addressing the problems of maternal mortality. On sexuality education, Pro-RH within negotiations with opposition agree that 'values formation' is important, that parents can have the option not allow their children and sexuality education is only provided for young people aged 11 to 12. Pro-RH advocates also claim that the RH Bill is 'pro-poor and pro-development' amidst debates that it will not address poverty, it is a population control measure and a 'Western' import. Pro-RH allies in Philippine Congress also use the language of the Catholic Church in pushing for the RH Bill, that its implementation will help the poor according to the Catholic teachings. All of the similar claims discussed are used in different forms of power, as well as in different spaces, such as created spaces, and levels, specifically in the national and local levels. These claims have also influenced the provisions of the RH Bill as reflected in the current proposed amendments.

6.2 Key Implications

Is the RH Bill a test that challenges the influence of the Catholic hierarchy and pro-life forces in policy making? Or is it a test that challenges how far the Pro-RH forces are willing to compromise just to pass a policy proposal on reproductive health? It is both, as well as a test that characterizes Philippine democracy.

Given that the RH Bill passes with strategic choices in the different levels, space and forms of power, does it still reflect the values that are supposed to be promoted by having a policy on reproductive health and rights? The RH Bill if passed into an RH law may turn out to be a complete compromise, with soften language and core that directly serve the ideologies of the opposition. For example, RH law might mainly focus on distributing contraceptives for the poor because of family planning and having sexuality education with 'pro-life' values that mainly prepare the youth to become 'responsible parents.' This reenforce gender stereotypes and assumptions on sexuality, and exclude people outside this prescribed template of lifestyle. These include essentializing that women are or will be mothers, with emphasis on addressing maternal mortality, and universalizing that all Filipinos are heterosexual, with ideals of

getting married and procreating, with emphasis on 'responsible parenthood.' Having information and access to family planning methods is only one component of reproductive health. With the current compromised RH Bill, the diverse sexualities and reproductive health needs of Filipinos are ignored.

In addition, with excess significance on providing for the poor, especially poor women, RH may turn out to be literally an aid or charity for poor women. This in turn excludes that men who are younger and older, and within reproductive years, as well as older and younger women after and before reproductive years, who belong to different classes, have different RH needs as well. Access to reproductive health information and services is only a prelude in fulfilling reproductive justice and freedom for all. If the RH Bill is passed after compromises of re-emphasizing the claims of the opposition, the Pro-RH movement may gain the political power to influence and win in the policy process but lose the ideological battle of fulfilling the basic right of women and men to reproductive health, well-being and self-determination. In this case, when within Philippine democracy is there going to be another chance to publicly debate on a policy change for reproductive justice again?

Indeed, 'reproductive health' is political, and the contentious issues and mobilizations will continue, whether the RH Bill becomes a law or not.

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Appendices

Appendix 1 Interview Guide

Interviewee: Position: Organization: Date:

- 1. How did you become involved with the issue of the RH Bill?
- 2. What moves you to continue your advocacy on supporting the RH Bill / stopping the implementation of the RH Bill?
- 3. What are the historical and political factors that led to the development of the RH Bill?
- 4. What activities are you / is your organization conducting to support the RH Bill / stop the implementation of the RH Bill?
- 5. What strategies do you do to prosper your position?
- 6. What does the Reproductive Health Bill say?
- 7. What are the most controversial issues in the RH Bill that are being debated?
- 8. What do you think are the chances of the RH Bill being passed?
- 9. What changed with the President's support to the RH Bill?
- 10. Who are the actors relevant in the public debates on the RH Bill?
- 11. What is at stake in passing the RH Bill?
- 12. What are your sources of inspiration and motivation for continuingwhat you do?

Appendix 2 Proposed Amendments to the RH Bill

The tables below show the current proposed amendments to the RH Bill within the three main contentions: 1) 'pro-life and responsible parenthood,' 2) 'values formation in sexuality education' and 3) 'pro-poor and pro-development.' The proposed amendments are from President Aquino, the authors of the RH Bill and the leadership of the House of Representatives. The proposed amendments show the outcome of the negotiations as well as how the strategic choice of the Pro-RH to share similar claims with Anti-RH is influencing the provisions of the policy proposal.

HR 4244 -	Matrix of C		Amendments as	of October 25	2012
110 4244 -		Johnmillee	Amenumento ao		2012

For 'Pro-Life and Responsible Parenthood'		
ORIGINAL TEXT	PROPOSED AMENDMENTS	
SEC. 2. – Declaration of Policy. – The State recognizes and guarantees the exercise of the universal basic human right to reproductive health by all persons, particularly of parents, couples and women, consistent with their religious convictions, cultural beliefs and the demands of responsible parenthood. Toward this end, there shall be no discrimination against any person on grounds of sex, age, religion, sexual orientation, disabilities, political affiliation and ethnicity.	SEC. 2. – Declaration of Policy. – The State recognizes and guarantees the exercise of the universal basic human right to reproductive health by all persons, particularly of parents, couples and women, consistent with their religious convictions, cultural beliefs and the demands of responsible parenthood. Toward this end, there shall be no discrimination against any person on grounds of [sex] GENDER , age, religion, [sexual orientation,] disabilities, political affiliation and ethnicity.	
The State likewise guarantees universal access to medically safe, legal, affordable, effective and quality reproductive health care services, methods, devices, supplies and relevant information and education thereon even as it prioritizes the needs of women and children, among other underprivileged sectors.	The State likewise guarantees [universal] PUBLIC access to AND RELEVANT INFORMATION AND EDUCATION ON medically safe, legal, ETHICAL, affordable, effective and quality reproductive health care services, methods, devices AND supplies WHICH DO NOT PREVENT THE IMPLANTATION OF A FERTILIZED OVUM AS DETERMINED BY THE FOOD AND DRUG ADMINISTRATION (FDA) [and relevant information and education thereon, even as it prioritizes the needs of women and children among other underprivileged sectors] AND SHALL PRIORITIZE THE NEEDS OF POOR WOMEN AND MEN IN MARGINALIZED HOUSEHOLDS AS IDENTIFIED THROUGH THE NATIONAL HOUSEHOLD TARGETING SYSTEM FOR POVERTY REDUCTION (NHTS-PR) AND OTHER GOVERNMENT MEASURES OF IDENTIFYING MARGINALIZATION WHO SHALL BE VOLUNTARY	

	BENEFICIARIES OF REPRODUCTIVE
	HEALTH CARE, SERVICES AND
	SUPPLIES FOR FREE.
	THE STATE SHALL ALSO PROMOTE
	OPENNESS TO LIFE, PROVIDED THAT
	PARENTS BRING FORTH TO THE WORLD
	ONLY THOSE CHILDREN THAT THEY
	CAN RAISE IN A TRULY HUMANE WAY
SEC. 3. Guiding Principles – The following	SEC. 3. Guiding Principles – The following
constitute the framework	constitute the framework
(e) The State shall promote without bias, all	(e) The State shall promote without bias, all
effective natural and modern methods of	effective natural and modern methods of
family planning that are medically safe and	family planning that are medically safe and
legal;	legal FOR THE POOR AND
	MARGINALIZED AS IDENTIFIED
	THROUGH THE NHTS-PR AND OTHER
	GOVERNMENT MEASURES OF
	IDENTIFYING MARGINALIZATION:
	PROMOTED, THAT THE STATE ALSO
	PROVIDE FUNDING SUPPORT TO
	PROMOTE MODERN NATURAL METHODS
	OF FAMILY PLANNING CONSISTENT
	WITH THE NEEDS OF ACCEPTORS;
SEC. 4. Definition of Terms -	SEC. 4. Definition of Terms -
SEC. 4. Deminion of Terms -	SEC. 4. Deminion of Terms -
Reproductive Health Care refers to the	Reproductive Health Care refers to the
Reproductive Health Care refers to the	Reproductive Health Care refers to the
Reproductive Health Care refers to the access to a full range of methods, facilities,	Reproductive Health Care refers to the access to a full range of methods, facilities,
Reproductive Health Care refers to the access to a full range of methods, facilities, services and supplies that contribute to	Reproductive Health Care refers to the access to a full range of methods, facilities, services and supplies that contribute to
Reproductive Health Care refers to the access to a full range of methods, facilities, services and supplies that contribute to reproductive health and well-being by	Reproductive Health Care refers to the access to a full range of methods, facilities, services and supplies that contribute to reproductive health and well-being by
Reproductive Health Care refers to the access to a full range of methods, facilities, services and supplies that contribute to reproductive health and well-being by preventing and solving reproductive health-	Reproductive Health Care refers to the access to a full range of methods, facilities, services and supplies that contribute to reproductive health and well-being by [preventing and solving] ADDRESSING
Reproductive Health Care refers to the access to a full range of methods, facilities, services and supplies that contribute to reproductive health and well-being by preventing and solving reproductive health-related problems. It also includes sexual	Reproductive Health Care refers to the access to a full range of methods, facilities, services and supplies that contribute to reproductive health and well-being by [preventing and solving] ADDRESSING reproductive health-related problems. It also
Reproductive Health Care refers to the access to a full range of methods, facilities, services and supplies that contribute to reproductive health and well-being by preventing and solving reproductive health-related problems. It also includes sexual health, the purpose of which is the	Reproductive Health Care refers to the access to a full range of methods, facilities, services and supplies that contribute to reproductive health and well-being by [preventing and solving] ADDRESSING reproductive health-related problems. It also includes sexual health, the purpose of which
Reproductive Health Care refers to the access to a full range of methods, facilities, services and supplies that contribute to reproductive health and well-being by preventing and solving reproductive health-related problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations.	Reproductive Health Care refers to the access to a full range of methods, facilities, services and supplies that contribute to reproductive health and well-being by [preventing and solving] ADDRESSING reproductive health-related problems. It also includes sexual health, the purpose of which is the enhancement of life and personal
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Reproductive Health Care refers to the access to a full range of methods, facilities, services and supplies that contribute to reproductive health and well-being by preventing and solving reproductive health- related problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations. The elements of reproductive health care include the following: (a) family planning information and services SEC. 4. Definition of Terms - Responsible Parenthood refers to the will,	Reproductive Health Care refers to the access to a full range of methods, facilities, services and supplies that contribute to reproductive health and well-being by [preventing and solving] ADDRESSING reproductive health-related problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations. The elements of reproductive health care include th following: (a) family planning information and services WHICH SHALL INCLUDE AS A FIRST PRIORITY MAKING WOMEN OF REPRODUCTIVE AGE FULLY AWARE OF THEIR RESPECTIVE FERTILITY CYCLES; SEC.4. Definition of Terms - Responsible Parenthood refers to the will,
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SEC. 7. Access to Family Planning – All accredited health facilities shall provide a full range of modern family planning methods except in specialty hospitals which may render such services on an optional basis. For poor patients, such services shall be fully covered by the Philippine Health Insurance Corporation (PhilHealth) and/or government financial assistance on a no balance biling.	SEC. 7. Access to Family Planning – All accredited health facilities shall provide a full range of modern family planning methods, except in THE CASE OF specialty hospitals [which] AND HOSPITALS OWNED AND OPERATED BY A RELIGIOUS GROUP; HOWEVER, THESE HOSPITALS may render such services on an optional basis. For poor patients, such services shall be fully covered by the Philippine Health Insurance Corporation (PhilHealth) and/or government financial assistance on a no balance biling.
SEC. 10. Family Planning Supplies as	[SEC. 10. Family Planning Supplies as
Essential Medicines – Products and supplies for modern family planning methods shall be part of the National Drug Formulary and the same shall be included in the regular purchase of essential medicines and supplies of all national and local hospitals and other government health units.	Essential Medicines – Products and supplies for modern family planning methods shall be part of the National Drug Formulary and the same shall be included in the regular purchase of essential medicines and supplies of all national and local hospitals and other government health unites.]
	SEC. 10. ROLE OF THE FOOD AND DRUG ADMINISTRATION (FDA) – THE FOOD AND DRUG ADMINISTRATION (FDA) SHALL DETERMINE THE SAFETY, EFFICACY AND CLASSIFICATION OF PRODUCTS AND SUPPLIES FOR MODERN FAMILY PLANNING METHODS PRIOR TO THEIR DISTRIBUTION, PROCUREMENT, SALE AND USE.

HB 4244 – Matrix of Committee Amendments as of October 25, 2012

For 'Values Education in Sexuality Education'		
ORIGINAL TEXT	PROPOSED AMENDMENTS	
SEC. 16. Mandatory Age-Appropriate	SEC. 16. Mandatory Age-Appropriate	
Reproductive Health and Sexuality	Reproductive Health and Sexuality	
Educaiton – Age-appropriate Reproductive	Education – Age-appropriate Reproductive	
Health and Sexuality Education shall be	Health and Sexuality Education shall be	
taught by adequately trained teachers in	taught by adequately trained teachers in	
formal and non-formal education system	formal and non-formal education system	
starting from Grade Five to Fourth Year High	starting from Grade [Five] SIX to Fourth Year	
School using life skills and other approaches.	High School using life skills and other	
The Reproductive Health and Sexuality	approaches. The Reproductive Health and	
Education shall commence at the start of the	Sexuality Education shall commence at the	
school year immediately following	start of the school year immediately following	

one (1) year from the effectivity of this Act to allow the training of concerned teachers. The Department of Education (DepEd), the Commission on Higher Education (CHED) the Technical Education and Skills Development Authority (TESDA), the DSWD and the DOH shall formulate the Reproductive Health and Sexuality Education curriculum. Such curriculum shall be common to both public and private schools, out of school youth and enrollees in the Alternative Learning System (ALS) based on, but not limited to, the psychosocial and the physical wellbeing, the demography and reproductive health, and the legal aspects of reproductive health.	one (1) year from the effectivity of this Act to allow the training of concerned teachers. The Department of Education (DepEd), [the Commission on Higher Education (CHED), the Technical Education and Skills Development AuthoritY (TESDA),] the DSWD, and the DOH shall formulate the Reproductive Health and Sexuality Education curriculum. Such curriculum shall be common to both public and private schools, out of school youth PROGRAMS and [enrolees in the] Alternative Learning System (ALS) based on, but not limited to [the] psychosocial and [the] physical wellbeing, [the] demography [and] reproductive health, and the legal aspects of reproductive health [.] WITH DUE DEFERENCE TO THE CULTURAL, RELIGIOUS, AND ETHICAL NORMS OF VARIOUS COMMUNITIES.
 Age-appropriate Reproductive Health and Sexuality Education shall be integrated in all relevant subjects and shall include,but not limited to the following topics: (a) Values formation; (b) Knowledge and skills in self-protection against discrimination, sexual violence and abuse, and teen pregnancy; (c) Physical, social and emotional changes in adolescents; (d) Children's and women's rights; (e) Fertility awareness; (f) STI, HIV and AIDS; (g) Population and development; (h) Responsible relationship; (i) Family planning methods; (j) Proscription and hazards of abortion; (k) Gender and development and (l) Responsible parenthood 	 Age-appropriate Reproductive Health and Sexuality Education shall be integrated in all relevant subjects and shall include, but not limited to, the following topics: (a) Values formation WITH DUE REGARD TO RELIGIOUS AND OTHER AFFILIATIONS; (b) Knowledge and skills in self-protection against discrimination, sexual violence and abuse, and teen pregnancy; (c) Physical, social and emotional changes in adolescents; (d) Children's and women's rights; (e) Fertility awareness; (f) STI, HIV and AIDS; (g) Population and development; (h) Responsible relationship; (i) Family planning methods; (j) Proscription and hazards of abortion; (k) Gender and development; [and] (l) Responsible parenthood [.]; AND (m)PROPER AND RESPONSIBLE SEXUAL VALUES AND BEHAVIOR; DELAYED ENTRY INTO SEXUAL RELATIONS; ABSTINENCE BEFORE MARRIAGE; AVOIDANCE OF MULTIPLE SEXUAL PARTNERS; AND PREVENTION OF THE SPREAD OF SEXUALLY TRANSMITTED DISEASES.

The DepEd, CHED, DSWD TESDA and DOH shall provide concerned parents with adequate and relevant scientific materials on the age-appropriate topics and manner of teaching Reproductive Health and Sexuality Education to their children.	The DepEd, [CHED,] DSWD, [TESDA,] and DOH shall provide concerned parents with adequate and relevant scientific materials on the age-appropriate topics and manner of teaching Reproductive Health and Sexuality Education to their children.
	PARENTS MAY EXERCISE THE OPTION OF NOT ALLOWING THEIR MINOR CHILDREN TO ATTEND CLASSES PERTAINING TO REPRODUCTIVE HEALTH AND SEXUALITY EDUCATION.
	FLEXIBILITY IN THE TEACHING OF REPRODUCTIVE HEALTH AND SEXUALITY EDUCATION SHALL BE ACCORDED TO SECTARIAN SCHOOLS WITHIN THE PROVISIONS AND PARAMETERS OF THIS SECTION.

HB 4244 – Matrix of Committee Amendments as of October 25, 2012

For 'Pro-Poor and Pro-Development'		
ORIGINAL TEXT	PROPOSED AMENDMENTS	
SEC. 3. Guiding Principles - (g) The provision of reproductive health information, care and supplies shall be the joint responsibility of the National Government and the Local Government Units (LGUs);	SEC. 3. Guiding Principles - (g) The provision of reproductive health information, care and supplies FOR POOR BENEFICIARIES AS IDENTIFIED THROUGH THE NHTS-PR AND OTHER GOVERNMENT MEASURES OF IDENTIFYING MARGINALIZATION shall be the joint responsibility of the National Government and the Local Government Units (LGUs);	
(j) There shall be no demographic or population targets and the mitigation of the population growth is incidental to the promotion of reproductive health and sustainable human development;	 (j) There shall be no demographic or population targets and the mitigation, PROMOTION AND/OR STABILIZATION of the population growth rate is incidental to the [promotion] ADVANCEMENT of reproductive health and sustainable human development; 	

(I) The limited resources of the country cannot be suffered to be spread so thinly to service a burgeoning multitude making allocations grossly inadequate and effectively meaningless;	(I) The [limited] resources of the country [cannot be suffered to be spread so thinly to service a burgeoning multitude making allocations grossly inadequate and effectively meaningless] MUST BE MADE TO SERVE THE ENTIRE POPULATION, ESPECIALLY THE POOR, AND MAKE ALLOCATIONS THEREOF ADEQUATE AND EFFECTIVE;
SEC. 11. Procurement and Distribution of Family Planning Supplies – The DOH shall spearhead the efficient procurement distribution to LGUs and usage-monitoring of family planning supplies for the whole country. The DOH shall coordinate with all appropriate LGUs to plan and implement this procurement and distribution program.	SEC. 11. Procurement and Distribution of Family Planning Supplies – The DOH shall spearhead the efficient procurement, distribution to LGUs and usage-monitoring of family planning supplies for the whole country COVERING POOR HOUSEHOLDS IDENTIFIED THROUGH THE NHTS-PR AND OTHER GOVERNMENT MEASURES OF IDENTIFYING MARGINALIZATION. The DOH shall coordinate with all appropriate LGUs to plan and implement this procurement and distribution program.
SEC. 12. Integration of Responsible Parenthood and Family Planning Component in Anti-Poverty Programs – A multidimensional approach shall be adopted in the implementation of policies and programs to fight poverty. Towards this end, the DOH shall endeavor to integrate a responsible parenthood and family planning component into all antipoverty and other sustainable human development programs of government, with corresponding fund support. The DOH shall provide such programs technical support, including capacity-building and monitoring.	SEC. 12. Integration of Responsible Parenthood and Family Planning Component in Anti-Poverty Programs – A multidimensional approach shall be adopted in the implementation of policies and programs to fight poverty. Towards this end, the DOH shall [endeavor to integrate a responsible parenthood and family planning component into the anti-poverty and other sustainable human development programs of government, with corresponding fund support.] IMPLEMENT PROGRAMS THAT ENSURE FULL ACCESS OF POOR AND MARGINALIZED WOMEN AS IDENTIFIED THROUGH THE NHTS-PR AND OTHER GOVERNMENT MEASURES OF IDENTIFYING MARGINALIZATION TO REPRODUCTIVE HEALTH CARE, SERVICES, PRODUCTS AND PROGRAMS. The DOH shall provide such programs technical support, including capacity-building and monitoring.

 SEC. 20. Ideal Family Size – The State shall assist couples, parents and individuals to achieve their desired family size within the context of responsible parenthood for sustainable development and encourage them to have two children as the ideal family size. Attaining the ideal family size is neither mandatory nor compulsory. No punitive shall beimposed on parents having more than two children. SEC. 25. Implementing Mechanisms – Pursuant to the herein declared policy, the DOH and the Local Health Units in cities and municipalities shall serve as the lead agencies for the implementation of this Act and shall integrate in their regular operations the following functions: (a) Ensure full and efficient implementation of the Reproductive Health Care Program; 	[SEC. 20. Ideal Family Size – The State shall assist couples, parents and individuals to achieve their desired family size within the context of responsible parenthood for sustainable development and encourage them to have two children as the ideal family size. Attaining the ideal family size is neither mandatory nor compulsory. No punitive shall beimposed on parents having more than two children.] Sec. [25] 23. Implementing Mechanisms – Pursuant to the herein declared policy, the DOH and the Local Health Units in cities and municipalities shall serve as the lead agencies for the implementation of this Act AMONG POOR HOUSEHOLDS AS IDENTIFIED THROUGH THE NHTS-PR AND OTHER GOVERNMENT MEASURES OF IDENTIFYING MARGINALIZATION and shall integrate in their regular operations the following functions: The Commission on Population (POPCOM), as an attached agency of DOH, shall serve as the coordinating body in the implementation of SECTIONS 7, 10, 11, 13, 17, 19, 21, AND 23 OF this Act and shall have the following functions: (a) Integrate on an continuing basis the
	 (a) Integrate on an continuing basis the interrelated reproductive health and population development agenda consistent with the herein declared national policy WHICH DOES NOT INCLUDE POPULATION CONTROL, taking into account regional and local concerns;
SEC 29 Drobibited Acts The following	
SEC. 28. Prohibited Acts – The following acts are prohibited	SEC. 28. Prohibited Acts – The following acts are prohibited
(e) Any person who maliciously engages in disinformation about the intent or provisions of this Act.	[(e) Any person who maliciously engages in disinformation about the intent or provisions of this Act.]

(e) ANY PHARMACEUTICAL COMPANY,
WHETHER DOMESTIC OR MULTI-
NATIONAL, OR ITS AGENTS OR
DISTRIBUTORS, WHICH (1) SHALL
COLLUDE WITH GOVERNMENT
OFFICIALS, WHETHER APPOINTED OR
ELECTED, IN THE DISTRIBUTION,
PROCUREMENT AND/OR SALE BY THE
NATIONAL GOVERNMENT AND LOCAL
GOVERNMENT UNITS (LGUs) OF MODERN
FAMILY PLANNING SUPPLIES, PRODUCTS
AND DEVICES; AND/OR (2) CONTRIBUTE
MONEY OR ANYTHING OF VALUE TO
PARTISAN POLITICAL ACTIVITIES
INVOLVING A GOVERNMENT OFFICIAL,
WHETHER APPOINTED OR ELECTED,
AND/OR ANY CANDIDATE FOR ANY
ELECTIVE POSITION, WHETHER
NATIONAL OR LOCAL.