

SIKOLOHIYANG PILIPINO: AN INDIGENOUS FILIPINO APPROACH TO COMMUNITY ADVOCACY FOR REPRODUCTIVE HEALTH

Francisco (Kiko) Bautista

Department of Arts, Open Communities and Adult Education,
University of Malta
School of Education, University of Glasgow

Maria Isabel B. Aguilar

Department of Anthropology,
University of the Philippines Diliman

Abstract

This paper looks into the adult education strategies and tactics employed by Likhaan, a civil society organization in the Philippines, in incorporating the perspectives of urban poor women in the reproductive health discourse. We argue that in advocating for reproductive health rights, activists are aware of the need to navigate the parameters of inclusion and exclusion among the marginalised segments of society. To prove this, the researchers use the Sikolohiyang Pilipino, or Filipino psychology, framework, defined as the “psychology born out of the experience, thought, and orientation of the Filipinos.” Through this, we discuss how Likhaan works to empower poor urban women to improve their lives, particularly in the aspect of reproductive health. This paper elaborates on the concept of *kapwa*, a shared inner self, which was demonstrated to be innate in Filipino culture. *Kapwa* is a part of one’s being (your fellow is you and me), and

because of this, Filipinos believe that everyone deserves a good quality of life.

Abstrak

Ang papel na ito ay tumitingin sa mga estratehiya at taktika sa adult education na ginamit ng Likhaan, isang organisasyon ng lipunang sibil sa Pilipinas, sa inkorporasyon ng pananaw ng mga maralitang kababaihan sa lungsod ukol sa diskurso sa kalusugang reprodktibo. Pinapangatwiran namin na sa pagtataguyod ng karapatan sa kalusugang reprodktibo, batid ng mga aktibista kung paano inavigeyt ang mga parametro ng inklusyon at eksklusyon ng mga marhinalisadong uri. Ginamit ng mga mananaliksik ang Sikolohiyang Pilipino bilang balangkas, na tumutukoy sa “sikolohiyang nagmula sa karanasan, kaisipan, at oryentasyon ng mga Pilipino.” Tinalakay namin kung paano umaakto ang Likhaan para bigyang-kapangyarihan ang mga maralitang tagalungsod na mapabuti pa ang kanilang buhay, partikular sa aspekto ng kalusugang reprodktibo. Nagawa rin ng papel na ipaliwanag ang konsepto ng kapwa bilang bukal ng kulturang Pilipino. Ang kapwa ay bahagi ng ating pagkatao (ang kapwa mo ay ikaw at ako), at dahil dito, naniniwala ang mga Pilipino na marapat lamang nilang tamasahin ang maayos at dekalidad na pag-iral.

Keywords: reproductive health, Likhaan, Sikolohiyang Pilipino (Filipino psychology), kapwa

Introduction

Filipinos face various reproductive health risks due to unprotected and/or unwanted sexual activity. A 2019 UN report states that “[a]mong the six major economies in the ASEAN region, the

Philippines has the highest rate of teenage pregnancies. [...] Likewise, according to recent reports, the Philippines has the fastest-growing HIV epidemic in the world” (United Nations, 2019). Adolescent girls are particularly vulnerable to unintended pregnancies and maternal mortality, and those who became parents at an early age often have to face the negative consequence of halting their education. These limit their prospects for a better future, not just for themselves but also for their children. This is the reason why measures that ensure appropriate sexual and reproductive health education and services are well-crafted and properly implemented towards the poor.

The Philippines finally enacted the Responsible Parenthood and Reproductive Health Act in 2012. Commonly known as the RH law, it guarantees universal access to methods of contraception, age-appropriate sexual education, and maternal health care. The legislative process that brought fruition to the said law was filled with heated debates that spurred divisiveness among religious, political, and academic figures in the country.

The passage of the law was considered a landmark victory for advocates of women’s rights in a predominantly Catholic country. It meant that when people organise themselves to work for a common agenda, it is possible to defeat the hegemonic influence of the Church. There was vehement opposition to the law on the side of the Catholic Bishops’ Conference of the Philippines (CBCP), a powerful institution that has had a huge influence over the social and cultural life of Filipinos (Natividad, 2018, p. 37).

Campaigning for the RH law was a multisectoral initiative. It was waged by a diverse and broad coalition that encompassed the entire political spectrum. The Reproductive Health Alliance Network (RHAN), composed of several government agencies, legislative committees on population and development, and non-government organisations (NGOs), took the lead in many of the mobilisation and consultation activities in relation to this campaign. One of the members of the network is the Likhaan Centre for Women's Health (also known as simply Likhaan), whose experiences and lessons in waging a successful bottom-up approach to legislative advocacy provide insight, especially on the role of urban poor women in impacting policymaking at different levels.

This paper is an attempt to look into the adult education strategies and tactics employed by Likhaan in incorporating the perspectives of Filipino women in urban poor communities in the reproductive health conversation in the country. Guided by the framework of *Sikolohiyang Pilipino*, or Filipino psychology, we argue that activists and advocates in the Philippines are conscious of the need to navigate the parameters of inclusion and exclusion among the marginalised segments of society, as well as the social identity issues that arise in attempting to create social change.

Methodology

In this paper, we explored the phenomenon in context without having to generalise beyond that knowledge. It needs to be said that we are more interested in describing and making sense of Likhaan's activities in light of *Sikolohiyang Pilipino* than in identifying their shared patterns and behaviour. As such, an *exploratory* case study was deemed useful as our chosen tradition of inquiry. Creswell (2015, p. 469) defined a case study as “an in-depth exploration of a bounded system (e.g., activity, event, process, or individuals) based on extensive data collection.”

In this case study, we decided to conduct a focus group discussion (FGD) with two community organisers within Likhaan: Ms Ellen San Gabriel and Ms Lina Bacalando. A purposive sampling technique was used to recruit the participants, who were engaged through referrals by the Likhaan's management, who responded positively to the letter request made by the researchers. The discussion was made in Filipino, the language which the participants found most convenient to use. We have to make clear that the two community organisers who participated in the FGD merely served as resource persons for this paper and that other sources, such as books, local and international journal articles, and media publications, were given equal weight in our analysis.

Through the FGD and our analysis of the secondary sources, we constructed the reproductive health advocacy in the Philippines as a successful case of pursuing policy changes through active

involvement at the grassroots level. This is widely regarded as a landmark victory that combated the well-funded opposition of a highly influential Roman Catholic Church.

Bearing in mind the core concepts present in *Sikolohiyang Pilipino*, central to our discussion is how their movement explored various strategies in order to improve the reproductive health situation of Filipino women and to create safe spaces for them, particularly those coming from disadvantaged backgrounds. Our perspective is implied by a strong acceptance of the idea that social actors proposing interventions aimed at social change continuously construct meaning in every aspect and stage of their advocacy work, from service delivery to political organising.

We prepared a semi-structured interview guide for the FGD, making sure that the questions will encourage participants to discuss personal stories that are of enduring and deep relevance to them. Sample questions are as follows:

1. What are the main activities of Likhaan?
2. What is the role of Likhaan in the passage of the Philippine Reproductive Health Law?
3. What were the challenges you encountered during your involvement in the Reproductive Health Law legislative campaign?
4. What do you think are the perspectives of women, particularly those from marginalised sectors, about the Reproductive Health Law?

Sikolohiyang Pilipino as an emancipatory social science

In the 1970s, a movement towards the indigenisation of the social sciences blossomed in the Philippines. The proponents of this movement were three professors from the University of the Philippines Diliman: Zeus Salazar (Department of History), Prospero Covar (Department of Anthropology), and Virgilio Enriquez (Department of Psychology). These scholars, representing various social science disciplines, promoted indigenisation, asserting that Western theories and models may not directly fit the Philippine sociocultural context.

Virgilio Enriquez, a social psychologist who obtained a PhD at Northwestern University in the United States, is considered the proponent of *Sikolohiyang Pilipino*. Part of his indigenization efforts was translating various psychological instruments into the Filipino language and modifying their content to suit the local context (Aguilar, 2016). However, most of these instruments were not readily applicable to local culture since each culture may hold its unique understanding of reality. For example, Filipinos tend to avoid direct confrontations than in Western societies because they are highly attuned or sensitive to the feelings of others, although Westerners may interpret this as being disingenuous or socially ingratiating (Pe-Pua and Marcelino, 2000). As we can see, some may view certain Filipino traits as negative when in reality, they are inherent characteristics of culture. Enriquez believes that

relying on Western categories is a reason for misinterpreting certain cultural attitudes (Pe-Pua and Marcelino, 2000).

Later on, Enriquez came to realise that simply translating these psychological instruments might prove to be a futile endeavour since it seems that these translations could not capture the true essence of Filipino psychology—the *Sikolohiyang Pilipino* (Aguilar, 2016). Because of this, Enriquez had thought of moving towards an *indigenisation from within*. This gave emphasis to deriving psychological concepts from Filipino culture itself and not just borrowing theories and concepts from external sources (Enriquez, 2011). When formulating new ideas, *Sikolohiyang Pilipino* has to place importance on the experiences of *real Filipinos* from the ground.

Working in for a community setting, there is a need to pose an important question regarding what kinds of social action human beings are capable of. This is where *Sikolohiyang Pilipino* can be useful, as one has to go back to the rules of behaviour. Looking into the sources of this behaviour enables an individual to have a deeper understanding of the worldviews and values that guide personal and collective aspirations. This understanding is instrumental in dissolving conflict and unifying the people towards concrete solutions. The kind of pedagogical philosophy advocated by Paulo Freire (1970/2005) underscores the development of critical consciousness by promoting collaboration and dialogue as integral aspects of the learning process. This is consistent with *Sikolohiyang Pilipino*'s valuing of community and collective

identity as fostering a dialogic learning environment where community members openly share their experiences and cultural knowledge, granting them the capacity to assert control over their own education.

These values influence how individuals relate with their immediate circle, as well as with those they deem as outsiders. For Virgilio Enriquez, the local languages and dialects of the Philippines provide a wealth of resources that can help us grasp indigenous Filipino values. Its project focuses on delineating indigenous from colonial identity when Enriquez links “kapwa” (a shared inner self) with the struggle for justice and freedom. The emancipatory project of “Filipinisation” requires a recovery of Filipino personhood by affirming and sustaining the linguistic orientation of *Sikolohiyang Pilipino*. Pe-Pua and Protacio-Marcelino (2000) provided an introductory reference that familiarises readers with basic concepts as well as opens them to the vastness of source materials on Filipino psychology, also known as *Sikolohiyang Pilipino*. They defined it as “the psychology born out of the experience, thought and orientation of Filipinos, based on the full use of the Filipino culture and language” (Pe-Pua & Protacio-Marcelino, 2000, p. 49).

While being literally translated as “the other person” in English, the concept of *kapwa* has no exact translation in European languages, although writers like Paredes-Canilao & Babaran-Diaz (2011) roughly rendered it as “that person with whom I share all things”. For Enriquez, who is considered the father of *Sikolohiyang Pilipino*, understanding *kapwa* as a basic construct in the Filipino

worldview would help elucidate the important workings of their interpersonal relationships. In particular, it embraces both the categories of ‘outsider’ and ‘one of us’, as well as the levels in between (Enriquez, 1984, p. 24). By sharing an inner self with *kapwa*, the fellow individual is treated as deserving of equal dignity and worth. The act of empathising with others becomes performative, evidenced by actions that show kindness and generosity in times of need (*pakikiramay*), and the practice of the *bayanihan* or mutual assistance. They possess a sensitivity to people’s feelings and emotions (*pakikiramdam*). “*Kapwa*” is the root word of “*pakikipagkapwa*” (holistic interaction with “*kapwa*”), which is the cultural basis of civil society in the Philippines (Pe-Pua & Protacio-Marcelino, 2000, p. 56).

Throughout the history of Philippine civil society, volunteerism implies an equal footing between the provider of assistance and the beneficiary, which is embodied in the terms “*damayan*” (assistance of peers in periods of crisis) and “*pagtutulungan*” (mutual self-help) (Asian Development Bank, 2013). Filipinos are very considerate of the quality of their person-to-person relationships. They believe that relationships that are satisfactory make them happy and secure. As *pakikipagkapwa* ultimately has an implication of building solidarity with people and a feeling of closeness, it becomes the guiding principle not just of unity but also of social justice (Licuanan, 1989). According to Epifanio San Juan, Jr (2006, p. 56), a foremost literary academic of the Philippines, this is a cultural representation of Kant’s Categorical Imperative, a humanistic agenda of treating persons as ends in

themselves and unifying them in a manner that transcends boundaries of class, gender, etc.

In *Sikolohiyang Pilipino*, if one is regarded as “*ibang-tao*” (“other person”), the interaction can range from *pakikitungo* (transaction), to *pakikisalamuha* (interaction), to *pakikilahok* (joining/participating), to *pakikibagay* (in-conformity with/in accord with), and to *pakikisama* (being along with). If one is categorised as “*hindi-ibang-tao*” (“not-other person”), then you can expect *pakikipagpalagayang-loob* (being in-rapport with), or *pakikisangkot* (getting involved), or the highest level of *pakikiisa* (being one with). We can see here that in *Sikolohiyang Pilipino*, the relationship of an individual to another person goes through various levels of interaction—starting from the surface level of interaction until it comes to a point where the highest level of interaction is attained. Since Filipinos regard their fellow individual as not the “other person,” it is understandable that they do everything to improve each other’s lives, as we can see in the next part of the discussion.

***Sikolohiyang Pilipino* and civil society activism in the Philippines**

The history of the Philippines bore witness to several moments of crisis where unity was the only choice left for the people. In recent history, Filipinos forged revolutionary consciousness to act in unison against forces and powers that oppress them. Nonetheless, such unity was put into question after freedom was attained.

Tapales & Alfiler (1991) demonstrated two examples: the post-war Philippine Republic after the Japanese occupation and the reinstatement of democracy after the dramatised EDSA People Power Revolution in 1986 that toppled Ferdinand Marcos. Many people who took part in the restoration of freedom were demoralised when the elite came back to power. Some of these elements were themselves active in the struggle and wanted to have a share in power. However, academia saw the early years of the 1990s as a promising time to pursue research on Filipino values. Because of the social and moral decline caused by the Marcos dictatorship, which persisted until the restoration of democracy, social scientists hoped that these studies would lead “to a direct improvement in the moral and ethical situation of the country” (Reyes, 2015).

The accession of Ferdinand Marcos to power was characterised by personality-based politics. After he declared martial law in 1972, he attempted to use political catchphrases which would legitimise his authoritarian government, like “*Sa ikauunlad ng bayan, disiplina ang kailangan*” [For the development of the people, discipline is needed]. However, Marcos failed because he imposed the new idea of authoritarianism on a people he described as lacking in discipline and initiative (Tapales & Alfiler, 1991, p. 107). Nonetheless, what kept the Filipinos going through the entire dictatorial rule was their faith in God and their hard work. Marcos failed to empathise with the plight of the common person through *pakikipagkapwa*. For instance, for the sake of “meeting the demands for social justice”, he implemented a land reform

program which exempted his landowning allies and cronies (ibid, p. 106).

Seeing through government lip service, the Filipino people needed to make *pakikipagkapwa* visible through volunteerism and acts of service in their struggle for *katarungan*. While the technocrats of the Marcos regime failed to understand and apply the concept, many underground and aboveground groups were active to fill that gap. Non-government organisations (NGOs) took on the task of delivering the services needed by the people. They were aware that the kleptocracy and abuse of power in the government stripped the people of the right to live with dignity and that democracy was simply an empty rhetoric. They should take the lead in carrying out *pakikipagkapwa* if they are to promote social justice.

This defined the practices of community-based NGOs in the Philippines, many of which trace their origins from the popular movements of the 1970s. The Philippines is actually one of the largest and most active civil society movements in the world (Africa, 2012). According to Tuaño (2011), there are around 34,000 to 68,000 non-governmental organizations (NGOs) in the country. These NGOs commit themselves to improving the quality of life of the marginalized. Among the NGOs that spurred up are the medical- and health-related activist organisations. These organisations promoted health for the poor, as they viewed their health advocacy as part of the larger struggle to deal with the menacing socio-economic inequalities in the country. They focused on community-based health programmes (CBHPs) that emphasise

primary health care in rural areas. Later, the CBHP approach began to incorporate a gender component. Moreover, Sylvia Estrada-Claudio, a medical doctor, established a reproductive rights programme in Gabriela, a women's political movement. She would later help establish Likhaan in 1995 when she left Gabriela in 1995.

Reclaiming kapwa in community reproductive health work

The preceding section shows how the origin of Likhaan as an NGO are tied to the history of Philippine civil society. It illustrates the profound and enduring struggle of the Filipino people to improve the moral and ethical fabric of the nation through acts of service, thereby highlighting the importance of *pakikipagkapwa*. If one explores the links between the growth of Likhaan as an influential health advocacy group and the development of Sikolohiyang Pilipino, such connections can be traced.. In fact, Likhaan co-founder Sylvia Estrada-Claudio would later become one of the first PhD graduates of UP Diliman's Department of Psychology in 1996, whose concentration is in Sikolohiyang Pilipino (Pe-Pua & Protacio-Marcelino, 2000).

A paper authored by Estrada-Claudio published in the local journal *Review of Women's Studies* pointed out the need for a readiness to question the "oppressive role of colonialism, racism, sexism and elitism in the construction of the psychological reality of the Filipino" (Estrada-Claudio, 1991, p. 8) This implies a responsibility on the part of feminists to seek out philosophies of

science that would aid in the reconstruction of liberating psychology.

This kind of liberating psychology is harnessed by feminist practitioners on the ground in ways that enhance their impact in promoting positive change, and such involvement requires a profound understanding of the Filipino woman's psyche. Given that Likhaan is a grassroots movement aligned with the feminist agenda, it has to recognise that women have a distinctive role in the realm of social reproduction. Likhaan includes components that address numerous psychological issues, such as rape crisis centers and consciousness-raising groups that are focused on family violence. Following basic methods and techniques known in CBHP, the NGO also operates community-based clinics or health programmes as its core programme. Part of its services include pre-natal check-ups and maternal care, family planning and contraception, and abortion-related care. This is where the agenda of reproductive and sexual health for women in urban poor communities is rooted. In fact, the leaders come from the communities, which enables stronger social ties and better quality services. Likhaan's work uses the principle of participation when undertaking health services, education, and advocacy campaigns for women.

CBHPs operate on the philosophy that objective realities in the Philippines have a consequential effect on how the poor access health services. In particular, Likhaan's mission is to "help women and poor communities harness their resources and engage

government and other powerholders to transform unjust and inequitable situations” (Likhaan, 2018). It defined its long-term goal as being able to help women and their families and communities to fully enjoy their right to health, including their right to sexual and reproductive health. This is consistent with the 1948 Universal Declaration of Human Rights, which articulates every person’s right to health as central to human rights and an understanding of a life in dignity.

Likhaan sees the reproductive health problems in urban poor communities as being intimately linked with the socio-economic makeup of the nation. While it sees the transformation of underlying social structures to ultimately solve these concerns, it works on the improvement of a democratic approach which is evident in that: (a) it manifests its partiality toward poor women; (b) it stresses the long term adversarial impact of the dole-out approach used in some family planning programs; and (c) it repudiates the doctor- and hospital-oriented notion of healthcare provision, which it sees as “condescending” and “anti-poor”. It promotes the confidence of the community to deal with their health needs through its encouragement of participatory methods of collective decision-making.

Partiality toward poor women.

It is worth mentioning another concept in Sikolohiyang Pilipino that can also be used in the analysis. Pe-Pua (1993, p. 84) believes that there is a great cultural divide among Filipinos who differ not

because of the geographical area or ethnolinguistic group they belong to but as a result of an outlook in life, whether highbrow elitist or populist. It is important to take into account values that are in line with the social reality, orientation, and struggles of the economically and socially marginalised when a reproductive health (or any development) programme is being proposed to them.

Likhaan's approach to primary healthcare services integrates basic healthcare, community organising, and education. Its community-based programs in the poorest of the poor communities in the cities of Manila, Pasay, Malabon, San Jose del Monte, and Quezon City are led by a network of community health workers whose role is outreach. These areas are described by our interviewees as places usually shunned by service providers and health workers from both the government and NGOs due to perceived risks to personal safety. When they first started their first community outreach during the 1990s, they noted the high level of maternal and infant mortality in these places. Pregnant women went to the *hilot*, a practitioner of traditional folk medicine, who did prenatal visits and delivered the infant during childbirth.

Likhaan started providing respectful and high-quality healthcare by listening to the stories and life struggles of women and girls in their homes, the streets and alleyways. While these women initially benefited from the provision of free maternal care and family planning services, they eventually developed a critical understanding of the social dynamics affecting current medical policies and practices in the country, as well as the power and

gender relations at play governing their health and sexual lives (Likhaan, 2018). Topics covered include the human body, sexuality, power, and gender roles, as well as practical training on contraception and related aspects of reproductive health. Another dimension of training deals with the need to create the capacity for organisation development so that trainees will be able to promote changes in the health system. At the same time, they imbibe certain negotiation and deliberation skills and learn how to work more effectively as a collective.

This approach blends medical care with bottom-up political organising. Urban poor women are groomed to act as facilitators for social transformation through capacity-building activities. By analysing tensions in the healthcare system, like seeing the difference between private and public health sectors, they gain insight and a clearer understanding of what role they should have in their communities. In this way, individual women become their own advocates, and they develop greater self-awareness and autonomy as well as a common sense of solidarity. Such insight is supported by this quote from Lina, who used to benefit from Likhaan's free reproductive health services and now works as an administrative coordinator for the same organisation:

“We were gradually made aware of our rights, that we have rights even if we come from places avoided [by the government]. We learned that it is the government's obligation to provide us with services, even if we are informal settlers. We are the women who used to benefit

from the services [of an NGO], and we have evolved to become organisers ourselves. Likhaan gave us an opportunity to work with them. [In my case], I started as a volunteer, then became a health worker, then became a staff member when an opportunity came.”

In terms of organisation, Likhaan encourages the CBHPs in their respective barangays (the smallest political unit in the Philippines) to elect their officials every year in order to achieve a functioning democracy. Likhaan also placed the different CBHP organizations under a huge federation called PILAK – Pinagsamang Lakas ng Kababaihan at Kabataan (Federation Representing the Strong Unity of Women and the Youth) (Encarnacion-Tadem, 2012). PILAK is proud to be the first poor urban organisation that is self-avowed socialist and feminist. In particular, its constitution and by-laws emphasise sexual rights.

Men are also made involved in reproductive health advocacy, as it is recognised that male partners are commonly the primary barriers to promoting ideas that support reproductive health and the prevention of violence against women in many poor households. Reproductive health facilitators are aware that the Filipino man’s “macho” image still persists today, so they needed to devise ways to make family planning less of a woman’s burden. They believe that it lies in both partners learning to coexist democratically within the household by developing the negotiation skills that allow both of them to internalise a shared identity through *kapwa*. They knew that this strategy was successful when

male partners started to appreciate Likhaan's facilitated workshops by telling them that sex turns out to be less of a marital issue when it becomes more negotiated and discussed by the couple. For our interviewees, this is an aspect of their facilitation work that they can personally identify with, inasmuch as they also had the same struggles with their own families and relationships back then.

Moving away from the dole-out approach.

In Filipino culture, it is valued that you are considered a fellow *kapwa*, and preferably not another human being, so that every transaction becomes more natural and honest. This is how the people who benefit from reproductive health programs of the government or NGOs expect to be treated. Target acceptors complain that the attitude of motivators or health educators is condescending, or they get easily bored.

Taking a look at how population programmes are implemented by the government, one can see the dominant power relations. On one side are the staff in charge of providing family planning information and technology. On the other hand, ordinary people who lack knowledge about it are always afraid of the "bad" consequences of using contraceptives.

By operating the mobile clinic "Tarajing", an electric vehicle that brings medical advice and counselling as well as family planning supplies directly to urban poor communities, Likhaan

understands that to minimise the anxiety of those who are used to having limited access to health services and facilities, practitioners should be able to create trust in the community by implementing a more personalised approach to health (Luna, 2012). Instead of simply linking poverty to population growth, their main concern was how women could be engaged through accurate technical information that is offered at a level appropriate to the context and knowledge of participants. It takes into account the life experience and self-esteem of learners and addresses affective aspects, including the feelings that emerge during the process.

Family members are said to be in the *hindi-ibang-tao* (not-other-person) category. But in reality, the different relationships within the family show that the quality of the relationship also varies. There is an *ibang tao* (other person) and there is *hindi-ibang-tao*. For couples, it is expected that all feelings are freely discussed, whether about children or about their sexual lives. But many women will say that couples are embarrassed to talk about sex. When it comes to this topic, a woman is comfortable talking to a fellow woman (Pe-Pua, 1993). The concept of *hiya*, roughly translated as shyness, is also a cultural attribute among Filipinos in general. They may have things to say but cannot say them in front of other people. If so, you need to go to them and talk to them more privately. The fact that the majority of Likhaan's community health workers are female means that they offer a safe and nurturing space to discuss violence against women (VAW) issues (e.g., rape, incest, domestic violence, sexual harassment), abortion-related concerns, and depression.

The recruitment and capacity development of volunteers (mostly coming from the pool of service recipients) to do different aspects of advocacy work allowed Likhaan to expand its activities from a mere provision of reproductive health services to championing policy proposals that are aimed at national or local government officials or institutions. Part of its core programme is gathering important documentation from the ground because this will strengthen the case to push for an enhancement of existing rules regarding reproductive health and women's rights.

Aside from research, volunteers also help in community organising and education. It is important to emphasise during training that not every concern in the community can be solved by NGOs alone. Owing to their socially progressive origins, Likhaan asserts that issues surrounding the lack of proper healthcare services or violence against women can be rooted in systemic problems around poverty or patriarchy. Nonetheless, discussing national or global issues will never make sense to slum dwellers if these are not linked to their everyday concerns at home or in the community. This is captured by this statement from Ellen:

“There are those who eagerly promote national issues. Will they bother to ask first if the people they talk to have their own personal problems? The pain of the little finger is felt by the whole body. Sometimes local issues are left behind when [they come in here] to push for national issues. Let us not forget problems around housing and demolition,

because if their settlements disappear where will the people go, right?”

Hence, the community organizers should start with issues that these women can feel and then relate them to national or global issues afterwards.

Repudiating hospital-oriented notion of healthcare.

As a philosophy, Sikolohiyang Pilipino emphasises that individuals have unique personal histories and live within a social, political, economic and cultural environment that influences them, but they also control in some ways. It validates the conceptualisation of psychological thought and practice in a uniquely Filipino context, “for example, livelihood psychology instead of industrial psychology, health psychology instead of clinical psychology” (Pe-Pua & Protacio-Marcelino, 2000, p. 53). This is evident in Likhaan’s advocacy work which links education to health. Lina said, “Likhaan also believes we cannot achieve reproductive health through having a sane body and mind alone, but we also need to address issues concerning basic needs. That includes housing, water, and electricity, which are some of the things that Likhaan also fought for.”

The organisation has helped poor urban women in the slums develop their community organising and researching skills so that they can make use of the necessary legal knowledge while acting in unison when confronting unjust attempts to evict them from

their settlements. While Likhaan does not explicitly proclaim their use of *kapwa* in this philosophy, it is clear that their respect for the humanity of urban poor women and their acceptance of the masses' inherent rights serve to unify the uneducated and economically deprived residents of urban areas, their community health workers, the doctors, in their belief in the values of self-reliance and people empowerment. Aside from its role in community empowerment, Likhaan was also instrumental in campaigning for the Reproductive Health bill (now a law), which we will discuss in the next portion of this paper.

Campaigning for the reproductive health law

Abortion remains illegal in the Philippines, but it is a reality for women since the law has not discouraged them from ending unwanted pregnancies. Practices of contraception involve an active negotiation with faith and religion while striving to achieve some degree of autonomy (Natividad, 2019, p. 41). A woman's decision to undergo abortion speaks of a resistance to the authority of the Catholic Church that rests on the notion of mortal sin. Yet, without legal backing, women are unable to sustain their resistance and exercise their morality. Grassroots organisations have become increasingly aware of the need to bridge the gap between those who make critical decisions in government and those who benefit from the reproductive health services provided by private and non-profit groups. Likhaan initially fought for the repeal of the draconian law prohibiting abortion but later changed their tone in 1999 in favour of reproductive health legislation.

The organisation embarked on legislative advocacy but decided to halt it in order to focus on service delivery and tackling more pressing gender issues (e.g. domestic violence). Such a decision was made due to the growing number of bans on artificial methods of contraception, like the one imposed by the mayor of Manila in 2000 (Likhaan et al., 2007, p. 32). At that time, NGOs and pharmacies were harassed for dispensing them. However, reproductive health advocates saw momentum in 2010 when the newly elected president of the Philippines, Benigno Aquino III, expressed support for national legislation on reproductive health, believing “that the government should be able to provide it to Filipinos who ask for it” (Tubeza, 5 March 2010).

NGOs tried to bring the feelings and desires of the people to the attention of lawmakers. The campaign drew heavily on international conventions, such as the 1994 International Conference on Population and Development, which shifted its framing from population control to reproductive and sexual health rights. This attracted more players to the side of the campaign. They are aware that affirming the rights and welfare of poor women should inform the measure to be carried out throughout the campaign and lobbying process. The legislative arena is dominated by those who are adept in using hegemonic discourse, so the challenge for them is to amplify the voices of poor women in a manner that reaches the wider discourse. A sustained effort aimed at policy research and active public opinion-making targeted the general public. In fact, urban poor women from Likhaan-serviced

communities attended rallies to pressure legislators, who then invited them to speak during plenary sessions and committee hearings at Congress that deliberated on the then-Reproductive Health Bill.

While the Catholic Church has been an outspoken critic of the legislation, claiming that it will promote promiscuity (Strother, 2013), proponents and supporters emphasised that the bill is for responsible parenthood. They also stressed that this is not for population control but for women's control, as this is the very essence of reproductive rights. For example, they highlighted a woman's near-death experience of delivering a child in a public facility that lacked maternal health support. Some women recalled being refused to avail of ligation services from public health clinics unless they already had three or more children. This kind of messaging had proven to have more impact and had elicited sympathy from legislators when articulated by the women themselves.

There is no other piece of legislation in recent Philippine history that has been so exhaustively discussed and debated as the Reproductive Health Law. For groups like Likhaan, it is necessary to defend the poor not just against the conservative forces that aim to preserve the status quo but also against the tyranny of dominant, medicalising discourses in public health that belittle the goals of democratic governance. But it is also important to avoid celebrating just any cultural element as democratic. Realising a type of consciousness that is meaningful for the people

is not just a mere act of unearthing indigenous traits. By listening to how poor women feel and think and looking at ways to help them access basic reproductive services, as well as giving them a platform to speak and participate in the policy arena, community-based groups like Likhaan brought good results, but these are still supplemented by sound critiques that aim for structural change. For Estrada-Claudio, who is also an academic, “Healthcare is a social responsibility that cannot be solved by private efforts. When a private healthcare clinic is opened, it defeats the public sector, which is already skewed. As a result, you get greater inequity in healthcare services” (quoted in Sheker, 23 November 2011). Just like any other basic service, the healthcare system in the Philippines is profit-driven. As a matter of fact, many Filipinos are just one hospital away from poverty since being hospitalised in the Philippines is draining them financially because of the inefficient healthcare system in the country.

Conclusion

Likhaan is undertaking steps to bring about social change in a manner that harnesses the people’s integral values. By being sensitive to the cultural aspects of the masses’ experiences, it commits to effectively harnessing the values of the people for sustained unity and action underlined by popular empowerment. By respecting the narratives and orientations that the poor consider useful within their own communities, one can bridge the seeming divide between development practitioners who usually come from academic backgrounds and the masses who have

developed a distinct strategy for facing their everyday odds (cf. Chua, 2014, p. 103).

The story of Likhaan is reflective of the wealth of experience acquired by the Filipino civil society in working with the poor. It shows that productive dialogues with the masses can only take place if we make good use of valuable concepts comprehensible to them in a more free-flowing and natural manner. In promoting community-based efforts which strengthen people's confidence and determination to be self-reliant, the organisation works through the realisation of a people-oriented reproductive health policy. It combines policy analysis and research, activism, education, and service provision in addressing issues on the ground, which is consistent with what *Sikolohiyang Pilipino* stands for. As an emancipatory social science, it encourages a total approach and advocates for the decolonisation of the Filipino mind.

Paulo Freire (1970/2005) argued that people could act as oppressors or as liberators of their own situation and stressed that the aim of education is the creation of autonomous individuals who engage with the collective project of emancipation. It is important to look at people's desire to connect with their fellow beings, their *kapwa*. According to Enriquez's (1990) concept of shared-inner-selves embodied by *kapwa*, your fellow is you and me, I am you, and you are me. We are part of a large community, and our relationship is mutual, and we carry it out through fellowship. A bridge is being built by the Philippine civil society and

popular movements in this direction, i.e., bringing the feelings and desires of the people to the attention of policymakers. This is a form of *pakikipagkapwa* which may then lead to *pakikibaka* (struggle) for *kalayaan* (freedom) and *katarungan* (justice). The motivation to push for an equitable reproductive health policy that affirms the rights and welfare of poor women in the light of these values led to a demonstration of people's power in a move to *pagbabangong-dangal*, a renewal of dignity and self-worth (Enriquez 1990, p. 303).

Acknowledgment

The authors would like to express their appreciation to Professor Carmel Borg and Professor Peter Mayo (UNESCO Chair in Global Adult Education), both at the University of Malta, for the insightful comments and feedback they extended to this article.

References

Africa, S. (2012). Philippine NGOs: defusing dissent, spurring change. In Choudry, A., Kapoor, D. (Eds.) *NGOization: Complicity, contradictions and prospects*. Zed Books.

Aguilar, M. (2016). Epekto ng kilusang “indihenisasyon” sa agham panlipunan at araling Pilipino sa Unibersidad ng Pilipinas (UP) Diliman sa mga piling tesis at disertasyon: Isang pagsusuring bibliograpikal (1981-2010) [Impact of the “indigenization” movement on social science and Philippine studies at the University of the Philippines Diliman in selected theses and dissertations: A bibliographical review (1981-2010)]. Unpublished master’s thesis, University of the Philippines Diliman.

Asian Development Bank (2013). Civil society briefs: Philippines. Asian Development Bank.
<https://www.adb.org/sites/default/files/publication/30174/csb-phi.pdf>.

Chua, M. (2014). Pantayong Pananaw o pantasyang pananaw lamang?: Kamalayan sa mga konsepto/dalumat ng bayan, mga tinig mula sa ibaba [From-us perspective or just a fantasy perspective? Awareness of the concept of nation, voices from below]. *Saliksik* 3(1), 80-118.

Creswell, J. (2015). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research*. Pearson.

- Encarnacion-Tadem, T. (2012). The role of non-governmental organizations in the field of health in modern Southeast Asia: the Philippine experience. Unpublished paper.
- Enriquez, V. (1990). *Indigenous psychology: A book of readings*. Akademiya ng Sikolohiyang Pilipino.
- Estrada-Claudio, S. (1991). The psychology of the Filipino woman. *Review of Women's Studies* 1(2), 1-9.
- Freire, P. (1970/2005). *Pedagogy of the Oppressed*. Continuum.
- Licuanan, P. (1989). The urgent need for a moral recovery program. In R. Schwenk (Ed.), *Mutual recovery and the democratic vision*. Seed Center.
- Likhaan (2018). *Likhaan*. Likhaan.
- , ReproCen, and the Center for Reproductive Rights (2007). *Imposing misery: The impact of Manila's contraception ban on women and families*. Likhaan, ReproCen, and the Center for Reproductive Rights.
- Luna, N. (2012). Paradise Village: Why the RH bill should be passed. *Rappler*. <https://r3.rappler.com/move-ph/10444-paradise-village-why-the-rh-bill-should-be-passed>.

Natividad, M. (2019). Catholicism and everyday morality: Filipino women's narratives on reproductive health. *Global Public Health* 14(1), 37-52.

Paredes-Canilao, N. & Babaran-Diaz, M. (2006). Sikolohiyang Pilipino: 50 years of critical-emancipatory social science in the Philippines. *Annual Review of Critical Psychology* 10, 765-783.

Pe-Pua, R. (1993). Ang Sikolohiyang Pilipino at ang programang pampopulasyon [Filipino psychology and the population programme]. *Philippine Population Journal* 6(1-4), 75-85.

--- & Protacio-Marcelino, E. (2000). Sikolohiyang Pilipino (Filipino psychology): A legacy of Virgilio G. Enriquez. *Asian Journal of Social Psychology* 3(1), 49-71.

Reyes, J. (2015). Loob and kapwa towards Thomas Aquinas and a Filipino virtue ethics. Unpublished PhD thesis, Katholieke Universiteit Leuven.

San Juan, E. (2008). Toward a decolonizing indigenous psychology in the Philippines: Introducing Sikolohiyang Pilipino. *Journal for Cultural Research* 10(1), 47-678.

Sheker, M. (23 November 2011). Smaller families planned. *The Guardian*.
<https://www.theguardian.com/journalismcompetition/smaller-families-planned>.

- Strother, J. (30 March 2013). Mixed reception for Philippines birth control law. *Deutsche Welle*.
<https://www.dw.com/en/mixed-reception-for-philippines-birth-control-law/a-16671183>.
- Tapales, P. & Alfiler, M. (1991). Sustaining Filipino unity: Harnessing indigenous values for moral recovery. *Philippine Journal of Public Administration* 35(2), 99-113.
- Tuaño, P. (2011). Philippine non-government organizations (NGOs): Contributions, capacities, challenges. In Yu-Jose, L. (Ed.), *Civil society organizations in the Philippines, A mapping and strategic assessment*. Civil Society Resource Institute.
- Tubeza, P. (5 March 2020). 'I'm a Catholic': Aquino eases up on reproductive health bill. *Philippine Daily Inquirer*.
- United Nations (2019). Sex, HIV, and young Filipinos. United Nations <https://philippines.un.org/en/41533-sex-hiv-and-young-filipinos>