

A Way Out in Eden: Maternal Health Crisis in Manila

Abstract The paper attempts to understand how mothers make sense of the maternal choices they make, how they appropriate and reappropriate norms, and their notions of the world they live in. In this mold, through conversations, the oral history approach is applied. What unfold are stories of mothers, who in dire straits of poverty, decide and act within an accommodation-resistance nexus, a grey area where they negotiate their notions of right and rights – the interplay of influence, meanings, and practice finding creative interpretation in their notions of motherhood, abortion, and the world. Finding a way for the mothers means to find a way out of a desperate situation. In this sense, the mothers' notion of entitlement finds creative interpretation in *pag-gawa ng paraan* (to make a way). The study presents the challenge to view the mothers' choices, whether seemingly complicit or resisting, as choices of agents that are often impinged by structural confluences of interests.

Keywords abortion, mothers, Manila, engaged anthropology, narratives, urban

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These afflictions are not the result of accident or a force majeure: they are consequences, direct or indirect, of human agency... human decisions were behind those...

Farmer, *Pathologies of Power*, 2003, p. 40

Introduction



Adjacent the port area of Manila, Eden is a catch basin for everyone who arrives from the provinces wanting to try their luck in the metropolis. It is the archetype of an urban poor community. It has a population that is inversely proportional to its living space. There is no breathing space between the houses; a situation that gives new meaning to the notion of next-door-neighbors. There is the inescapable blare of the karaoke, the barking of dogs, the loud conversation of peoples, and the clinking bottles of beer, each combating and asserting for space. At the heart of Eden are mothers who struggle to care for their children, their narratives portray Eden as a place of hope and last resort.

This paper discusses the abortion stories of mothers of Eden. It attempts to explore how the mothers deal with and create notions of right and rights, of what is moral and not, of what is

legal and not. The study hopes to contribute to discussions on maternal and reproductive health by lending a voice, though faint, to the silent echoes of weary discontent of mothers, the women who bear the burden of structural arrangements fastened together by state policies, tradition, and religion. In the margins, stories of women who renegotiate, bargain, and take action in their attempt to take control of their reproductive health rights emerge amidst the flux and cymbals of the reproductive health debate. Dire conditions questioning human development narratives of the state, religious, and political tensions, present a fertile ground for reassessing the debate. The discourse on abortion in the Philippines, with its strong Catholic history and influence, has always been viewed primarily as a moral matter. This has since given way to a discourse that has larger implications – as being political and economic (Moreira Monteiro, 2005). Abortion, while an intensely private affair, is a critical public concern.¹

The fieldwork began in 2007, comprising of periodic community visits. Interviews were concluded in 2009. The stories of eight mothers form the bases of this paper. All the interviews, *pakikipagkwentohan*, were premised on the principle of free, prior, and informed consent. Identities and places have been changed in the course of the writing.

In this reporting an attempt is initiated to understand the notions that the mothers have of the community that they live in, of how they make sense of the maternal choices they make, and how they appropriate and reappropriate certain norms. In this mold, the oral history approach is applied. The work of David Cline, *Creating Choices* (2006), which presents oral histories of those involved in the reproductive rights activities serves as a guide for the study, that by

The rise of oral history as fundamental to the reconstruction and interpretation of the past... by attending to the experience of ordinary

people... we learn the daily work of social change — ... political obstacles and possibilities, spiritual and moral dilemmas, and the personal and societal insights... from their struggle (p. 10).

The narratives, “from the voices,” of the mothers provide a glimpse into their life stories, portrayals of how they are situated in the margins as citizens in an urban poor community.² These narratives enable us to “to understand their actions, make sense of them, and respond ethically ourselves, that is, with compassion toward the others” (Scheper-Hughes, 1993, p. 22). Likewise, the capturing of the voices of the mothers of Eden adheres to the bias that “involving the poor in the process will contribute to ensuring that the strategies identified from poverty reduction will reflect their concerns, including the priorities and obstacles to progress as seen by the poor” (Narayan et al., 2000, p. 28). Ultimately, it is the mothers of Eden who can best speak of their realities. In the presentation of data, direct quotations from the mothers are presented.

Narayan et al. cautions, “a study of this nature faces the intractable problem of partial generalization... By definition, however, generalizations are not truisms” (2000, p. 23). The quotations may tend to illustrate a general trend, a general sentiment; however, “the quotations do not prove the trends—no one person’s experience could, and (I) do not expect one quotation to convince the reader of a trend” (p. 23). But attempt we must to show that the individual, the private, constitutes a fertile political arena, to borrow from Farmer, “to take these as research questions (to) study both individual experience and the larger social matrix in which it is embedded in order to see how various large-scale social forces come to be translated into personal distress” (2003, p. 261).

The experience of abortion is enmeshed in personal value conflicts that for many of the mothers the telling of their stories

can only be told haltingly and, at times, evasively. Only after a bit of *kwentohan* would the story be revealed. Many of the interviews would be circuitous, entwined with remembrances of childhood and the struggles of the everyday. Haltingly and almost nonchalantly, the conversations would be about cooking, marital woes, childcare, poverty, and only somewhere in between would abortion be talked about. There seemed an unintentional muddling to divulge and then to cover again, as one would need a moment to cushion an old distressing memory.

Eden, of Making Space

Eden is a community near the sea. In the old days, it would have been a picture of quaint bounty where a fishing village flourished sustained by harvest from the sea. The Eden of today is far from quaint. The sea no longer has bounty to give and the river has since turned murky and reeks of rotting debris. It is now approximately three hectares of dumpsite turned into habitable space. It is a circuit of roads lined with houses. At the far end of the village remains a remnant of this past, a hill of trash, a soggy black mass compounded by time and the weather. On a sunny day, there is hardly the smell of its old ways but when the wind blows there is a whiff, a reminder that squalor is never far away. Now the hill doubles as the children's playground and the residents' mine of trash, to scavenge for a day's meal, a livelihood in the dump.

Eden is comprised of two "villages," Eden 1 and Eden 2, both collectively called Eden by the residents, in Barangay Patron de Letre, Makalinga City.³ There are no house numbers in Eden but each household is assured of getting mail anticipated from the provinces. By the entrance arch into Eden is a table, one of the residents have taken it upon himself to be the "postmaster general." For a small fee he accepts letters from the official postal couriers and the residents go to him to claim their mail. This

“service” is a metaphor for the many things that lack and are innovated in Eden, the unofficial that works.

There is no official document citing the demographics of the village. People come and go. As a practice, the Eden Homeowners Association officers multiply their estimates by four to get a more accurate counting. One house is home to three to four families living together. Those who come to the big city become dependents of the relatives they live with. Helen, one of the mothers interviewed, and her husband live with and support an extended household. Raising a family and supporting her in-laws have added to the strain on their relations, creating tensions in accommodating kin and making ends meet on meagre resources. She said,

Kapatid niya, pinsan niya nasa amin nakikikain. Kasi ganoon ang probinsiya. Ganoon lagi, datingan kami ng mga taga-probinsya sa kanila. Pati kapatid niya diyas sa amin nakatira. Syempre, palagi kaming kapos, kasi mag-kano lang ang sahod niya. Yung mga ilan sa mga kapatid niya nasa amin naka-tambak.

Many of the homeowners often make space for boarders. Space is prime in Eden. Every inch of sleeping space matters. Ate Linda recalls that, when she first arrived in Eden from Masbate,

Maliliit ang mga bahay dito. Maliligaw ka kasi pare-pareho itsura. Ano ba yan. Yung mga bubong may gulong para di liparin ng hangin... Pag-umulan malalim talaga ng tubig. Di ka makakalabas. Basurahan pa lahat.

If there is one equalizer in Brgy. Patron de Letre, rich and poor alike, it is their fear of floods. Whenever a typhoon hits Metro Manila, the Makalinga area is more than certain to get its share of the deluge. The residents of Eden anticipate the monsoons as one anticipates certain loss. Typhoon Ketsana (Ondoy) is still remembered in Eden. It inundated Eden on September 26, 2009, displacing hundreds of families, submerging and demolishing houses. The pathways and roads in Eden became impassable. The trash that provides livelihood for many of its residents partly

caused the clogging of the alleyways, resulting in the inundation of the village. In Eden a “quality life” means the bare minimum of three meals a day and a dry floor to sleep on.

When not the floods, disastrous fires stalk Eden. Fires have scarred Eden. Houses made of wood, carton and bric-a-brac, and lit by candles and *gasera* make for easy kindling. On the southern part of the village is a high wall separating the settlement from a plastics factory. A few years ago, a disastrous fire almost razed the village. Many were left homeless, and many are still slowly rebuilding, Hilda laments, saying, “*Ang hirap talaga, nawalan kami. Umpisa ulit. Di pa nga kami nakaka-ahon.*” She and her family live in a makeshift house where the rain comes into her living room unwelcome. The factory owners thought of protecting their property from disastrous fires by building a high wall against Eden. Similar to other urban settlements, Eden suffers from a certain reputation. It reproduces the stereotype of urban poor social diversity, of fragmentation and crime. Wratten (1995) describes such urban poor spaces as heterogeneous “melting pots,” attracting rural migrants and refugees with different ethnic, cultural, and linguistic origins (p. 23). They contain a diversity of household types that is a melting pot for creating new tensions and survival strategies. Ate Linda narrates Eden’s violent beginnings, how guns and gangs ruled its alleyways. She remembers the faint glow of light in the houses because Eden’s electric power was illegally sourced, tapped somewhere. She said,

Dati kung sino ang may kaya, kung sino ang may baril sila yung mga leaders, may kakayanan kumabit doon sa illegal... Mag-hapon ka mag-aabang ng tubig, piso bawat timba... Yung kuryente, pula na yung ilaw sa hina, halos wala ka na ring makita.

Eden’s context is poverty. It repeats the story of other informal settlements, of dreams made in rural grass translated into the reality of urban pavement and scavenged galvanized steel, of

tampered electric wires and gangs ruling the alleyways. Many refer to places like Eden as a squatters' area. Lani declares herself a squatter, squatting on land not hers and struggling, mustering dignity, "*Squatter ako kasi nasa squatter ako. Pero ang ayaw ko lang yung sinasabi nila kapag nasa squatter ka, ugali mo din squatter.*" She lends to the truism of stigma and oppression in the margins, "any distinguishing characteristic, whether social or biological, can serve as pretext for discrimination and thus as a cause of suffering" (Farmer, 2005, p. 46). The mothers see their lot as "*mahirap at naghihirap kami,*" as the poor who suffer.

Eden illustrates the reason often cited for the rapid shift of population from rural to urban areas: desperate poverty and armed conflict forcing many people to migrate to urban centers. This movement stems from the belief that the city can offer a solution out of poverty and a safer haven (Mitlin and Satterthwaite, 2004). It has consequently led to the mainstreaming and commodification of cheap labor from rural provinces. Many of the poor arrive with the expectation that their lives and the lives of their children will become better. It is this fool's vision of the metropolis that has led many to the cities, only to find that there is very little space for them, ending up in dire and desperate situations, or in Eden. One leaves the provinces to escape living in a shanty only to end up in the city living in another shanty. Ate Linda explains:

Pag narinig mo galing ng Manila sikat ka na non. Maganda na ang mga damit nila kahit mga katulong. Yan ang mga pangarap ng mga babae sa probinsya, ang makapag-trabaho sa Manila. Dito daw maraming pangarap ang matutupad... kaya noon katorse lang ako lumuwas na kami dito... Lahat ng sweldo ko pinapadala ko sa probinsya para makatulong... At gusto ko rin talaga makapag-aral noon. Dito daw sa Manila may night school. Pero pag dating ko naman dito, sabi nung ibang mga katulong, mahirap daw, maraming mga adik, delikado. Kubo ang inalisan (sa probinsya), kubo din ang dinatnan (dito).

Wratten (1995) states that when commercialization is concentrated within cities it is likely to lead to greater disparity in urban incomes, reinforces inequality, and increase poverty among the poorest in the population. For Rena, affording the basic trappings of city life – electricity – remains a faint light, right in the heart of the metropolis; her family can only afford a meagre can of kerosene to light the *gasera*. She confided that,

Alam mo, sa totoo, lang wala pa kaming ilaw. Kasi tinanggal na nga ang kuntador namin dahil kailangan na ng may-ari. Gasera ginamit namin. Sabi ko (sa asawa ko), 'Baka mayroon ka pang limang piso diyan. Ibili mo ng gas yan. Para may ilaw tayo'.

The mothers tell almost the same story, traveling from the provinces, from islands, from mountains, leaving their families in the hope of finding better opportunities in the city. The story is told repeatedly, varying only slightly in the details, about a girl's hope and determination, about falling in love, about getting pregnant, about becoming a mother, and about a fairy tale falling dismally short of a happy ending.

In the Grey Nexus

In Eden, life resembles a crisis area where the morality of triage becomes the necessary norm. Consequently, moral rationalization can no longer be guided by universal principles and abstracted moralizing (Schepper-Hughes, 1992).

Reproduction, similarly motherhood, is pervaded with social significance and cultural meanings in societies. Social identity is linked with marriage and parenting, and for women, mothering has cultural and social values that are often her principal measures of social identity and status in the community (Robinson, 2001). The notions and decision-making that affect this identity, women's fertility, and reproduction, always transpire in a particular economic, social, and cultural context.

Linda, a health worker of an NGO-run clinic in Eden, wove the community realities into a tapestry of women's stories. Mothers, she said, struggle the most in Eden. Many of them have husbands who do not earn enough for their family or do not earn at all. At best the men of Eden are seasonal workers. The mothers are forced to take on odd jobs and scrimp on the care of their children. Many are overwhelmed by the requirements of motherhood: housework, eking out a living, and childcare. And yet, she said, many continue to become pregnant, increasing the number of mouths to feed, meager meals becoming even more meager for families. Ate Linda explains that the clinic's thrust is to educate the mothers and the women of the community about family planning and reproductive health. She admits with hopeful weariness that it is an uphill battle. She says the clinic cannot provide for all the goods and services that the community requires. The government has not lent help, she laments, and there was even a crackdown on the service providers some time ago. Lacking the money and options, many women take their last recourse – induced abortion. They save what precious pesos they have and depending on the amount would buy herbs, "*pamparegla*," Cortal, Amoxicillin, or Cytotec⁴ in Quiapo, or resort to the traditional healer or the *hilot*. Some of them would even attempt to abort by themselves, either by desperately jumping up and down or by inserting a clothes hanger in their vagina. She knows of women dying as a result of unsafe abortion. There is a rise, "*dumadami*," she said, of the women who opt for induced abortion in the back alleys.

The profiles of the women who have abortions vary. A good number of those who have induced abortions are married women with children. Many of those who had induced abortion cite economic constraint as their primary reason. It is mostly poor women who resort to abortion, and very often, unsafe abortion. Lacking the means, they trade off safety and have a higher risk

for post-abortion complications compared to their wealthier counterparts who seek abortion in relatively safer more sterile settings (Cabigon et al, 2006).⁵ More than half of the women who have had induced abortion were non-users of modern family planning methods,⁶ while three-fourths were using traditional methods. In Eden, mothers create a notion of motherhood borne of their realities. Eden illustrates that “the reality of maternal thinking and practice (are) grounded in specific historical and cultural realities and bounded by different economic and demographic constraints” (Scheper-Hughes, 1993, p. 356).

Aling Patricia does not wince suggesting abortion to her two daughters. She said both are married to abusive *tambays* who beat them up. The men are jobless and are heavily into drugs. To her it was a choice for survival. She want her two daughters to survive the gutter and to save their children from falling into the same perdition, saying,

Tinuro ko pa nga yun sa mga anak ko, hindi naman sa pag-ano. Dalawa na yung anak ko na nagpa-ganyan din. Oo, si Susan at saka si Rose. Ayon... Ako ang tumulong na. Kasi naman, ano naging asawa nila, addict! Sinasaktan sila! Kaysa naman mabuhay yung bata. Di tulungan mo na lang maalis sa ano niya, sinapupunan. Syempre, magulang ako, nakikita ko ang sitwasyon. Talagang kailangan. Sabihin man nilang kasalanan, tanggapin ang kasalanan. ‘Alam ng Diyos yun na hindi mo ginusto yan. Kaysa ipa-ngamba mo na mamatay, addict yung tatay! Ano na yan! Tapos minamaltrato ka naman. Ikaw ang naghahanap-buhay. Sinasaktan ka pa.’ Tinulungan ko yung anak ko. Dalawa yung anak ko na tinulungan ko na... Hindi ako naga-ano. Basta ako, sasabihin ko na, oo, kasalanan kung kasalanan, ‘Tanggapin mo. Pero alin ba ang gusto mo? Yung bata pa na mapa-ano, na hindi pa tao talaga yan, kumbaga dugo pa lang yan, kaysa ikaw ang mamatay.’

Lani, a young mother from another urban poor community not unlike Eden, aborted her third pregnancy. A disastrous fire razed her community and they were barely starting to rebuild

their lives when she got pregnant. She said her family could not seem to recover, her husband was not earning enough and work was hard to come by. Her abortion afforded her relief from her problems, *“Nakahinga ako ng maluwag. Tapos na ang problema ko.”* She added, saying,

Sabi ko sa sarili ko, ano naman kung mag-anak ng mag-anak ako. Hindi ko rin naman yan mabubuhay. Kapag dating ng araw hindi ko mapag-aaral ng maayos di ba? Kung kaya naman pigilan hangga’t maaga, e, di gawan na lang ng paraan. Kaysa pahirapan ko naman yung bata, hindi naman mapapag-aral. Kaya ayon din ang naisip ko... Ayaw ko na kasi. Kasi ang hirap ng buhay namin. Kailan pa kami nasunugan, hanggang ngayon hindi pa kami nakakarecover. Hanggang ngayon hindi pa buo yung bahay naming. Sabi ng mister ko, ‘Pangpa-gawa pa ng bahay natin. May dalawa pa tayong anak na nag-aaral. Mahirap ang buhay,’ sabi niya... Para sa sarili ko hindi siya (referring to abortion) masama.

Lani initially tried to abort using Cytotec, taking twelve tablets as she was told to but it did not cause her to abort. She said, *“Ang kamalian ko naman sa pagiinom, hindi daw talaga epekto kapag busog.”* When after two weeks she did not abort, she sought the help of friend who worked in a health clinic. Her friend suggested she undergo an Manual Vacuum Aspiration (MVA) procedure. She and her husband did not have money for an abortion so they borrowed money from the local loan shark.

Aling Lucy, a long-time Eden *hilot*, explains that most of the women who come to her asking for help are poor; women who have no access to contraceptive services and who are not able to space their children. Her clients are women who are struggling to find means to support their families and no longer want to have children,

Kasi ayaw na nilang manganak. Halimbawa, sa hirap ng buhay, syempre hindi na sila mag-aanak, di ba. Di ba, karamihan madaming gumagawa ng paraan para hindi ka mabuntis... ayaw nilang madagdagan yung bata na maliit pa. Halimbawa, wala pang isang taon may laman (na naman), ayon ang karamihan.

Aling Lucy herself faces grinding poverty, and like most of the mothers in Eden plays the primary role of providing for her family. She comes from the Visayas and arrived in the city looking for work. She worked as a housemaid and was a *labandera* before becoming the assistant of a midwife. It was from the midwife that she learned of being a *hilot*. She has lived in Eden for more than twenty years and is one of the village *hilot*.

Kasi wala naman akong asawa. Byuda na ako. Ngayon nag-iisip naman ako kung saan ako pupunta... Ang mga anak ko walang trabaho. Syempre, ako nag-iikot. Kung mayroong magpapahilot, di binigyan ako ng 50 pesos. Di mayroon na akong isang kilong bigas at saka ano na doon, uling.

While providing help to the women is her primary motive, capacity to pay plays a central role when she determines the price for her services. She said that for women who can afford to pay more she asks for a higher payment. This way, she explained, in case complications happen it is easier for her to take the woman to the hospital,

Hindi ako tumitirada pero kapag may pera tinitirada ko. Kasi may panggamit sila. Halimbawa, kung mag-ano man sila, ma-i-tatakbo diretso sa doktor. Yun naman ang tinatansa ko rin. Pero kapag walang pera hindi rin ako basta basta tumitirada.

Aling Rena spelled out the pragmatism of her abortion – she simply could no longer afford to feed another child. She said if she could raise her child with dignity, assure the child of three meals every day, she would not go through an abortion,

Dapat aalamin muna nila kung anong dahilan bakit mo ginawa iyon, sabi kong ganoon sa kanila... Ewan ko sa kanila kung anong dahilan. Ako ang dahilan ko kasi walang makain. Ganyan, tapos sa kahirapan ba. Ganoon lang sa akin. Kahirapan. Ganyan. Pero kung tutuusin, bakit ko ipalalaglag kung alam kong kakayanin ko rin lang, na masusuportahan ko sila, di ba. Kasi nanggaling sa katawan mo yun, e. Ganoon lang.

Aling Rena was regretful to have had to make a hard choice but have learned to live with it. She was rigid in her refusal to be judged. While she consulted her husband about whether or not she should go through with the abortion, her husband left the decision to her. Even if he did not agree to it, she explained, she had already made up her mind. It was to certain suffering that her child would be born into, she said, so she chose to save the child,

Kinunsulta ko rin siya. Pero ang sagot niya sa akin, 'Bahala ka.' Siguro parang gusto na naaawa siya pero ibig kong sabihin inano na lang niya sa akin yung desisyon ko, 'Tatal katawan mo yan'...'Siya na rin ang pinagdesisyon ko noon, e. Ayaw ko man kung gusto niya. Katawan naman niya yan, e,' yun ang sabi ng mister ko... At saka isa pa kahit ayaw niya pumayag gagawin ko pa rin yun. Kasi mas maawa ako kung itutuloy ko ito. Kung itutuloy ko man yun, mas maaawa ako sa anak ko kung ilan na sila. Ngayon nga ilan na sila, wala pa silang makain. E, wala namang trabaho mister ko. Yun na lang ang pumasok sa isip ko...

Ang sabi naman ng mister ko, 'Syempre masakit din sa akin pero wala rin akong magagawa kasi wala naman akong trabaho na ma-i-aano sa kanila, na isusuporta sa kanila na ganoon,' sabi ng mister ko. 'Pero sa totoo lang syempre, anak ko pa rin yon,' sabing ganoon ng mister ko. 'Kaya lang wala na rin akong magawa,' sabing ganoon...

...Tinanong kami kung naalala pa namin siya, 'Syempre,' sabi namin, 'anak pa rin namin yon.'

Aling Rena was told of the risks: the dangers of the procedure; the possibility of dying; and of being caught and arrested by the police. She weighed the risks, ignoring it mostly, she said, with the kind of bravado of someone caught in a tight spot. She has lived this way, she said, getting her electricity through illegally wired taps, living on a land she was told was not hers, but claimed it nonetheless. In her mind, she was exercising her duty to her family, and for her the most responsible thing was not to bear another child into hunger. She confided that,

Alam mo, sa totoo lang, hindi ko dapat ikwento sa iyo 'to syempre, baka sabihin mo pati ba naman yun... Hindi kasi, minsan, wala talaga, pero nagagawan ko pa rin ng paraan. Ibig kong sabihin, kasi katulad niyan, ilang buwan nang walang trabaho ang mister ko. Apat na buwan na. Minsan sa loob ng isang linggo, okay na yung, siguro tatlong araw lang kami makakain ng tatlong beses. Mas lamang ang wala. Minsan hindi kami nanananghalian. linom lang ng tubig yan.

Si Jose, yung bunso ko, (inuutusan), 'Humingi ka na lang ng kanin doon kina tita mo.' O kaya sasabihin niya (ng asawa) sa akin, 'Hoy, Rena, utusan mo yung anak mo. Sabihin mo humingi siya ng kanin.' Minsan may kita rin yan, minsan wala.

For the mothers of Eden the everyday moral grind is dictated by a lifeboat ethics. The ethical dilemma of the lifeboat is to choose who among those shipwrecked are to be saved when it would mean greater disaster to attempt saving all, between the infants or the elders, the strong and the useful, or the sick and vulnerable (Schepher-Hughes, 1992) – between Aling Rena's four children or the potential of her *dugo*. In a household where food is scarce the decision becomes even more distressingly urgent and perhaps terribly easier. She tells me how even her family's most basic needs have to be portioned out, of how in the end there is always someone who has to go hungry,

Sabi ko pa naman buti na lang hindi ko kinain 'tong manok. Nakahiga na yung dalawang anak ko. Sabi niya, 'June, Joshua, kainin niyo na yan. Paghatian niyo nang dalawa yan.' Di umupo ako sa sahig. Kunyari nagpapaypay ako. Pero tumutulo yung luha ko. Diyos ko, sabi ko sa loob ko. Tapos ang mister ko bumaba. Hindi ako tumitingin. Pabayaang ko na kumain. Alam mo ba yung manok na yon, talagang kurot-kurot lang sila. Tapos yung kanin kulang, sabi niya, 'Hingi ka ng kanin doon kina tita baka mayroon pa.' Dali-dali ang anak ko. 'Pa, wala na daw silang kanin.' 'Sa taas?' Lipat na naman. 'Pa, hindi daw sila nagsaing.' Kunyari nagpapaypay ako pero hindi ako nagpapakitang umiyyak ako. Sabi ko buti na lang hindi ko kinain. Tumayo ako. Uminom na lang ako ng tubig. Tapos ginawa ko natulog na lang ako. Tapos alam mo mister ko, yung matirang

ulam, 'Manok pala to,' di kumurot din siya. Ang nangyari, nag-iwan din siya siguro mga ganyan lang na manok (it was the size of her thumb).

Tapos ito, e, di pinakiramdaman ko mister ko. Nahiga na rin siya. Pinapakiramdaman ko lang. Uminom na naman ako ng tubig. Bumigay naman ako. Dumating ngayon yung anak kong dalaga. Sabi niya, 'Ma, kanino to?' Di ako kumikibo. 'Hingi ako ng kanin' Hindi ako kumikibo. Alam mo sabi ng papa niya, 'Huwag mo nang kainin yan, para bukas pa yan.' Sabi ko, 'Kainin mo na.'

Sa totoo lang kinu-kwento ko lang talaga sa'yo. Hindi na ako mahihiya dahil iyon ang totoo. Minsan, hindi kami kumakain. Maswerte na lang nakakakain kami sa gabi. Minsan ang kumakain na lang mga anak ko. Nagpapainit ako ng kaning lamig. Minsan nag-uulam ang mga anak ko ng toyo at saka mantika. Masuertihan na lang kung may toyo. Toyo-toyo na lang manghihingi pa sa kapit-bahay.

Di baleng ako na lang ang hindi kumain huwag lang ang mga anak ko. Tuwang-tuwa na silang mga anak ko basta may kanin. Minsan, aakyat yan sila, 'Ma, may sinaing?' Wala. Bababa na naman sila. Hahanap na naman ng iba. Doon lang ako naaawa. Wala akong magagawa. Minsan nasa isang sulok na lang ako, umiiyak na lang.

It is the stomach-pinching hunger of poverty that drives mothers to a place of distress, a place where they have to choose who gets on the lifeboat. Her deciding becomes one of her important acts as a mother. In urban poor settings, mothers handle crisis by thinking of what is best for their children. Aling Patricia believes the best for her children is to give them the chance to live in relative peace and health, she wants them to survive. If a radical mothering could be spoken of, perhaps it is the requirement to call on the force and means to help one's own children whatever the means may be. For her it meant aborting – “saving” – what could be another child, a possible grandchild, from the certainty of falling into despair and deprivation. It is this comforting thought, a bitter pill that enables her and her daughters to stand the misery.

Motherhood in Eden is characterized by the everyday experience of strife and scarcity. Motherhood has come to mean saving a child from poverty. The mothers of Eden resist universal conventions of mothering and reappropriate the meaning of motherhood according to their lived experience. Mothers evolve a culture of “muted, submerged ‘moral voice’ of women, of mothers in general” (Scheper-Hughes, 1992, p. 402), that is “in and of themselves constitutive of a multiplicity of truths conforming to radically different experiences of reproduction and motherhood” (p. 402). This submerged moral voice of the mothers of Eden finds translation in a mother’s desperate will to abort. An act that makes her less, if not altogether nullifying her being a mother by general standards, and yet taken in the context of the lifeboat perhaps makes her more humane.

That Quiet Brutality

Illegal wiretaps, illegal water source, illegal building, illegal livelihood. Many of the poor residents of Eden have resorted to creative, often illegal, means to live. “Making do” is the required attitude the poor have to take on. To survive, even to thrive in the margins, they have to shift gears and engage themselves, to propel themselves to *find a way* – “*gawan ng paraan*.” Finding a way for the mothers means to find a way out of a bleak, desperate situation – out of hunger, sickness, pregnancy, and so forth. In this sense, the mothers’ notion of entitlement finds creative interpretation in *pag-gawa ng paraan* (to make a way). Aling Amelia describes the details of her abortion. She hid it from her husband, saying,

Sabi ko nagdesisyon ako na hindi ko pinaalam sa asawa ko. Ayaw ko na. Kasi nahihirapan na rin ako na parang sa akin nalatag ang responsibilidad ng pamilya.

Torres (2002) forwards that “gendered expression of sexuality has implications for reproductive health.” In her study of gendered constructions among rural Filipino couples, husbands tended to be suspicious of their wives when they use contraceptives. The contraceptives “threatened the prerogatives they have over their wives’ sexuality” (p. 138).

Aling Amelia went about looking for someone to do the procedure for her. Her hilot used a catheter to induce her abortion. “*Pagkinabitan kita, dudugin ka,*” she was told. She was warned of the pain and of the bleeding that would follow,

(Nagtanong ako) Saan ba may pa-ganyan? Tapos sabi, magkano naman? Noon 350 pesos lang. Tapos sabi ko hindi (ko) kaya ano. ‘Hindi, hindi naman, kaya yan,’ sabi niya, ‘Pagkinabitan kita, dudugin ka.’ Totoo naman talaga. Yung catheter daw ‘yon. Bago ako lumabas doon sa bahay nila, talagang dinudugo na ako. Tapos ang sabi niya kapag mamayang gabi sasakit daw yung tiyan ko at tuloy-tuloy na hindi mo na halos ma-tiis, hilahin ko lang daw. (The catheter was left inside her). Tapos ganoon ang ginawa ko. Di dinugo na nga ako ng dinugo. Di akala ko hanggang ano lang, di tapos na ‘yon. Hindi pala tapos siguro, may naiwan pa doon. Kaya kapag dinudugo ka mayroon pa doong naiwan na kailangang raspahin talaga.

Her abortion turned out dangerous. The catheter caused her to bleed continuously and she developed an infection. Her ignorance and those around her, while well-meaning, prolonged her agony and endangered her health. She said,

Minsan may pina-painom sila sa akin na tabletas. Basta sabi nila inumin mo yan para ano. Ako inom na lang ako ng inom. Bale kumbaga wala akong kaalam-alam sa mga ganyan. Ayon mawawala yan mga dalawang araw. Tapos ayon na naman. Dudugin na naman ako kapag nagbuhat ako ng mabigat.

Only when she and her family thought that she was at the brink of death was she taken to the hospital. But not before warning her of the “dangers” of going to the hospital, abortion is illegal – she could get herself and her service provider arrested if she was found out.

Abortion statistics in the Philippines are restricted and unreliable largely because abortion is illegal, it leads to underreporting. Owing to the sensitivity and highly charged nature of the issue, the women who undergo the procedure have not talked about abortion openly and often enough. A research conducted by Cabigon et al. (2006) states that women are reluctant to talk about abortion.⁷ This silence and reticence are echoed in a study conducted by Mundigo (1999):

In most developing countries, the consequences of women's health, the social and cultural context within which induced abortions are performed, and even the levels and data characteristics of women resorting to abortion are unknown (p. 57).

Aling Patricia felt she has to do things on her own way, "*Kailangan kumilos ka... gumawa ng paraan.*" Basic services, she said, were absent,

Hindi ko nararamdaman ang presensya ng gobyerno sa buhay ko... Kapag ang bata hindi pinag-aral ng magulang, hindi na mag-aaral. Di tulad sa ibang bansa, ang bata kapag isinilang sa ganoon bansa at ganoon ang nationality mo, makakapag-aral ka. Dito hindi. Sa lahat ng benepisyo ng gobyerno, tabla ka. Kailangan kumilos ka. Talagang walang gobyerno. Sila lang ang nagpapasarap.

Her struggle to be independent stems from a deep-seated anger and disappointment in an institution she was optimistic would lead the way for change, "*Malayo. Mahirap ang ginawa ng gobyerno sa akin... Walang ano, wala kang mararamdaman diyan. Mag-trabaho na lang ako.*" She will take care of it herself, whether or not the means is legal, saying,

Kasi noon, ang alam ko kasi nga sabi nila kapag nagpalaglag ka, criminal ka na... Pero ang iniisip ko siguro sinasabi lang nila yun pag nalalaman nila na nagpalaglag ka. Ganon. Pero ang sa akin lang naman, kung alam lang nila, di ba?... Kaya ayaw nilang (women who have abortion) magpadala sa ospital dahil alam nila na nagpalaglag ka. Pahuhuli ka nila... Oo (mga kapit-bahay), ganon. Yun lang ang sabi nila sa akin. Sabi ko, 'Hindi

sa ganoon. Kasi, ang sa akin lang naman katawan ko to, e,' ... wala silang pakialam.

Like Rena, most of the mothers are aware that abortion is illegal in the Philippines. And yet, even as she is threatened with abortion as being crime she insists her body is her own. Just as the mothers' lives and their living conditions in Eden are characterized and made possible by the gaps and wiretaps in the system, it is in the same way that they regard abortion – as a wiretap, a stop-gap measure, a means to find a way. When asked if she feared being caught, she denied and reasoned,

Hindi nga legal yon. Alam ko yun... Kasi naman, kung batas ang anuhin mo, kung doon ka natatakot sa batas, papaano? Nakakatulong ba yung batas sa buhay mo pag nag-hirap ka? Kapag naghirap yung anak mo? Na isisilang mo na nahihirapan ka rin. Hindi makakatulong ang batas.⁸

She has not wavered from her decision, and she derives strength and confidence from being able to determine what is best for her family. “*Kasi kapag gumawa ka ng ganyan, ano talaga pinag-isipan mo talaga. Desisyon mo talaga yon. Pinanindigan mo talaga yong iyong desisyon.*”

Rena is dissatisfied with the government and regards it as an absentee landlord, like the factory owner they have never seen. She questions why services are not available for mothers like her, saying,

Ikaw dapat ang magdesisyon para sa sarili mo. Kung pwede kang magka-anak, kung ayaw mo na. Syempre, katawan mo yan, e. Kung kaya ng katawan niya. Halimbawa, may sakit siya na hindi niya ano, baka doon pa siya madiretso sa pampalaglag niya. Pero kung kaya ng kalusugan niya mag-paano siya... Walang problema. Basta siya ang mag-desisyon talaga para sa sarili niya. Pero habang mahina na talaga katawan niya, mag-family planning na lang muna siya. May mga paraan naman diyan na kung gusto mo na magbuntis. Kaysa sa panahon ngayon may mga paraan na. Yung sa amin, wala.

Aling Marissa agrees, saying,

Kasi yun nga yun ang pinag-uusapan, bawal nga sa batas ang pagpapalaglag. Yung iba nga nakukulong. Yung pagpupunta sa hospital nalalaman nila. Yung iba iniimbistigahan pa... Hindi ako pabor na ipagbawal. Kasi, kung sa akin lang, ang dami kong nababasang karumaldumal na ginagawa ng mga magulang sa mga anak nila, na tinatapon na lang dahil ayaw ng mga magulang, e, di kung ok sana yan, kung hindi bawal magpapalaglag, e, di sana magagawan nila ng paraan. Hindi na kailangan ilabas pa bago itatapon.

Helen has chosen to be more candid about her abortion, has taken a stance of resistance, her life as her own, asserting her choice amidst the chatter about her abortion and what her neighbors say of her. According to her,

Mag-tsismis kayo, ano ngayon? Wala talaga akong pakialam sa tsismis. Kahit na ako ang pag-tsismisan... Hindi ko iniintindi yung mga ganoong tsismis... Napapagod ako nang ako lang nag-iisip... napagod na ako noon na tinatago ko lahat. Tapos noon walang nakikinig sa akin. Ako lang namumrublema. Mag-kukwento ako sa asawa ko, hindi naman ako papakinggan. Yung bang ganoon... Hindi ko naman ikinahihiya, ba't naman ako mahihiya. Buhay ko naman ito, pakialam nila... mas nakakaluwag sa kalooban pag nasha-share ko. Napagtsi-tsismisan, oo, katwiran ko naman pag-tsitsismisan ang buhay ko, e, di gayahin nyo. Mahalaga ako sa inyo, ako ang binabantayan nyo, di ba. Ang importante hindi naman ako nabubuhay na humihingi sa inyo.

While there are vehement disagreements with policy on abortion and reproductive health, its permeating influence is indicated in some of the mothers' hesitation. Sarah, for example, has chosen to keep her abortion secret. She reasons out, "Kasi mahirap na ipaalam na nagpa-abort na ganyan... bawal daw. Pagkatapos ko kaya, pagkatapos ng isang lingo, na expose kaya yun na – 'Hoy Gising' ba yun. Ang swerte ko nga, e. Pagkatapos ko na-ano yun na sa tv... kasi nakakahiya naman."

A study among grassroots women in the Philippines (Lactao-Fabros et al, 1998) elucidates the complexion of Filipino women's interpretation of entitlement. The study asserts that women's perception of entitlement goes beyond their personal rights. Their "significant others" are important considerations in their decision-making. A woman's decision is always geared towards a "better life" not just for herself but also for her family. Her choices are based on the context of her family's needs, relations, and situations. While her family's needs are, in turn, shaped by the effects of economic, political, and social stresses. Thus, her decisions unavoidably interact with structural and institutional factors (Lactao-Fabros et al, 1998). The study also called attention to abject poverty as a factor in the women's interpretation of entitlement. Women face dire odds in asserting what they think is due them. In expressing their entitlement for reproductive rights, their diminished power is reflected in the bare minimum discussion of their rights, expressing it only parenthetically in terms of aspirational "*sana*" rather than by using the term "*karapatan*"⁹ – they hope that the institutions would provide the much needed services, rather than regard the institutions as necessarily owing them the services. The studies found that the women's sense of entitlement, when it does find expression, are found only in small and private spaces — in private conversations (Lactao-Fabros et al, 1998). Moreover, what they express as their beliefs find difficulty in action, the "differences in power and resources (impacts) on the women's abilities to put those beliefs into practice" (p. 248). Oftentimes authority is asserted to curtail women's choices and to silence their voices.

Taussig (1999) speaks of a kind of secrecy that is the "reconfiguration of repression in which depth becomes surface so as to remain depth." He refers to this as the public secret, defining it as "that which is generally known, but cannot be articulated" (p. 5). He speaks of public secrets as having a "law of

silence,” where everyone knows of it, is aware of what’s going on but having no way of articulating what is known. It is this lack of articulation, he emphasizes, that gives the secret, the silence, its power, “Knowing it is essential to its power, equal to its denial. Not being able to say anything is likewise testimony to its power. So it continues, each negation feeding the other”¹⁰ (p. 6). Analogously, the prohibition and the stigma that come with abortion place it in a secret file. Abortion is the secret in the dark alleyways whispered only among the networks of *hilots* and desperate women. No one talks about it but everyone knows it happens. The mothers know what *pampareglas* really do. In Eden, they know where Aling Celia and Aling Lucy live, and everyone knows the kind of massage they give.

Aling Celia tells me the women used to go directly to her house to ask for her services but that she no longer allows that now. She had told them if they want her to perform her service for them, it has to be at their house or someone else’s. A narrow escape from the law has made her and her family anxious about her safety. She said,

Ngayon hindi na ako nag-aano sa bahay kasi pinuntahan kaya ako ng pulis... Muntik ako mahuli diyan, e. Sabi ko, ‘Kahit halughugin niyo bahay ko wala akong gamot na stock dito.’ May nagturo daw, e. Parang pulis woman siya. Kaya nag-iingat ako. Sabi ko, ‘Hindi ako nag-aano ng gamot ho. Sino ho, kako, ang nagturo sa inyo? Kahit halughugin niyo ho ang bahay ko, wala ho akong tindang gamot.’ Wala silang makuha sa aking dahil wala naman talaga akong stock ng gamot... Kasi bawal kasi ho iyan. Oo. Alam ko ho iyan. Kasi ang gamot na yan kapag nahulihan ka ng isa, 1,000 pesos ang multa mo, isang taon ang kulong mo diyan. E, kung makuhaan ka ng 10 gamot, e, di sampung taon ka sa kulungan, 10,000 rin ang multa mo? Kaya nag-iingat ako. Kaya alam nila yon, e. Kilala ko itong mga ito. Ingat din ho ako.¹¹

Even how she sources her medicines for abortion is conducted in a clandestine way through networks of trusted

people, to ensure that she is safe and the tablets she gets are authentic. She said,

Ang gamot hindi ka basta basta makakabili kapag walang resetang ano. Kaya naman ako nakakabili niyan (dahil) may kakilala ako dito sa may Monumento. Yun ang pinapabili ko. Karamihan niyan sa Quiapo marami niyang peke. Pero kapag ang original ang bili mo mahal 200 pesos ang isa. Kaya hindi kami basta-basta nagbibigay ng ganyan gamot sa mga ganyang bagay-bagay. Kawawa ang buntis kapag binigyan mo ng peke. Sila ang maghihirap, hindi ikaw. Kaya kapag bumili ako niyan, kahit apat lang o tatlo sulit sila. Labas ang fetus. E, ang sabi sa amin, 'Ate, bibili ka?.' Sabi ko, 'Hindi ho ako pwede magstock ng gamot sa bahay.'

Abject poverty is a factor in the mother's interpretation of entitlement. Their sense of entitlement when it does find expression are only in small and private spaces – in private conversations (Lactao-Fabros et al., 1998), as in our interviews. They were only able to express what they felt they were entitled to within the clinic room; many with hesitation and a few with the fervor and hurt of one unjustly deprived. They vary in their degree of awareness of the abortion law. Those who have had close relations with the clinic and have been a part of the clinic's organizing work are able to articulate their sense of entitlement. They told me of how they wished things ought to be, what government should do for mothers, what they hope for the poor like them. They speak of government services as they would of an ardent wish. While a few, like Aling Patricia, have given up on the government altogether.

In many ways the power relation that mothers have with institutions are what Sen (2005) illustrates as “the asymmetry of power (that) generate a kind of quiet brutality... (the) inequalities of power in general prevent the sharing of different opportunities. They can devastate the lives of those who are far removed from the levers of control. Even their own lives are dominated by decisions taken by others” (p. xvi). Nowhere is this more evident

than in the Catholic hierarchy's adamant contravention of any government reproductive health service. The decisions for reproductive health options have mostly been taken away from the hands of the mothers.

Abortion in Eden is an illustration of what Taussig (1999) describes as the negativity of (a) public secret. "[The] negativity of the knowing what not to know lies at the heart of a vast range of social powers and knowledge intertwined with those powers, such that the clumsy hybrid of power/knowledge comes at last into meaningful focus, it being not that knowledge is power but rather that active not-knowing makes it so" (p. 6). At the same time it is also an arena for what he refers to as the labor of the negative, "when it is pointed out that something may be obvious, but needs stating in order to be obvious ... (because) we fall silent when faced with such a massive sociological phenomenon, aghast at such complicities as ours with it". It can be regarded with a mixed hope, that the "public secret as fated to maintain the verge where the secret is not destroyed through exposure, but subject to a revelation that does justice to it" (p. 6). Perhaps, this is what the mothers hope when they tell their stories, they reveal their ordeal so that some justice can be done about it.

Many of the mothers believe it is their right to determine their pregnancy. It gives credence to what studies have already shown; that, notwithstanding the criminalization of abortion and church exhortation, a significant number of women will still choose to have the procedure.¹² Structural impositions and restrictions do not stop mothers from seeking out the services of a *hilots*.¹³ They negotiate by way of tentative statements and vague categories – "*Bawal daw*," "*Sabi nila bawal daw*" – they hedge on what they actually know of the law. Ultimately, it did not matter to them whether abortion was actually illegal, it was a solution.

Sarah feels legalizing abortion would help women and will offer mothers safer and affordable options. Should the situation present itself again, she tells me, she would likely take the same course, *“Kasi ayaw ko na madagdagan pa yun kaya ganoon ang nangyari sa akin. Kung mangyari ulit, bale wala, ipapalaglag ko pa rin.”*

The health workers at the community clinic say that criminalization has made safe services and post abortion care inaccessible to poor mothers. The stigma attached to abortion remains a deterrent for the mothers to seek professional post abortion care, many of them – Aling Amelia, Aling Rena, Helen – chose to stay at home as they bled for days when they should have gone to the hospital for critical emergency treatment. Ate Linda tells me the women have been shouted at in hospitals, threatened to be reported to the police for committing abortion and refused medical attention until after they sign a “confessional”

Poverty is a stigma. Ate Linda herself has felt marginalized in hospitals. There had been times when, taking community women to the hospital for referral, after a glance at her clothes and worn *tsinelas*, was told her place by doctors and nurses, *“You are just a health worker,”* the unspoken sentiment she tells me, *“You know nothing.”*

The state, according to Scheper-Hughes (2003), plays a paramount role, “contributing to the routinization and normalization... by its implacable opacity, refusal to comprehend, and its consequent inability to act responsively to the human suffering... Bureaucrats and civil servants respond to pain and difference with studied indifference” (p. 280). Women who are rushed to hospitals for emergency post abortion treatments, reports of women being chastised and threatened by service providers. Embarrassed and traumatized by their experience, the women refuse to be taken to the hospital a second time, afraid of being reported to the police, of being chastised. The absence of

trained attendants to care for them increases the risks to their lives. Consequently, there is little, if at all, any decrease in the country's maternal mortality ratio (Likhaan, 2007).

Farmer (2005) regards poverty as something brought about by destructive forces that cause “unfreedoms”. These destructive forces are referred to as “structural violence.” Farmer uses the term to refer to a “broad rubric that includes a host of offensives against human dignity: extreme and relative poverty, social inequalities ranging from racism to gender inequality, and the more spectacular forms of violence that are unwontedly human rights abuses, some of them punishment for efforts to escape structural violence” (p. 8). It is the poor “who are the chief victims of structural violence”. The term of apt “because such suffering is ‘structured’ by historically given (often economically driven) processes and forces that conspire – whether through routine, ritual, or as is more commonly the case, the hard surfaces of life – to constrain agency... for many choices both large and small are limited by... sexism, political violence, and grinding poverty” (p. 40).

In Eden, the law is shaped by a lopsided interpretation and half-hearted implementation that disfavors the poor. The government has failed the mothers by failing to provide services they desperately need. As a recourse, the mothers will consciously or subconsciously “fail” to follow the law where they feel their families’ and their own survival are at stake. They have little belief in the law or the government’s credibility. None of the norms of everyday civil life have shown their relevance in their lives. Many of them disagree with the law on abortion and the government’s stance on reproductive health. Aling Amelia recounts her mother’s struggle with pregnancy and raising children, and her own maternal history, as lessons that tell her there should be more options. According to a study conducted on the role of law in

Philippine public health, “cultural values play a pivotal role in the interpretation and moral force of the law, particularly in a society where law enforcement is inconsistent and the influence of alternate sources of authority is strong” (Mello et al., 2006, p. 394).

In Arendt’s (2003) discussion of power, she states that power needs no justification, it is inherent in the existence of political communities, what it *does* need is legitimacy. In Eden, the power of the state to prohibit has all but lost its legitimacy on mothers because the obligation of the state to provide reproductive health services has been grossly neglected, conveniently forgotten. Eden is a reflection of Farmer’s (2005) treatise, that “human rights violations are not accidents; they are not random distribution or effect. Rights violations are, rather, symptoms of deeper pathologies of power and are linked intricately to the social conditions that so often determine who will suffer abuse and who will be shielded from harm” (p. 7). In Eden, it is the poor mothers who have been chosen to suffer harm.

In Eden following the letter of the law is not the practice. The mothers find no comfort and resonance in the mandates of institutions. They are the isolated and overlooked citizenries. In this neglect, they have evolved a notion of rights that is not necessarily what is legal. They follow their own norms. In the grey area they recreate and reframe the norms, applying and disregarding normative laws whenever they are relevant or irrelevant to their survival. They have reframed their notion of entitlement. Ultimately, it is the cultural value of being poor that plays the pivotal role in their interpretation of the law. What has moral force in poor communities is the force of necessity. They will claim their reproductive “rights” in ways they can. Thus the “*paggawa ng paraan*” is an entitlement, a right to do even if it comes in conflict with the law. As Ate Rena insists – it’s all a question of “rights.” Even if the government tells her abortion is illegal, she asserts it as her right, regarding the legal prohibition

as mere control and scare tactic. She insists, “*Karapatan ko ang inaano ko dito. Anong sabihin mo na nagpalaglag ka, ipakukulong ka nila. Hindi! Panakot lang sa iyo yun.*” Perhaps an overreading of de Certeau (1984) will allow an interpretation of what he terms the “tactics of the weak” as being employed by the poor. He states that the weak make no attempt to convince people of the rightness of their actions, nor change the expected norms, but rather fulfill their needs within an appearance of seeming conformity,¹⁴ i.e. by reframing definitions survival and moral imperatives, by way of creative activity.

Lee-Bartky (1988) observed that today’s contemporary women experience less regulation in behavior than in the past, showing a resistance to patriarchy – enjoying sexual freedom previously considered unthinkable in previous generations. Today, however, new forms of patriarchy have arisen and have been strengthened. This is manifest in intricate bureaucratic systems, institutions, and structures that pervade civilian life. According to Farmer (2005), “throughout the world, women are confronted with sexism, an ideology that situates them as inferior to men” (p. 43). He cites a study by feminist anthropologists who surveyed the status of women in dissimilar situations. In most of the societies studied it is the men who dominated economic, legal, and political institutions,¹⁵ that “in no culture was the status of women genuinely equal, much less superior, to that of men... this power differential has meant that women’s rights are violated in innumerable ways” (p. 43). It is Farmer’s treatise that such “human rights violations are not accidents; they are not random distribution or effect. Rights violations are, rather, symptoms of deeper pathologies of power and are linked intricately to the social conditions that so often determine who will suffer abuse and who will be shielded from harm” (p. 7). Citing Sen on gender bias, Farmer says that, “in poorer countries, the disadvantage of women may even apply to the basic fields of health care” (p. 44).

Paradoxically, it is the church worker, Aling Divina who points to the alternative for the mothers. She mentions the health service of the Ilaw clinic as providing much needed care for them. She rationalizes why Ilaw provides reproductive services, how in her mind the clinic workers do not really want to provide the services but are constraint to do so, in fact have they had no choice but to do so, because of the dire conditions of the mothers. She confided that,

Yung mga NGO na katulad ng Ilaw sa amin talagang ginagawa nila ang kanilang (magagawa)... Mas higit pa nga yung kanilang ginagawang kung titignan mo yung pag dating doon sa community services at saka paglingkod sa simbahan. Mas aktibo pa sila. Kaya nga lang, sila mismo dahil nakikita nila yung kahirapan kung minsan sumasang-ayon din sila doon sa abortion. Parang walang choice yung mga Ilaw para kundi tumulong na lang sa mga babae... Kasi ganito yun, dahil sa, syempre, kahit sila hindi rin nila gusto yun. Kaya lang kung minsan dahil sa mga nanay, naggagawa rin nila yung paraan dahil nakikita nila yung paghihirap.

Aling Divina does not “judge” the health workers according to the framework of her religion but understands and regards their service within the context of the mothers’ needs, and regards the clinic’s services altruistic. She frames the Ilaw clinic as a grey area, for the moment bracketing her moral imperative for the sake of their immediate need. It is borne of circumstance that force mothers to reassess notions of motherhood, pregnancy, and abortion. It is a circumstance of poverty that results in constrained choices. The mothers’ abortion stories provide a notion of motherhood that is “ideological, symbolic representation grounded in the basic material condition that define women’s reproductive lives” (Schepher-Hughes, 1993, p. 401). In the margins of Eden, mothers reappropriate the meanings of their practice.

Helen tells me there are many interesting ideas that flow around society, even from bible studies one can get ideas, she said. But she sifts through them and mothers must do the same, she

adds. Survival demands a scrutiny of “what works” in real life, and whatever works are within one’s rights to assert,

Mahilig ako pag-nakikita ko mga tumpukan... Nagtuturo sila ng Bible study... Nag-e-enjoy ako diyan. Hanggang iyon nakilala ko iyong Diyos. Hindi naman totally na finocus ko iyong sarili ko, e, na yung talagang sinunod ko lahat. Yung parang amen ka lang nang amen. May mga ganung tao. Ako hindi. Dinadala ko siya. Hindi ako fumo-focus. Kasi pag-nandito ka pa sa mundo, maraming labanan dito e. Kailangan mong lumaban. Pagka-sasanto santo ka, kawawa ka lang. Kahit doon sa pag-sasama naming mag-asawa, nakakaranas ako ng bale emotional, physical at saka economic problems dun sa asawa ko. Naranasan ko na umo-oo-oo lang ako. Bigla akong nagising, hindi pala tama iyon.

Conclusion

Of Resistance, Reframing Meanings, and Translating Practice

The health workers present in Eden during the days of typhoon Ondoy said that the onslaught of dirty water came very fast and unexpected. They were all unprepared. People, women and children, were scrambling up on roofs under heavy rain. One of them described the days as filled with panic and chill. She herself stood on the roof and watched as houses disappeared, submerged by a sludge of water. Many of Eden’s residents spent days and nights on roofs, wet and hungry. Many of the mothers and their families struggled during the flood. Is this the world they see when they contemplate pregnancy and motherhood? Perhaps they see lifeboats coming to their rescue. But the health workers report that none came to Eden.

This section summarizes the notions that emerged from the mothers’ stories. In someway, it tells of how the mothers “rescue” themselves.

Mahirap Ako “The reality of maternal thinking and practice (are) grounded in specific historical and cultural realities and

bounded by different economic and demographic constraints” (Scheper-Hughes, 1992, p. 356). In Eden, mothers create a notion of motherhood borne of their experiences and practices. They identify themselves as the poor. “*Mahirap ako*,” “*naghihirap ako*,” “*parating kapos*,” “*mahirap pag mahirap*,” are phrases they use to describe themselves and their situations. It is also how their histories have conditioned them. All of them are from poor families mostly from the provinces. They came to the big city in the hope of improving their lives only to find themselves in a different setting of poverty. Their sense of self is that of someone belonging to the margins, “*squatter ako kasi nasa squatter ako*.” But it is an identity that seeks and asserts dignity, “*Pero ang ayaw ko lang yung sinasabi nila kapag nasa squatter ka, ugali mo din squatter*.” They see themselves as the “*mahihirap na kumakayod*,” finding ways and making do with what they have, creatively using tactics to survive and care for their families.

The mothers’ notions of motherhood and pregnancy are informed by their situation. Many of their decisions as mothers, as wives, as partners, are made in the context of deep needs. They do so not as they please nor create it under circumstances that they would choose for themselves, but rather according to the demands of a family she has to take care of.

When the mothers of Eden contemplate abortion, it is usually the unsafe kind, done by *hilots*. Save for the private clinic run by Ilaw, they have no other recourse for reproductive and maternal health information and services. Many of them and their neighbors still cling to folk treatment for contraception and remedies that are ineffective and hazardous. They could have easily exercised better reproductive health options had information and choice been given to them. Their stories forward that when induced abortion is the desperate resort of poor mothers it as if “invasive apparatuses of power... faceless, centralized, and pervasive... manifest in a restrictive

bureaucracy” (Lee-Bartky, 1988, p. 79) inflict violence against them.

Gagawan ng Paraan When mothers speak of “*gagawan ng paraan*” (finding a way) in the context of pregnancy, it means to choose to end a pregnancy in order that her family may have enough to eat and that another child will not have to suffer the poverty that she does.

Chant (2007) propounds the notion of the practice of trade-offs among poor women, where one option is chosen over another for reasons of pragmatism and practicality. The notions of trade-offs and the lifeboat ethics inform the mothers’ practice of accommodation and resistance. Trade-offs inform the interplay of influence, meanings, and practices of the mothers, finding interpretation in their means of *gagawan ng paraan*.

Mothers induce their menses with the help of a *hilot*, by means of *pamparegla/mapapait*, or by ingesting Cytotec, Cortal, or Amoxicillin. Those who have a bit more money and know where to ask for the procedure opt for an MVA. These methods form part of the notion of *gagawan ng paraan*. In a sense, their notion of entitlement finds creative interpretation in *gagawan ng paraan*.

Gagawan ng paraan is always framed within the context of the mothers’ situations. A situation that is mired in poverty, where the everyday moral grind is dictated by the lifeboat ethics and the ethical dilemma of the triage. The mothers of Eden resist the universal conventions of mothering and reappropriate the meaning of motherhood according to their experiences and practices. There are options, ways out – what mothers regard as means to maintain survival and, in some way, as means of giving a child (the fetus) a better option out of poverty.

Gagawan ng paraan is also taken in the context of a high-risk double standard, where in matters of reproduction, mothers are

demanded to accommodate their husbands/partners and are held responsible for the results. In Eden, matters of mothering and reproduction are gendered affairs. The women are expected to work out the complications themselves. They are expected to find a way out of their “situation,” out of their pregnancy, *gagawan ng paraan*.

Gagawan ng paraan is the mothers’ notion of agency in action. It is their way of negotiating and resisting against universal conventions of societal and institutional norms. Unsupported, and even persecuted by institutional prohibitions (i.e. unavailability of family planning information and products, inaccessibility of health services, and illegality of abortion), they assert their notion of entitlement, their choice to *gagawan ng paraan*, in secret clinics. They resist conventions of what should be with their notion of what is right, a right that is founded on the survival of their families. They will accommodate/use whatever means available/affordable to achieve this. What is legal and what is not is the least consideration. They say, “*bawal daw*,” “*sabi nila*,” of the prohibitions, hedging on categorical statements to be able to maneuver in the ambiguities.

Gagawan ng paraan, at the same time, is an alert to the constrained agency of mothers. It speaks of choices that are not really choices. It speaks of the limited options available to them, of unsafe abortion that endanger their health and ultimately, their lives.

Mothers subvert impositions and restrictions by creatively reinterpreting notions of themselves and the world. In the interplay of influence, meanings and practices, they find spaces, grey areas, where *gagawan ng paraan* can become possible, and enable them to translate the practice of motherhood. The cultural conventions produced are “in and of themselves constitutive of a multiplicity of truths conforming to radically different experiences of reproduction and motherhood” (Scheper-Hughes, 1993, p. 402).

Katawan Ko Ito A few of the mothers expressed a sense of entitlement over their bodies. They would adamantly reject the judgment on abortion and insist on their rights over their bodies. *“Ang sa akin lang naman katawan ko to, e. Katawan ko ito. Pag-aari ko ito.”* What are prohibited or allowed by the state are considered with some hesitation but ultimately they decided according to what for them is a viable option for their families. *“Karapatan ko ang inaano ko dito. Anong sabihin mo na nagpalaglag ka, ipakukulong ka nila. Hindi!”* Noting, however, that only few of the mothers exhibited assured confidence. Most of them hesitated. A few would still rather keep their abortion stories in private, afraid of being judged or of being caught. The service providers have become more cautious.

Lee-Bartky (1988) concludes that in contrast to the past when societal dictated and institutional restrictions were more patent and obvious, modern society is an arena with more “invasive apparatuses of power” (p.79). There is a covert exercise of restrictive social and psychological control, the effects of which “access to individuals themselves, to their bodies, their gestures and all their daily actions” (p. 79). The exercise of power has become “faceless, centralized, and pervasive,” (p. 79) as in a bureaucracy (p. 79), which in Eden is the deprivation of maternal and reproductive health services for the mothers. The mothers’ bodies become battlegrounds for the assertion of their rights. Mothers claim their reproductive “rights” in ways they can, as in an unsafe abortion – a way that ultimately place them at the losing end in the assertion of maternal health care. As forwarded by Lactao-Fabros et al. (1998), their notions of *sana* have yet to reach an emphatic *dapat*. Their hope for better health care spoken as if an ardent wish rather than expected and demanded services necessarily owing to them. Differentiating among them who are organized and those who are not, there is a difference in their assertion and awareness of their rights.

The “*paggawa ng paraan*” taken in conjunction with “*katawan ko ito*” can be regarded as a claim to entitlement. They assert their right to do notwithstanding norms dictated by society (normative law). Hesitation and anxiety notwithstanding, knowing abortion is prohibited did not stop them from having the procedure. Mothers will find ways, creatively, dangerously, using tactics to survive and care for their families. Questions of legality or of religious dogma, ultimately, have little bearing in deciding to abort.

The mothers’ concerns are rooted in the larger context of poverty and marginalization. The systematic deprivation of reproductive health information and services further marginalizes them in their poverty and continues to give them little option for themselves and their families. It is in the same way that the politics and economics of poverty limit and foreground their sense of entitlement. Their situation shapes and influences how they define and appropriate the concepts and meanings of motherhood, pregnancy, and abortion. There is a brave but discomfoting culture of motherhood in the margins. Within the framework of the lifeboat ethics, certain definitive acts may not always be wrong.

The abortion stories of the mothers, while in themselves distressing – tell only of one aspect of poverty. Unsafe abortions are both symptom and manifestation of a crisis in maternal health care. This crisis in turn speaks of great disarray in the health system. This is distressing because health systems form the integral thread of both the civic and social lives of peoples. The question of health care service lies at the very heart of the contact between the state and its people. It emphasizes the role of the state, of public institutions, as providers of basic services to the people. The mothers’ stories alert us to a government that is losing sight of its mandate of service, to a society that regards social justice with intellectualized insouciance, to structures that

perpetuate violence, and a culture in crisis. A state that fails to save and promote the health of its mothers is as likely to fail in meeting the health needs of its population. When society fails to rally behind the situation of its mothers, it begins to shed off not just a sentimental notion of motherhood but also its humanity.

The stories of the mothers tell us that there is a need for a more humane, more compassionate understanding of women's reproductive lives. It is in the dimly lit rooms that they resist. With no one to save them, they help themselves. The stories are here to serve as testaments to the resistance of the mothers in the margins. They are stories of distressing vulnerability. But they are stories too of continuing resilience, of grey areas – harsh but fertile grounds that allow for the reframing and ultimately, claiming of salvation.

EPILOGUE

Most of the fieldwork were done during the Arroyo administration when reproductive health services were not only unavailable but to some extent “forbidden.” The subsequent Aquino administration provided cautious optimism for the advocates of the Reproductive Health Bill. The administration promised to provide women with options on how to plan for their family. During the Bill's deliberation in Congress those against it continued to argue that it would lead to an increase in abortion. Another bill was filed in the Senate proposing to increase the penalties for abortion.

In 2012, the bill was voted into law by the Philippine Congress as the *Responsible Parenthood and Reproductive Health Act of 2012*. In March of 2013, anti-RH law advocates filed a case before the Supreme Court petitioning for the unconstitutionality of the Act. The Supreme Court approved the suspension of the law pending the full hearing of the case.

In April 8, 2014, the Supreme Court declared the *Reproductive Health Act* as constitutional. The Court, however, decided against eight provisions, including a section that would have allowed and assured a married woman to access reproductive health services without the consent of her spouse.



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Endnotes

¹Globally, 19,000,000 to 20,000,000 unsafe abortions occur every year. Nearly all of the abortions (97%) take place in developing countries, over half of them in Asia (David, 2006). In the Philippines, Cabigon, et al, (2006) report an estimated 560,000 women per year have abortions. Half of the 3.4 million pregnancies (1.4 million) was unintended. About a third (30 out of 1,000 women) undergoes abortion. In a government hospital in Manila, they found records to show that for every six pregnancies, one results in abortion. While the researchers caution about the margin of error in the sampling size, the actual figure still totals to a large number of unintended pregnancies that ended in abortion. The World Health Organization (WHO) defines unsafe abortion as "a procedure for terminating an unintended pregnancy by individuals without the necessary skills or in an environment that does not conform to minimum medical standards." It is a procedure that often endangers the lives of women. A report on unsafe abortion in the Philippines (Raymundo, et al, 2001) ranks drugs, over-the-counter purchases, and herbal concoctions as the primary methods used by women to induce abortion. These are followed by the services of a traditional *hilot*. The WHO categorizes these methods as unsafe abortion. The numbers cited for abortion are under-reported.

² Candelaria (2009) states that the use of narratives “not only produces certain types of interpretations and explanations, but also organizes the urban landscape and public space, shaping the scenario for social interactions, which acquire new meanings in a city becoming progressively walled” (p. 9). In Eden, the *mahihirap na kumakayod* are the walled urban poor, many of whom are mothers.

³ *Makalinga* is bordered in the southwest by Manila Bay.

⁴ Cytotec is also known as Misoprostol, an anti-inflammatory drug for the prevention of gastric ulcers. It is also used to treat missed miscarriage, to induce labor, and to induce abortion.

⁵ A National Statistics Office (NSO) survey shows that Filipinos, especially women, want to limit the size of their families, and will use artificial contraception if given the choice. NSO sourced its data from the nationwide 2008 National Demographic and Health Survey (NDHS) it conducted from August 7 to September 27. A survey conducted by Pulse Asia (completed in 2008), a private polling firm, reiterates the NSO results on contraception demand, showed that 92 per cent of Filipino women polled wanted the government to fund family planning programs offering artificial birth-control methods.

A study on induced abortion reports that there is a gaping lack of access to goods and a dearth in the information on methods available to poor women (Cabigon et al, 2006).

⁶ The cost of private clinics is beyond the means of poor women, unlike their middle and upper class counterparts who have access to services and information (Likhaan et al, 2007). There is a 60% to 21% safety difference between the classes. Of the poor women who seek abortion, over 20% resort to *hilots* for abdominal massages or catheter insertions in their vaginas (Raymundo et al, 2001). These methods are almost always attended by intense pain. Many of them resort to the use of Cytotec or herbal concoctions used to regulate menstruation, widely sold in stalls in front of churches popularly known as *pamparegla*. Still others take aspirin and alcohol, methods that prove useless and only prolong the women’s agony. Women have been known to fling themselves down stairs to induce abortion. There are usually multiple attempts before a pregnancy is finally ended.

⁷ The study report that in a national survey of women where the interviews were done face-to-face, only 2% of the women admitted to an abortion. However, when answering a confidential questionnaire, 15% indicated that they had had an abortion.

⁸ Rena insists it's a question of rights, "*Karapatan ko ang inaano ko dito. Anong sabihin mo na nagpalaglag ka, ipakukulong ka nila. Hindi! Panakot lang sa iyo yun. Bakit hindi nila tanungin ang dahilan bakit ka nagpalaglag. Bakit mo nilaglag yung anak mo? Mahirap talaga.*"

⁹ The study proposes that a closer scrutiny of the articulation of *sana* forwards the notion of a "personal prescriptive component." *Dapat*, serving as root for *karapatan*, is presupposed in the *sana*, or that which "ought to be, that which I ought to have" (1998, p. 219).

¹⁰ He cites the difficulty in pointing out the public secret and breaking the law of silence, "We all 'knew' this, and they 'knew' we 'knew,' but there was no way it could be easily articulated, certainly not on the ground, face-to-face. Such 'smoke screens' are surely long known to mankind, but this 'long knownness' is itself an intrinsic component of knowing what not to know, such that many times, even in our acknowledging it, in striving to extricate ourselves from its sticky embrace, we fall into even better-laid traps of our own making" (p. 6).

¹¹ Under Philippine law, criminal liability for abortion is not only attributable to the woman who wants the abortion but also extends to the midwife, the *hilot*, or the physician who conducts the procedure. Her parents who aid her and the pharmacist who dispenses the abortifacients without prescription will also be made liable (RPC, www.chanrobles.com/reviseopenakcodeofthe.philippines.htm).

¹² A research by the Guttmacher Institute and the World Health Organization (2007) comparing countries where abortion is legal and where it is not, concluded that "the law does not influence a woman's decision to have an abortion. If there is an unplanned pregnancy, it does not matter if the law is restrictive or liberal.. Generally, where abortion is legal it will be provided in a safe manner, and the opposite is also true: where it is illegal, it is likely to be unsafe, performed under unsafe conditions by poorly trained providers (Rosenthal, Elizabeth. Legal or Not, Abortion Rates Compare. *New York Times*. October 12, 2007).

¹³ The Guttmacher study, estimates that two out of three Filipino women who terminate a pregnancy experience post abortion complications. Of these women, 800 per year are estimated to die from hemorrhage, infections, and other complications (Cabigon, et al, *Unintended Pregnancy and Induced Abortion in the Philippines: Causes and Consequences*, 2006). The Department of Health reported that 10.5% of maternal deaths are the result of abortion complications, making

abortion one of the leading causes of maternal mortality in the Philippines (Department of Health, 2003. Retrieved on 29 August 2008 from http://doh.gov.ph/data_stat_html/maternal_deaths.htm).

¹⁴ Farmer cites Rosaldo and Lamphere's 1974 work *Women, Culture and Society* (Stanford University Press, Stanford, California).