The University of the Philippines was established at a time when tertiary education, or what passed for it, was heavily dominated by obscurantism and faith-based ideas about society and culture. For one hundred years, UP has tried its best to provide the best kind of liberal education in an atmosphere of academic freedom. In so doing, UP has produced scholars and thinkers who have dared to challenge old ideas and advance knowledge grounded on sound theorizing and scientific, empirical evidence. It is along this great UP tradition that we organized this centennial lecture this afternoon, mainly to discuss the topic of “Women Contesting Fundamentalisms and Other Forms of Intolerance.”

The UP Center for Women’s Studies, in collaboration with the women’s studies centers and programs of the constituent units of UP and partner organizations from the academe and NGOs, hope to use this secular space in UP Diliman to discuss an issue that has increasingly made it difficult for us to promote gender equality and to protect women from discrimination and human rights abuses.
You will perhaps validate my observation that the last one hundred years has brought tremendous progress in advancing the status of women in the Philippines and in many countries around the world. But this progress is being threatened at the moment. Our gains are eroded by ideologies and practices that seek to deny women their right to make informed choices, to have a career beyond mothering and child rearing, to be seen, and to be heard in public.

I present to you my paper entitled “Fundamentalist Ideologies and Practices: Threats to Women.” Its objectives are: (a) to briefly describe the different global and local expressions of fundamentalism and other forms of intolerance; (b) to identify the threats, particularly to Filipino women, of these ideologies and practices; and (c) to identify appropriate strategies to challenge them.

Rehana and Guy will provide a more extensive definition of fundamentalisms and how they are inscribed in religious, cultural, economic and political texts and practices. Allow me at this point, to give a very basic definition, in order to foreground my observations and arguments.

**What is fundamentalism?**

Fundamentalism is defined as the “use of religious tenets and/or cultural beliefs and practices to maintain or achieve political power.” It implies strict and often literal adherence to a totalizing and hegemonic set of principles, often in complete disregard of individual and/or group differences, capacities and needs.

Fundamentalist narratives and discourses have strong nativistic and revivalistic elements which basically claim that the return to the “old, idyllic ways of life is the only solution to present day societal problems,” that by “reviving these traditional beliefs, ideas and practices, there can be peace and prosperity for humanity.”

A dominant and disturbing feature of fundamentalisms is the emphasis on the need to control women’s sexuality and bodies, family relationships, physical movement, dress codes and participation in public life. The underlying assumption is that woman is the major source of society’s problems; as such, women’s sexuality, access to information, movement, mode of dressing, and others, have to be regulated, if not controlled.
Fundamentalist forces try to influence public policy for government to adopt their own, faith-based norms, despite the constitutional provision for the separation of church and state and in complete disregard of the sentiments and views of other religious and cultural groups.

Over the years, human rights groups all over the world have actively documented and brought to public attention “warning signs of fundamentalist attacks against women.” These include: (a) restrictions on the appearance of women in public places; (b) the imposition of dress code to justify or promote nationalism or cultural pride in adherence to a faith-based code of conduct.

I went to a South Asian country twice last year to evaluate a community-based adolescent reproductive health project. I documented a case of a young girl who received 50 lashes for bathing on the beach designated for foreign tourists. In these remote villages, girls have to fully cover their head, face, and body at all times, especially when they go to public places. And they can only go out of their houses during designated times of the day. According to the Women’s Human Rights Network, many girls in remote areas in West and South Asia are kept out of school, denied basic education, in order to remain faithful to their ideal norms of femininity.

In countries that now experience a “fundamentalist backlash,” family laws are either amended or promulgated, putting women, especially mothers and adolescent girls, at a disadvantaged position.

There is also the relentless campaign to restrict women’s reproductive health choices and access to information. For example, some faith-based groups in the country have actively worked against the access of couples to modern contraception, including the use of condoms, on claims that these are used to promote abortion. While in other countries, there is the tendency to re-valorize such cultural practices as female genital mutilation, stoning of women for so-called “immodest” conduct, domestic violence and the like.

At the moment, our efforts to uphold the constitutional provision of gender equality and implement the laws protecting women from harm and discrimination are hampered by the following developments.

There is resistance from some faith-based organizations against bills and local policies that provide – especially poor women – full access to reproductive
health information and services. The Human Rights Watch reports that in 2003, the CBCP (Catholic Bishops Conference of the Philippines) successfully blocked legislation that would have authorized the use of national funds for condoms and other contraceptive supplies. In that same year, the national government purportedly awarded 850 million pesos to a religious organization to promote natural family planning, which ironically is, also a form of “pregnancy prevention,” just like the use of condom and other family planning devices.

Since the 11th Congress – or more than a decade ago – progressive legislators have repeatedly submitted various versions of bills that aim to promote reproductive health, responsible parenthood and population management. Like the UP Charter, these bills have been challenged on various grounds and reasons.

There have been moves to sanction or restrict educators, media practitioners and medical/health service providers from providing sexuality and reproductive health information and services. There is the constant shaming of legislators who endorse and support bills on reproductive health and population development through pastoral letters. In some schools, teachers are warned not to discuss reproductive health and sexuality topics as it can cause the termination of their contract. A film dialogue organized by an all-women’s college on sexuality and reproductive health was cancelled because of pressure from the so called “pro-life supporters,” who demanded to stop the activity when they learned that a reproductive health activist doctor was one of the resource speakers.

There is documentation about public officials who insist on restricting people’s access to family planning and related services, and who, in doing so, contradict and violate existing government policies and commitments to international human rights covenants.

On the other hand, there are also reports about public officials who were denied receiving communion by their church because they publicly espoused reproductive rights principles.

We have also collected information about NGO-operated RH clinics that were driven to closure because of harassment from advocates of the Church’s position on reproductive health.
There are numerous anecdotal reports of women who were pressured to abandon their reproductive health care option, or worse, denied of their entitlement to humane medical treatment for complications arising from abortion. In Malitbog, Bukidnon, 12 women were forced to have their IUDs removed for fear of being excommunicated by the Archdiocese of Cagayan de Oro.

But what is most disturbing is the dissemination of incomplete or wrong information about the efficacy of modern contraceptives. A good example is the totalizing and unqualified claim that condoms cannot prevent HIV virus transmission.

Even as we affirm today the fundamental human rights of individuals, we have to face some hard facts about our country. One, fundamental human rights of freedom of expression and exercise of religious beliefs are being curtailed. Two, empirical data show the following:

- 61 percent of currently married women do not want additional children;
- The desired fertility rate of Filipino women is 2.5 children. However, the current fertility rate is 3.5 children because of the lack of information and absence of adequate family planning services;
- The proportion of unwanted births increased from 18 percent in 1998 to 20 percent in 2003;
- Women who are poor and with least education have 2-3 times more children than those who are economically better-off and with higher education;
- Poor women have the least access to reproductive health information and services;
- The Philippines continues to be one of Asian countries with a high rate of maternal mortality;
- 97 percent of all Filipinos believe it is important to have the ability to control one’s fertility or plan one’s family. It is significant to note that 82 percent of the respondents are Roman Catholic;
- Contrary to claims that access to reproductive and sexuality information promotes promiscuity and abortion, research by the UNFPA shows that “reproductive health education leads to responsible behavior, higher levels of abstinence, later initiation to sexuality, higher use of contraception and fewer sexual partners.”
What can we do to challenge fundamentalisms?

We need to uphold, at all times, the constitutional provision of the separation of the church and the state.

We have to insist on the use of scientific evidence for policy and program review and development. Allow me to add at this point that the World Health Organization and various medical and health organizations worldwide, categorically define oral hormonal contraceptives, injectable hormonal contraceptives and intrauterine devices as contraceptives. “The function of these contraceptives is to prevent pregnancy, and thus they cannot be categorized as abortifacients, which are used for the purpose of terminating pregnancy” (Center for Reproductive Rights, 2006).

We have to make the state accountable for ensuring that the fundamental human rights of all citizens, especially women and other marginalized groups, are respected, protected, promoted, and fulfilled.

I end my presentation with a resounding call for all to defend our tradition of secular and scientific discourse. As a feminist UP professor, I affirm the need to continue the academic pursuit of relevant and meaningful scholarship, to bravely challenge old and emerging expressions of obscurantism, even as we also humbly submit ourselves to the close and regular scrutiny of our peers, as we interrogate our own subjectivities and standpoints.

Thank you.

Reference
Center for Reproductive Rights. 2006.