

Queering Sexual Education in the Philippines: Policy and Program Implications for Filipino LGBTQ+ Youth

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Abstract

Because of the vulnerability of Filipino youth to several sexual and reproductive health (SRH) problems, the comprehensive sexual education (CSE), as stipulated in the Responsible Parenthood and Reproductive Act of 2012, provides Filipino students with opportunities to be informed and empowered to make proactive decisions about their sexuality (Nyika et al., 2016). Although gender equality and equity are positioned as core values in this policy, prejudice and discrimination against the LGBTQ+ community remain pervasive and institutional in the Philippines (Thoreson, 2017). Thus, there is a need to evaluate CSE-related policies. This study conducted a qualitative gender analysis of CSE-related policies and programs following the Six Domains of Gender Analysis by the USAID Interagency Gender Working Group. The analysis showed that sexual health education in the Philippines excludes topics, perspectives, and health problems relevant to Filipino LGBTQ+ youth. This is because CSE in the Philippines follows a heteronormative framing focused on family formation and

procreation, is largely influenced by Catholic doctrines, and deploys an individualistic discourse on SRH that falls under the same pedagogy that excludes the LGBTQ+ community. Policy and program recommendations are made in evaluating the design and implementation of Comprehensive Sexual Education in the Philippines.

Keywords: Comprehensive Sexual Education, gender analysis, Filipino LGBTQ+ Youth, sexual and reproductive health rights, K-12 Education

Introduction

Sexual and Reproductive Health Problems Among Filipino Youth

The World Health Organization (2018) notes that adolescents, or those aged between 10-19 years old, are at an important time in their development where foundations of good health are established. This is especially salient in the Philippines where Filipino youth are faced with health problems, particularly those in relation to their sexual and reproductive health (SRH) and well-being. One of the pressing health problems among Filipino youth is teenage pregnancy. According to the United Nations Population Fund (UNFPA)-Philippines, the country faces an unprecedented and alarming adolescent birth rate made more precarious by the vulnerabilities of adolescents to other health problems. These health problems include mental ill-health, human immunodeficiency virus (HIV) and other sexually transmitted infections (STIs), and domestic abuse (2020). Moreover, the UNFPA highlights the prominence of “sexual coercion in dating relationships” which may be contributive to the prevalence of teenage pregnancies in the Philippines (UNFPA Philippines, 2020).

Besides teenage pregnancy, the rise of HIV and STIs is another emerging SRH problem faced by the Filipino youth. Currently, the HIV epidemic response of the Philippines is focused on men who have sex with men (MSM) cases because of the observed shift in trends among this key population in the last two decades (NHSSS Unit DOH-EB, 2021). However, recent data reveal that the trends may be more nuanced. The

March 2021 HIV/AIDS & ART Registry (HARP) by the Department of Health (DOH)'s Epidemiology Bureau reported that Filipino youth aged 15 to 24 years old account for 29% of all reported cases in the Philippines since 1984 (NHSSS Unit DOH-EB, 2021). In addition, the cases in this age group have doubled in the past ten years (i.e., from 17% in 2000-2009 to 30% in 2010-2019). While this rate may be attributed to increase in testing within this particular age cohort as provided for by the Philippine HIV and AIDS Policy Act of 2018, which allows Filipino minors to acquire HIV testing through proxy consent (e.g., doctor or social worker), the youth's engagement in sexual activities is also a salient factor to be considered.

According to the Demographic Research and Development Foundation (DRDF) and the University of the Philippines Population Institute (UPPI), early sexual activity for both males and females before the age of 18 was reported to have increased from 13% to 23% between 1994 and 2013 (2014). In addition, the report also notes that a majority (78%) of those who engaged in pre-marital sex were unprotected, which can contribute to the increase of STIs and teenage pregnancies among youth. Based on the March 2021 HARP, sexual contact was the prevalent mode of HIV transmission among the newly diagnosed children and adolescents (100%) and the youth (99%) (NHSSS Unit DOH-EB, 2021).

The influence of alcohol use and drug use may contribute to increasing the risk of engaging in unprotected sex. The 2015 Global School-based Health Survey (GSHS) in the Philippines revealed that among Filipino high school students aged 13-17 years old, around four-fifth (80.8%) of the population reports having had their first drug use before the age of 14 (World Health Organization, 2015). Likewise, a little over half (56.1%) in the same cohort reports having had at least a drink of alcohol prior the age of 14 (2015). In addition to the risk these behaviors contribute to sexual health outcomes, another concern is the level of knowledge on sex and reproduction.

Sexual and Reproductive Health Knowledge Among Filipino Youth

According to the DRDF and UPPI (2014), only 27.4% of the cohort answered that they have adequate knowledge on sex. Given this level of

knowledge, it has been argued and encouraged that sex should be discussed at home. However, their data show that sex-related discussion at home with the guidance of parents remains low (9.7%) and has declined in the past 10 years (DRDF & UPPI, 2014). The report shows that participants from this age group identified their friends (37.6%) and mothers (27%) as possible resources of sexual health information. Around a fifth of Filipino youth (22%) reported not consulting anyone about SRH. This reality is further complicated by the fact that nearly half of Filipino youth (41.6%) have no material sources of information on sex. Although more than half (52%) of those in school have reported having someone to consult, this number is lower compared to previous years.

In acknowledgement of the vulnerability of Filipino youth to SRH problems and the gaps in the SRH knowledge of Filipino youth, the Philippine Congress passed The Responsible Parenthood and Reproductive Act of 2012 (RA 10354). RA 10345 stipulates the integration and implementation of the Comprehensive Sexual Education (CSE) in the Philippine K-12 Education System. Consequently, the Department of Education (DepEd) (2018) released policy guidelines on the implementation of a CSE curriculum in the country. Central to the policy is the recognition of sexual health education as a preventive measure to several of the SRH problems that the Filipino youth currently face.

These policy developments are welcomed since sexual health education presents students with opportunities to be informed and empowered in making proactive decisions about their sexuality (Nyika et al., 2016). This is especially true for the Filipino youth who are more vulnerable because of their co-existing and intersecting experiences of marginalization and oppression. This vulnerable group includes adolescents in conflict with the law, adolescents from geographically isolated and disadvantaged areas, and adolescents from indigenous communities (Vinluan & Flores-Kitong, 2017). As such, emphasis on the adoption and adaptation of age and development-appropriate CSE in both formal and non-formal education settings remains an important call to action for duty-bearers (UNFPA Philippines, 2020).

Prejudice Against the LGBTQI+ Community in the Philippines

CSE offers a solution that can address the knowledge gap and empower the youth in making healthy and responsible decisions about their sexual health. However, are Filipino LGBTQ+ youth included among those that the CSE empowers? While the DOH recognizes the disproportionate vulnerability of the Filipino LGBTQ+ youth to SRH problems (Vinluan & Flores-Kitong, 2017), there is a need to review these policies due to the pervasive and systemic prejudice and discrimination against the LGBTQ+ community in the Philippines (Thoreson, 2017).

For instance, a significant voice in the local discourse on SRH is the Catholic Church. The country's strong roots in Catholicism have been a major roadblock in passing laws that touch on gender and sexuality issues (Genilo, 2014). Majority of the criticisms against the CSE program are fielded by religious organizations that believe policies like RA 10354 symbolize the moral failing of the country (Yarcia et al., 2019). Due to the continued opposition of religious groups against RA 10354 through filing of petitions to deem the law unconstitutional, the implementation of RA 10354 was delayed twice. This delay resulted in the removal of eight (8) of its original provisions in 2014 and the delayed procurement and distribution of artificial contraceptives in 2017 (Punongbayan, 2018).

The strong opposition of religious groups to RA 10354 stems from the strong influence of Catholicism which was introduced by Spanish colonizers to the Filipinos (Yarcia et al., 2019), and the subsequent participation of the Catholic Church in socio-political movements and activities in the Philippines (Genilo, 2014; Punongbayan, 2018). The same opposition currently hinders the passage of the Anti-Discrimination Bill in the Philippine Congress (ASEAN SOGIE CAUCUS, 2017). Inasmuch as the Church is a major institution cultivating a culture of prejudice and discrimination against the LGBTQ+ community, educational institutions may be complicit as well.

Despite the inalienable right of every Filipino to education, the Filipino LGBTQ+ youth encounter stigma and discrimination in the classroom. Some schools have policies that can expel students for being

queer, as seen in the recent case of Assumption Iloilo (Lalu, 2020). Classrooms in the Philippines are venues where LGBTQ+ youth experience SOGIE-based harassment, not only from classmates, but also from teachers (Thoreson, 2017). This reality is particularly relevant in evaluating the implementation of CSE in the Philippine education system given its role in empowering Filipino youth vis-à-vis their SRH. Despite the opportunities and benefits that CSE presents to the Filipino youth to improve and be empowered with regard to their SRH, the stigma and discrimination against the LGBTQ+ community in the Philippines must be acknowledged and addressed for CSE to effectively and equitably address the SRH needs of the Filipino LGBTQ+ youth.

Significance of the Study

Due to the lack of LGBTQ+ sensitive and empowering policies and programs in the country, the Filipino LGBTQ+ community are made more vulnerable to health problems and ill wellbeing (UNDP & USAID, 2014). By positioning the Filipino LGBTQ+ youth as the invisible beneficiary of CSE, this paper hopes to elevate the experiences of Filipino LGBTQ+ youth within the discourse of health and public policy development and implementation. By analyzing the policies related to CSE in the Philippines, this paper hopes to shed light on the necessary inclusions and systemic exclusions experienced by the Filipino LGBTQ+ youth vis-à-vis their health and well-being. In doing so, this paper hopes to not only shed light on the pedagogical and program-related gaps in the CSE, but to provide recommendations on how to address these gaps to improve the implementation and delivery of SRH services and information to the Filipino LGBTQ+ youth.

Objectives

This paper intends to explore the potential impact of CSE and its related policies on the SRH of the Filipino LGBTQ+ youth. Particularly, this paper seeks to analyze the inclusivity and sensitivity of the implementation, provisions, and guidelines of CSE-related policies towards

the Filipino LGBTQ+ youth, their experiences, and their SRH needs. Ultimately, this paper hopes to unpack how CSE empowers Filipino LGBTQ+ youth to make informed decisions about their SRH.

Methodology

This paper conducted a qualitative gender analysis by primarily reviewing secondary data published since the passage of RA 10354 in 2012. RA 10354 is the primary basis of sexual education in the Philippines. The published data include policies and guidelines as well as any memoranda, briefs, reports, and similar documents on sexual health education in the Philippines. Examining related documents will allow for the identification of gaps in the current CSE programs and policies. This study reviewed the following documents:

- RA 10354 – The Responsible Parenthood and Reproductive Act of 2012 (2012)
- Implementing Rules and Regulations of RA 10354 (IRR Drafting Committee for Republic Act No. 10354, 2013)
- Department of Education (DepEd)’s Policy Guidelines on the Implementation of the Comprehensive Sexuality Education (2018)
- DepEd’s Program for National Online Training of Teachers on the Basic Integration of CSE in the K to 12 Basic Education Curriculum (2020)
- Department of Health (DOH)’s Annual Reports on the Implementation of RA 10354 (2014-2020)

The Six Domains of Gender Analysis by the US Agency for International Development (USAID) Interagency Gender Working Group was adopted as the main framework in the analysis of the documents (2011). Although this gender analysis framework was initially developed to explore and evaluate differences between men and women vis-à-vis their health and well-being, this paper adopted this framework to explore and evaluate the impact of CSE on Filipino LGBTQ+ youth’s SRH in

particular. To better articulate this framework's role in this analysis, the six domains were translated into general questions for evaluating the policies, programs, and related products of the Philippine government for sexual health education. Table 1 details each of the domain, its theoretical definition, and its operationalization in this study.

Table 1
Six Domains of Gender Analysis (USAID, 2011)

Domain	USAID definition	Operationalized
Access	Access to goods, services, information, and opportunities that allow individuals to be an “active and productive participant (socially, economically, and politically) in society” (2011, p.4).	What topics discussed in sexual health education address the health problems faced by Filipino LGBTQ+ youth?
Knowledge, beliefs, perceptions	An individual's knowledge, beliefs, and perceptions about gender and how that influences their behaviors and sense-making of their life	How do local sexuality and gender beliefs influence the perceptions of Filipino LGBTQ+ youth on their sexual health?
Practices and participation	The gendered behaviors, responsibilities, and roles of individuals in society.	Are relevant duty-bearers, as identified in the law, competent, or being equipped in sexual health education as it applies to Filipinos?
Time and space	The identification, division, and distribution of time and spaces and its implications for individual's behaviors and social participation as influenced by gender norms.	Is the sexual health education curriculum in the Philippines conducive to discussions of diverse experiences of sexuality?
Legal rights and status	The treatment of people according to the law and its processes.	Are current policies on sexual health education in the Philippines sensitive to the experiences of Filipino LGBTQ+ youth?
Power and decision-making	“The capacity to make decisions freely and to exercise power over one's body within an individual's household, community, municipality, and the state” (p. 6, 2011).	Are Filipino LGBTQ+ youth empowered to make informed decisions about their sexuality?

Results

Access

Review of the policies related to CSE revealed the acknowledgement and emphasis of gender sensitivity in the formulation and implementation of CSE in the K-12 program of the Philippines. However, further review of the topics expected to be covered within CSE showed a lack of SOGIESC sensitivity. For example, in the Implementing Guidelines of RA 10354, Section 11.02 on Curriculum Development, “gender and development” is among the course domains identified as integral in reproductive health education (IRR Drafting Committee for Republic Act No. 10354, 2013). Moreover, DepEd’s policy guidelines for CSE identifies several standard topics that cover a diverse range of essential facets of SRH. Although the RA 10354 is stated to be rooted in gender equity (The Responsible Parenthood and Reproductive Health Law, 2012), the subtopics specified by DepEd (2018) focused largely on marriage, reproduction, and parenting—all of which are heteronormative ideals and values.

It should be noted that in terms of SRH problems relevant to the LGBTQ+ community, STIs and HIV/AIDS are explicitly identified in the policies (IRR Drafting Committee for Republic Act No. 10354, 2013; DepEd, 2018). However, the SRH-related problems of the LGBTQ+ community are not limited to sexually transmitted infections and the HIV/AIDS epidemic. In the standard curriculum of DepEd, bullying is also identified as a salient subtopic to be covered under the domain of “Personal Safety” (2018). However, bullying is an important topic for the LGBTQ+ community as the act creates a hostile environment that could negatively affect one’s health and well-being (Meyer et al., 1995; Safer et al., 2016; Russel & Fish, 2016) since SOGIE-based prejudice remains a systemic issue in the Philippines, especially within the education system. Thus, it is crucial to interrogate whether the discussion on bullying will be SOGIESC-sensitive or not (Thoreson, 2017).

Table 2
Core Topics and Subtopics for the CSE in the Philippines

Core Topic	Subtopics
Human body & human development	Sexual & Reproductive Body Human Development & Reproduction Puberty & Adolescence
Personhood	Values Norms Peer Influence and Life-skills
Health relationships	Families Friendships Romantic Relationships Long-term relations Marriage & Parenting Sex and Marriage
Sexuality and sexual behaviors	Sexuality & Sexual Life Cycle Sex and Sexual behaviors
Sexual and reproductive health	Reproductive Health Consequences of Early Pregnancy STIs and HIV/AIDS
Personal safety	Privacy & Bodily Integrity Gender-based Violence Bullying
Gender, culture, and human rights	Gender Equality Media and Sexuality Human Rights

Note. Adopted from the Policy Guidelines on the Implementation of the Comprehensive Sexuality Education (DepEd, 2018).

Knowledge, Beliefs, Perceptions

The current policies do not provide direct information on the effect of CSE on the perceptions of Filipino LGBTQ+ youth towards their sexual health. However, the policies do provide insight into the socio-cultural and political factors that influenced the formulation and, thus, the implementation of the policies. First, the role of religious organizations in the decision-making and implementation of several facets of RA 10354 is evident (The Responsible Parenthood and Reproductive Health Law,

2012). In relation to CSE, there is an explicit emphasis on the need for sexual education to be “respectful of culture and religious convictions” (IRR Drafting Committee for Republic Act No. 10354, 2013).

In the Philippines, the Filipinos’ long and deep-rooted relationship and history with the Catholic Church remains a persistent factor influencing the social status of the LGBTQ+ community (Genilo, 2014; Yarcia et al., 2019). A review of history shows that the Spanish colonization of the Philippines, which introduced Catholicism to Filipinos, was instrumental in reframing non-heteronormativity and gender non-conformity among Filipinos as immoral and sinful (Yarcia et al., 2019). This narrative of the LGBTQ+ community as sinners remains pervasive in contemporary Philippine society where the Catholic Church remains a powerful institution especially in matters of gender and sexuality. As previously discussed, RA 10354 was staunchly opposed by the Catholic Church, not only during its formulation, but also during its initial implementation due to provisions that were in conflict with the doctrines and beliefs of Catholicism (Genilo, 2014, Punongbayan, 2018).

By positioning CSE within these socio-cultural, political, and historical contexts, the values and beliefs of Filipinos regarding gender and sexuality that are integrated and taught through the CSE is undeniably rooted in Catholic doctrines. This is further evidenced by the core curriculum of CSE defined by DepEd (2018) which emphasizes Catholic values such as marriage, family, and sex within marriage. Thus, a heteronormative CSE rooted in religious doctrines, which frame homosexuality and gender non-conformity as immoral, only worsens the institutional prejudice that the LGBTQ+ community experiences (Thoreson, 2017). Thus, the CSE becomes an avenue for SOGIE-based discrimination to persist, whether through the exclusion of relevant issues and information or through negative representation of the LGBTQ+ community in the curricula. As a consequence, CSE cannot have positive implications on the health and well-being of Filipino LGBTQ+ youth.

Practices and Participation

The implementing guidelines of RA 10354 specify that teachers are to be trained and provided teaching materials by DepEd (IRR Drafting

Committee for Republic Act No. 10354, 2013). In acknowledgement of the fact that teachers are the designated duty-bearers of the SRH rights of the Filipino youth, the DOH has consistently identified capacity-building among Filipino K-12 teachers as a priority in the implementation of CSE. For instance, the seminars were intended to equip teachers from different regions in the Philippines with the information and technical skills to develop and execute a CSE curriculum that complies with the standards set by DepEd (2020). In 2017, DepEd was first reported to provide CSE trainings to hundreds of Filipino K-12 teachers all over the country (DOH & Commission on Population, 2017b). Although this series of trainings continued until 2018, orientation about the CSE program as a whole was limited to key DepEd officials and staff. DepEd (2020) continued this capacity-building initiative even during the COVID-19 pandemic by conducting online national training courses on CSE from September to October 2020. Moreover, in 2019 and 2020, DOH and DepEd, as well as the Commission on Population and Development (POPCOM), collaborated to develop and equip teachers with learning and teaching materials for CSE, including documentaries, lesson plans, and best practices from other CSE implementors and providers (DOH & POPCOM, 2020, 2021).

The implementing guidelines of RA 10354, Section 11.06 implicitly specifies the need for CSE to empower parents to be involved in the SRH education of the Filipino youth (IRR Drafting Committee for Republic Act No. 10354, 2013). Accordingly, the DOH engaged in capacity-building activities, such as Parent-Teen Talk and *Usapang Barkadahan*, to equip both parents and peers with the information and skills to provide relevant and credible information on CSE (DOH & POPCOM, 2018, 2020).

The policies also state that CSE must be implemented with sensitivity to gender and culture (IRR Drafting Committee for Republic Act No. 10354, 2013). In Section 11.05 of the Implementing Guidelines for Republic Act No. 10354, DepEd is identified as a duty-bearer in ensuring that CSE is implemented and adapted in different educational settings with particular emphasis on “non-formal, and indigenous learning” (IRR Drafting Committee for Republic Act No. 10354, 2013). The DOH also echoed this

call by emphasizing the need for CSE to address the needs of out-of-school Filipino youth (DOH & POPCOM, 2020). This implicit policy statement on adapting CSE to diverse contexts is especially important in a geographically, culturally, and socio-economically diverse country as the Philippines.

However, sensitivity to the diverse sexualities and gender identities and expressions of Filipinos have yet to be included or explicitly stated in such policies. While peers and parents have previously been identified as potential sources of sexual health information (DRDF & UPPI, 2014), peers and family members have also been identified as enablers of SOGIE-based prejudice and discrimination (Ceperiano et al., 2016; Thoreson, 2017). Although consultations with community-based organizations have been integral in the development of CSE and its implementation (DOH, 2014), no form of engagement with LGBTQ+ organizations was mentioned in the policies in relation to the development or implementation of CSE.

Time and Space

In the Philippines, CSE is focused on reproductive health. The provisions of RA 10354 specify the need for age- and development-appropriate reproductive health education (The Responsible Parenthood and Reproductive Health Law, 2012). In its definition of reproductive health, CSE embeds sexuality and sexual health as a function of reproductive health (2012). Thus, the subtopics covered under CSE (Table 2) that are focused on sexuality and sexual health are primarily on sexual intercourse, teenage pregnancy, STIs and HIV/AIDS (DepEd, 2018). Although STIs and HIV/AIDS are relevant health problems for Filipino LGBTQ+ youth, their SRH concerns go beyond these diseases as will be discussed later in this paper. Moreover, sexuality is not only defined by the concept of sexual intercourse and its implications to one's health (Drazenovich, 2015).

Stockton (2017) proposes that sexuality is both a person's identity and the behaviors that they perform. However, the CSE is rooted in heteronormative ideals of sexuality and is largely focused on sexuality as a function of reproduction and family formation. RA10354, as a policy

on SRH rights, is founded on the rights of Filipinos to a family and marriage (The Responsible Parenthood and Reproductive Health Law, 2012). With family and marriage being the basis of CSE, the content of the curriculum excludes sexualities—both identities and behaviors—that do not align with these heteronormative ideals (Ruiz Austria, 2016).

In this case, the CSE in the Philippines does not readily meet the needs of Filipino LGBTQ+ youth. Thus, they are forced to look for CSE that is sensitive to their needs and experiences elsewhere despite their proactive demands for it (Thoreson, 2017). This shows that CSE, as it is currently framed and executed, is not conducive to discussions of diverse experiences of sexuality.

Legal Rights and Status

The policy analyses have shown that current CSE policies are not sensitive to the LGBTQ+ community and their experiences. First, the policies are focused on heterosexual relationships and experiences of sexuality. RA10354 is founded on family formation and marriage—heteronormative ideals and rights afforded only to heterosexual Filipinos (The Responsible Parenthood and Reproductive Health Act of 2012, 2012). Furthermore, core topics on sexuality, relationships, and health are also focused on the experiences of heterosexual Filipinos (Thoreson, 2017; DepEd, 2018).

Although there is a call and a commitment to gender sensitivity within policies, the call is not targeted to be sensitive to diverse sexual orientations, gender identities and expressions, or sex characteristics. The policies do not explicitly specify sensitivity to or the need to adapt CSE to the needs and experiences of the LGBTQ+ community. Moreover, the law does not provide for duty-bearers that can be held accountable due to the underrepresentation of the LGBTQ+ community in RA 10354. Despite the important role that CSE plays in raising awareness about the SRH and well-being of Filipinos, particularly on vulnerable groups such as the LGBTQ+ community, current policies do not uphold the rights of the LGBTQ+ community to health.

Power and Decision-Making

Because the policies do not uphold the SRH rights of the LGBTQ+ community, relevant information regarding their SRH are excluded. By focusing only on heterosexual experiences, CSE imposes a standard set of beliefs, expectations, and perspectives that do not apply to the realities and lived experiences of Filipino LGBTQ+ youth. Despite the Filipino LGBTQ+ youth's desire for CSE, their classroom becomes a hostile environment where they learn that they are immoral and sinful for their non-heteronormative SOGIESC (Thoreson, 2017). As a consequence, the Filipino LGBTQ+ youth are forced to look for information elsewhere, such as their friends and the Internet (Thoreson, 2017).

The classroom should serve as an environment that encourages the Filipino youth to develop their skills and personal values with regard to their SRH, as the law intends (DepEd, 2018). Unfortunately, the classroom environment positions them as second-class citizens, exacerbating their vulnerability to health problems. It is evident, then, that the SOGIE-based prejudice stands as a health problem perpetuated not only by the peers and teachers but by curriculum and policy developers as well (Thoreson, 2017). Even though the CSE is posited to empower the Filipino youth to make informed decisions about their sexual health, the systemic exclusion of the LGBTQ+ community in Philippine school curricula stands as a barrier to their SRH and well-being.

Discussion

Analysis of local policies on CSE showed that sexual health education in the Philippines excludes frameworks, perspectives, and experiences largely relevant to Filipino LGBTQ+ youth because of its heteronormative framing, the strong influence of Catholicism, and the individualistic discourse to SRH.

The Heteronormative Framing of Philippine CSE

Family as the Context for Sexual and Reproductive Health

First and foremost, reproductive health is positioned within the context of the family. RA 10354 emphasizes that reproductive rights, including access to sexual health education, is built upon the State's recognition of the family as the most basic social institution and of marriage as a human right (The Responsible Parenthood and Reproductive Health Act of 2012, 2012). While family remains to be an important aspect in the lives of Filipinos, only marriages between a man and a woman are legally recognized in the Philippines (Stonewall, 2018). Same-sex couples are also not legally allowed to adopt a child together nor opt for a second parent adoption by same-sex couples (Stonewall, 2018). Clearly, the exclusionary laws in the Philippines demonstrate that the reproductive health rights of all Filipinos are built upon the heteronormative conceptions of marriage and family.

Procreation as the Endpoint of Local Sexual Health Discourse

Part and parcel of the heteronormative nature of sexual health education in the Philippines is its focus on reproductive health. Sexual health education is folded into and under the reproductive health rights of Filipinos as evidenced by the provisions of The Responsible Parenthood and Reproductive Health Act of 2012 (2012). Following this, DepEd's policy guidelines on the implementation of Comprehensive Sexual Education (CSE) in the Philippines emphasizes "reproductive health, consequences of pregnancy, and STIs and HIV/AIDS" as the primary topics under the Sexual and Reproductive Health core topic (2018). Under this framework, sexuality is only a function of reproduction.

Discourse in sexual health education emphasizes procreation as the endpoint of sex. The emphasis on procreation does not only reduce women's sexuality into a function of their expected motherhood, but also excludes other sexualities that do not consider reproduction as the goal (Ruiz Austria, 2006). This is true for trans women whose biology do not necessarily allow for childbearing. More importantly, the procreation-oriented sexual health education contradicts the law's commitment to

gender equality, equity, and women empowerment (The Responsible Parenthood and Reproductive Health Act of 2012, 2012; IRR Drafting Committee for Republic Act No. 10354, 2013). Therefore, the emphasis of abstinence as a sexual health behavior reveals that it is less about mitigating sexual health problems than it is about upholding sex within the traditional values of family, marriage, and childbearing—all of which are heteronormative ideals. It is evident that the current discourse on sexual health is not only misogynistic, but also heterocissexist. The sole focus on reproductive health is not holistic as it reduces sexuality to sexual intercourse and reproduction (Drazenovich, 2015).

According to Stockton (2017), sexuality is “an organization of erotic meanings that are comparatively less identitarian” referring to experiences, concepts, and narratives of arousal and sexual desire that includes but are not limited to sexual intercourse. His framework for understanding sexuality not only removes reproduction, procreation, and all acts that contribute to these from the center of sexuality, but expands sexuality beyond the concept of sexual orientation as well (2017). This is an essential distinction—or development—to make because of the positioning of sexuality in the Philippines within a heterocissexist framework. By expanding the definition of sexuality beyond sexual intercourse and its function within reproduction, there is room for discussion other sexualities as part of sexual health education. This is a crucial shift, not only because of the impact sexual health education has on addressing sexual health problems among Filipino LGBTQ+ youth, but also because education is a major contributing institution in the socialization of Filipinos.

Philippine CSE as Heteronormative Socialization

According to Sandra Bem’s Gender Schema Theory (1981), socialization is a major influence on how individuals make sense of who they are and the world around them. Bem (1981) posits that an individual’s framework for understanding and appraising themselves and their environment is gendered based on their experiences of socialization, which educational institutions play a major role in. The gender schema not only privileges cisgender socialization. It also privileges heterosexuality over homosexuality based on the assumption that everyone conforms to heterosexuality. Bem

aptly refers to this as the *heterosexual subschema* (1981). Through heteronormative sexual health education, heterosexual and cisgender experiences, concepts, and narratives of sex, sexuality, and health are privileged over non-heteronormative experiences to the extent that these experiences are left out of the sexual health education curriculum.

This omission is a form of socialization: by first normalizing gendered stereotypes and sex beliefs, heteronormative sexual health education communicates that non-heteronormative sexualities—identities and behaviors alike—are abnormal (Ruiz Austria, 2006). Because education as a social institution where SOGIE-based prejudice and discrimination are cultivated, sexual health education is, then, a vessel for stigma against non-heteronormative sexualities (Thoreson, 2017; Macionis, 2012). As Ruiz Austria (2016) aptly puts, “[t]he problem in fact goes far beyond the recognition of female sexual pleasure and desire but rather goes into the very heart of rejecting notions of sex as pleasurable and outside sanctioned procreation as unacceptable and immoral” (p. 126).

The medicalization of homosexuality proves insightful when understanding Ruiz Austria’s sentiments. Homosexuality’s medicalization has shown, not only how moral authorities have changed from one social institution to another over the years, but how these changes have, likewise, affected the ways homosexuality has been penalized in contexts where it is regarded as a moral failing. The imposition of religious and moral values on sex and sexuality, especially on non-heteronormative sex and sexualities, are largely founded on the Church’s role as the center for spiritual-moral guidance (Conrad & Schneider, 1992). While a historical account of the medicalization of deviance would position medicine as the current primary moral authority on homosexuality by virtue of their inclusion and subsequent exclusion of homosexuality in its medical diagnoses, this does not mean that other social institutions are not as influential in the discourse on homosexuality (1992).

The Catholic Church’s Influence on Philippine CSE

Concretizing the earlier discussion of sexuality as a matter of morality and sin, the deliberation of RA 10354 was greatly opposed by the Catholic Church in Congress. Abortion, implications of population control, and

mandatory sexual health education were the primary reasons for opposition (Genilo, 2014). While the Catholic Church maintains that its opposition to these provisions were based on the sanctity of life, their fervent opposition can be understood as their attempt to uphold the function of sexuality within the social institution of the family. By its very nature, abortifacient health care services and products prevent conception or terminate pregnancies which prevent the formation of families. Population control, whether as a primary goal or a related result of reproductive health programs, entails a form of regulation on family size and childbearing. However, mandatory sexual education within schools would entail discussing sex and sexuality outside of the context of the family. This means that parents are not the only individuals with duties and responsibilities in the protection of the SRH rights of Filipinos. Furthermore, a truly comprehensive sexual education would entail expanding the discussion of sexuality beyond reproduction, marriage, and the family.

The religious opposition resulted in the removal of abortifacient health care services and products and population control as part of the provisions of RA 10354. Likewise, sexual education required the inclusion of parents and religious organizations in its formulation and implementation. Notably, religion, as a social institution, clearly affects the health behaviors and the programs, systems, and services that affect these behaviors. Moreover, this dynamics particularly highlights why sexual health education in the Philippines is heteronormative.

The Individualistic Discourse to Sexual and Reproductive Health

The analysis of policies in the Philippines likewise shows that sexual health education is focused on “risk management and disease prevention” (Drazenovich, 2015). DepEd cites the increasing vulnerabilities of Filipino youth to teenage pregnancy, HIV and STIs, and sexual abuse as primary motivators for the implementation of the CSE in the Philippine educational system (2018). Consequently, a central feature of the CSE curriculum is its emphasis on equipping Filipino youth with “skills [that] reduce risks related to poor health outcomes” (2018, p. 2). What this framework does is define sexual health as simply a matter of behaviors that can either prevent or result in sexually transmitted infections.

While health behaviors are an integral factor in addressing health problems, frameworks and theories on health behaviors can ground these behaviors more holistically. The Integrated Behavioral Model (Montaña & Kasprzyk, 2008) acknowledges the role that the environment plays in health behaviors. Constraints present in the environment of the individual, as well as the cultural norms within a society that, in turn, influence the perceptions of the individual's self-efficacy, all interact with one another to affect the performance of health behaviors (2008). This holistic approach to sexual health is not alien to the local government. In fact, one of the goals of DepEd in their policy guidelines for the CSE is the integration of the “cognitive, emotional, physical, and social aspects of sexuality” in the curriculum (2018, p. 5). However, the framework for sexual health education employed by local policies separates sexual health from other aspects of health which divorces the sexual being from the individual's whole self. However, the sexual self cannot be divorced from the totality of the individual and their socio-cultural, political, historical, and economic contexts. These facets influence and produce the discourse on sexuality (Ruiz Austria, 2006; Stockton, 2017).

A framework focused on “risk management and disease prevention” of HIV and STIs (Drazenovich, 2015) would fail to acknowledge that the LGBTQ+ community is prone to these diseases due to a combination of socio-cultural, political, and economic forces that stigmatizes and discriminates against non-heteronormative sexualities (United Nations Development Programme (UNDP) & USAID, 2014). While LGBTQ+ health is integrated into sexual health education, the sole focus on HIV and STI prevention only continues to reinforce the *othering* of the LGBTQ+ community. Othering is further reinforced by associating the members of the community with these diseases. Queering sexual health education does not necessarily mean integrating a section dedicated to LGBTQ+ health. Doing so only normalizes a false dichotomy of sexualities, further othering LGBTQ+ youth in spaces, such as the classroom, where they are already a minority. The goal, therefore, is to dismantle the structures of sexuality and to focus less on identities as precursors of sexual behavior.

As Butler (1993) posits, gender is performative and the identity categories we use to describe gender never truly articulates but only limits our understanding of the true nature of sexuality. This is similar to the expanded philosophy of sexuality posited by Stockton (2017), where sexuality is more than just the identity categories we use to group sexual behaviors together. This configuration will allow for the expansion, not only of the discovery, but the critique of sexual behaviors as well (Drazenovich, 2015).

This is not to diminish the high risk of infection among Filipino LGBTQ+ youth. LGBTQ+ health, however, is more than just HIV and STIs. The institutional stigma and discrimination against nonheteronormative sexualities—identities and behaviors alike—place a great deal of pressure on LGBTQ+ youth to conform and cope. This minority stress has been found to be a predictor of psychological distress among gay men (Meyer et al., 1995). More than mental health resulting from stigma and discrimination, LGBTQ+ health, especially those embedded within sexual health education, should position stigma, prejudice, harassment, and discrimination as health problems themselves inasmuch as they are facilitators of health problems.

Conclusion

By reviewing CSE-related policies in the Philippines, this paper unveiled the heteronormative and individualistic framing of CSE and its rootedness in Catholic doctrines which leads to the exclusion of relevant SRH information and resources for Filipino LGBTQ+ youth. Currently, policies on sexual health education are inequitable and must be further evaluated. Although gender equality and equity are stated to be central to the Philippine government's policies on sexual health education (The Responsible Parenthood and Reproductive Health Act of 2012, 2012; DepEd, 2018), the current frameworks show that these policies do not represent the needs of Filipino LGBTQ+ youth vis-à-vis their SRH. While the policies allude to the diverse gender identities and sexual orientations in the core topics for the CSE program (2018), these topics are yet to be integrated into their overarching policy frameworks.

The Philippine government's concept of gender equality and equity remain rooted in the binary concept of gender (i.e., man and/or woman). This conceptualization privileges the experiences of cisgender Filipinos while omitting the experiences of trans, non-binary, and gender non-conforming Filipinos in the discussions of sexuality and sexual health. Although DepEd (2020) has responded to calls to train teachers all over the country in the implementation of the CSE, the current framework for the curriculum remains problematic. The framework raises questions, not only of equality, wherein all forms of sexual health concepts, experiences, and narratives are represented in sexual health education, but also of equity, where the sexual health needs of members of the community—or in this case, the classroom—are addressed through the representation of diverse and sensitive sexual health education.

Due to the recency of the implementation of CSE in the Philippines, data on CSE is centered around progress on curriculum development and the capacity-building initiatives of duty-bearers. However, data on the outcomes of CSE in the Philippine K-12 education system remain unavailable. As such, this study was limited to conducting a qualitative gender analysis on the initial policies on CSE, such as RA 10354 and the Implementing Guidelines for CSE. Future analyses may consider including interviews with key officials and implementors of CSE from state agencies, such as the Departments of Health and Education, to further explore the discursive and program-related framing of CSE. Including interviews with family members and Filipino youth who have been trained to provide SRH information may provide a more grounded perspective on both the institutional approach and community perspective on CSE.

Recommendations

Given the gaps of the current policies and programs related to CSE in the Philippines, the implementation of CSE moving forward must be reevaluated and further built upon in order to address the exclusion of the LGBTQ+ community in the curriculum. Consultations with the LGBTQ+ community and other community-based organizations may be undertaken by policymakers and program implementors in order to

evaluate and redesign a more accessible and needs-sensitive curriculum for the Filipino LGBTQ+ youth. In particular, the primary agencies responsible for the implementation of CSE, such as the Departments of Health and Education, should look into including LGBTQ+ organizations, not only as participants during community consultations, but also as expert advisors qualified to provide grounded knowledge on the needs of Filipino LGBTQ+ youth. Their inclusion in the decision-making process would support the alignment of SRH with the LGBTQ+ community's immediate context.

Furthermore, policymakers and program implementers can look into the growing literature on Filipino gender and sexuality from diverse fields of inquiry such as anthropology, sociology, psychology, history, and political science. These studies may be integrated to address the gaps of the current policies and programs related to CSE. Particularly, these studies can provide grounded insights or local knowledge on gendered norms and socialization from the perspective of members of the LGBTQ+ community. The studies can ensure that the policies are based on grounded information on Filipino gender and sexuality and provide program implementers, such as teachers, a more diverse, comprehensive, and recent overview of the literature needed to truly provide Filipino youth with grounded, development- and age-appropriate sexual education.

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