

Pushing the Boundaries of Motherhood and *Pagkadalaga*:

Sexuality and Reproductive Freedom of Urban Poor Women and Volunteers of the
Likhaan Center for Women's Health

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*Through the conduct of feminist research in urban poor communities, this study reveals pathways to reproductive freedom anchored on women expanding the meaning and performance of moral motherhood and *pagkadalaga*, supported by free and stigma-free reproductive health service delivery and education. The study elaborates on the multiple meanings of *paglalandi*, the only space in mainstream Filipino society that allows the open discussion of sexuality. The study makes the argument that women's knowledge, life experiences, and aspirations around *paglalandi*, motherhood, and *pagkadalaga*, even as they are defined by patriarchy and limited by material conditions, are potent sites for eroding patriarchal and capitalist control of peoples' bodies, identities, and desires.*

Keywords: sexuality, reproductive freedom, motherhood, *pagkadalaga*, *paglalandi*

Introduction

In urban, poor communities in Manila, women's contraceptive choices and reproductive freedom are marked by their compliance to the identity of the *mabuting ina* (the good or moral mother) and their aspiration for the near-mythical *dalaga* (the independent, unmarried woman). These identities are regulated by patriarchal control of women's bodies and traditional norms that annex sexuality to fringes of society. These identities are also shaped by the pressures of poverty. With limited social support from the state, (re)producing able-bodied, educated children determines a family's pathway to a better life. This study's original intention was to understand the motivation behind women's contraceptive use, and how this leads to reproductive freedom. It has since evolved into how women, with access to sexuality and reproductive health services and education, find empowerment within the identities of the moral mother and the *dalaga*, and contribute to the inter-generational erosion of patriarchy, the achievement of reproductive freedom, and the improvement of their socio-economic outcomes.

Poverty and patriarchy create enormous challenges for women in the Philippines. Limited public healthcare funding pushes women to endure overcrowded and under-staffed public hospitals and having to make hard decisions between spending on medication or food. The constant pressure to shift the burden of social services from public spending to individual pockets exacerbates the burden of care on women, and makes a clear economic argument for family planning. The country's landmark legislation on reproductive health, Republic Act 10354 or the Responsible Parenthood and Reproductive Health Law of 2012, recognizes the rights of women over their own bodies and to plan their families, at the same time that it gives a nod to conservative norms around sexuality. The law guarantees the distribution of modern contraceptives in all public facilities and the provision of age-appropriate comprehensive sexuality and reproductive health education in all schools. It also requires youth under 15 years old to present parental consent to gain access to contraceptives and reproductive health services, and allows medical professionals to withhold medical advice or treatment that conflicts with their religious convictions under conscientious objection. Beyond the law, women's reproductive freedom and bodily autonomy continue to be challenged by traditional norms and expectations surrounding women's sexuality and their roles in families and communities.

The Philippines enjoys a total fertility rate of 2.7 children per woman; 40% of the population uses modern family planning methods (NDHS, 2017). However, around 2 million poor women of reproductive age continue to live with an unmet need for family planning (DOH, 2017). In 2017, less than half of sexually active teenagers used modern contraceptives; there were 47 births per 1000 women within 15 to 19 years old, only one unit shy of the 46 births recorded in 1998; for all other age groups, birth rates have dropped across a twenty-four-year period (ARROW, Likhaan, 2019). Manila is a densely populated urban center with a population of 1.78 million, its poorest communities are found in the Baseco Compound in the Port Area and Tondo, the fieldwork sites for this study.

Likhaan Center for Women's Health, a not-for-profit, non-government organization, provides free reproductive health and family planning services, and popular education on sexuality, reproductive health, and women's rights to clients in eight sites across the Philippines, five of which are clinics in Metro Manila. Tondo and Baseco are included in Likhaan's most extensive operations. They also have an advocacy arm that engages the women's movement, academic institutions, government bodies, and other stakeholders. Likhaan has a professional medical staff of doctors, nurses, midwives, community mobilisers (CMs), and a volunteer arm of community health promoters (CHPs). Their service delivery operations and community organizing go hand in hand, community organizers act as demand generators for clinic services. As an extension of organizing work, and to promote Likhaan's services from within neighborhoods, CHPs receive training on a range of health and political issues related to sexuality and reproductive health.

Methodology

The feminist standpoint epistemology requires the recognition of women's epistemic authority (Doucet, Mauthner, 2007; Brooks, Hesse-Biber 2007), women's unique positionality places them inside oppressive social structures and gender norms, and informs their actions and strategies towards liberation and empowerment (Collins, 2014; Jaggar, 2014). Knowledge created through this methodology is thus a more accurate representation of women's realities. Feminist research also requires researchers to have a strong sense of reflexivity, mindful of the power imbalance between researcher and respondent, and how the researcher's own biases may influence data gathering and analysis (Jaggar, 2014). A final requirement of this methodology is the intention for social transformation.

To surface women's ways of knowing, data gathering was through semi-structured interviews and focus group discussions that encouraged participants to discuss their aspirations and values, as well as their experiences around the use of contraceptives, and their various roles in their homes and communities. The elements of social transformation include raising women's awareness and consciousness to shared experiences of negotiating bodily autonomy and controlling their fertility, and identifying how their narratives contribute to a systematic erosion of patriarchal norms and traditions around women's sexuality and reproductive health.

To reconcile the imbalances in power and privilege between researcher and the participants in the conduct of data gathering activities, the researcher emphasized the participants' authority over their own narratives, to which the researcher serves as witness and listener. The interviews and discussions tended towards a more casual, story-telling, and "*talambuhay* sharing" format, with the researcher adapting to the language and words and meanings popularly used in communities and deferring to participants' knowledge. At appropriate points in the conversation, the researcher shared her own perspectives and opinion about how women's empowerment comes with a stigma-free and sex-positive perspective of sexuality, and how contraceptives are important to allow women to indulge in their various pleasures and relationships, without the risk of pregnancy.

The researcher also shared her experiences of *pagkadalaga* and relationships, especially when participants asked about it. This led to the discovery of a common cause between both researcher and participants - that empowerment meant making choices to support even the identities prescribed by patriarchy and redefining these identities by making space for pleasure and desire. Ultimately, the researcher's privilege lies in "being able to walk away," carrying women's stories and aspirations, and this came with a heightened sense of responsibility to represent women's aspirations and stories accurately.

Interviews were conducted across four months, with nine Likhaan clients, and two volunteers (see Table 1). The data from the interviews were organized into themes and validated through a focus group discussion with five CHPs. One CHP participated in both the FGD and the interview. All participants, selected by Likhaan community mobilisers, lived in Tondo and Baseco at the time of the interview. Participants are all mothers in their early 20s to mid-40s, with as little as two children and as many as eight. Some participants are solo parents, and some have children from different partners. Their educational levels varied from having completed primary education to obtaining some or completing secondary schooling. In compliance with ethical standards, all names presented in this paper are pseudonyms.

The study is anchored on the concepts of reproductive freedom and domesticity. Reproductive freedom is the ability of women to control the number of children they have, and when, and in what circumstances to bear and raise them (Jaggar 1988). It is aided by contraceptive use and sexuality and reproductive health education. The meaning of reproductive freedom for individual women in urban poor communities was expected to be limited by traditional norms around women's sexuality, and assisted by the strong individual and collective assertion of women for rights over their own bodies, and the well-being of their children.

Domesticity (Williams, 2011) navigates the axis of market and family work, and the ensuing gendered relations of dominance. It describes the identities of the ideal worker (man) and the moral mother (woman), each fulfilling roles related to childrearing, care work and economic productivity, which may be shifting through time. It argues that as all family work became coded as "care", it ceased to be seen as "work" and became attached to the performance of being a woman. (Williams, 2001)

Summary of findings

Reproductive freedom and moral motherhood, in the lived experiences of women from urban poor communities, appear to be mutually reinforcing. The full performance of moral motherhood compels women to use contraceptives; reproductive freedom is anchored on participants' identities as mothers. However, participants have a strong desire to see their children grow into independent single women, and experience their *pagkadalaga*, before settling down. To do this, they are pushing the boundaries of moral motherhood to include caring about their sexuality as well as their children's and this makes an inter-generational shift in reproductive freedom possible.

The paper will contribute not only to understanding the lives and well-being of women from urban poor communities, it also posits that childbearing, childrearing, and moral motherhood roles and identities that are key to the continuing effort to liberate women from the confines of patriarchy and poverty.

Reproductive freedom coincides with being a good mother

For all research participants, contraceptives assist in achieving birth spacing or preventing further pregnancies altogether; this is critical to being a “*mabuting ina*” or good mother who devotes herself to improving her children’s life outcomes. Participants had their first child between the ages of 17 to 22, and learned of family planning and contraceptives after having given birth. Younger participants were able to maintain their desired number of children through contraceptives, older participants came to contraceptives after having more children than they intended. All participants agree contraceptives assist in the challenge to raise children well with limited resources. Participants also use “family planning” in conversations to refer to the use of modern contraceptives.

“*Magpa-family planning ako kasi ayoko na mag-buntis, mahirap manganak, mahirap ang buhay,*” [“I am using family planning (methods) because I don’t want to bear another child. Giving birth is hard, life is difficult.”] Cris, 26 years old with three children, shared how she opened the topic of contraceptives with her partner.

“*Mahirap mag-alaga. Minsan, nasubukan ko na sunud-sunod yung nagkasakit. Minsan pa nga, n’ung pinagbubuntis ko pa ito (gestures to infant in her arms), na-kompayn yun (gestures to other child).*” [“It’s hard work raising children. At one point, they were getting sick, one after the other. While I was pregnant with this one [gestures to infant in her arms], the older one had to be confined at the hospital.”] Ana explained the difficulty of raising eight children, when asked why she did not want to have any more.

“*Gusto po kasi namin mabonggahan ng seven years old ang panganay, birthday eh. Eh sabi ko, pag nagbuntis ako ngayon, kawawa s’ya, wala s’yang pang seven years old [birthday party], lahat ng gagastusin sa kanya, mapupunta sa baby. Kaya ayoko pang magbuntis,*” [“We wanted to have a grand celebration for our eldest’s seventh birthday. I told her that if I get pregnant now, she will not have anything for her birthday, everything that could be spent for her party will instead be diverted to the baby. This is why I do not yet want to get pregnant,”] said Jen, 27 years old, with two children and two cycles of sub-dermal implant and counting

Apart from explaining their reasons for using contraceptives, the women quoted above spoke of the different dimensions of being a good mother. In further discussions, the good mother identity emerged as having three main areas of responsibility:

Health and hygiene- mothers ensured their child’s proper nutrition and imposed habits such as napping during the day; good hygiene and grooming practices included regular baths and being clothed in clean garments when in public.

Education- mothers aspire for their children to complete primary and secondary education with their guidance. While not all mothers will commit to ensuring their children’s enrolment to tertiary education, they will make the effort to find funding, or support their children’s initiatives for gainful employment to save up for college.

Pleasures - with the view that pleasure is the “emotion of delight and joy” (Gilligan, 2002) mothers take particular pride in indulging in their children’s happiness with the occasional spending on toys, treats, and birthday celebrations, and other more family-oriented experiences that bring joy.

The good mother identity rose from women's desire to provide their children a better life than their own. Their experiences of poverty during childhood and adolescence indicated deprivation and hunger, a cramped yet often happy household, and a yearning for, in participants' words, "something more," indicating a desire for autonomy or a sense of control (Kabeer, 2007).

The participants also described the rewards or joys of good motherhood. Carrying a pregnancy to term and having a physical and psychological bond with a new-born allowed them to feel "complete" as a woman. Witnessing the joy and successes of their children in different endeavors makes their hard work all worth it.

"Nakakatuwa lang, pag nakikita mo syang natutulog lang, pag napapagmasdan mo yung baby, parang ang sarap-sarap ng pakiramdam, yung parang tunay na babae ka... pag nakapagsilang ka ng isang baby, kapag naalagaan mo, napagtapos mo, napalaki mo sya ng maayos, di ba, parang fulfilment mo yun sa sarili mo kahit na di ka nakatapos," ["It makes me happy, watching over them, as they sleep, it brings such an overwhelming feeling of joy, as if I were a complete woman... Giving birth, taking care of a child, getting them through their education, raising them well, it gives me a sense of fulfilment even if I had not been able to graduate [from college] myself,"] Andrea said.

The good mother gives up all personal desires and devotes all her time and energy to ensuring that her children to grow into healthy and able-bodied individuals who can take responsibility for their own path out of poverty.

"Kahit entertainer ako, o sabihin na nating GRO ng Olongapo o Angeles, binuhos ko naman ito sa mga anak ko, hindi sa sarili ko." ["Even if I were an entertainer, what is called GRO, from Olongapo or Angeles, everything went towards raising my children, it was never about me,"] Mia said.

"Kung ano po gusto kong makuha para sa sarili ko, yun na lang po, ilalaan ko na lang po sa mga anak ko, sa kanila na po... kasi parang, kung ano po yung hindi po namin naranasan noon, gusto po namin iparanas sa kanila." ["Whatever I might want for myself, I would rather devote to my children, they should have it. All that we did not have then [in our childhood], we want them to experience,"] Kay said.

"Siyempre magiging masaya po ako pag nasa magagandang buhay na yung mga anak ko. Yun po ang dinadalangain ko talaga sa taas, na sana maging ganun ang sitwasyon ng buhay namin," ["I would be happy if my children find better lives. I really pray to the heavens for this, for our situation and our lives would improve,"] Daisy said Quote from interview with CHP 1.

Some are fortunate to have financial or material support from their parents-in-law, their siblings, or, if they were solo mothers, their lovers. Mia even mentioned the support she receives from one of her "boypren" that she does not necessarily feel any love for: *"Siyempre iniisip ko pamilya ko, [mga] anak ko. Kasi inaano ko lang, magbigay ng pera ba, matulungan n'ya ako. Kahit hindi ko s'ya mahal, basta mahal mo ako, mahal mo ang pamilya ko, natutulungan mo ako, kasi pagdating naman ng huli, matutunan naman kitang mahal in."* ["I only think about my family, my children. By giving me money, he helps me. Even if I do not love him, as long as he loves me and my family, and he supports me, then I may learn to love him eventually."]

The *mabuting ina* described by research participants follow the characteristics of domesticity's moral mother, the woman who puts the needs and well-being of her children above all else. Her work includes care work, household management, and the physical labor of cleaning and organising (Williams, 2001). However, mothers who appear to prioritize themselves at the expense of their children are commonly the topic of community gossip. Such women were described to take the time to dress up and socialize outside her home, while leaving her child to run dirty on the streets.

Because patriarchy codes all care work as a feminine ethic that requires devotion to others and selflessness, and is something “good women do” (Gilligan, 2011), the gossip that befalls women who do otherwise appears a natural consequence for their behavior.

Moral motherhood, work, and carework

Some participants also discussed their partners’ contribution to their decision to become stay-at-home mothers. Some partners discouraged women from working because they feel emasculated, and others assured women that they will provide for the family. In either case, women’s aspiration to find work was overcome by the unique responsibility of mothers to provide their children care. Especially if they had younger children, even if work provides families an additional source of income, spouses commonly point out that this will be spent on childcare, which mothers will still have to supervise.

“Gusto n’ya [partner] focus na lang ako sa panganay namin, sabi nya, walang ibang mag-iintindi dyan sa bata kundi ikaw, kasi ikaw ang nanay. Tsaka breastfeed ako nun... kaya sabi nya, sya na lang magtatrabahao, ikaw, magalaga ka na lang sa bata, sa bahay ka na lang,” [“He wanted me to focus on our eldest child. He said, we cannot expect anyone else to care for the child, because I am the mother. I was also breastfeeding then, so he said he will work, and he told me that I should take care of our child, that I should stay at home,”] said Andrea, who was working until she took a maternity leave to birth her first child.

“Sabi nga po ng asawa ko, kaya ko naman kayo buhayin, huwag ka na mag-hanap buhay, intindihin mo na lang yung dalawa,” [“My husband said, I can take care of you, you do not need to work, just take care of our children,”] Jen shared.

“Minsan gusto ko magtrabaho, ayaw nya. Iniisip n’ya na nanggiliit s’ya sa sarili n’ya na ganun na ‘yung ginawa ko noon, na ako yung nagtrabahao, s’ya ‘yung nasa bahay... Alagaan ko na lang daw mga anak n’ya, mga anak namin. Sinasabihan ko s’ya na papaalagaan ko naman sa mga kamaganak ko. Sabi n’ya, ganun din ‘yun, ‘yung papasahod mo sa kanila, wala rin, nagtrabaho ka pa,” [“Sometimes I want to work, but he wouldn’t let me. He thinks it makes insignificant, he is ashamed that, back then, I was working and he stayed at home. I should just take care of his children, our children, he says. I tell him, I can ask my relatives to care for the kids. He says, we will have to pay them for child care, with what I will earn,”] Sara said.

The narratives point to male partners gaining power from subscribing wholly to the identity of the ideal worker, and this includes promising to provide for all their families’ needs (Williams, 2001). However, the capitalist configuration of low wages for low-skilled workers and the ever-increasing costs of raising children leaves families with great financial need, thus compelling women to seek work (Kabeer, 2007). Because this appears as a challenge to the breadwinning partner, men respond by reinforcing the duty of the moral mother - the mother who emanates care from her very presence (Williams, 2001), who cannot be matched by any alternative source.

Challenges to women’s contraceptive options

Women’s contraceptive strategies are challenged by their husband or partner’s compulsion to control their bodies and sexual desires. Participants describe their husbands’ response to the thought of them using contraceptives as being skeptical at best, and being violently against it at worst.

Daisy talked about how her husband tricked her into her seventh and last pregnancy. “Nung nagbuntis ako, di ko talaga expected ‘yun, kasi nagko-condom po ‘yung mister ko.. Ang alam ko, wala talaga, hanggang sa... naglilihi na po pala ako. ‘Yung mister ko, umamin po sya na binubutasan po n’ya ‘yung condom na gingamit n’ya... Gusto ko kasi tatlo lang... sa pangatlong panganganak, ligate. Hindi po pumayag [ang asawa ko]. Pag na-ligate na , mahilig po sa lalaki... ‘yun po ang expectation ng mister ko, kaya di po n’ya ako pinayagan.” [“I did not expect to become pregnant because we were using condoms then. I was certain there was nothing, until... I started having cravings commonly associated with pregnancy. My husband admitted to having punctured the condoms. I only really wanted three (children)... after the third child, I wanted ligation. He [husband] did not consent. Ligation makes women want men. My husband expected that, so he did not allow me (to have ligation).”]

Ela described how her abusive husband tried to stop her from using contraceptives. “Ayoko kasi ‘yung magparami ng anak...kasi maliit pa lang ‘yung isa, ano s’ya, araw-araw talaga. Talagang ikaw lang magsasawa ... pag di ako nagpapagamit, sinasaktan nya ako. Sasabihin nya, meron daw akong iba. Nung nalamang n’yung nagpipills ako, pina-stop nya sa akin yun. Ayaw nya, kasi baka daw mamamaya gumagamit daw ako ng ibang lalalaki. Seloso s’ya, pina-stop n’ya sa akin ‘yun. ...pero di ko ini-stop yung pills na ‘yun, sinabi ko lang sa kanyang ini-stop ko yung pills. Hanggang ngayon, tago ang pills ko, ang kakampi ko n’yan, mga anak ko.” [“I really do not want to have many children. When my first child was young, my husband was really going, every day... If I refuse to have sex, he hurt me. He would accuse me of having taken another man. When he found out I was on the pill, he made me stop. He did not like it, because he thinks I will take other men then. He is jealous, he wanted me to stop it. But i didn’t stop (taking) the pills. I told him I stopped, but I didn’t. Until now, my pills are all hidden, my children support me on this.”]

“Di ko talaga sinabi sa kanya na nakabitan ako ng IUD... sinarili ko ang desisyon kasi ayoko na talaga... Kasi gusto nya, magkakaanak pa kami ng pangatlo. Pero sabi ko sa kanya, anuhin muna natin ang agwat ng mga anak natin bago tayo magdesisyon sa pangatlo. .. Ayaw nya mag-family planning kasi nga, sabi nila, delikado raw yan, magkakaroon ka raw ng cancer, ganun-ganun. Sabi ko wala namang masama kung susubukan mong mag-IUD, eh ayun, tinry ko na hindi nya alam... Gusto ko sya subukan para malamang ko kung totoo talaga yung mga kakalat-kalat sa social media na ganun,” [“I really did not tell him that I got an IUD. I made the decision on my own because I was done [having children]. He wanted to have a third child. I told him, let’s space the births out before we decide on a third [child]. He did not like family planning, he said it was dangerous, it will cause cancer, and stuff like that... I told him there would be nothing wrong if I tried an IUD, I tried it without his knowledge... I wanted to try it to find out if it were really true, all the stuff on social media,” Ana explained.

“Gusto ng boypren ko magbuntis ako... Sinasabi ko sa kanya na meron ako, di ko sinasabi sa kanya na may ginagamit akong family planning,” [“My boyfriend wanted me to carry his child... I tell him that I get my period. I do not tell him that I am using family planning,”] Mia said.

Others negotiated with their husbands about using contraceptives. They explained the benefits of family planning in easing the burden of raising children with limited resources, and assured them that contraceptives are not harmful to their health. Participants also explained why they were in a superior position to decide about contraceptives than their partners were.

“Okay lang sa kanya. At saka, kahit di naman okay sa kanya, hindi naman puwede. Hindi naman sya ‘yung magaalaga... Kasi sya, gawa lang ng sya ng gawa. Tapos kami, aanhin pa namin ng siyam na buwan. Tapos pag lumabas nang ika-siyam na buwan, aalagaan pa namin hanggang sa lumaki. Eh sya, magtatrabaho lang, uuwi. Eh ako, maghapon, magdamag, magaalaga ng anak. Kung marami, eh di hindi ko na nagabayan lahat. Kaya gusto ko sana may agwat sila,” [“He’s okay with it [contraceptives]. And even if it weren’t, he can’t be the one to decide. He isn’t the one caring for the child. He’s just good for making babies.

We have to carry [the pregnancy] for nine months. After the birth, we have to care for them until they grow older. As for him, he goes to work, and then comes home. Meanwhile, I have to care for my children all day, all the time. If I had too many [children], then I would not be able to guide them and care for all of them. That is why I wanted to space their births too,”] Sara shared.

Modern contraceptives cause tension between women and their partners. At the minimum, men have ill-informed fears of its health consequences, at the worst, men are threatened by the myth that as modern contraceptives free women of pregnancies, women will take other men without their knowledge, leading men to make threats of or commit actual violence to impose their will. That women persist in their choices, with the support of networks such as Likhaan’s, make contraceptives women’s renegade choice (Gacad, 2019).

For women, this renegade choice is key to fulfilling their role as moral mothers. They know and accept that they bear the full burden of pregnancies and child rearing with limited material resources. Their partners prevent them from seeking employment to improve their socio-economic situation. The use of modern contraceptives represents women’s control of their fertility, so they can raise their children according to widely-accepted standards of ability and productivity, even with their scarce resources.

There is a certain irony that reflects the interlocking oppressions that patriarchy and poverty have imposed on women. Patriarchy defines men’s power over their partner’s bodies and sexuality, even as it defines the very role of moral motherhood that women subscribe to. To resolve this requires understanding the inherent power that lies in women’s decision to subscribe to moral motherhood. The power of moral motherhood is in the pleasure of raising children, and in confronting the constraints of poverty and providing their children that which the mothers did not have, a better chance at life.

Unplanned pregnancies, paglalandi, and pagkadalaga

Women’s narratives reveal other elements of empowerment in their experiences of unplanned pregnancies, sexuality, and their desire for their daughters to live as a dalaga.

A deeper level of empowerment lies in overcoming unplanned pregnancies by taking on the role of the moral mother. The stigma against unplanned pregnancies is vicious. Not only is it seen to cause a sudden shift in young women’s socio-economic opportunities, participants explained that unplanned pregnancies cause grave disappointment and shame to their families and the women themselves.

This is told in the Andrea’s narrative, as she recounted her experiences when she first got pregnant at 17.

“Noong nalaman nila [family], parang nalulungkot din sila sa nangyari sa akin, pero kahit papaano, supportive naman sila ... may mga tsimosa... pag napapagusapan ba ng ibang tao, nahihiya sila [family]. Kaya nga nagdecide na rin ako na umalis doon ... Sa ingay ng mga tsimis sa amin, kaya nangupahan kami, bumukod kami,” [“When they [family] found out, they were saddened [by the pregnancy]. Even then, they were somewhat supportive... They [family] were ashamed of how other people would talk and gossip [about my pregnancy].

So I decided to leave... we decided to rent a house,"] she shares about the tensions in her family and their neighbourhood. Even Andrea's relationship with her in-laws were tentative. "*Mahirap din kasi nung umpisa, di ko naman pa ka-close yung pamilya nya, tapos nakabukod kami... Parang iniisip ko baka mamaya, di nila ako gusto, baka napipilitan lang sila kasi nabuntis ako ng anak nila... Kasi nung nagbuntis ako, di naman ako dinadalaw ng nanay nya, ako lang nagpapacheck-up sa sarili ko, wala man lang akong kasama. Tapos nung nanganak ako, 'andyan na sila, 'andu'n 'yung mama n'ya, binabantayan ako; 'yung ate n'ya, nagdadala ng pagkain; papa n'ya, nagpupunta sa ospital. Du'n na kami nag-umpisa maging close ba, nung nakita na nila 'yung apo nila, nung nanganak ako. Pero nung nagbubuntis pa lang ako, wala na, parang tahimik, ako lang magisa.*" ["It was hard at first, I was not close to his family, and we lived on our own... I was worried that they wouldn't like me, that they had no choice but to support me because their son got me pregnant... During my pregnancy, they did not even visit, I went to my check-up alone. Then, when I gave birth, they all came. His mom took care of me, his sister brought me food, even his dad visited at the hospital. That's when we started to get close, when they saw their grandchild, after I gave birth. But during my pregnancy, there was nothing, it was all quiet, I was alone."]

Another participant talked about how she does not regret having had an early pregnancy, given the successes that she has achieved as a good mother: "*... pero yung sasabihin mong pagsisi sa paglalandi, hindi. Kasi nakita mo yung bunga eh, ah eto yung anak ko, nagaaral, kahit pito sila, kahit pito yung nilandi ko, parang proud pa rin ako ... ito yung mga pinaglandi ko, ito, nagaaral lahat te. Parang proud pa ako sa sarili ko. wala akong pinagsisihan, being proud pa ako sa pamilya ko,*" ["...but to say that I regret having explored my sexuality and had sex then, I don't. I see the fruits of my labor, here is my child, they are all in school, even if I have seven kids, even if I had flirted and had been sexual, I am still proud... I am proud of myself, I do not regret anything, I am proud of my family,"] said Lou, a Likhaan volunteer.

Through these narratives, moral motherhood represents women's recovery from the shame of unplanned pregnancies.

Paglalandi as the root cause of unplanned pregnancies

The shame is tied to the stigma against paglalandi. Mothers commonly attributed their unplanned adolescent pregnancies to "maagang paglalandi" or a pre-mature exploration of sexuality. It is worth noting that in the interviews and the discussions among all participants, there appears to be no socially-acceptable time for women to explore their sexuality, even after adolescence.

To elaborate on the multiple meanings of "maagang paglalandi," Likhaan CHPs came up with the following:

Paglalandi indicates the transition of a person from childhood into adolescence

- the physical and physiological changes, as well as the behavioural changes associated with this stage, for young women, this includes dressing up in adult fashion, using make up, and developing a concern for the appropriate feminine behaviour;
- finding other people sexually attractive, or, in colloquial parlance, having crushes or beginning to explore romantic relationships

Paglalandi is a judgement against women who

- have romantic relationships with one or multiple partners, having more partners increases the severity of judgement
- explore platonic relationships with young men

Young women also experienced this judgement when

- asserting independent decisions that clash with traditional norms around femininity
- expressing a liberal attitude when it comes to the use of street language and swear words, and when talking about sexuality
- demonstrating any and all other forms of defiance to conservative sensibilities

In essence, *paglalandi* refers to the exploration of sexuality and expression of gender identities that challenge the restrictions of patriarchy. The judgement of *paglalandi*, or of being *malandi* is deployed to regulate individual behavior. *Paglalandi* is the only space in society where sexuality is acknowledged openly, and in very negative terms.

Motherhood can present women redemption from judgement and stigma of *paglalandi*. According to the participants' narratives, by becoming mothers, they no longer were the teenagers that got pregnant because they were "malandi." They have become women with the important responsibility of raising children, in order to fulfill social expectations, and meet their personal aspirations for better lives.

The fantasy of pagkadalaga

Pagkadalaga represents the identity of the free, independent woman who fulfills her desires by her own abilities and resources. It is an identity restricted in temporal and material conditions, characterized by a combination of the following:

- not having any children
- completing an education to get a good job
- enjoying hard-earned money by spending on clothes, jewellery, make up, good food, and other material things and life experiences.

Women would appear to be caught in the vicious cycle of lack of (or mis-) education, unplanned pregnancies, shame, and poverty, if not for mothers' aspirations to give their daughters what they never had, including their *pagkadalaga*. "*Pagsawaan muna niya ang pagkadalaga niya,*" was mothers' common response when asked what advice they would give their teenage daughter. This translates to making the most of the time that one is single, without obligations to a husband or child. Some elaboration on this advice came in the various interviews, quoted below:

"*Pag laki mo, kailangan may hanapbuhay ka at trabaho ka,*" ["When you grow up, you should be earning a living,]" Jen said.

"*Gayahin niyo si tita niyo, since birth, walang boyfren, hanggang ngayon, nagtatrabaho na rin sya... naka pagtrabaho muna sya bago nakapag-asawa,*" ["Be like your aunt, she hasn't had a boyfriend since birth, until today, and she is now working... She was able to work before she gets married,]" Kay would tell her children and younger relatives.

While the temporal dimension is not strictly defined in terms of number of years, *pagkadalaga* is limited by the traditional pressure that women must bear children at a reasonable age. For the participants, the appropriate age for a woman to have her first child falls around the early- to mid-twenties. Additionally, her adolescent daughter's unplanned pregnancy is viewed as an indication of a woman failing the moral mother role.

The power of *pagkadalaga* lies in its being a socially-accepted identity of women outside the moral mother identity. It comes with the pleasure of forming new romantic and friendly relationships, and the exploration sexuality. *Pagkadalaga* must be important to feminism because it is important to women; this confirms the theme in the literature that associates women's entry to paid work with a break from the control and surveillance of their families, a greater sense of autonomy, and an expansion of life options. (Kabeer, 2007).

Pagkadalaga and sexuality education

Pagkadalaga appears limited to a fantasy because women's sexuality is treated as an object of private, patriarchal desire that cannot be discussed freely. As a consequence, the fulfilment of *pagkadalaga* partly depends on parents' openness to discuss sexuality and sex-positive strategies to prevent unplanned pregnancies. When asked about how they would deal with their children's sexuality and prevent unplanned pregnancies, participants respond with answers that ranged from relatively liberal, to extremely conservative.

The most conservative responses to preventing unplanned pregnancies indicate a command and control strategy of their children's sexuality (Gacad 2019). This strategy includes monitoring social media and messaging accounts, maintaining curfews, and restricting dating (if it is allowed) to home visits enforced by both mother and father. Some participants also believe that family planning should only be given to women who have already birthed their first child, because of either of two misconceptions: discussing family planning with adolescents is an implicit promotion of promiscuity, and taking contraceptives before their first pregnancy will turn women barren.

A number of participants subscribe to a more moderate view of regulating their children's sexual explorations and curiosity. Without promoting contraceptives, mothers would advise their daughters to take care of their bodies and to prioritize their studies.

"...Na huwag munang isusuko ang sarili niya, tama na muna yung halik-halik lang, boypren-boypren lang. Kung gusto mong ibigay ang sarili mo, sa tamang tao, sa taong mamahalin ka, yung handa kang panagutan hanggang sa magkaanak kayo, ganun," ["...Do not give yourself (to him), kissing should be enough, dating and having boyfriends should be enough. If you want to give yourself to someone, they have to be the right person, the person who will love you, who would be prepared to face the consequences of having children,"] Ana shared her advice to her daughter

"Sasabihan ko na mag-ingat sa pangangatawan nya, lalo na pag mga lalakai ang kasama nya, ganun," ["I will tell her to take care of her body, especially when she is around men,"] said Jen.

"Wala namang problema sa pagbo-boyfren, basta pagbutihin nyo ang pag-aaral nyo. Tsaka ang pagaasawa, nandyan lang yan, kahit ilang taon na kayo magasawa," ["There is no problem with having boyfriends, as long as they do well in school. They can get married later on, it should not be the priority. It won't matter at what age you get married,"] said Ela

“Okay lang po mag boyfren habang nagaaral, basta alam nila ang limitation nila. Okay lang boyfren-boyfren, kilig-kilig. Yung iba sinasabi hanggang dito lang (hand gesture to the neck and chest),” [“It is okay to have boyfriends while studying, as long as they are aware of their limitations. Boyfriends are okay, the thrill is okay. Others would also say, they should only go up to here,”] Kay advised, implying a physical limit for sexual exploration.

Throughout the discussions, it is interesting to note that mothers do allow some level of physical and sensual pleasure associated with *paglalandi* and having relationships with people of the opposite sex. In compliance with patriarchal norms, this allowance falls within heteronormative expectations around romantic love, commitment, and building families.

Intergenerational shifts in reproductive freedom, motherhood, and pagkadalaga

Likhaan volunteers’ narratives demonstrate a shift in parenting strategy towards progressive views of sexuality, and how this improves women’s relationships with their children, as well as their children’s socio-economic opportunities.

Volunteer training includes familiarization with clinic operations; reproductive health and family planning including adolescent reproductive health; sexual orientation, gender identity and expression, and sex characteristics (SOGIESC); violence against women and children; and related gender issues. They are also given community organizing training so they may reach women who need reproductive health services, and amicably respond to misinformation and judgement peddled by sceptics and critics.

Volunteers are grateful for the inclusive, stigma-free space that Likhaan cultivates, which encourages them to express their sexuality. According to the participants in the focus group discussion, their trainings gave them a strong sense of self outside being a mother, an identity as a Likhaan volunteer and advocate for women’s health rights, and a collective that supports these.

Redefining motherhood, including sexuality in the discourse and praxis

CHPs’ sense of duty to their community is propelled by compassion for children who appear to have been neglected by their parents, as well as a sense of solidarity with other mothers in the neighborhoods.

“Sa dami kong anak, gusto ko yung mga nanay ngayon, mapagitan yung mga [anak] nila eh. Kasi minsan naawa ako sa mga kapitbahay ko, ma’am, sunod sunod ang mga anak nila.” [“Having raised my many children, I wish for mothers to be able to space their births. I pity my neighbours sometimes, their kids come one after the other,”] Daisy said.

The CHPs who participated in the study also talked about how Likhaan’s trainings changed their approach to parenting. They have incorporated the inclusive, stigma-free, and sex-positive approach to adolescent sexuality when relating with their own children. They have made their homes safe spaces for open discussions on issues related to reproductive health and sexuality, and their discussions combine serious advice and light banter. They also make it a point to invite their children to Likhaan activities and events, especially those for adolescents. Some of the older volunteers have also successfully recruited their own children into the volunteer pool.

“Nung pag may paaral po si Mama Lina [a Likhaan community organizer] sa barangay namin, ine-encourage ko po silang makinig... sinasabihan ko po sila, ‘huwag kayong mahiya, kahit dalaga pa kayo puwede kayong mag-family planning. Di ko naman sinabing maaga kayong makipag-ano - talik...[pero] meron kayong matutunan pagka nag-lecture sila.” [“Likhaan conducted an educational discussion at the barangay and I encouraged them [my daughters] to listen, so they can learn... I tell them, do not be shy, even if you are single, you can start family planning. It’s not as if I tell them to have sex right away... [but] there is always something to learn from the lectures,”] Daisy said.

Daisy also talked about how one of her daughters had an unplanned pregnancy, and the latter chose to get a sub-dermal implant from Likhaan after the birth of her baby and went on to finish high school.

“Yun kagandahan sa aming mag ina, dahil magkahiwalay kami ng bahay, pag nagkita kami parang magkaibigan lang, kaya anlaki ng tulong sa akin ng Likhaan, sa [pakikipagusap sa] anak - pano nila ako dapat tratuhin, pano ko sila dapat tratuhin,” [“My daughter and I live apart from each other, and when we see each other, we are like friends. Likhaan helped me a lot in dealing with my children, how they should treat me, how I should treat them,”] Lou talked about how her relationship with her teenage daughters improved.

CHPs have also been responding to the stigma and judgement around *paglalandi*.

A young volunteer offered an interesting contention to the negative connotation around *paglalandi*. For them, *paglalandi* is an assertion of their individuality and autonomy as sexual beings; they are making a break from the traditional expectations around femininity and the behaviours and attitudes of young women. Volunteers across ages also agreed that there is pleasure in *paglalandi* that includes developing platonic or romantic relationships with men, and in knowing themselves and expressing their sexuality as they see fit. Some held the view that *paglalandi* is nothing to be ashamed of, and should in fact be celebrated.

Volunteer work creates an impact beyond the volunteers’ immediate families and neighbourhoods. Participants proudly describe how their children are creating shifts even in the lives of their peers. Armed with correct information and their mothers’ confidence in their respective choices, adolescent children become advocates of sexuality and reproductive health among their social networks. They discuss sexuality and *paglalandi* openly, and promote information about and means to access modern contraceptives.

Likhaan’s CHPs are chipping away at patriarchal norms and beliefs by creating an open discourse around sexuality and *paglalandi*. They have elevated the moral mother identity towards better motherhood, challenging the boundaries of traditional morality. Because they do not wish for their children to experience the difficulties of unplanned pregnancies, their practice of moral motherhood includes nurturing their children’s sexuality, reproductive health, and promoting utmost respect for bodily autonomy. By relating to their adolescent children with unprecedented levels of openness and trust, they begin to shift the dynamics between parent and child from domination through command and control, to a more equal configuration resembling sisterhood and solidarity.

Where patriarchal mechanisms regulate sexuality with the deployment of the judgement of *paglalandi*, CHPs are reclaiming *paglalandi* to represent the pleasures related to romance and sexuality, and related to defying traditional norms and gender scripts.

And, finally, where *pagkadalaga* is commonly seen as a matter of economic independence and a level of liberation from family caregiving duties, Likhaan's volunteers understand that it is also a matter of sexuality, where young women and men have the power to express their gender and other identities, and to explore relationships based on mutual respect and consent. A progressive view of *pagkadalaga* thus puts a premium on reproductive health and freedom, as much as it does on socio-economic well-being.

Recommendations

This study has given feminist insight into how sexuality and reproductive freedom are key factors to empowerment for women living in poverty, with the individual woman as the unit of analysis.

The multiple meanings of *paglalandi* and its potential to dismantle patriarchal conditioning deserve a deeper exploration. Some possible points of inquiry into *paglalandi* can come from the perspective of girls and young women; the perspective of boys, and cisgender heterosexual men; of people of different gender identities and sexual orientations; and, of people with different abilities. As a discourse on Filipino sexuality, *paglalandi* can also be explored with the lenses of decoloniality.

Because the study explores the moral motherhood requirement of raising able-bodied adults, the principle of inclusivity makes it imperative to study the context in which people with different abilities navigate this identity.

Moral motherhood, *paglalandi*, and the desire to fulfill one's *pagkadalaga* can be enhanced by the application of a reproductive justice framework. This will surface the deeper analysis of the intersectionality of sexuality with poverty, social welfare policy, and feminist movement building.

At the policy level, planned interventions on adolescent reproductive health and unplanned pregnancies must consider the multiple meanings of *paglalandi*, starting with the following: a deepening sense of self as girls move towards adolescence, attraction, and building relationships. Adolescent reproductive health interventions must start with creating safe and stigma-free spaces, and must be accompanied with the promotion of correct information about health and sexuality and open access to all services that the youth may need. The hierarchical relationship that insists for adolescent bodies to submit to the blanket authority of their guardians or the state must be replaced by a relationship that respects and protects the youth's bodily autonomy and their reproductive freedom.

Conclusion

It is important to note that most of the participants of the study had unplanned pregnancies when they were adolescents. Partly due to that, they continue to live in impoverished conditions, and strive, under severely limited circumstances, to achieve a better life for their children, if not for themselves. The participants have suffered the failure of the state to provide free and stigma-

free education and reproductive health services to all. In fact, some participants have even rallied at the doors of the legislative to demand the passage of the Responsible Parenthood and Reproductive Health Law.

In this study, there are two pathways to reproductive freedom for women from urban poor communities:

The first pathway is that of mothers who have begun childbearing in their adolescent years; they have recovered from the shame of *paglalandi* and unplanned adolescent pregnancies by fulfilling their role as moral mothers, aided by modern contraceptives. This is not possible without the work of organizations such as Likhaan that offer free reproductive health education and services, and deploy teams of community-based volunteers to seek out women in need of these very services.

The second pathway is that of adolescents who enjoy stigma-free guidance from their mothers on matters related to reproductive health and sexuality, or *paglalandi*. This represents the evolution of moral motherhood towards nurturing all aspects of their children's health. This empowers young people to explore and express their gender identities and sexuality, without compromising their opportunities for better socio-economic outcomes. This pathway is also anchored on the wide availability of reproductive health services for young people.

Through both pathways, the narratives from the margins demonstrate how mothers' seemingly independent efforts to achieve a minimum respite from poverty have come together into a collective response that undermines patriarchal and capitalist regulations on women's bodies and identities.

This study makes a strong point on a classic feminist debate about motherhood and freedom, and it is simply that the dichotomy is false. For women from urban poor communities, reproductive freedom serves the moral mother identity, and it is their impetus towards liberation from socio-economic pressures of poverty. The feminist problem with moral motherhood lies in the patriarchal regulations around it, the very definition of morality deserves a challenge.

Women from the fringes of society see it as their moral duty to raise children into able-bodied and accomplished adults; Likhaan volunteers have shown how this moral duty must include promoting progressive views of sexuality so children grow to be adults with a sense of ownership of their own bodies, and are able to respect the same in others. This duty expands to supporting women in reclaiming *paglalandi*, and using modern contraceptives to live as a *dalaga* and delay motherhood for as long as it pleases her, or forego motherhood altogether.

It is in the margins, in the narratives of the volunteers, the persevering mothers, the compassionate neighbors, that individual efforts aggregate into an elaborate, intergenerational network of women caring for women across urban, poor communities. It is through this strong network of solidarity that we, as a society, can erode the structures of oppression built by patriarchy and capitalism, towards more equitable relations among people of different genders, sexual orientations, abilities, classes, and convictions.

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Table 1: Relevant information about interviewees

Interviewee*	Age at the time of interview	Number of children	Age at birth of first child	Partner/s with children	Highest level of education attained
Mia (1)	40	4	18	3	2nd year high school
Ana (2)	26	3	17	1	2nd year high school
Kay (3)	32	3	22	1	high school graduate
Ela (4)	35	2	18	1	2nd year high school
Daisy (5)	45	7	20	1	high school graduate
Cris (6)	38	8	18	1	grade 6
Jen (7)	27	21	2	1	2nd year high school
Andrea (8)	23	2	16	1	high school graduate
Karen (9)	43	6 (+1 deceased)	19	3	high school graduate
Sara (10)	23	2	17	1	2nd year high school
Lou (11)	38	7	20	2	some college

*all names have been changed to protect the identities of participants