

Resilience, Female Altruism, and Bodily Autonomy: Disaster-Induced Displacement in Post-Haiyan Philippines

I would like to begin my comments by saying that no country can be fully prepared for the devastating impact of a disaster such as Typhoon Haiyan and the tragic loss of life and property that accompanied it. . . . My visit allowed me to witness first-hand the extraordinary efforts to rebuild devastated communities as well as the resilience of displaced persons which offers an example to us all.
—Chaloka Beyani, UN Special Rapporteur on the Human Rights of Internally Displaced Persons (2015)

On November 8, 2013, supertyphoon Haiyan, locally known as Yolanda, entered the Philippine area of responsibility and made landfall in Guiuan, Eastern Samar. Haiyan, classified as a category 5 typhoon, was then the strongest recorded tropical cyclone globally. In the terms of the classification of emergencies employed by the World Health Organization (WHO), Haiyan was at grade 3—the highest level, with anticipated impacts comparable to the 2004 Indian Ocean tsunami and the 2010 Haiti earthquake (WHO 2013). Within a day, Haiyan devastated the entire Eastern Visayas region of the Philippines and directly affected 14 million people, more than 10 percent of the country's population. The disaster resulted in approximately 6,300 reported deaths, 1,785 missing bodies, and at least 4 million internally displaced persons (IDPs; Novales 2014; Oxfam 2015).¹ According to the UN Office for the Coordination of Humanitarian Affairs, within weeks after the calamity the humanitarian response and rebuilding efforts required an estimated 348 million US dollars (UN OCHA 2013). The extent of death and destruction left by Haiyan, as emphasized by UN Special Rapporteur Chaloka Beyani, served as a “massive test for the international response, and, to a great extent, that response proved effective” (UNGA 2016b, 5). Crucially, be-

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¹ Office of the Presidential Assistant for Rehabilitation and Recovery, “Yolanda Rehabilitation and Recovery Efforts,” report, July 28, Bonifacio Global City. This report was available on the website of the Office of the Presidential Assistant for Rehabilitation and Recovery but has since been taken down.

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cause the disaster caused by Haiyan was both sudden and immense, this was matched by an equally high outpouring of humanitarian assistance. The initial emergency response mobilized aid from fifty-seven countries and twenty-nine foreign military contingents, as well as UN agencies and local and international nongovernmental organizations (NGOs; Republic of the Philippines 2013; Protection Cluster 2014; Mangada 2016, 95).

Natural disasters are increasingly causing displacements globally, and such negative impacts of climate change are expected to increase exponentially (Ginetti 2015; UNGA 2016a). According to the global report of the Internal Displacement Monitoring Centre, in 2015 alone “there were 19.2 million new displacements associated with disasters in 113 countries, more than twice as many as for conflict and violence” (IDMC 2016, 8). Moreover, most of these disaster-induced displacements occurred in developing countries where displacement is typically recurrent and protracted (8). Recent studies on climate change are exposing the ways in which its consequences serve as threat multipliers that can amplify societal tensions and trigger armed conflicts, particularly given resource scarcities in times of drought or flooding (APWLD 2015; IDMC 2016). For certain geographical contexts where communities are routinely exposed to severe natural disasters as well as armed conflicts, the death and displacement they therefore experience are compounded, multiple, and increasingly normalized (UNFPA 2015; IDMC 2016). A report by the UN Population Fund (UNFPA 2015) noted that 25 percent of the more than 100 million displaced people in need of humanitarian assistance are women and girls, aged fifteen to forty-nine, whose distinct sexual and reproductive rights are threatened. Hence, while the direct devastation caused by natural disasters does not discriminate across populations, women and girls distinctly endure long-term or gradual harms while in displacement, such as heightened risks of sexual and gender-based violence, including sexually transmitted infections and HIV/AIDS, maternal mortality, and forced or unwanted pregnancies.

Although there has been remarkable progress in targeting humanitarian services to women and girls over the past decade, large gaps remain in transformative actions beyond the crisis or emergency phase to address gender inequalities and in the gender-equitable distribution of resources during and after crises (UNFPA 2015; UNGA 2016a). However, as the UN Population Fund notes, “conflicts and disasters do not exempt any government or humanitarian actor from obligations, embodied in the Programme of Action of the 1994 International Conference on Population and Development, to uphold the right of the individual to sexual and reproductive health, including the right to decide freely and responsibly whether, when or how often to

become pregnant” (UNFPA 2015, 104). Under international human rights and humanitarian laws, states have the responsibility to progressively promote the health and well-being of all individuals, regardless of crisis (UNGA 2013, 2016a). The achievement of goal 3 of the 2030 Sustainable Development Goals in postdisaster contexts, which focuses on “ensuring healthy lives and promoting well-being for all at all ages,” is interdependent with the advancement of other goals, such as promoting gender equality, building sustainable ecosystems and inclusive institutions, and reducing inequalities within and among countries.² Bodily autonomy and integrity, especially for women and girls in crisis situations, is both an outcome of addressing preexisting structural gendered inequalities and a precondition for meaningful political and economic participation in the aftermath of any crisis.

The post-Haiyan Philippines is a significant case study to examine the growing gendered security threats embodied through disaster-induced displacements. Rapid-onset catastrophes such as the Haiyan disaster draw our attention to a distinct kind of displacement, wherein the dislocation and trauma suffered by survivors are particularly widespread as well as episodic. Furthermore, as the continuing plight of people internally displaced by Haiyan shows, survivors are faced with the equally traumatic experience of contending with the long-term or gradual harms associated with rebuilding their lives in protracted internal displacement. Recent studies of Haiyan-affected communities emphasize that recovery has been uneven (Brookings Institution and IOM 2015; Mangada 2016). More than two years after the disaster, there are still internally displaced people who remain in “transitional” shelters, particularly in so-called bunk houses, where they struggle to live humanely due to substandard conditions, where they have limited-to-no access to state social welfare services, and where they continue to be exposed to heightened risks for sexual and gender-based violence (Brookings Institution and IOM 2015; UNGA 2016b).³ For example, the Brookings Institution and the International Organisation for Migration (IOM) conducted a representative sample survey of 4,518 households in Eastern Visayas. They found that in 2015, “one and a half years after the disaster, only 17.6 percent of the population feels that life has returned to ‘normal’” (2015, 40). In addition, only 32.1 percent consider themselves able to provide for their basic needs, while 60.9 percent reported

² The full list of the 2030 Sustainable Development Goals is available at <https://sustainabledevelopment.un.org/topics/sustainabledevelopmentgoals>.

³ IOM et al. (2014) classify three types of collective sites for internally displaced persons in the aftermath of Haiyan: evacuation centers, spontaneous sites (open spaces and roadsides), and transitional sites such as the bunk houses and tent cities set up in Visayas.

facing difficulties accessing government services. Contributing to this growing body of research, this article underscores the role of gendered service and sacrifice in filling in these recovery gaps and their postdisaster implications for bodily autonomy and gender equality more broadly.

This article examines how and why women's and girls' experiences of displacement and recovery in disaster contexts are mediated by their sexual and reproductive health and rights. Building on critical feminist political economy research, I use the case of the post-Haiyan Philippines, specifically the Eastern Visayas region, to argue that disaster relief and reconstruction constitute gendered processes that rely on and mobilize women's unremunerated social reproductive labor, particularly through their role as primary caregivers. First, I highlight how the postdisaster survival of families and communities depends on intensified demands for self-sacrificing acts, including care work, from women and girls. However, despite their varied and immense contributions, women and girls do not necessarily share in the distribution of material resources in the wake of disaster because their productive and reproductive contributions remain undervalued, uncounted, and unpaid. This economic devaluing is complemented by cultural-religious norms of female altruism that symbolically sanction postdisaster rehabilitation at the cost of women and girls' bodily autonomy and integrity. Second, I situate the gradual depletion of female bodies at the national level, where preexisting material inequalities are exacerbated through a broader neoliberal project of developing a "disaster-resilient country" in a crisis-prone world. I show that in the Philippine case, disaster resilience as a discursive tool harnesses norms of female altruism at the household and the community levels while postdisaster responsibilities are increasingly divested away from the state. In so doing, this discourse has served to reinforce the structural roots of gendered vulnerability, including political, cultural, and economic barriers to accessing sexual and reproductive health services and supplies.

Feminist political economy of sexual and reproductive health and rights in crisis

Social reproduction collectively refers to biological reproduction, which includes the provision of sexual and affective services that maintain family and intimate relationships; domestic labor and related care work at home and in the community; and the reproduction of cultural and religious norms, values, and practices (Hoskyns and Rai 2007; Rai, Hoskyns, and Thomas 2014). A feminist political economy perspective demonstrates how preexisting gendered inequalities rooted in the economic devaluing and unequal dis-

tribution of unpaid care and domestic work help shape both immediate physical violence and gradual harms that undermine the health and well-being of women and girls (True 2012; Rai, Hoskyns, and Thomas 2014; True and Tanyag 2016). In times of crisis, the survival of households and communities depends more intensely on the provision of care and is therefore directly affected by the health and well-being of caregivers. The intensification of care provisioning occurs when, as a result of crisis, states rely on women's unpaid labor as an invisible safety net to help families and communities cope (Bedford and Rai 2010; Elson 2012). However, unless the bodily autonomy and integrity of women and girls are sustained, any lasting post-crisis recovery will be threatened. The very bodies that meet intensified care demands end up depleted (Rai, Hoskyns, and Thomas 2014). A feminist political economy analysis can effectively reveal the political, economic, and sociocultural processes that undermine women's and girls' bodily autonomy and integrity in times of crisis. That is, differences in sexual and reproductive health and rights may in part be biologically determined or defined by physiological conditions and functions, but the quality of health care provided, the distribution of care obligations, and the cultural expectations of altruism or sacrifice are all socially, economically, and politically constructed—both despite and as a result of crises.

In situations of internal disaster-induced displacement, for instance, the material and cultural conditions in IDP camps prevalently reflect an expectation that women's unpaid care work will be elastic. Survival and recovery are contingent on women's willingness to make the necessary sacrifices—subordinating their personal needs to that of the family, the community, and the state. First, women's bodies bear the brunt of crises because in order to meet intensified demands for care work in the absence of adequate social security, they have less time to care for their own health and well-being. Consequently, women and girls are likely to suffer malnutrition, depression, and increased mortality (Pearson and Sweetman 2010; Elson 2012). Second, they are also more likely to be exposed to particular forms of sexual and gender-based violence, precisely in carrying out caregiving obligations that are crucial for daily survival (True and Tanyag 2016). For instance, it is well documented that women and girls in IDP and refugee camps are most at risk of rape and sexual violence in the absence of a “male protector” when they live in female-headed households or when they travel to collect water, firewood, and relief packages (True 2012; Brookings Institution 2014). They are also vulnerable to sexual exploitation, prostitution, and trafficking, especially due to the deployment of foreign humanitarian and local military contingents during protracted and mass displacements such as those induced

by natural disasters (Brookings Institution 2014; Brookings Institution and IOM 2015). Disasters may therefore exacerbate the conditions for transactional sex in exchange for relief goods and protection. Crisis situations reveal how women's bodies directly and indirectly bear the burden of survival.

These gendered vulnerabilities are exacerbated in internal displacement settings but are nevertheless rooted in the political, economic, and sociocultural structures that define everyday life before and after crises (Elias and Rai 2015). Specifically, self-sacrificing acts are justified on the basis of deeply embedded cultural expectations of female altruism. As Sylvia Chant argues, due to a "feminisation of responsibility and/or obligation . . . women are working harder in and outside the home However, in most cases, women appear to see no justification to expect or demand more as a result of giving more" (2010, 114). In crisis settings, this means that even if reproductive or maternal health is provided in IDP camps, cultural barriers may still prevent women and girls from accessing these services if doing so runs counter to gendered expectations that require them to prioritize their caregiving duties above their own health and well-being. A feminization of care during times of crisis builds on and perpetuates cultural stereotypes that valorize virtuous and selfless altruism among women and girls (Roy 2010; Bradshaw 2014, S69). Yet these stereotypes and expectations also underpin gendered inequalities before and after crisis.

Sexual and reproductive health and rights essentially refer to rights of the body and bodily integrity. This framework emphasizes a "human rights discourse around the body and its needs for security, health and pleasure" (Petchesky 2005, 303). The case of the post-Haiyan Philippines shows that promoting women's bodily autonomy and integrity in displacement contexts is both fundamental and transformative. First, the framework of sexual health and reproductive rights recognizes the importance of self-care among women and girls by countering cultural discourses of female altruism that legitimize self-sacrificing acts, especially the neglect of sexual and reproductive health. Second, progressively bridging sexual and reproductive health gaps in displacement is a crucial link in the chain of protective measures for internally displaced women and girls who are faced with heightened risks of sexual and gender-based violence. This includes the timely provision of emergency contraception, postexposure prophylaxis, and abortion (Center for Reproductive Rights and Cornell University Law School 2016). Third, sexual and reproductive health and rights strike at the heart of the gendered nature of vulnerability in disasters and displacement. The control of women's bodies, manifested both by the gradual deterioration of health and by sexual and gender-based violence, reflects broader patterns of unequal distribution of obligations and rewards (Yuval-Davis 1997).

Disaster resilience as a neoliberal discourse

Using the post-Haiyan Philippines as a case study, I draw on a feminist political economy analysis to critique disaster resilience as a neoliberal discourse through which responsibilities for disaster preparedness and human cost mitigation are increasingly divested away from the state and onto communities. This divestment may reinforce the gendered allocation of sacrifice, which also informs whose contributions are rewarded and how—before, during, and after disasters. Developing resilience or building back better conveys a continuity between disaster relief in the immediate aftermath and long-term sustainable recovery and redevelopment (Fan 2013). The “build back better” mantra first gained currency after the 2004 Indian Ocean tsunami and is popularly credited to former US President Bill Clinton, who at the time served as the UN special envoy for tsunami recovery (Fan 2013). As a framework, it views disasters as opportunities to mitigate if not altogether transform the structural conditions that render particular groups of peoples disproportionately vulnerable to the human costs—direct and indirect—of disasters. Resilience, in the broader humanitarian and development discourse, has been used as a “mobilising metaphor” to underscore the strengthening of capacities in the face of future threats (Smyth and Sweetman 2015, 406). This is exemplified by the recurrent use of the concept within the 2030 Sustainable Development Goals agenda.

Disaster resilience is increasingly a buzzword for many academics, policy makers, and development practitioners across disciplines and sectors (Smyth and Sweetman 2015). As Andrea Cornwall’s (2007) analysis of development would suggest, resilience is an amorphous discourse and therefore vulnerable to appropriation for legitimizing virtually any political or economic agenda at the national or global level. In particular, disaster resilience may serve to depoliticize gender mainstreaming efforts in terms of technical efficiency rather than substantive equality within disaster response and rehabilitation (Bradshaw 2014). Recent studies emphasize the gendered nature of natural disasters. Specifically, vulnerability to the impacts of a disaster is mediated not only by “different physical exposures and biological or physiological gender differences, but also by the different socially constructed vulnerabilities that derive from the social roles men and women assume, voluntarily or involuntarily, as well as existing patterns of gender discrimination” (Neumayer and Plümper 2007, 551). First, the worst effects of natural disasters—whether they occur in developed or developing countries—are disproportionately suffered by groups faced with preexisting state discrimination and marginalization, among them women and girls.⁴ Second, as in

⁴ See Lee-Koo (2012), True (2012), Oxfam (2013), and UNDP (2014).

postconflict situations, concurrent with the distinct vulnerability of women and girls is their tremendous capacity to lead and instigate recovery and rehabilitation (ActionAid International 2016).

An example of applying a gender lens to questions of disaster resilience is the South Asian Women's Resilience Index (*The Economist* Intelligence Unit 2014). The index aims to map out the extent to which the distinct needs and roles of women in disasters are integrated within national disaster-resilience projects. The initial findings for South Asia posit that "the intimate 'front-line' knowledge that women have of their local environment suggests enormous capacity for them to be transformational agents in community disaster planning and preparedness, and to play a significant role in bolstering resilience" (*The Economist* Intelligence Unit 2014, 4). However, preexisting political, sociocultural, and economic barriers prevent South Asian women from fully participating in leadership roles at community and national levels. Equally important is to be critical of how the legitimating discourse of resilience can in fact exacerbate the feminization of survival at the cost of women's bodily autonomy and integrity. As Sarah Bradshaw points out, "far from challenging women's stereotypical roles, reconstruction initiatives may instead reinforce them, making response to disasters another element of women's caring role" (2014, S69).

Narratives of disaster resilience typically rely on romanticized notions of the community in crisis, characterized by mutual aid and support, without adequately accounting for the extent to which a feminization of survival occurs in times of crisis.⁵ Paradoxically, even when women's contributions to postdisaster recovery and their gender-specific vulnerabilities are recognized, the neoliberal solutions deployed under the rubric of resilience still regard risks and coping mechanisms as individual attributes, thus obscuring the importance of the state in addressing structural gendered inequalities that impact women's and girls' experiences during and after disasters. For instance, as Ines Smyth and Caroline Sweetman rightly point out, when resilience is construed this way, "conflict and inequalities are largely hidden by norms of family values, and the idea of the household as a 'haven in a heartless world'" (2015, 408). Disaster resilience, consequently, does not transcend the gendered division of labor and the cultural norms that legitimize the lack of self-care among women and girls in crisis. Furthermore, neoliberal economic policies of austerity, which involve cutting back on social welfare provisions and expecting increased volunteer work, disproportionately harm women and girls, who are most dependent on these services and who provide them in

⁵ See Smyth and Sweetman (2015) and Su and Mangada (2016); see also Sassen (2000) and Chandler (2013).

everyday life and even more so during times of crisis (Elson 2010; UN Women 2014; Tanyag 2017). What we see, especially in developing countries, is a deepening overlap between a permanent crisis in social reproduction and a feminization of survival in crisis settings such as disaster-induced internal displacements. As I demonstrate further below, national and global disaster resilience projects—insofar as they remain either gender blind or strategically reliant on women’s altruism—contribute to the undermining of bodily autonomy and integrity. In situations of crisis and emergencies such as internal displacement, women and girls are being made responsible for everything, yet they are structurally and symbolically denied the means to take better care of their own bodies, especially where and when they need it most.

Feminist research in a postdisaster setting

Data for this research comes from a triangulation of primary and secondary sources. I conducted interviews with key informants in the Philippines over two field trips, from January to April 2015 and from April to May 2016. The field sites were in Metro Manila, the capital, and in two provinces in the Eastern Visayas region: Tacloban, Leyte; and Guiuan, Eastern Samar. In total, there were twenty-six participants: nineteen women and seven men. They were representatives of the following: five different government agencies, a women’s political party, the national commission on human rights, nine international humanitarian and development NGOs, three international organizations, and finally, seven local NGOs. I conducted initial desk research to map the various state and nonstate actors that constituted the Haiyan humanitarian response and rehabilitation efforts. Participants were then recruited using publicly available information from these organizations, while subsequent participants were identified through snowball sampling. The interviews were semistructured, and my questions explored various concerns arising in the aftermath of the disaster and the mediating role of gender and sexuality. My focus was also on understanding gendered experiences according to the different phases of emergency relief and long-term rebuilding. Due to security and ethical concerns for both the researcher and potential participants, interviews were not conducted directly with internally displaced communities, especially among those still in transitional shelters.

This exclusion was a deliberate decision made for a number of reasons. First, while I was in the field, my informants made me increasingly aware that numerous interviews had already been conducted with internally displaced persons prior to my first trip in 2015. Had I conducted more grassroots interviews, there was a risk of encountering rehearsed performances. Second, given my relatively short time in the field, I did not feel it was appropriate to expose potential participants to unnecessary harms, nor did I want to be per-

ceived as another spectator in their fragile lives. Finally, I was also mindful of broader ethical concerns, given the fact that the postdisaster space in which I was working was also where research and development practices were beginning to be criticized as intimately extractive.⁶ To address these interrelated limitations, I used secondary literature, including official snapshots and monitoring reports of governmental, nongovernmental, and international humanitarian organizations to corroborate and add depth to my interview findings. Hence, though I did not personally interview internally displaced persons, my research builds directly on existing grassroots work such as surveys on the conditions and experiences of displaced families and communities in Eastern Visayas.⁷ Importantly, the aim of my research is to make explicit the linkages between national disaster resilience discourses and the bodily costs of performing social reproductive labor for women and girls. To do this, I marshaled existing knowledge from key informants and secondary data sources. That is, in my analysis I render visible how individual insecurities fit within structural patterns of inequality by being attentive to relationships and processes at the level of women's bodies, at the state level, and globally.

Women's bodies in the Haiyan aftermath

Surveys and snapshots of people internally displaced by Haiyan emphasize the various contributions of women and girls borne out of their duties as mothers, wives, and daughters in ensuring that their families recover after the storm, particularly for female-headed households. According to official estimates by national and international organizations, "11.4 percent of households were identified as female single-headed households, and . . . 36 percent of households included one or several persons with specific needs (pregnant or lactating women, persons living with a physical disability; members who were seriously ill or with special needs; persons living with a chronic illness; and separated children)" (IOM et al. 2014, 19). Moreover, 1.7 million of the estimated 4 million displaced were children (19). While both men and women were adversely affected at the onset of the disaster, with the male mortality rate slightly higher, women and girls were more exposed to long-term, gradual harms after the storm because they were also culturally expected to put the recovery needs of everyone else before their own (Novales 2014).

⁶ For related discussions on research ethics in crisis settings, see Gaillard and Gomez (2015) and Wibben (2016).

⁷ Key examples include IOM et al. (2014), Oxfam (2015), and Mangada (2016). These studies conducted direct surveys among internally displaced persons, thereby capturing post-Haiyan transformations in the immediate aftermath and up to two years after the disaster.

In addition, due to their distinct sexual and reproductive health needs, they were also most dependent on the timely reinstatement of effective health care services through postdisaster rehabilitation.

As primary caregivers in a context of extreme disaster, not only did women and girls bear the burden of intense care obligations as a result of living in makeshift and insecure shelters in evacuation camps, these obligations were compounded by multiple specific care needs and their own personal trauma. This meant that women and girls typically performed physically demanding care work while facing the urgent need to rebuild their homes and secure relief assistance. However, performing caregiving duties posed significant barriers to their ability to access either immediate relief assistance or economic opportunities for long-term postdisaster rehabilitation (see also Novales 2014; Mangada 2016). For example, Ladylyn Mangada, who conducted qualitative interviews with fifteen women survivors from Tacloban City, which was among the most severely damaged towns, concludes: “In Tacloban City, like any other locale in the country, women do not think solely of their needs. . . . Prior to Haiyan, the informants juggled household duties and the occasional job to earn and contribute to their family income and welfare. Super Typhoon Haiyan did not alter these responsibilities—instead, it exacerbated and accentuated their pre-existing vulnerabilities” (Mangada 2016, 97). When caring for the family in the aftermath of a disaster was a primary obligation for women and girls in IDP camps, this often resulted in their regarding their own health and well-being as secondary (Commission on Human Rights Philippines 2016).

While women typically contributed more to the survival of households and communities in the aftermath of the disaster, these contributions were valued less. Because women are expected to support their families, they typically undertake various roles in the community on an unremunerated or voluntary basis. According to a female informant from an international development organization, “Women predominantly take on the burden of surviving calamities. Women borrow money. They are involved in disaster preparations and warning systems, especially as many women volunteer in *barangay* (village) or community work. Particularly because of the care work of women, they are both highly vulnerable to the worst effects and at the same time obligated to support communities towards recovery” (personal interview, Samar, February 24, 2015).⁸

Another example of the invisibility of women’s unpaid labor is the case of the farming and fishing industries in Haiyan-affected areas. As Clementine Novales points out, “labour is counted and paid in cash only when it is con-

⁸ The *barangay* is the basic unit of government administration in the Philippines.

sidered ‘hard work’ such as preparation and hauling—work that are [*sic*] usually taken by men or assigned to them” (2014, 31). Though they make many time-consuming and direct contributions—such as sourcing capital, harvesting and selling produce, maintaining equipment, and of course caring for male farmers and fisherfolk—women are excluded from the distribution of postdisaster relief assistance. Since these contributions are rendered invisible, postdisaster livelihood assistance in farming and fishing communities, distributed both by the government and by international actors, was usually extended to men as primary beneficiaries. Women therefore received little or no financial support despite both their productive and reproductive labor (Novales 2014).

The cost of devaluing women’s contributions is manifested through the lack of support for their sexual and reproductive health and bodily autonomy, which are integral to the sustainability of the very bodies that render service and sacrifice. Crucially, postdisaster economic recovery is being built on the sexual and affective labor of women and girls, yet many continue to face stigma, violence, and health risks due to protracted displacement.

First, according to a male informant from an international development NGO, “the rise in VAW [violence against women] after the disaster is caused by the economic strain many families are experiencing” (personal interview, Tacloban, February 26, 2015). A female social work officer corroborated that “domestic violence is usually triggered by marital rape, verbal abuse, financial problems” (personal interview, Tacloban, February 25, 2015). Sexual relations among couples play a role in keeping the peace at home as well as in mitigating stressors while in IDP camps. But without reliable and effective access to reproductive health services such as contraception, women who have also experienced domestic violence, including marital rape, suffer further violence by having to bear unwanted pregnancies (Center for Reproductive Rights and Cornell University Law School 2016).

The distinctly gendered consequences of disasters are such that “pregnancies don’t wait for debris to be cleared and for livelihoods to be restored” (UNFPA executive director, quoted in Novales 2014, 25). According to the UN Population Fund, “250,000 women were pregnant when Typhoon Haiyan hit in November 2013 and approximately 70,000 were due in the first quarter of 2014” (UNFPA 2015, 43). Many women—estimated at nine hundred per day—gave birth in evacuation camps and transitional sites without privacy or skilled birth attendants, thus compounding their maternal mortality risk as well as contributing to trauma (Valerio 2014, 151).

Various sources also corroborate that adolescent pregnancies have drastically increased in Eastern Visayas, especially Tacloban, after Haiyan (see Gabieta 2015; Rivera 2015). For instance “at the Eastern Visayas Regional Medical

Center, the region's biggest government-owned facility, the number of child-births has almost doubled from an average of 10 a day. Almost half of the mothers are young women, according to a hospital staff member, and the youngest is 14 years old" (Gabieta 2015), and yet, adolescent mothers are among those with the least access to relief assistance or postdisaster livelihoods because they suffer intense care work burdens, given their limited mobility, threats of sexual and gender violence, and preexisting vulnerability to economic exploitation.

As a female informant from a local NGO pointed out, the prevalence of adolescent pregnancies serves as a visible indicator of more invisible forms of routine sexual and gender-based violence, such as rape, occurring in IDP camps. Moreover, it is a strong indictment of the preexisting barriers to accessing comprehensive sexual and reproductive health services in these areas and how recovery after the disaster has been and continues to be highly unequal (personal interview, Quezon City, April 15, 2016). Still, the influx of various humanitarian contingents allowed for a wider presence to monitor and respond to cases of sexual and gender-based violence. This included an all-female watch group that was set up in the IDP camps and transitional shelters, which response teams credited for stemming potential threats of sexual and gender-based violence (personal interview, Makati City, April 18, 2016; see also IOM et al. 2014). Gaps in protection mechanisms, however, are evident in the unmet need for sexual and reproductive health services. For example, as noted by Oxfam Philippines, "out of 52 health facilities, [only] 22 provided sexual violence and rape management services and 35 provided referral service" (Novales 2014, 29). This means that even when cases are reported, victims may not necessarily receive comprehensive health assistance to treat the often brutal consequences of rape and sexual violence.

Finally, as one female informant also pointed out, "many women and young girls chose: cohabitation, early marriage, sex work. Sex is a coping strategy in all these contexts because it is used as a way to ensure survival, not simply the survival of the women concerned but of their dependents and their family" (personal interview, Samar, February 24, 2015). Familial obligations mean that women's bodies are never wholly their own. Transactional sex, which typically arises in any postcrisis setting, stems from the same material conditions that trigger domestic violence, including economic uncertainty and relief shortages. A female informant from an international development NGO stated that "it is well known that immediately after the storm, the first to open back up are the 'parlors' [massage parlors] and hotels" (personal interview, Samar, February 24, 2015). The arrival of foreign and local military contingents as part of the humanitarian response created a postdisaster sex industry. However, economic desperation—compounded by stigma and lack of ac-

cess to contraceptives, especially condoms—meant that many women and girls face heightened risks of exposure to STDs and HIV/AIDS in the Haiyan aftermath.

All these barriers intersect to prevent young women and their dependents from “building back better” in the wake of Haiyan. In fact, in the absence of critical interventions, they are most likely rebuilding their lives precariously.

Building the disaster-resilient nation

Based on the 2016 Global Climate Risk Index by GermanWatch, the Philippines was among the countries identified as most vulnerable to climate change risks, both in terms of exceptional catastrophes and continuous threats (Kreft et al. 2015). Consequently, millions of Filipinos are vulnerable to routine displacement by natural disasters. For instance, according to the Disaster Displacement Risk Index of the International Displacement Monitoring Centre, the country is “second in terms of highest relative risk, with approximately 21,000 per million Filipinos at risk per year” (Ginetti 2015, 23). In the aftermath of Haiyan and as a response to climate change vulnerability, the mantra of developing a disaster-resilient nation has gained currency among national and international actors in the country. Beginning in 2009, this national project has been matched by the enactment of laws on disasters and climate change. Margareta Wahlstrom, special representative of the UN secretary general on disaster risk reduction, considers these laws the “best in the world” and indicates “a proactive stance in addressing disasters” (quoted in Ginetti 2015, 30).

For example, the National Disaster Risk Reduction and Management Act of 2010 ensures that “disaster risk reduction and climate change measures are gender responsive, sensitive to indigenous knowledge systems, and respectful of human rights.”⁹ This requires an approach that is “holistic, comprehensive, integrated, and proactive in lessening the socioeconomic and environmental impacts of disasters including climate change.”¹⁰ The country has also launched a National Climate Change Action Plan (2011–18), which acknowledges the importance of a “gender responsive approach” to addressing the impacts of climate change (ARROW 2014). However, in spite of efforts to mainstream gender within national disaster and climate-change frameworks, sexual and reproductive health have yet to be explicitly identified as core components of substantively advancing gender equality in disaster contexts

⁹ Republic Act No. 10121, Sec. 2, Art. J. The full text is available at http://www.ndrrmc.gov.ph/attachments/article/45/Republic_Act_10121.pdf.

¹⁰ Republic Act No. 10121, Sec. 2, Art. D.

(ARROW 2014, 26). While the necessary legislation is in place, including specific provisions for promoting gender equality within the national disaster-resilience agenda, the full implementation of this agenda in disaster contexts is undermined by the neglect of immediate and long-term sexual and reproductive health needs, which requires strengthening the delivery of social welfare services and dismantling preexisting legal and cultural barriers in the country.

In particular, the historically strong Catholic fundamentalist lobby against contraceptives exacerbates the conditions that undermine bodily autonomy in times of crisis. For example, Postinor, a globally accredited emergency contraceptive pill, has been banned in the Philippines since 2001. The ban was enforced through the Catholic lobby, with the support of conservative health officials, who argued that the pill is an abortifacient despite evidence to the contrary from the World Health Organization (Ruiz Austria 2004; Tanyag 2015; WHO 2017). As one female head of an NGO emphasized, providing emergency contraception is an important link in the chain of services and treatments for rape victims/survivors: “In [the] case of rape and sexual violence, five days past the incident, emergency contraceptive can still be effectively taken by a victim. Three days after an incident, postexposure prophylaxis . . . must be administered to prevent HIV/AIDs. . . . In crisis situations, the delivery of these services can be compromised” (personal interview, Quezon City, April 15, 2016). The inaccessibility of emergency contraception in the Philippines attests to the severe and egregious abortion restrictions in the country, which a 2015 inquiry has strongly recommended for reform (UN CEDAW 2015).

In 2015, the UN Committee on the Elimination of Discrimination against Women (UN CEDAW 2015) concluded that the Philippine state is accountable for various grave and systematic sexual and reproductive health and rights violations in the country. The committee also stressed the role of the Philippine state in perpetuating cultural and religious stereotypes of women’s primary role as childbearers and child rearers, which “impede[s] equality in the health sector and in marriage and family relations” (UN CEDAW 2015, 12). Indeed, in the Philippines, where the influence of Catholicism is deeply ingrained, acceptable or “authentic” femininity largely stems from cultural-religious symbols such as the Madonna—virginal and a martyr (Roces 2009). Legal and political institutions help to perpetuate an interpretation of femininity as sexual passivity such that “sex is what women can only be subjected to but never its subject. Rather than view women who are or can be in control of their own bodies, women are represented as helpless victims—powerlessly submitting their bodies either to state intervention or their husbands” (Tanyag 2015, 69). At the national level, material and cultural barriers that undermine women’s bodily autonomy and integrity were in place prior to the Haiyan disaster, but

they drastically affected the health and well-being of women and girls in displacement.

Finally, as a rhetorical device, disaster resilience may serve to keep the functions of the state rolled back, especially in terms of social-welfare provision, while female altruism steps in as the invisible safety net in times of crisis. Even prior to the Haiyan disaster, in the case of migrant-sending states such as the Philippines, a large-scale pattern of feminized labor export and remittances has served as a stopgap measure for high levels of unemployment without having to reform ingrained structural inequalities (see Safri and Graham 2010). Norms of female altruism or sacrifice directly sustain national and household economies because cultural ideals of the “non-complaining and silenced Filipina” (Roces 2009, 272) also render Filipina women as ideal domestic and care workers in the global economy (see Tanyag 2017). Thus, even in the aftermath of the Haiyan disaster, the state was regarded as having taken a back seat on relief and reconstruction while nonstate actors ended up taking the lead (see also Mangada 2015, 2016).

In a public hearing convened by the Commission on Human Rights in Tacloban in April 2016, some participants noted that “[international NGOs] were more active in delivering [reproductive health] relief and services [including contraceptives]” but that “in the coastal areas, women did not have access to contraceptives donated as aid.”¹¹ While some communities were able to receive emergency health care, including reproductive health services, from a number of international humanitarian and development organizations—which they would not have had if not for the disaster—this form of assistance had a limited reach and ultimately contributed to uneven recovery postdisaster. Another female informant further stated that “NGOs were meant to just fill in the gaps . . . but in reality NGOs have ended up doing more and the government has less and less role or presence” (personal interview, Tacloban, February 26, 2015). Such community-based initiatives were first developed to meet the gaps in state disaster relief assistance. And yet, this is being regarded as a positive indicator of self-sufficiency among communities (Su and Mangada 2016).

Increasingly, post-Haiyan discourses have tended to romanticize community-based coping strategies as a source of postdisaster resilience, thereby shifting the pressure away from government institutions (Su and Mangada 2016). These discourses also obscure gendered inequalities at the community level. For Haiyan-affected areas, the majority of which are rural, the Catholic Church and faith-based groups were pivotal in reaching out to far-flung communities

¹¹ Field notes, April 25, 2016, Hotel Alejandro, Tacloban. See also Commission on Human Rights Philippines (2016).

to provide relief assistance and initiate livelihood projects. But as one female informant rightly cautioned, “When health service is framed through a particular religion, the services offered will be limited or not the most appropriate for patients” (personal interview, Quezon City, April 15, 2016). Typically, these groups in the Philippines do not regard sexual and reproductive health as part of the basic needs that families and communities require in everyday life, much less in times of crisis. According to another female informant from a local NGO, “many priests . . . lack awareness or are out of touch with the issues when it comes to [sexual and reproductive health and rights.] Rather than promoting informed choice, they insist on blind obedience. Reproductive health is not a stand-alone issue. It is connected with other social justice issues” (personal interview, Quezon City, April 29, 2016).

Even as community-based initiatives have contributed significantly in providing humanitarian assistance for some disaster-affected areas, they help to perpetuate the subjugation of women and girls by denying their sexual and reproductive health as a fundamental part of human dignity. Indeed, they legitimate the very inequalities they seek to dismantle by reinforcing norms of female altruism. Relegating resources and responsibilities for disaster resilience onto communities stops short of challenging structures of power, especially in the intersections of class and gender hierarchies. Gender-equal and sustainable postdisaster rehabilitation demands a strong role from the state, which includes the political will of leaders, to address the deeply embedded role of Catholic fundamentalist beliefs in determining what sort of humanitarian assistance is extended and to whom. The national disaster resilience project will ultimately be built on the backs of women and girls unless the pervasive and state-sanctioned inaccessibility of comprehensive sexual and reproductive health services in the country is addressed.

Conclusion

In a speech to mark the second anniversary of the Haiyan tragedy, then-President Benigno Aquino III (2015) stated that “God’s grace has enabled our country to ease the sufferings of those who lost everything in Yolanda, and re-establish communities that are once again working to have a safer, and prosperous future. This would not have been possible without the world’s embrace of our people and our people’s own heroic generosity and sacrifice.” The case of the post-Haiyan Philippines demonstrates how the construction of a disaster-resilient nation serves to perpetuate the structural and ideological conditions—embodied through gendered altruism and sacrifice—that fuel the bodily depletion of women and girls in displacement, primarily by keeping their social reproductive contributions invisible and unremunerated. This na-

tional project reembeds the gendered hierarchies that keep the vast majority of women and girls politically and economically marginalized in the wake of disaster because they are denied comprehensive access to sexual and reproductive health and rights. Filipina women and girls face preexisting barriers that effectively deny them the means to protect and take care of their own health and well-being, despite their immense contributions, especially through unpaid care work for the recovery of households and communities. Indeed, disaster settings might even further obscure the equal importance and interdependence of sexual and reproductive health and rights with other human rights through resilience narratives that privilege community efforts without scrutinizing the ways by which a feminization of survival occurs in crisis settings.

As a form of neoliberal discourse (re)produced at state and global levels, disaster resilience exacerbates the depletion of female bodies in disaster contexts when it reinforces structural gendered inequalities that undermine the full political and economic participation of women and girls in postdisaster decision making and rehabilitation. The case of Haiyan highlights how the distinct sexual and reproductive health needs of women and girls, and the cultural-religious norms that legitimize self-sacrificing practices, blur the artificial distinctions between the emergency response to a disaster and the rehabilitation phase. For the project of building a disaster-resilient nation to truly value the service and sacrifices of women and girls, it must progressively address both their immediate and long-term sexual and reproductive health and rights. Addressing the gendered roots of vulnerability and resilience requires fundamentally recognizing that sustaining the well-being of households and communities in the wake of disaster is contingent upon ensuring the bodily autonomy and integrity of women and girls.

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