

# HIV/AIDS in the Philippines in Light of *Evangelium Vitae*

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**Abstract:** In 1995, John Paul II wrote *Evangelium Vitae* (EV) to address the ever-increasing threats to human life and dignity. In this encyclical, he presents the dynamics of a clash of cultures in our modern world: one of death and one of life. This paper presents the worsening HIV/AIDS situation in the Philippines and reads the dynamics described in EV that possibly come into play. It focuses on the elements of current Philippine society and the indigenous culture that generate, sustain, and aggravate the HIV/AIDS situation as well as those that can ameliorate and potentially redeem it. The author posits the use of indigenous cultural elements as a tool to sift or refine existing initiatives and programs addressing the HIV/AIDS situation in order to increase their effectiveness and—assuming the value and validity of such a tool—the roles of both the State and Church in shaping a culture that can prevent an epidemic.

**Keywords:** HIV/AIDS, Philippines, *Evangelium Vitae*, culture of death, culture of life, indigenous culture

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## Introduction

In March 1995, Saint John Paul II (JP II) published his encyclical *Evangelium Vitae* (EV) on the issues that bear upon the value and inviolability of human life. EV may justifiably be considered a comprehensive and systematic treatment of what he regards as the *culture of death*—manifested by attacks on human life, particularly innocent life: contraception and abortion, objectification of embryos, and euthanasia and physician-assisted suicide. In this encyclical, JP II touched upon a variety of themes including scientific-medical-technological research and development, culture, human rights and freedom, moral law, civil law and democracy, sexuality, demographic<sup>1</sup> and social problems. In *Gaudium et Spes* (GS) 33, the Church acknowledges her particular role in the modern world and admits that she does not have a solution to every problem.<sup>2</sup> She explicitly upholds the rightful autonomy of earthly affairs (GS 36) yet is firm in her conviction that she can—and perhaps must—make humanity and its history more human (GS 40). Accordingly, JP II, perceiving a powerful threat to the intrinsic dignity of the human person especially at the vulnerable stages of life, uses Sacred Scriptures and Catholic Tradition to realize a number of aims. He affirms what in contemporary culture (mostly referring to Western culture) is in keeping with human dignity. He pronounces judgment on what is against this dignity then proposes a countermeasure in the so-called *culture of life* to be proclaimed, celebrated, and expressed as the service of charity in a variety of social and professional spheres (individual, family, Christian communities, health-care personnel, civil and political leaders, educators, special agencies, etc.).

Reactions ranging from the laudatory to the censorious, coming from various places in the world within the Catholic fold and other religious traditions and philosophies, as well as from among ordinary parents to intellectuals of different fields, were quick and many. Various principles, arguments, and concepts of the encyclical continue to be cited and used to this day even in the contentious issue of the Reproductive Health Bill (RH Bill) which became the Responsible Parenthood and Reproductive Health Act of 2012 in the Philippines.<sup>3</sup> This phenomenon stands

<sup>1</sup> He particularly deals with the issue of population growth in EV nos. 16 and 91.

<sup>2</sup> “The Church guards the heritage of God’s word and draws from it moral and religious principles without always having at hand the solution to particular problems. As such she desires to add the light of revealed truth to mankind’s store of experience, so that the path which humanity has taken in recent times will not be a dark one.”

<sup>3</sup> It was officially known as House Bill No. 4244: The Responsible Parenthood, Reproductive Health and Population and Development Act of 2011. It was signed into law by President Benigno Aquino III in December 21, 2012 but implementation was delayed by the Supreme Court in order to address challenges to its constitutionality. Nonetheless on April 3, 2014, the Court ruled in favor of the law after striking down eight of its original provisions either partially or in full.

as witness to the continuing relevance of *Evangelium Vitae* on issues of human life, even more than two decades after its publication.

As aforementioned, the battle for life on the issues of contraception and abortion continues to rage in the country, perhaps to the neglect of the somewhat silently but steadily increasing number of people affected by HIV and AIDS.<sup>4</sup> Unlike abortion and euthanasia which date back centuries ago, HIV/AIDS is a relative latecomer, entering human knowledge only in the twentieth century. Particularly in the USA, it came with the discovery of a rare form of pneumonia (*Pneumocystis carinii*) and a rare form of cancer (*Kaposi's sarcoma*) among homosexual men in New York City.<sup>5</sup> However, unlike other relatively recent threats to life, HIV/AIDS is controversial for its being largely sexually-transmitted. Admittedly, in *EV* it is not mentioned at all, except in relation to relief centers in 88c; conceivably alluded to in 10d that states "certain kinds of sexual activity which, besides being morally unacceptable, also involve grave risks to life;" and in 15a and 15b which describe the situation of the incurably ill and dying.

This essay looks at the evolving HIV/AIDS situation in the Philippines, seeking to decipher the signs and dynamics of the conflict between a *culture of death* and a *culture of life* in this particular context and to propose a direction for more effective responses to it.

## The Steady Invasion: A National HIV/AIDS

### *Situationer*

The first time AIDS was identified in the Philippines was in December 1984. Immediately the year after, "the Department of Health (DOH) began serological surveillance for HIV, and by 1986, HIV/AIDS was declared a notifiable disease."<sup>6</sup> Until about two decades later, its spread has been characterized as a "low and slow."<sup>7</sup>

<sup>4</sup> HIV stands for Human Immunodeficiency Virus and AIDS for Acquired Immune Deficiency Syndrome.

<sup>5</sup> Catholic Health Association of the United States and the Conference of Major Religious Superiors of Men's Institutes of the United States, Inc., *The Gospel Alive: Caring for Persons with AIDS and Related Diseases* (St. Louis, MO: The Catholic Health Association, 1988), 1.

<sup>6</sup> Lydia Palaypay, "Overview of STDs and HIV/AIDS in the Philippines," in *Issues in Management of STDs in Family Planning Settings*, Workshop proceedings, 19-21 April 1995, edited by Harshad Sanghvi, Dana Lewison, (Baltimore, JHPIEGO, 1996), 55; <http://www.reproline.jhu.edu/english/4moreh/4std/pdf/pr6st12.pdf> (accessed 21 August 2012).

<sup>7</sup> Eugenio M. Caccam, Jr., "The Philippines: Current State and Future Projections of the Spread of HIV/AIDS," in *"The Philippines," Fighting a Rising Tide: The Response to AIDS in East Asia*, ed. Tadashi Yamamoto and Satoko Itoh (Tokyo: Japan Center for International Exchange, 2006), 207; <http://www.jcie.org/researchpdfs/RisingTide/philippines.pdf> (accessed 22 August 2012).

Of late, it has become “fast and furious.”<sup>8</sup> Back in 2000, the Philippine HIV & AIDS Registry of the DOH would note that there was *one newly infected every three days*. There has been a progressive increase and now—less than two decades later— from January to June 2017, a total of 5,401 reported newly infected cases,<sup>9</sup> brings the rate to *one new infection every hour*. The HIV/AIDS and ART<sup>10</sup> registry of the Philippines (HARP) for June 2017 reports thirty newly diagnosed cases of HIV per day.

While the yearly number of “new HIV infections in Asia and the Pacific has declined 13%” from 2010 to 2016... annual new infections climbed in... the Philippines (141% increase) over the same period.”<sup>11</sup> Together with ten other countries, our cases “accounted for more than 95% of all new HIV infections in the region in 2016” alone<sup>12</sup> and the Philippines has become “the country with the fastest growing HIV epidemic in Asia and the Pacific” region.<sup>13</sup>

The total number of reported *cases of HIV* as of June 2017 is 45,023. *The great majority (93 percent) are males. The age group for both sexes which is most affected is 25-34 years old* comprising 51% with the median at 28 years old. Note that these are people ordinarily at the stage of their greatest potential and productivity and probably play significant if not major roles in the economic support of their families. Nonetheless, the youth too (15-24 years old), comprise as much as 28 percent of those affected.

The cumulative data from 1984 - June 2017 reveals 4,306 have AIDS with 641 cases (or 15% of the total) diagnosed only from January to June 2017. In the same period, there were 216 AIDS-related deaths, *95 percent of which are males and nearly half belonging to the 25-34 year age bracket*.<sup>14</sup>

The great majority of all diagnosed PLHIV (People Living with HIV/AIDS) *acquired the virus through sexual contact* (about 95 percent) with the *predominant*

<sup>8</sup> James McTavish, FMVD, “HIV & AIDS and the Catholic Church in the Philippines,” *Boletín Eclesiástico de Filipinas* 88 (May - June 2012): 250.

<sup>9</sup> Department of Health, *HIV/AIDS and ART Registry of the Philippines (HARP)*, (June 2017), 1.

<sup>10</sup> ART stands for anti-retroviral therapy.

<sup>11</sup> Joint United Nations Programme on HIV/AIDS (UNAIDS), “Asia and the Pacific,” in *Ending AIDS – Progress Towards the 90-90-90 Targets* (Switzerland: UNAIDS, 2017), 124; [http://www.unaids.org/sites/default/files/media\\_asset/Global\\_AIDS\\_update\\_2017\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/Global_AIDS_update_2017_en.pdf) (accessed 8 October, 2017).

<sup>12</sup> Ibid.

<sup>13</sup> UNAIDS Asia-Pacific, “PRESS RELEASE: UNAIDS report indicates new HIV infections in the Philippines have doubled in the past 6 years,” published August 17, 2017, <https://unaids-ap.org/2017/08/01/press-statement-unaids-report-indicates-new-hiv-infections-in-the-philippines-have-doubled-in-the-past-6-years/> (accessed 8 October, 2017).

<sup>14</sup> Department of Health, *HARP*, (June 2017), 5.

*trend shifting from heterosexual to homosexual contact (80 percent) from 2010 onwards.*<sup>15</sup> As with many countries in Asia, the epidemic is *concentrated among most-at-risk populations* (MARPs)<sup>16</sup> which include injecting drug users (IDUs), sex workers (SWs) and their clients, men who have sex with men (MSM), and overseas Filipino workers (OFWs).<sup>17</sup>

Geographically, it is also *concentrated in a small number of provinces with the “three highly urbanized areas:* Greater Metro Manila Area (which includes the provinces adjacent to Metro Manila like Rizal, Cavite, Laguna and Bulacan), Metro Cebu, and Davao City,”<sup>18</sup> reporting the most number of cases. In June 2017 alone, the National Capital Region (NCR) accounted for 36 percent of all new cases.<sup>19</sup> Two years earlier, Dr. Jose Gerard Belimac, program manager of DOH’s National HIV/STI Prevention Program, warned that HIV may reach uncontrollable rates in six cities (Cebu, Manila, Quezon City, Caloocan, Davao, and Cagayan de Oro due to the high prevalence of the virus in MSM).<sup>20</sup>

<sup>15</sup> Ibid., 3. “Beginning 2010, the trend spiked to male-male sex as the predominant MOT [mode of transmission] and has continually increased since then. From January 2012 to June 2017, 82% (29,972) of new infections through sexual contact were among MSM. From 1984 to 2009, transmission through sharing of infected needles were at <1% of the total cases reported. The cases among injecting drug users (IDU) spiked in 2010 comprising 9% (147) of the total cases reported that year. However, new cases among people who inject drugs decreased to ≤ 6% of the total cases in succeeding years (Ibid., 3).

<sup>16</sup> Department of Health National Epidemiology Center, “This is it! HIV-AIDS Situationer,” a presentation by Dr. Eric Tayag in the *IHBSS (Integrated HIV Behavioral and Serological Surveillance) National Dissemination Forum*, 11 December 2009, Heritage Hotel, Manila, 46. See [http://www.aidsdatahub.org/dmdocuments/2009\\_IHBSS\\_philippines\\_HIV\\_epidemic.pdf](http://www.aidsdatahub.org/dmdocuments/2009_IHBSS_philippines_HIV_epidemic.pdf) (accessed 27 August 2012). In the same article, it is stated “In 2009, there are 5 HIV positive MARPs per 1,000 or 1 in every 200.”

<sup>17</sup> Again among OFWs 78 percent are males. The most common mode of infection is heterosexual contact (58 percent). See *ibid.*, 4. “Since 1984, overseas Filipino workers (OFWs), particularly those that are MSM or clients of FSWs [female sex workers] had comprised as much as 52 percent (in 2002) of annual reported HIV cases; although substantially lower at 18 percent in 2009. OFWs are among the most tested segments of the working population from the Philippines.” (“Philippines’ Country Profile,” <http://www.aidsdatahub.org/en/philippines-reference-library/item/22350-philippine-hiv/aids-registry-december-2009-national-epidemiology-center-philippines-2009> [accessed 27 August 2012]). Latest data however reveal the percentage declining to 11% of cumulative cases still with a male predominance of 85% (Department of Health, *HIV/AIDS and ART Registry of the Philippines [HARP]*, [June 2017], 4).

<sup>18</sup> Philippine National AIDS Council, *2014 Global AIDS Response Progress Reporting: Philippines Country Progress Report*, 7; [http://files.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2014countries/PHL\\_narrative\\_report\\_2014.pdf](http://files.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2014countries/PHL_narrative_report_2014.pdf) (accessed 9 October 2017). Italics supplied.

<sup>19</sup> Department of Health, *HARP* (June 2017), 2.

<sup>20</sup> Jee Y. Geronimo, “HIV in 6 PH cities may reach ‘uncontrollable’ rates – DOH,” *Rappler*, April 10, 2015, <https://www.rappler.com/nation/89412-hiv-6-philippine-cities-uncontrollable-rates> (accessed 9 October 2017).



According to surveys, *awareness of HIV among the general population is as high as 90 percent.*<sup>21</sup> Particularly among the 15-49 age group, 91.9% of females (2008 data) and 93 to 96% of males (2003 data) have at least heard of AIDS.<sup>22</sup> Yet even years later, in the 2014 Country Progress Report of the Philippine National AIDS Council (PNAC), it is stated that the “percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission” is only 20 percent.<sup>23</sup> Moreover, the national demographic and health survey results of 2008 reveal that—at least among women 15 to 49 years old—comprehensive knowledge of HIV/AIDS tends to decrease with geographical distance from urban settings, lower educational attainment, and lower wealth quintile.<sup>24</sup> It is quite obvious from reports of both local and international interest groups that the *knowledge acquired did not translate ‘to behavioral change or the adoption of effective preventive measures, and has not changed prevailing attitudes, beliefs, and practices’* including a generally poor positive health-seeking behavior particularly among the youth<sup>25</sup> and the poor.

The *bulk of the government’s current efforts and expenditure are channeled towards prevention* especially through education, training, and risk-reduction counseling in HIV hot spots and among the MARPs.<sup>26</sup> “The number of HCT (HIV Counseling and Testing) sites increased from 91 in 2010 to 233 in 2011. . . .”<sup>27</sup> However, prevention of mother-to-child transmission is still rare and only about 8 percent of HIV-positive pregnant women receive antiretroviral therapy (ART) to reduce the risk to the unborn. While the proportion of adults and children who are eligible for and actually receiving ART is good (83.2 percent),<sup>28</sup> the National AIDS Spending Assessment Report revealed that from 2011 to 2013, spending for care and treatment was only 18%.<sup>29</sup>

<sup>21</sup> Caccam, “Current State and Future Projections,” 210.

<sup>22</sup> HIV and AIDS Data Hub for Asia Pacific, “Vulnerability and HIV Knowledge,” in *Datasheet\_Philippines\_Dec\_2015*, <http://www.aidsdatahub.org/Data-Sheets> (accessed 9 October 2017).

<sup>23</sup> Philippine National AIDS Council, *2014 Global AIDS Response Progress Reporting*, 9.

<sup>24</sup> National Statistics Office, “HIV/AIDS-Related Knowledge, Attitudes, and Behavior,” *Philippines National Demographic and Health Survey 2008* (Manila: National Statistics Office, 2009), 152-56.

<sup>25</sup> Caccam, “Current State and Future Projections,” 211-12. Italics supplied.

<sup>26</sup> Philippine National AIDS Council, *Philippines 2010-2011: 2012 Global AIDS Response Progress Report*, 22.

<sup>27</sup> Ibid., 23. “These include [Tuberculosis Directly-Observed-Treatment Strategy] TB-DOTS facilities offering provider-initiated HCT to TB patients.”

<sup>28</sup> Philippine National AIDS Council, *2014 Global AIDS Response Progress Reporting*, 14.

<sup>29</sup> Ibid., 19. This does not yet account expenditures for PLHIV enrolled in the National Health Insurance Program (NHIP) of the Philippine Health Insurance Corporation (Philhealth). It must be noted and lauded that despite the constrained budget, spending for care and treatment markedly increased from the mere 1.6% of the national budget for HIV/AIDS in 2008 (Farr and Wilson, “An HIV Epidemic Is Ready to Emerge,” 5).

In 1992, the Philippine National AIDS Council (PNAC) was “created as an advisory body to the office of the President on all matters related to AIDS.” It was later “reconstituted by virtue of Republic Act (RA) 8504 as a central advisory, planning and policy making body on the prevention and control of HIV and AIDS in the country.”<sup>30</sup> RA 8504 known as the *Philippine AIDS Prevention and Control Act of 1998* declares that: “The State shall extend to every person suspected or known to be infected with HIV/AIDS full protection of his/her human rights and civil liberties.”<sup>31</sup>

This policy is imperative because it is well documented that “HIV/AIDS stigma is often more severe than stigma associated with other diseases.” The reasons include: First, that its transmission (which frequently focuses on sexual activities considered socially/religiously objectionable) is believed to be under the control of the individual. Second, in many settings, those affected are “the same people who are already marginalized in society, i.e., poor people, commercial sex workers, homosexuals,” and IDUs. Third, an HIV(+) test result is equated with imminent death—with consequent intense fear—rather than as a chronic condition that is manageable. Finally, the media as well as certain blocs—even within churches—powerfully suggest that “there are specific groups of people with HIV who are guilty (such as sex workers) whereas others (such as infants) are innocent.”<sup>32</sup> HIV is then viewed as punishment for sin.

In 2009, Pinoy Plus Association, Inc.<sup>33</sup> in partnership with networks of people living with HIV spearheaded a study to determine the PLHIV Stigma Index<sup>34</sup>

<sup>30</sup> UNAIDS, *One National AIDS Authority*, in <http://unaids.org.ph/index.php?mod=page&type=view&mid=2&rid=8&sid=0&tid=0> (accessed 27 August 2012).

<sup>31</sup> “Towards this end, (1) compulsory HIV testing shall be considered unlawful unless otherwise provided in this Act; (2) the right of privacy of individuals with HIV shall be guaranteed; (3) discrimination, in all its forms and subtleties, against individuals with HIV or persons perceived or suspected of having HIV shall be considered inimical to individual and national interest, and; (4) provision of basic health and social services for individuals with HIV shall be assured.” See <http://www.pnac.org.ph/uploads/documents/publications/RA8504.pdf> (accessed 16 July 2012).

<sup>32</sup> World Health Organization, “Stigma and Discrimination related to MTCT” in *Prevention of Mother-to-Child Transmission of HIV: Trainer Manual* (Geneva: WHO, 2004), 5, 10, and 12.

<sup>33</sup> Pinoy PLUS (Positive Living through Utmost Support & Services) Association, Inc. is a support group organized in 1994 that is dedicated to the welfare of People Living with HIV and AIDS (PLWHA) in the Philippines. Beginning with only seven PLWHA, it now has more than a hundred members that seek to respond to the care, treatment, and support needs of those affected by the virus, as well as upholding their human rights. It also contributes to prevention and control efforts.

<sup>34</sup> The PLHIV Stigma Index is a tool that measures stigma and discrimination experienced by people living with HIV. “HIV/AIDS-related stigma refers to all unfavourable attitudes and beliefs directed toward people living with HIV/AIDS or those perceived to be infected, and toward their significant others and loved ones, close associates, social groups, and communities.” On the other hand, “discrimination is the treatment of an individual or group with partiality or prejudice” and “is often defined in terms of human rights and entitlements in various spheres, including healthcare, employment, the legal system, social welfare, and reproductive and family life” (World Health Organization, “Stigma and Discrimination related to MTCT,” 5-6).

in the country. About 60 percent of the respondents experienced being *forced to submit to a medical procedure* (30 percent of whom were tested for HIV without their knowledge) and not given required counseling. Other more common *experiences of being stigmatized or discriminated* against include: being gossiped about; loss or denial of employment or promotion; verbal or physical harassment; exclusion from social gatherings; denial of health/dental services; and breaking of confidentiality and privacy by health providers. Over 50 percent of these PLHIVs had feelings of fear, guilt, and shame and suffered from self-blaming and low self-esteem which are signs of self-stigma.

Pervasive stigma associated with HIV and AIDS is recognized as a major barrier to an effective response [in prevention, care, treatment, and support of [PLHIV] ... [I]t makes HIV a silent and thriving killer ... [The discrimination that results from stigma] drive people in [sic] the margins ... at a time when they need most ... counsel and compassion ... HIV-related stigma and discrimination exists in every corner of society ... even in our own faith communities.<sup>35</sup>

The impact of HIV/AIDS encompasses almost every *dimension of life* on the personal and societal level. It can be “especially severe in resource-constrained settings.” On the level of individuals, it includes, apart from illness, suffering, and the related stigma and discrimination, the loss of work and income, [and] a shortened life span.” With the eventual “death of family members, grief, poverty, and despair” due to a “weakened integrity and support structure of the family unit”<sup>36</sup> also set in. On the national level, some of the effects include: a “demand for both health [and educational] services that rises in inverse proportion to loss of skilled professionals;” impediments to economic and food security due to deaths among the working-age population; and the “strain on public health infrastructure” from a great number of the ill and suffering.<sup>37</sup>

The Catholic Bishops’ Conference of the Philippines (CBCP) believes that we cannot stop this steady invasion unless we look at its roots—the “social, economic,

<sup>35</sup> Catholic Bishops’ Conference of the Philippines, “Who is My Neighbor?” A Pastoral Letter on AIDS, 11 July 2011 in CBCP-NASSA and Philippine Catholic HIV & AIDS Network, *Love Casts Out Fear: A Primer on HIV & AIDS*, (Manila: CBCP-NASSA, 2011) 28. Interestingly, discriminatory behavior in the Philippines in terms of exclusion from religious activities/places of worship and reactions from religious leaders upon HIV status disclosure is low at 11 percent and 3 percent respectively. Still this reveals that religious people/settings are not always a source of support (Sally Cameron, *People Living with HIV Stigma Index: Asia Pacific Regional Report 2011*, <http://www.stigmaindex.org/126/regional-partners/east-and-southeast-asia-pacific.html> [accessed 24 September 2012]).

<sup>36</sup> World Health Organization, “Introduction to HIV/AIDS” in *Prevention of Mother-to-Child Transmission of HIV: Trainer Manual* (Geneva: WHO, 2004), 7.

<sup>37</sup> Lisa Sowle Cahill, “AIDS, Global Justice, and Catholic Social Ethics,” in *AIDS*, ed. Regina Ammicht Quinn and Hille Hacker, Concilium 2007/3 (London: SCM Press, 2007), 92.



cultural, and gender issues which cause people to be vulnerable to HIV, or prone to infecting others with the virus.” Specifically, it identifies the roots as: “situations that affront human dignity, including structural injustice, prejudice, the lack of distributive justice, gender inequity, human trafficking, sexual abuse, and sexual commerce.”<sup>38</sup>

### *Indications of the Culture of Death*

John Paul II refers to the “culture of death” as a “veritable structure of sin” that is “actively fostered by powerful cultural, economic, and political currents” (*EV* 12) and which somehow lead to rigid ideologies obsessed with efficiency. In its configuration, the weak—including those who are sick, poor, or unproductive—are held as intolerable burdens. Values of interdependence and solidarity are suppressed. In his earlier encyclical, *Sollicitudo Rei Socialis* (SRS), JP II wrote of structures of sin that present difficulties to overcoming the “sum total of the negative factors working against ... the universal common good.”<sup>39</sup> This section shall present these factors/structures as they exist in Philippine society.

Furthermore, it will be argued that these structures of sin exist in a significant way in relation to certain elements of the indigenous culture so that indeed, the efforts to overcome the invasion of HIV may be extremely challenging and difficult.

### *Drivers of HIV Risk and Vulnerability: Structures of Sin*<sup>40</sup>

The aforementioned roots of the HIV situation identified by the CBCP call to mind a list found in *Gaudium et Spes* 27:

... whatever is opposed to life itself, such as any type of murder ... or willful self-destruction, whatever violates the integrity of the human person ... whatever insults human dignity, such as *subhuman living conditions* ... slavery, prostitution, the *selling of women and children*; as well as disgraceful working conditions, where *men are treated as mere tools*

<sup>38</sup> CBCP-NASSA and Philippine Catholic HIV & AIDS Network, *Love Casts Out Fear: A Primer on HIV & AIDS* (Manila: CBCP-NASSA, 2011), 17.

<sup>39</sup> “... ‘structures of sin’ ... as I stated in my Apostolic Exhortation *Reconciliatio et Paenitentia*, are rooted in personal sin, and thus always linked to the concrete acts of individuals who introduce these structures, consolidate them, and make them difficult to remove. And thus they grow stronger, spread, and become the source of other sins, and so influence people’s behavior” (John Paul II, *Sollicitudo Rei Socialis*, 30 December 1987, Vatican archive, [http://www.vatican.va/holy\\_father/john\\_paul\\_ii/encyclicals/documents/hf\\_jp-ii\\_enc\\_30121987\\_sollicitudo-rei-socialis\\_en.html](http://www.vatican.va/holy_father/john_paul_ii/encyclicals/documents/hf_jp-ii_enc_30121987_sollicitudo-rei-socialis_en.html) [accessed 4 September 2012], no. 36).

<sup>40</sup> “Sin’ and ‘structures of sin’ are categories which are seldom applied to the situation of the contemporary world. However, one cannot easily gain a profound understanding of the reality that confronts us unless we give a name to the root of the evils which afflict us” (SRS 36).

for profit, rather than as free and responsible persons; *all these things and others of their like* are infamies indeed. They poison human society ...<sup>41</sup>

In the Philippines, a sizable majority are still striving against forces opposed to life and insulting to human dignity. These include pervasive material poverty and unemployment. These, in turn, give rise to vulnerabilities such as prostitution, human trafficking, illicit drug use, and migration for survival. Expanding the list are the lack of significant rural development and the ongoing rapid urbanization. To make matters worse, the country still has a weak government, ridden with corruption, misplaced priorities, and insufficient political will and resources to implement its commendable programs and projects for authentic/integral human development.

*Material poverty* that gives rise to many forms of privation continues to be widespread<sup>42</sup> and with only slight improvements from 2006 (26.6%) to 2012 (25.2%).<sup>43</sup> While there were apparently greater gains in poverty reduction in 2015 when the poverty incidence for the whole year was down to 21.6 percent, this still translates to 8.23 million Filipinos with incomes that are not sufficient to buy even their basic food needs (an estimated 1.3 million families) and 21.93 million Filipinos who cannot afford to buy their basic food *and* non-food needs (an estimated 3.75 million families).<sup>44</sup> However IBON<sup>45</sup> claims these figures from the Philippine Statistics Authority “uses a very low poverty threshold of just... 60 [pesos] per person per day and only reflects the situation of Filipinos in extreme poverty [and] [t]he official methodology grossly under-reports real poverty in the country because it uses a conservative food threshold and an outdated and mechanical estimation of non-food expenses.”<sup>46</sup>

<sup>41</sup> Italics supplied.

<sup>42</sup> The National Statistical Coordination Board reports that 795 of the 1,643 cities/municipalities in the Philippines have poverty incidences ranging from 32.1 to 60 percent, while 67 municipalities have poverty incidences higher than 60 percent. See National Statistical Coordination Board, *2009 City and Municipal Level Poverty Estimates* (PR-201206-SS2-01, Posted 03 August 2012), [http://www.nscb.gov.ph/press\\_releases/2012/PR-201208-SS2-01\\_sae\\_2009.asp](http://www.nscb.gov.ph/press_releases/2012/PR-201208-SS2-01_sae_2009.asp) (accessed 6 September 2012).

<sup>43</sup> Lisa Grace S. Bersales, Ph.D., “Farmers, Fishermen, and Children consistently posted the highest poverty incidence among basic sectors – PSA,” Philippine Statistics Authority, released June 30, 2017, <https://psa.gov.ph/poverty-press-releases> (accessed 10 October 2017).

<sup>44</sup> Czeriza Valencia, “Poverty incidence drops to 21.6%,” *The Philippine Star*, (updated October 28, 2016), <http://www.philstar.com/headlines/2016/10/28/1638032/poverty-incidence-drops-21.6#> (accessed 10 October, 2017).

<sup>45</sup> IBON Foundation is a non-stock non-profit development organization serving the Filipino people through research and education since 1978 (see [http://www.ibon.org/ibon\\_institution.php](http://www.ibon.org/ibon_institution.php) [accessed 19 October 2012]).

<sup>46</sup> IBON Foundation Inc., *2016 Yearend Birdtalk: Change Underway?* (Quezon City: IBON Foundation, 2017), 19.

In 2010, we had the *highest unemployment rate* among our neighbors in Asia, double the regional average. At the time, there were about “20.02 million who are unemployed and in poor quality work that may be low- or non-paying, with little or no benefits and insecure (i.e., those who are self-employed, in private households and in unpaid family work).”<sup>47</sup> The latest preliminary figures for January 2017 seem to show improvement with the number of unemployed falling to around 4.6 million and underemployed to 11.3 million.<sup>48</sup> However, this still means that nearly 16 million Filipinos in the labor force either have no work or are looking for more due to poor job qualities like low wages, lack of benefits, inconvenient or prolonged working hours, hazardous working environments, overqualification, etc. Furthermore, two geographic HIV hotspots had the lowest employment rates and the highest unemployment rates (NCR and Region 4A). “Among the unemployed ... 69.6 percent were males. Of the total unemployed, the age group 15 to 24 years comprised 44.1 percent, while the age group 25 to 34, 29.6 percent.”<sup>49</sup> Note that the highest incidence of HIV infection are male (93%) and of these age groups (79% summed).<sup>50</sup>

*Sex workers* are part of the MARPs for HIV/AIDS. In the 2009 study of the Philippine Integrated HIV Behavioral & Serologic Surveillance (IHBSS),<sup>51</sup> they made up 33 percent of HIV(+) cases.<sup>52</sup> An NGO study revealed that *poverty* followed by *underemployment or lack of employment opportunities* are the main reasons given

<sup>47</sup> IBON Foundation Inc., *Birdtalk Midyear 2012: Exclusionary Economics, Elite Politics* (Quezon City: IBON Foundation, 2012), 13.

<sup>48</sup> Lisa Grace S. Bersales, “Employment rate in January 2017 is estimated at 93.4 percent,” Philippine Statistics Authority, released March 14, 2017, <http://psa.gov.ph/content/employment-rate-january-2017-estimated-934-percent> (accessed 11, October 2017).

<sup>49</sup> *Ibid.*

<sup>50</sup> Department of Health, *HARP*, (June 2017), 2.

<sup>51</sup> “The DOH initiated HIV behavioral and biological surveillance in the Philippines in 1993, one of the first such systems in Asia. Since that time, surveillance data has been collected regularly to provide the HIV and risk behavior prevalence data that is necessary to enable the country to monitor and respond to its epidemic. The overall purpose of the Philippines Integrated HIV Behavioral and Serologic Surveillance System (IHBSS) is to provide data to improve the country response to the epidemic with the following specific objectives: quantifying the magnitude of HIV infection, understanding how HIV is spreading—or might potentially spread, assisting in HIV / AIDS program planning, advocating for prevention and care services, [and] aiding in program evaluation” (Philippine National AIDS Council, *HIV / AIDS Registry*, <http://www.pnac.org.ph/index.php?page=hiv-aids-registry> [accessed 8 January 2013]).

<sup>52</sup> “An independent study in the 90s showed the female commercial sex worker (FCSW) had more than a 50 percent cumulative probability of developing AIDS within five years of the virus’ detection. This relatively rapid progression was attributed in part to the general poor health of the FCSW (Corazon R. Manaloto and others, “Natural History of HIV infection in Filipino Female Commercial Sex Workers,” in <http://www.psmid.org.ph/vol25/vol25num2topic5.pdf> [accessed 20 August 2012]).

for engaging in *prostitution*.<sup>53</sup> While it is officially illegal in the country, it is “de facto a legal industry”<sup>54</sup> involving about half a million adult women and 75,000 children (not including those outside the country) according to the International Labor Organization estimate of more than a decade ago.<sup>55</sup> “The Philippines is a source [and a destination] country ... for men, women, and children who are subjected to sex trafficking and forced labor” but internal *human trafficking* from rural areas to urban centers for the same purpose is also a significant problem.<sup>56</sup>

Both poverty and unemployment coupled with *lack of rural development* (where 71 percent of the poor reside) and increasing *social mobility* aggravate the phenomenon of *emigration and immigration*. “In 2011, the average number of Filipinos leaving daily reached 4,559, the highest deployed on record.”<sup>57</sup> They do not include the undocumented cases that are themselves over a million.<sup>58</sup> Five years afterwards, the statistics have hardly changed and 2016 records a total of 2.2 million OFWs again with Region 4a and NCR contributing the largest percentage to this work force followed by Region 3<sup>59</sup> (These are the top 3 geographic HIV hotspots). It will be recalled that they also make up part of the MARPs.

<sup>53</sup> Physical/sexual abuse, drug dependence/other vices, lack of education and peer influence are the other factors named. Sagip Kababaihan, “Prostitution along Quezon Avenue and Sagip Kababaihan – a Case Study,” [www.samaritana.org/images/2011ORC/philippines-trafficking-prostitution/Prostitution\\_Along\\_Quezon\\_Ave\\_and\\_Sagip\\_Kababaihan.pdf](http://www.samaritana.org/images/2011ORC/philippines-trafficking-prostitution/Prostitution_Along_Quezon_Ave_and_Sagip_Kababaihan.pdf) (accessed 9 September 2012). See also <http://pcw.gov.ph/anti-prostitution-bill> (accessed 9 September 2012) and Wilson Lee Flores, “A Closer Look at the Philippines’ Sex Industry,” *The Philippine Star*, October 10, 2005, <http://www.philstar.com/Article.aspx?articleId=301104> (accessed 9 September 2012).

<sup>54</sup> James McTavish, FMVD, “Prostitution in the Philippines - a time for change,” in <http://www.nassa.org.ph/wp-content/uploads/2012/08/HIV/Prostitution%20in%20the%20Philippines%20-%20a%20time%20for%20change.pdf> (accessed 30 August 2012).

<sup>55</sup> International Labor Organization, “Sex industry assuming massive proportions in Southeast Asia,” Press Release 19 August 1998, [http://www.ilo.org/global/about-the-ilo/press-and-media-centre/news/WCMS\\_007994/lang-en/index.htm](http://www.ilo.org/global/about-the-ilo/press-and-media-centre/news/WCMS_007994/lang-en/index.htm) (accessed 9 September 2012). The number reported does not include male prostitutes who are reportedly a growing segment of the Filipino population. (See Dennis A. Ahlburg, Eric R. Jensen and Aurora E. Perez, “Determinants of Extramarital Sex in the Philippines,” *Health Transition Review, Supplement to Volume 71* (1997), <http://www.hawaii.edu/hivandaids/Determinants%20of%20Extramarital%20Sex%20in%20the%20Philippines.pdf> [accessed 9 September 2012]).

<sup>56</sup> United States Department of State, “Trafficking in Persons Report 2011 – Philippines (Tier 2),” [http://www.samaritana.org/sites/default/files/2011ORC/philippines-trafficking-prostitution/Trafficking\\_in\\_Persons\\_Report\\_2011.pdf](http://www.samaritana.org/sites/default/files/2011ORC/philippines-trafficking-prostitution/Trafficking_in_Persons_Report_2011.pdf) (accessed 9 September 2012).

<sup>57</sup> IBON Foundation Inc., *Birdtalk Midyear 2012*, 18 and 13.

<sup>58</sup> [Anonymous], “HIV & Migration Country Profile 2009: Philippines,” [http://www.aidsdatahub.org/dm/documents/HIV\\_and\\_Migration\\_-\\_Philippines.pdf](http://www.aidsdatahub.org/dm/documents/HIV_and_Migration_-_Philippines.pdf) (accessed 27 August 2012).

<sup>59</sup> Lisa Grace S. Bersales, Ph.D., “Total Number of OFWs Estimated at 2.2 Million (Results from the 2016 Survey on Overseas Filipinos),” Philippine Statistics Authority, released April 27, 2017, <https://psa.gov.ph/content/total-number-ofws-estimated-22-million-results-2016-survey-overseas-filipinos> (accessed 11 October, 2017).

Further undermining the national economy and social development, as well as contributing to the spread of HIV, is *illicit drug use* which is also driven by *unemployment* and *low income*. “[A] national household survey conducted in 2008 found that more than a third of the current drug users were unemployed ....”<sup>60</sup> In 2009, the number of IDUs (also part of the MARPs) in the country was about ten thousand (10,000). Methamphetamine in crystalline form has been reported as the primary drug of use in the Philippines which has a prevalence use higher than the global average. Our territory serves not only as a transit country for methamphetamine trafficking but also as a producer since 1996.<sup>61</sup> In 2014, “experts perceived an increase in the use of crystalline methamphetamine” in the Philippines which also “accounted for the largest share of people treated for drug use.”<sup>62</sup>

*Rapid urbanization* is known to set up huge *social and economic disparities*.<sup>63</sup> Even as these problems are evident nationwide, they tend to be more acute and pronounced in the cities, upsetting “both the ways of life and the habitual structures of existence: the family, the neighborhood, and the very framework of the Christian community,” giving rise to “a new loneliness” experienced “in an anonymous crowd” where one is somehow alienated from oneself and others.<sup>64</sup>

<sup>60</sup> United Nations Office on Drugs and Crime, *World Drug Report 2012* (Vienna: United Nations, 2012), 88-89; [http://www.unodc.org/documents/data-and-analysis/WDR2012/WDR\\_2012\\_web\\_small.pdf](http://www.unodc.org/documents/data-and-analysis/WDR2012/WDR_2012_web_small.pdf) (accessed 10 September 2012). “Unemployment appears to be another key socio-economic driver of drug trafficking and illicit drug use. Among young males, in particular, unemployment increases the likelihood of participation in the illicit drug trade and illicit drug use. Given the high unemployment rates in many countries, in particular among youth, entry into the workforce is often a major challenge. Consumption of illicit drugs may limit an individual’s chances of entering (or remaining in) the workforce, while frustration caused by failure to find adequate employment sometimes favours drug consumption, thus creating a vicious circle. . . . Another key finding, seen in most studies, is that people from disadvantaged backgrounds are more likely to use illicit drugs. Data for the United States ... show ... 21 per cent annual prevalence of illicit drug use among people from households with an income of less than \$20,000 in 2010, compared with 12.4 per cent for those in households with an income of more than \$75,000” (ibid).

<sup>61</sup> The manufacture of crystalline methamphetamine continues on an industrial scale. Nine laboratories were located and seized across the country in both rural and urban areas in 2009. However, there has been a shift to smaller ‘kitchen type’ facilities located in urban areas. In the same year, there has also been a reported increase of 36 percent in the average price of this drug as compared to the previous, “suggesting an increased demand for the substance” (United Nations Office on Drugs and Crime, *World Drug Report 2011* [Vienna: United Nations, 2011], 148, 161, 135, 165, 134, and 74; [http://www.unodc.org/documents/data-and-analysis/WDR2011/World\\_Drug\\_Report\\_2011\\_ebook.pdf](http://www.unodc.org/documents/data-and-analysis/WDR2011/World_Drug_Report_2011_ebook.pdf) [accessed 10 September 2012]).

<sup>62</sup> United Nations Office on Drugs and Crime, *World Drug Report 2016* (New York: United Nations Publication, May 2016), 53; [http://www.unodc.org/doc/wdr2016/WORLD\\_DRUG\\_REPORT\\_2016\\_web.pdf](http://www.unodc.org/doc/wdr2016/WORLD_DRUG_REPORT_2016_web.pdf) (accessed 11 October 2017).

<sup>63</sup> In 2009, the combined average income of the poorest 80 percent of families was even smaller than the combined average income of the 20 percent richest families. See IBON Foundation Inc., *Birdtalk Midyear 2012*, 20.

<sup>64</sup> Paul VI, *Octagesima Adveniens*, 14 May 1971, Vatican Archive, [http://www.vatican.va/holy\\_father/paul\\_vi/apost\\_letters/documents/hf\\_p-vi\\_apl\\_19710514\\_octogesima-adveniens\\_en.html](http://www.vatican.va/holy_father/paul_vi/apost_letters/documents/hf_p-vi_apl_19710514_octogesima-adveniens_en.html) (accessed 4 September 2012), no. 10.



*Government priorities and actions* apparently have little if any effect on the overall situation with *debt service payments* remaining the largest single expense to the detriment of much needed social services. They were at least twelve times that of the national health expenditure in 2010.<sup>65</sup> To its credit, the Duterte administration is shifting priorities. In its first proposed national budget for 2017, it indicates infrastructure, agriculture and rural development, as well as peace and order as main concerns and boasts the highest allocation for social services (P1.35 trillion).<sup>66</sup> However, while health gets an additional 28.2 billion pesos in budget allocation, it ranks only as the sixth in sectoral provisions.<sup>67</sup> For years, the government has also been trying to exert *demographic control* through the promotion of artificial contraception. Legislation contrary to life—widespread in the West—is being exported into the country as if it were a form of cultural progress.<sup>68</sup>

Considered as the “Asian country most hurt by corruption,” our overall *corruption* score is 8.9 and Filipinos were seen as very tolerant of corruption with a score of 9.21 (10 as the highest).<sup>69</sup>

Given the aforementioned, one can affirm Lisa Sowle Cahill’s thesis that AIDS is a *justice issue* concerning relationships of “power and vulnerability that violate Catholic norms of justice and the common good.” There are *social conditions that strongly influence individual behaviors* that can reinforce the epidemic.<sup>70</sup> Thomas Kopfensteiner argues that the “concerns [related to the broader issues] ... are

<sup>65</sup> Ryan Guinaran, Bien Nillos, Gene Nisperos, and Paul Zambrano, “Health of Nations: The Philippine Report,” (Situational report presented by the Filipino delegates to the 7th Global Health Course at the University of Tampere, Finland last June 2010); <http://www.slideshare.net/bayenMD/health-of-nations-the-philippine-report> (accessed 10 September 2012).

<sup>66</sup> Mara Cepeda, “2017 budget priorities: Infrastructure, agriculture, peace and order,” *Rappler*, August 15, 2016, <https://www.rappler.com/nation/143116-2017-proposed-budget-priorities> (accessed 11 October, 2017).

<sup>67</sup> Department of Budget and Management, *People’s Budget 2017* (Manila: DBM, 2017), 12 and 18; <http://www.dbm.gov.ph/wp-content/uploads/Our%20Budget/2017/2017People%27s%20Budget.pdf> (accessed 11 October 2017).

<sup>68</sup> Instead, “[o]penness to life is at the centre of true development. When a society moves towards the denial or suppression of life, it ends up no longer finding the necessary motivation and energy to strive for man’s true good. If personal and social sensitivity towards the acceptance of a new life is lost, then other forms of acceptance that are valuable for society also wither away. The acceptance of life strengthens moral fibre and makes people capable of mutual help” (*Caritas in Veritate* 28). Italics supplied.

<sup>69</sup> Data according to Hong Kong-based Political & Economic Risk Consultancy, Ltd.’s (PERC) latest Asian Intelligence report. See “Philippines’ Corruption Score Worsens,” *Business World*, 30 March 2011, <http://www.abs-cbnnews.com/business/03/29/11/philippines-corruption-score-worsens> (accessed 10 September 2012).

<sup>70</sup> Lisa Sowle Cahill, “AIDS, Justice, and the Common Good,” in *Catholic Ethicists on HIV/AIDS Prevention*, ed. James F. Keenan, S.J. (New York: Continuum International Publishing Group, 2005), 282.

constitutive of the argument from culture found in *Evangelium Vitae*. The crisis ... [referring to abortion but which can perhaps be applicable to the threat of HIV/AIDS] is a *crisis of culture*.”<sup>71</sup> Leslie Griffin points out that *EV* “focuses on the deterioration in society’s morals” and that it is *culture preventing recognition of the natural law* that contributes to this.<sup>72</sup> Truly, the spread of HIV/AIDS, while “fuelled by a number of individual behaviours [particularly promiscuity and IV drug use] is shaped by a range of ... factors” including *cultural ones*.<sup>73</sup>

### **Beneath the Structures of Sin**

What is *culture* that it impacts the HIV/AIDS situation? It “comprises ways of thinking, communicating, and behaving that have been shaped by decisions between alternative possibilities.” It is a product of human choices.<sup>74</sup> *Gaudium et Spes* 53 defines culture’s positive purpose as that which allows humanity to develop and perfect bodily and spiritual qualities. It is how—through knowledge and labor—humanity controls the world. People render “social life more human both in the family and the civic community, through improvement of customs and institutions.” Culture assumes a sociological and ethnological sense that yields styles of life and scales of values that are handed down and form the patrimony of a given human community.

On the other hand, JP II in *EV*, as well as John Finnis in his essay on secularism, articulate that modern culture can exert a negative influence, operating to destroy life and ultimately humanity.

[There is a] set of interrelated practices ... ways of responding, thinking, and communicating, and learned and learnable patterns of ambition and desire, which as a set can well be called “a culture of death” ... [This culture] centers on intention and choice that are the decisive moment in a structure or pattern which extends from dispositions and willingness to act, through conditional choices, to unconditional choices to act here and now, carried out by actual conduct.... The word “culture”

<sup>71</sup> Thomas Kopfensteiner, “A Response to Leslie Griffin’s Essay,” in *Choosing Life: A Dialogue on Evangelium Vitae*, ed. Kevin Wm. Wildes, S.J. and Alan C. Mitchell (Washington, D.C.: Georgetown University Press, 1997), 175. Italics supplied.

<sup>72</sup> Leslie C. Griffin, “Evangelium Vitae: Abortion,” in *Choosing Life: A Dialogue on Evangelium Vitae*, ed. Kevin Wm. Wildes, S.J. and Alan C. Mitchell (Washington, D.C.: Georgetown University Press, 1997), 163.

<sup>73</sup> World Health Organization, “Overview of HIV Prevention in Mothers, Infants and Young Children,” in *Prevention of Mother-to-Child Transmission of HIV: Trainer Manual* (Geneva: WHO, 2004), 4.

<sup>74</sup> John Finnis, “Secularism, the Root of ‘the Culture of Death,’” in *Culture of Life — Culture of Death*, ed. Luke Gormally (London: Linacre Centre for Healthcare Ethics, 2002), 13.

always picks out some more or less *lasting* reality, so “culture of death” is ... more or less settled and shared *willingness* or disposition to make and carry out choices of a certain kind, a more or less stable and overt, publicly unashamed, pattern of *“intention.”*<sup>75</sup>

What of our *Filipino culture* then might be feeding and pushing the HIV/AIDS situation towards a full-blown epidemic? From the historical background of at least two major colonizers –Spain and the USA– “lie the roots of Filipino derivativeness and inferiority complex vis-à-vis the West. ... [We have acquired a] misplaced belief in the superiority of English and other foreign modes of thinking ... a *gaya-gaya mentality* and tendency to worship anything from the West.”<sup>76</sup> Benedict XVI in *Caritas in Veritate* 59 cautions developing countries that being “uncritically and indiscriminately open to every cultural proposal” jeopardizes their “responsibility for their own authentic development.” They “must remain faithful to all that is truly human in their traditions, avoiding the temptation to overlay them automatically with the mechanisms of a globalized technological civilization.” Nonetheless, the *gaya-gaya mentality* has worsened with globalization, portending the assimilation of foreign values that are pronouncedly constitutive of the *culture of death* or the mutation of indigenous ones contributing to the same.

For instance, there is *materialism* compounded by the Filipino sense of *hiya*<sup>77</sup> (manifested as *porma*) where one’s worth is commensurate with *having more*—even non-essential gadgets, appliances, and signature clothes; and hosting social gatherings beyond one’s means so that one falls heavily into debt. The same *hiya*—

<sup>75</sup> Ibid., 13-14. There have been criticisms that JP II’s discussion on abortion—as a particular manifestation of the culture of death—tends to be physicalist. Finnis’ essay somehow deviates from this when he articulates his definition of the culture of death as determined by intention rather than the mere physical act. He emphasizes the “significance of intention and of misconceptions or misrepresentations of intention, in shaping a culture and shaping it as ‘a veritable *structure of sin*’” (ibid., 16).

<sup>76</sup> Felipe M. de Leon, Jr., “Cultural Awareness for Sustainable Development in a Globalized World” (Lecture Presentation, Manila, 2010). Italics and emphasis mine. See also Felipe M. de Leon, Jr., “Cultural Identity and Development,” 29 July 2011, <http://www.ncca.gov.ph/about-culture-and-arts/articles-on-c-n-a/article.php?subcat=13&i=370> (accessed 23 September 2012). De Leon further claims that, “Filipinos are perhaps the worst self-bashers in the world. We are blind to our own capacities and idealize those of others, especially Westerners. If something is poorly made it must be Filipino. If it is well made it must be foreign. ... Even negative qualities that are universal human failings are claimed by Filipinos as distinctly Filipino, yet we do not have a monopoly of human faults. Other nations, even those nations Filipinos tend to idolize, are equally, if not more stuck with negative traits that we mistakenly think to be ours alone” (ibid.).

<sup>77</sup> As an authentic value, *hiya* is to be properly understood as a right sense of propriety and dignity that is expressed as having good manners, non-exploitation of another’s kindness or generosity, respectful decorum, and a socially-acceptable behavior and lifestyle.

combined with negative self-images<sup>78</sup>—acts as a barrier for suspected and actual PLHIV (especially youth) from acknowledging their risk for infection, seeking help, and discussing their HIV status with their family, sexual partner(s), or those with whom they share needles. Saving face and reputation takes priority over one's health and the concern for the well-being of another who may be inadvertently infected.

Even the *body is reduced to pure materiality*, valued only in terms of its efficiency and physical beauty, and as source of pleasure (*hedonism*).<sup>79</sup> This is manifest in the proliferation of products and tri-media advertisements and programs/shows that induce a preoccupation with aesthetics and somehow justifies overindulging in whatever satisfies the senses and sexual urges. “Consequently, *sexuality* too is *depersonalized and exploited* . . . it increasingly becomes the occasion and instrument for self-assertion and the selfish satisfaction of personal desires and instincts.”<sup>80</sup> As noted earlier, there is a thriving *commercial sex industry*<sup>81</sup> in the country and while the clientele involves a significant number of foreigners, the majority is still comprised of local patrons. A disproportionate attention to the *condom “solution”* to the risk of acquiring HIV and other sexually-transmitted illnesses (STIs), focuses on the material/physical aspect of the epidemic, ignoring that human sexuality—so intimately intertwined with HIV/AIDS—has both a bodily and transcendent dimension; the sexual act has both a corporal and spiritual character.<sup>82</sup> Furthermore, such a solution—while having its merit as a health intervention—is in truth only a risk-reduction and not a risk-avoidance measure. This is a distinction that is repeatedly glossed over in many information and education campaigns.<sup>83</sup>

Other cultural traits that may interact critically with a depersonalized sexuality is *machismo* and other values of male domination over women, the double-standard in adultery, and “the *ideology of female domesticity* with *appropriate* ...

<sup>78</sup> “Negative self-images, whether individual or collective, can cause untold social and cultural damage” (de Leon, “Cultural Awareness”).

<sup>79</sup> *Evangelium Vitae*, no. 23.

<sup>80</sup> *Ibid.* Italics supplied.

<sup>81</sup> While the majority of those in prostitution are female, “[m]ale prostitutes reportedly are a growing segment of the Filipino population.” A study in the early 90s “found that a large proportion of their clients are male, most do not identify themselves as homosexual, many have wives or live-in partners and children, and they have protected and unprotected sex with multiple partners” (Dennis A. Ahlburg and others, “Determinants of Extramarital Sex,” 470).

<sup>82</sup> John Paul II, *Familiaris Consortio*, 22 November 1981, Vatican Archive, [http://www.vatican.va/holy\\_father/john\\_paul\\_ii/apost\\_exhortations/documents/hf\\_jp-ii\\_exh\\_19811122\\_familiaris-consortio\\_en.html](http://www.vatican.va/holy_father/john_paul_ii/apost_exhortations/documents/hf_jp-ii_exh_19811122_familiaris-consortio_en.html) (accessed 1 March 2012), no. 11.

<sup>83</sup> For an excellent discussion on the ineffectiveness of relying on the widespread distribution of condoms as a solution to the HIV/AIDS epidemic, see Fr. James Mctavish, FMVD, “Benedict XVI on Condoms and AIDS,” *Ethics and Medics* 38 (April 2013): 1-3.

concepts of femininity and traits such as submissiveness and modesty.”<sup>84</sup> These power dynamics<sup>85</sup> in sexual relations, in addition to an unhelpful sense of *hiya* on the part of the Filipina, contribute “to the stability of cultural prescriptions that allow premarital and extramarital sex among men” and increase the risk of HIV transmission.<sup>86</sup>

Possibly compounding the depersonalization of sexuality is the fact that Filipinos generally consider it *taboo to talk about sexual matters*. The Catholic Church believes the family to be the proper locus where children learn about themselves, their individual identities, their vocation, and their sexuality.<sup>87</sup> Yet this is unlikely to happen if the Church does not exert more effort to first educate or assist parents in

<sup>84</sup> Ahlburg and others, “Determinants of Extramarital Sex,” 469; italics and emphasis mine. “Filipino women also tend to believe that the decision to use a condom is up to the man. Men tend to feel the need to maintain their machismo image to the extent that they refuse to practice safe sex. . . . Women in the Philippines are not largely empowered to protect themselves and negotiate for safe sex due to cultural, physiological, and socio-economic factors. An estimated 43% of women have admitted to being forced into sex, and 15% believed that they were obligated to have sex with their partners” (Farr and Wilson, “An HIV Epidemic is Ready to Emerge,” 2 and 3).

<sup>85</sup> The power dynamics in men-women relationships goes beyond the sexual. Apart from unremunerated home and nurturing activities—in times of financial crisis—women are more under pressure than men to involve in additional income-generating activities. The great majority of men do not look for means to augment an insufficient household budget. Women’s earnings can comprise as much as 25-35 percent of total family earnings yet these are considered “sideline” incomes. Many rural women assist in farms as unpaid family workers. And while generally more females reach secondary and tertiary school, they are more likely directed to “feminine” courses (Structural Adjustment Participatory Review International Network 2001 report: The Impact of Trade Liberalization on Labor in the Philippines: A Summary Report entitled, “Too Much Loss for So Little Gain” at [http://www.saprin.org/philippines/research/phi\\_trade\\_sum.pdf](http://www.saprin.org/philippines/research/phi_trade_sum.pdf) [accessed May 2011]). Such career paths are meant to lead to lucrative employment abroad (e.g., nursing, care-giving, and skilled housekeeping) in order to support their families. Needless to say, there are more women victims of human trafficking than men—a fact that increases their vulnerability to HIV/AIDS.

<sup>86</sup> Ahlburg and Others, “Determinants of Extramarital Sex,” 469. “Thirty percent of wives reported that their husbands had had sex before marriage and 8.4 percent reported that the husbands had had extramarital sex. . . . Eight percent of currently married men 15-49 years of age in the Manila survey reported one or more non-regular sexual partners. . . . About half of the non-marital sex . . . was with prostitutes” which form part of the MARP (ibid). This study also noted the following: low condom use in both urban and rural settings despite increased availability and information campaign (470); lack of significant urban-rural differences in reports of extramarital sex (476); and unprotected sex and sex with prostitutes is common (477). A study in South Africa revealed that women whose partners are violent and domineering have a 50 percent increased risk of being infected with HIV (Patricia Reaney, “Women with Violent Partners Have Raised HIV Risk,” *Reuters* [30 April 2004], <http://eforums.healthdev.org/read/messages?id=595> [accessed 2 July 2012]).

<sup>87</sup> “Sex education, which is a basic right and duty of parents, must always be carried out under their attentive guidance, whether at home or in educational centers chosen and controlled by them. . . . [T]he Church reaffirms the law of subsidiarity, which the school is bound to observe when it cooperates in sex education, by entering into the same spirit that animates the parents” (*Familiaris Consortio* 37). The Church in the Philippines continues to resist related government-initiatives in this issue in line with the teaching that She must oppose any “widespread form of imparting sex information dissociated from moral principles” (ibid).



this role. With this lacuna in guidance within the family, there can arise among the youth and young adults an *inadequate sense of self-acceptance that impacts the area of sexual identity and affects the exercise of responsible sexuality*.

There seems to be a common impression that Philippine society is more open nowadays to the gay lifestyle and subculture but a systematic study done in 2001 indicated that “regardless of gender, age, socio-economic status, educational background, or salient values—many Filipinos held being gay as ‘unjustifiable’, with a significant proportion expressing not wanting [them] as neighbors.”<sup>88</sup> Various forms of *discrimination against homosexuals* do not facilitate MSM from receiving or accessing necessary information about HIV/AIDS and help.<sup>89</sup>

In addition to *hiya*, there are other Filipino values that are ambivalent and as such can heighten the perniciousness of the HIV/AIDS situation. The *bahala na* attitude is negatively exhibited as a kind of fideism<sup>90</sup> that could be “an escape from

<sup>88</sup> Eric Julian Manalastas and Gregorio E. H. Del Pilar, *Filipino Attitudes toward Lesbians and Gay Men: Secondary Analysis of 1996 and 2001 National Survey Data* (Quezon City: University of the Philippines, 2005); [http://philippines.academia.edu/EricJulianManalastas/Papers/175177/Filipino\\_Attitudes\\_toward\\_Lesbians\\_and\\_Gay\\_Men\\_Secondary\\_Analysis\\_of\\_1996\\_and\\_2001\\_National\\_Survey\\_Data](http://philippines.academia.edu/EricJulianManalastas/Papers/175177/Filipino_Attitudes_toward_Lesbians_and_Gay_Men_Secondary_Analysis_of_1996_and_2001_National_Survey_Data) (accessed 20 September 2012).

<sup>89</sup> Condom use is low among MSM. “Unprotected penile-anal sex is a highly efficient mode of HIV transmission. Discrimination, harassment and intolerance of homosexuality, particularly male homosexuality, have resulted in MSM becoming a ‘hidden’ population group...With intolerance still high, it is difficult to provide MSM with HIV/AIDS information, education and treatment” (Farr and Wilson, “An HIV Epidemic Is Ready to Emerge,” 3). “There are various factors that may contribute to low condom use in the Philippines. A common perception is that condoms are only for birth control and not for protection against HIV and other STIs. This perception is reinforced by the view that condoms are discouraged by the Roman Catholic Church” (ibid., 2). Here is proof of the common instance that a number of sectors and individuals readily blame the Church in the country and its “religious conservatism” for this homophobia, the low condom use among MSM, and the lack of open discussion about sex. It would seem that they fail to take into account that the increasing homosexual relations and significant incidence of premarital and extramarital sex by Filipino men are not consonant with religious conservatism at all. A presentation for the National Epidemiology Center revealed that none of the reasons given by MSM for not using a condom during their last anal sex have anything to do with religious convictions (Noel S. Palaypayon, RN, MGM-ESP, “The HIV Situation in the Philippines,” National Epidemiology Center – Department of Health, 2011, [http://www.nassa.org.ph/wp-content/uploads/2012/08/HIV/Philippine\\_Spread&ImpactDOH.pdf](http://www.nassa.org.ph/wp-content/uploads/2012/08/HIV/Philippine_Spread&ImpactDOH.pdf) (accessed 22 August 2012). Moreover, if an insistence on the role of religious conservatism were to be made by some, one may speculate that the dissonant behaviors are indications of Fr. Jaime Bulatao’s split-level Christianity among Filipinos. “One who practices a split-level religiosity is convinced that two objectively inconsistent thought and behavior systems really fit each other. This inconsistency is either not perceived at all or is pushed into the rear portions of consciousness” (Rodel Aligan, O.P., *The End as the Beginning: The Filipino View on Death* [Manila: UST Publishing House, 2000], 50).

<sup>90</sup> “PCP II [states] that in reality, ‘Bahala na ang Maykapal’ expresses a deep trust in God’s [providential] care that actually calls for our social responsibility” (Catholic Bishops’ Conference of the Philippines, *Catechism for Filipino Catholics* [Manila: ECCCE, Word and Life Publications, 1997], nos. 260, 282, 1158-59, and 175).

mature and responsible decision-making, taking of options without regard for consequences, or foolhardy risk-taking.”<sup>91</sup> This is also at times acted out as fatalism<sup>92</sup> which can lead to apathy, indifference, and passivity about one’s own and others’ well-being. *Bahala na* joined to “a lack of discipline” can be manifested as individualism or indifference (*kanya-kanya*) — one looks out only after one’s own and not the common good. One may surmise that this has ramified into the intentional *lusot* or *palusot* where the person has a sense that what one is about is irresponsibly risky or outright wrong but goes ahead in the hope that one may not be caught or suffer the ill consequences of one’s behavior using unjustifiable excuses. In the context of HIV/AIDS, this attitude and its ensuing behavior can mean the *rapid acquisition and the transmission of the virus*.

On a bigger scale, *kanya-kanya* becomes *kami-kami* (groupism or tribalism) that also neglects the common good in favor of party interest. Evident as root of the corruption and social inequalities in our country, this attitude also leads to the *isolation and neglect of the weak*<sup>93</sup> as well as the *stigmatized*. It runs counter to *empathy and compassionate solidarity*.

#### “Life” in Filipino Core Cultural Values

The *culture of death* with its structures and understructures seem formidable and insurmountable. Yet culture is not quite a monolith. “As *Evangelium Vitae* [26] puts it, ‘our societies and cultures, strongly marked though they are by the culture of death,’ also contain within them forms of familial and other associative culture radically opposed to that culture-within-our-culture.”<sup>94</sup> Thus, the indigenous Filipino culture is also permeated by the signs of the *culture of life*.

*Mabuhay!* (a derivative of *buhay* which means life) is the greeting used to welcome visitors to the Philippines, to express well-wishes and congratulations, to rally others for a cause, and as a victory cry. Its origin is probably Hispanic, a translation of the word, *Viva!* Despite its possibly extraneous source, there are indeed signs that love and respect for life is deeply ingrained in the Filipino culture. Socio-cultural anthropologists, sociologists, and philosophers have written about these but it need not take more than the ordinary Filipino or the first-time international

<sup>91</sup> Catholic Bishops’ Conference of the Philippines, *Acts and Decrees of the Second Plenary Council of the Philippines* (Manila: CBCP Secretariat, 1992), 283.

<sup>92</sup> This fatalism is not the result of authentic trust in God. . . . Rather, it is based on mistaken belief in some magic force or luck (*swerte*) that supposedly renders our own efforts unnecessary or useless (*Catechism for Filipino Catholics*, no. 1158).

<sup>93</sup> *Ibid.*, 284.

<sup>94</sup> Finnis, *Culture of Life — Culture of Death*, 13.

tourist to this country to affirm that the typical Filipino way of relating is life-giving. In the following section, indigenous traits and values such as: family-orientedness and centeredness; long-suffering for love; gratitude; resiliency and hope; openness, inclusiveness, and solidarity; hospitality; and devotion to God, religiosity, and faith will be treated as signs of a *culture of life* that can stave off an emerging HIV epidemic.

### Indications of the Culture of Life: The Beauty that Will Save Us

Felipe de Leon believes that the very core of our culture reveals “a highly relational, holistic, participatory, and creative people with a strong nurturing and caring orientation.”<sup>95</sup> Archbishop Luis Antonio Tagle, during an inspirational talk at the Prayer Power Rally against the RH Bill at EDSA Shrine last August 4, 2012, apparently implied the same when he declared that the “poor” represent authentic Filipino culture because they consider their family, and their children, as their wealth and would sacrifice their lives to support them.<sup>96</sup> The “poor” witness to a Filipino culture of *pagmamalasakit*, *pagsisikap*, *pagdadamay*, *at pagpapahalaga sa mga anak* that must be defended and promoted.<sup>97</sup>

*Evangelium Vitae* 92 states that the family, as domestic church, plays a decisive and irreplaceable role in building a culture of life. Many researchers and writers attest that the Filipino is *family-oriented and centered*. Family ties are so strong that parents typically suffer hardships to nurture and sustain their children. They are *kundiman*- and *bayani-oriented*.<sup>98</sup> Children in their turn—because of gratitude (*utang na loob*)—do the same for their parents especially in their old age, on occasions of sickness and vulnerability. The willingness to suffer out of love is perhaps related to the Filipino’s resiliency (*katatagan ng loob*) and undefeated hope (*habang may buhay, may pag-asa*) in the midst of difficulties and even tragedies.

<sup>95</sup> De Leon, “Cultural Awareness.” Felipe de Leon is a composer, scholar, and professor and the chairman of the National Commission for Culture and the Arts since 2011. See <http://www.journal.com.ph/index.php/womens-journal/features/9812-felipe-de-leon-..> (accessed 23 September 2012).

<sup>96</sup> Paterno Esmaquel II, “RH Bill ‘Culture:’ Danger or Power?” *Rappler*, 5 August 2012, <http://www.rappler.com/nation/9828-rh-bill-culture-death-or-empowerment> (accessed 23 September 2012).

<sup>97</sup> See <http://www.youtube.com/watch?v=NUNqjlycgGc> (accessed 23 August 2012).

<sup>98</sup> “The *kundiman* is a sad Filipino song about wounded love. Filipinos are naturally attracted to heroes sacrificing everything for love. . . . This acceptance of suffering manifests a deep, positive spiritual value of Filipinos’ *kalooban*.” Meanwhile, the *bayani* is a hero. Filipinos “tend instinctively to always personalize any good cause . . . especially when its object is to defend the weak and the oppressed. To protect this innate sense of human dignity, Filipinos are prepared to lay down even their lives” (*Catechism for Filipino Catholics*, nos. 39 and 41).

The filial respect and love goes beyond the nuclear family to both relatives and a good number of non-relatives alike. This natural sense of community “supplies a basic sense of belonging, stability, and security”<sup>99</sup> to those who are considered *kapamilya*. The Filipino’s remarkable degree of openness is revealed in the expression *bukas ang kalooban* and is projected even in the structure of the traditional ancestral house with many windows and spacious interiors.<sup>100</sup> This cultural trait has been “observed to bring very positive psycho-physical results ... lower rates of depression, a higher degree of mental health and sense of well-being, and appreciably longer life spans.”<sup>101</sup> Thus, these can help Filipino PLHIVs and their significant others to move forward, confident that with their inner strength and the assurance of self-sacrificing external support, there is *buhay* in and beyond being HIV(+).

It can be imagined that from such intimate family dynamics would come the Filipino’s internationally renowned hospitality (*tuloy po kayo*) and sense of solidarity (*bayanihan, damayan, at pakikipagkaisa*). Consequently one can reasonably hope that PLHIVs can and will be welcomed and helped.

There is possibly one Filipino concept that encompasses the values mentioned thus far: *kapwa*. The father of Filipino Psychology, Virgilio Enriquez, champions *pakikipagkapwa* as a distinctly Filipino conviction and trait that “means accepting and dealing with the other person as an equal;” as having “a regard for the dignity and being of others;” as recognizing a “shared identity,” i.e., the *ako* (ego) and the *iba-sa-akin* (others) are one and the same. It requires treating the other for who he/she is and promotes and develops *pakikiramdam* (sensitivity) and empathy to a high degree such that one is able to participate in the other’s experience, be it suffering, pain, and humiliation or joy, fulfillment, and hopes. “*Pakikipagkapwa* transcends egotism in a radical way.”<sup>102</sup> Enriquez further declares that the Filipino sense of *social justice*, including the *respect for human rights* is rooted in this trait.<sup>103</sup> In addition, it

<sup>99</sup> *Catechism for Filipino Catholics*, no. 34.

<sup>100</sup> De Leon, “Cultural Awareness.”

<sup>101</sup> Felipe M. de Leon, Jr., “Life as Art - The Creative, Healing Power in Philippine Culture” (29 July 2011), <http://www.ncca.gov.ph/about-culture-and-arts/articles-on-c-n-a/article.php?subcat=13&i=382> (accessed 23 September 2012).

<sup>102</sup> Rolando M. Gripaldo, ed., *Filipino Cultural Traits: Claro R. Ceniza Lectures*, Cultural Heritage and Contemporary Change Series IIID, Southeast Asia, no. 4, ed. George F. McLean (Washington D.C.: The Council for Research in Values and Philosophy, 2005), 10, 16-17, and 19; italics mine. *Pakikipagkapwa* as shared identity does not mean denying essential differences with the other; shared identity is to be understood as “sharing in the same universal experiences of commitment, love, suffering, sacrifices, to name a few” (ibid., 14).

<sup>103</sup> UP CIDS PST, “Module 5: Human Rights” in *Teaching Peace, Human Rights, and Conflict Resolution* (Manila: UP CIDS PST and the British Embassy, 2003). 78-79.

may be considered as a manifestation of *authentic freedom*<sup>104</sup> in contradistinction to that claimed by individualism.

The aforementioned attitudes and traits are crucial for putting aside biases and for crafting a highly personalized approach. Such an approach would be effective for assisting and working with those directly affected by HIV and AIDS who have a wide range of care and support needs from the medical treatment to the psychosocial (including education and empowerment), socio-economic, and legal.<sup>105</sup> It can also be useful in addressing the drivers that indirectly increase the risk for acquiring the virus: poverty, unemployment, corruption, etc., because these attitudes and traits attend to a respect for human dignity and the common good. Indeed, the ethos of solidarity—which JP II calls for—is essential to the establishment of the *culture of life* (EV 75-76). “[T]he greater the solidarity we have with those in need, the less manifest will be the choices of a culture of death.”<sup>106</sup>

There is yet more in the Filipino culture that can stay a possible full-blown HIV epidemic: “*devotion to a source of power, energy, creative intelligence, wisdom, love, and compassion infinitely greater than oneself*”<sup>107</sup> or what Christians would refer to as devotion to God. This is expressed particularly in various forms of *religious piety*; the *bahala na* attitude that is expressed as trust in Divine Providence and benevolent intervention; and *respect for religious authority/hierarchy*. For Catholics, it certainly includes a *devotion to Mary*, the Mother of God. Integrated with the concept of *kapwa*, this innate religiousness is invaluable in perceiving and relating with PLHIVs as persons like oneself, i.e., made in the image and likeness of God.<sup>108</sup>

According to EV 83, the proclamation of the Gospel of life needs a *contemplative outlook that arises from faith in God*. Today’s scientific and technological progress may well be related to the loss of the sense of God such that humanity loses sight of its transcendent character (EV 22) and is imprisoned in the horizons of

<sup>104</sup> “Authentic freedom moves the person beyond himself and allows the individual to enter into profound communion with those external to himself” (Joseph C. Atkinson, “The Biblical and Theological Foundation of an Adequate Anthropology,” in *Life and Learning XI: Proceedings of the Eleventh University Faculty for Life Conference* in June 2001 [Washington, D.C.: University Faculty For Life, 2002], 251).

<sup>105</sup> UNAIDS, *Global Report 2010*, 109.

<sup>106</sup> Kopfensteiner, *Choosing Life: A Dialogue on Evangelium Vitae*, 175.

<sup>107</sup> De Leon, Jr., “Life as Art.” Italics supplied.

<sup>108</sup> “Only when we identify with the highest causes or the Infinite can we be truly selfless, for in relation to it we are but a speck, like a drop in the ocean. *Paradoxically, the feeling of liberation and oneness with the whole also becomes the source of humility and basis for cooperation with others in the community or society*. For this benefit alone, we can say that celebrating the noble and sacred brings about real psycho-social advantages that are inevitably health promoting” (de Leon, “Life as Art”). Italics supplied.



physical/temporal existence. Yet the Church in *Gaudium et Spes* 55 is hopeful that from “day to day, there is an increase in the number of men and women who are conscious that they themselves are the authors and the artisans of the culture of their community. ... [W]e are witnesses of the birth of a new humanism, one in which man is defined first of all by this responsibility to his brothers [and sisters,] and to history.”

[We must strive to subordinate culture] to the integral perfection of the human person, to the good of the community and of the whole society . . . [and] to develop the human faculties in such a way that there results a growth of the faculty of admiration, of intuition, of contemplation, of making personal judgment, of developing a religious, moral and social sense (GS 59).

### **Conclusions and Recommendations: Towards the Proclamation, Celebration, and Service of Life**

“There are many ties between the message of salvation and human culture. For God, revealing Himself to His people to the extent of a full manifestation of Himself in His Incarnate Son, has spoken according to the culture proper to each epoch” (GS 58).

This paper began with an exposition of the continuing relevance of *Evangelium Vitae* along with the HIV/AIDS situation in the Philippines. It explored the role of culture in this context. First, it identified the structures of sin as well as particular cultural values that are consonant with the *culture of death* as described in the encyclical letter. Then, it expounded the valuing of life indigenous to Filipino culture, eminently expressed in socially inclusive and transcendently-oriented behavior. There is so much potential in the Filipino culture to be an advocate of life in all its circumstances and stages, embracing even those who have acquired HIV/AIDS through a lifestyle or behavior that either the Church or the general society disapproves of.

There exist local and national, faith-based as well as civil initiatives and programs that are striving for a comprehensive response but many are still relatively in the early stage of implementation<sup>109</sup> and are largely patterned after international HIV/AIDS intervention schemes.

The direction this essay proposes involves a call to analyze and evaluate

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<sup>109</sup> Examples are Alagad Mindanao, Provincial AIDS Councils, Woodwater Center for Healing (Ministers of the Infirm), and Peers for Positive Living. See Philippine National AIDS Council, *Country Report of the Philippines: January 2008 to December 2009*, <http://aidsdatahub.org/en/philippines-reference-library/item/22324-ungass-country-progress-report-philippines-philippine-national-aids-council-2010> (accessed 20 July 2012).

existing approaches (both individual/personal and societal/communal) to the national HIV/AIDS situation in light of what would be culturally and morally sensitive. Furthermore, it involves exploring effective alternatives to what may be mere inadvertent results of a *gaya-gaya* mentality or *porma* or *bahala na* (as fatalism) or even unwittingly gender-insensitive, individualistic, and fragmented approaches.

The content and delivery of information/education on HIV/AIDS may not be culturally effective, as the high level of awareness does not translate to reduction in risky behavior. Is the ABC prevention strategy culturally and morally sensitive?<sup>110</sup> Is the endorsement of “abstinence” and “being faithful” too unrealistic or can these be efficacious if the value of self-sacrifice for the common good were harnessed? Could a strategy focused on the use of condoms or a condom mentality be promoted from a similar perspective or does it run counter to it? Which cultural values might support the strategy of behavior change being strongly advocated by the Church? Could the claim of the Filipino culture to being “highly relational, holistic, participatory, and creative” and its “strong nurturing and caring orientation” allow for a universal application of the law of gradualness in this regard? If a family-oriented and -centered approach to treatment and care is appropriate and effective, could not the same be applied to prevention? Could the cultivation of the strong innate sense of community be prioritized to improve the quality and lengthen the life of PLHIVs and many others vulnerable to acquiring the virus? In the same manner and perspective, current treatment, care, and support strategies need to be examined.

On a higher scale, the State and other relevant institutions can fashion and implement a national education scheme to strengthen pro-life cultural values from the primary school to the professional training level so that the roots and structures of the *culture of death* may be transformed into fruits and structures of the *culture of life*.<sup>111</sup> Existing laws and proposed ones can be scrutinized as to how these can mutilate rather than safeguard, nurture, and promote what in the indigenous culture upholds the dignity of human life.

In that same spirit, the Catholic Church in the Philippines can read in the “fast and furious” spread of HIV/AIDS the signs of the times and behold in it a Gospel summons.<sup>112</sup> Her response, too, should be in the style of *ka-pamilya*: *bukás, nakikiramdam, nakikiisa, dumadamay, at nakikipagkapwa; may wastong pagtingin sa*

<sup>110</sup> “The Philippines has the lowest documented rates of condom use in Asia.” See Farr and Wilson, “An HIV Epidemic Is Ready to Emerge,” 2.

<sup>111</sup> “Harnessing our own minds, understandings, definitions, categories, and concepts is certainly to have confidence, power, and control over our own lives” (de Leon, “Cultural Awareness”).

<sup>112</sup> Catholic Health Association of the United States, *The Gospel Alive*, 19.

*Diyos at tao.* After all, these are the ways in which the Word of Life comes and relates with humankind.**PS**

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