Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
‘Loob’ and ‘labas’: Spatial constructions of safety and risk amid the COVID-19 pandemic in the Philippines

Gideon Lasco a,b, Michael L. Tan a, Vincen Gregory Yu b,c,*

a Department of Anthropology, University of the Philippines Diliman, Philippines
b Development Studies Program, Ateneo de Manila University, Philippines
c Social Medicine Unit, College of Medicine, University of the Philippines Manila, Philippines

ARTICLE INFO

Keywords:
Proxemics
Indoor spaces
Outdoor spaces
Conceptualization of risk
COVID-19 pandemic
Philippines

ABSTRACT

This article argues that local constructions of risky and safe spaces, as articulated by the notions ‘loob’ (inside) and ‘labas’ (outside), informed popular and political responses to the COVID-19 pandemic in the Philippines, leading to an overemphasis on staying at home and, conversely, a general avoidance or fear of outdoor spaces that was at times reinforced by public health authorities. Practices and policies related to the pandemic response rendered this binary opposition between ‘loob’ and ‘labas’ visible, from regulations concerning the use of personal protective equipment to restrictions of access to outdoor spaces. While this emergent form of bodily proxemics was contested and negotiated over time, its tenacity throughout the pandemic underscores the importance of understanding how people spatialize risk in times of health crises.

1. Background

On April 11, 2021, Philippine President Rodrigo Duterte was seen jogging, golfing, and motorbiking while wearing a face mask and eye protection on the grounds of Malacañang Palace, his official residence (Go, 2021). The photos and videos came after he had disappeared from public view for over a week, amid rumors of his ill health. The following day, Duterte appeared at a meeting place in Malacañang before the Inter-Agency Task Force (IATF), which oversees the country’s COVID-19 pandemic response; this time, he wore no personal protective equipment (PPE), despite the IATF’s requirement to do so in all public spaces at the time (Ranada, 2021). Although critics swiftly castigated Duterte for what they regarded as his improper use of PPEs (e.g., Cañino, 2021), it should be noted that this was not the first time Duterte flouted the rules on masking indoors, nor was he ever consistent with his use of PPEs outdoors. What, then, can explain the discrepancy in his use of PPEs in indoor and outdoor spaces, which ran contrary to public health guidance?

The answer, we argue, lies in local constructions of space, as articulated by the notions ‘loob’ (inside) and ‘labas’ (outside), that informed popular and political responses to the pandemic in the Philippines, even as these binary concepts were negotiated over time. Drawing from multi-sited community fieldwork in the country, as well as online and offline materials revelatory of public discourse, we show how, beyond presidential acts, this “biopolitics of an emergent bodily proxemics” (Levine and Manderson, 2021, p. 392) figured in the way policymakers decided when to wear (or not wear) masks, where to practice social distancing, and which public places to open or close. Moreover, while government was slow to act on the evolving scientific consensus around the relative safety of outdoor spaces and the importance of ventilation (e.g., Morrisawsa et al., 2021), ordinary people quickly integrated popular culture and scientific evidence based on these lay conceptions. Collectively, these concepts and the practices they engendered led to people perceiving their homes as safe spaces—and elsewhere as risky ones—lending resonance to calls for people to literally stay at home. In part, this characterizes what has been called the ‘world’s longest lockdown’ (See, 2021) in the ‘worst place to live during the pandemic’ (Bloomberg News, 2021). Such a claustrophobic milieu, we argue, informed policies (e.g., requiring face shields outdoors, confining children at home) that departed from those of other countries.(see Table 1)

1.1. Pandemics and proxemics

In documenting the spatial constructions of the pandemic in a particular context, we draw inspiration from proxemics, defined originally by Edward Hall (1966, p. 1) as “the interrelated observations and
theories of man’s use of space as a specialized elaboration of culture.” For Hall, human interactions revolve around different degrees of distance depending on the level of social proximity, from the ‘intimate’ to the ‘personal’, ‘social’, and ‘public’. Notably, he anticipated that such spaces are fluctuant, given that “in times of disaster, the need to avoid physical contact can be crucial” (p. 61).

Pandemics and plagues are clearly such times of disaster, in which the spatialization of bodies becomes not just a matter of sociality, but of (bio)politics. The notions of quarantine and cordon sanitaire, entailing separation of the sick from the healthy, have been around for centuries; germ theory, with its elucidation of microscopic vectors, would furnish a conceptual logic to quarantine and emphasize avoiding contact with microbes and their poorly understood modes of transmission (Drews, 2013; Tognotti, 2013). Alongside the persistence of these practices, the

| Date  | International timeline | General Philippine timeline | Policy timeline (especially in relation to ‘loob’ and ‘labas’) in the Philippines |
|-------|------------------------|-----------------------------|--------------------------------------------------------------------------------|
| January  | 21 – The first known case of COVID-19 in the country arrives from Hong Kong. | | |
| | 30 – The DOH confirms the detection of the first COVID-19 case in the country. | | |
| February | 1 – The country’s second confirmed case succumbs to the disease, becoming the first COVID-19 fatality outside China. | | |
| | 7 – The DOH confirms the local transmission of COVID-19 in the country. | | |
| March | 11 – The WHO officially declares the COVID-19 pandemic. From late March to early April, the pandemic’s mild first wave unfurls, with seven-day rolling averages peaking at 316 on April 3. | 15 – Metro Manila, the capital region, is placed under lockdown, initially for a period of four weeks. | |
| | 15 – The entire island group of Luzon, where Metro Manila is located, is placed under “enhanced community quarantine,” which would become the strictest form of lockdown in the country. Many local governments outside Luzon swiftly enact their own lockdowns, implementing curfews, border control, and penalties for violations. Quarantine facilities, some with dedicated misting tents, are set up across the country. | 27 – The government legislates the so-called “minimum public health standards,” which includes the use of plastic barriers in public establishments. | |
| April | | 15 – With the initial loosening of lockdown measures in the country, the government issues stay-at-home orders for individuals below 21 years old and at least 60 years old in areas that will remain under the strictest form of quarantine. During this time, the government legislates the first time the (optional) use of face shields in public. | |
| May | | 30 – A police doctor dies after toxic exposure to chemicals being used for misting at his assigned quarantine facility. Medical experts soon call for the discontinuation of misting as a health protocol. | |
| June | 1 – The Lancet publishes a systematic review and meta-analysis by Chu et al., who conclude that “eye protection might provide additional benefits” to the mitigation of COVID-19 infection. From mid-June to September, the second wave unfurls, with seven-day rolling averages peaking at 4,477 on August 16. During this wave, the total COVID cases in the country exceed the 100,000 mark. | 10 – The government announces restrictions to motorcycle pillon riding or “back-riding,” including the mandatory use of “protective barriers” between driver and passenger. | |
| July | 5 – 339 scientists from 32 countries publish an open letter calling for the WHO to recognize airborne transmission as the predominant mode of COVID-19 transmission. | | |
| Month   | Event                                                                 |
|---------|----------------------------------------------------------------------|
| August  | 17 – *JAMA* publishes a research letter by Bhaskar and Arun, who conclude that "face shields may have reduced" the risk of infection among community health workers in India, but with the caveat that "further investigation of face shields in community settings is warranted." |
|         | 20 – A month after announcing the relevant protocols, the government makes initial strides in rescinding the unpopular legislation mandating the use of "protective barriers" for motorcycle riders. |
| September | Sometime during this month, the delta variant is first detected in India. |
| October | 20 – For the first time, the WHO acknowledges the airborne transmission of COVID-19 "in specific settings." |
| December | 3 – With the support of pediatric medical societies, all mayors of Metro Manila vote to continue mobility restrictions for individuals below 18 years old (instead of 21) and above 65 years old (instead of 60). |
|         | 8 – In the UK, a COVID-19 vaccine is administered to an individual for the first time in the world. |
|         | 14 – The government mandates the use of face shields in all public spaces. |
|         | 18 – South Africa officially announces the detection of the beta variant. |
|         | 19 – The UK announces the detection of the alpha variant. |
| 2021    | 13 – The country confirms its first case of the alpha variant. |
| January | 25 – With the detection of the alpha variant in the country, President Rodrigo Duterte discontinues a newly instated youth age limit of 10 years old for stay-at-home orders in areas under the strictest form of quarantine, increasing the limit back to 15 years old. |
| February | From late February to May, the third wave unfurls, fueled by both the alpha and beta variants, the latter having been detected for the first in the country at the start of March. Seven-day rolling averages peak at 10,645 on April 15. During this wave, the total COVID cases in the country breaches the one million mark. This wave also coincides |
| March   | 1 – A COVID-19 vaccine is officially administered for the first time in the country to Dr. Gerardo Legaspi, director of the state university hospital, who receives his first dose of Sinovac's CoronaVac. |
|         | 28 – Stay-at-home orders for the youth in areas under the strictest form of quarantine are further revised to cover individuals below 18 years old, instead of 15. |
with the start of the country’s vaccination rollout.  

April

4 – Cycling to work, a physician is arrested in rural province for not wearing a face shield in public.  

May

9 – The government legislates a mandatory 14-day quarantine for all incoming passengers, regardless of vaccination status.  

June

18 – The WHO says the delta variant has become the dominant strain globally.  

July

From late July to early October, the fourth wave unfuels, fueled by the delta variant, with seven-day rolling averages peaking at 21,286 on September 15. During this wave, the total COVID cases in the country breached the two million mark.  

August

September

During this month, booster vaccinations begin in the US and UK.  

October

11 – Moving beyond health workers, immunocompromised individuals, and those with comorbidities, the country officially begins the vaccination of the general adult population.  

November

4 – In Metro Manila, where quarantine restrictions have been inarguably the strictest, curfew protocols are fully lifted for the first time since the pandemic started.  

5 – In Metro Manila, children below five years old are finally, officially allowed outside their homes since the pandemic started.  

15 – Almost a year since its implementation, the mandatory use of face shields in public is officially discontinued for the first time in certain parts of the country. Meanwhile, face-to-face classes resume for the first time since the pandemic started.  

22 – The new alert level system is officially in use across the whole country, marking the end of old quarantine classifications.  

December

30 – With the detection of the omicron variant in Africa, the country revokes an earlier plan to begin quarantine-free entry for fully vaccinated travelers from most countries.  

2022

January

Throughout the month, the fifth wave unravels, fueled by the omicron variant, with seven-day rolling averages peaking at 34,897 on January 18 and active cases hitting an all-time single-day high of 291,618 confirmed infections on January 21. The unprecedented surge in cases results in an observable, temporary shortage of symptom-relief medicines like paracetamol.  

February

16 – The country fully reopens its borders to vaccinated foreign travelers.  

March

2 – More than a year since the first efforts to discontinue the use of “protective barriers” in motorcycles, the country’s leading app-based motorcycle ride-sharing service, Angkas, finally discontinues the use of said barriers.  

June

9 – Cebu becomes the first province in the country to make outdoor masking optional.
role of governments in enforcing them has also grown. All throughout, quarantine has evinced a spatial character, “applied to potential carriers of contagious disease” until they are deemed safe enough and allowed to mingle again with the rest of society (Opitz, 2016, p. 76).

Under the COVID-19 pandemic, “the theme of the use and perception of man’s social and personal space [has reemerged] with great relevance” (Gramigna, 2020, p. 116). Notwithstanding their oversimplification, Hall’s (1966) quantifications of social distances have found striking resonance, if not literal fulfillment, in the ‘new proxemics’ (Mehta, 2020) underlying the very discrete regulations of space that governments and individuals alike have practiced worldwide.

2. ‘Loob’ and ‘labas’

If writing about the enforcement of a new ‘social distance’ in the Philippines were our sole contribution, then this article would be superfluous; one need only produce a picture of the country’s Secretary of Health, measuring stick in hand, inspecting outdoor marketplaces to see if distancing protocols were being followed—the same protocols, it must be said, recommended by the World Health Organization (2020) at the start of the pandemic (Malsag, 2021). Our intervention in this article, however, is to illustrate how, in the particular setting of the Philippines, local, preexisting notions of space shaped this ‘emergent proxemics’ (Levine and Manderson, 2021). Specifically, we show how the concepts of ‘loob’ and ‘labas’ figured in local policy and practice in the country’s pandemic experience.

Social scientists in the Philippines have long recognized the significance of ‘loob’ and ‘labas’, viewing them as binaries signifying, on one hand, kapwa (an intersubjective sense of self) and, on the other hand, outsiders who do not belong to one’s group (cf. Reyes, 2015). Psychologists have appropriated the terms to make sense of an indigenous Filipino psychology, particularly of the internal (i.e., ‘loob’) and external (i.e., ‘labas’) forces that interact within an individual (Mendoza, 1997). Meanwhile, anthropologists like Prospero Covar (1998) and Albert Alejo (2018) incorporated these terms in their conceptions of Filipino intersubjectivity and personhood.

Relevantly for this article, the binaries of ‘loob’ and ‘labas’ have also shaped ideas of safety and purity in Filipino folk medicine, where good health corresponds to a clean interior, thereby necessitating that the ‘loob’ be kept clean at all times to preserve its safeness. Thus, for example, the undesirability of amenorrhea because it is seen as an oncogenic accumulation of dirty blood (Tan, 1999), or asthma as a pulmonary accumulation of phlegm during infancy (Tan, 2008). Relatively, ‘loob’ and ‘labas’ have also been shaped by local conceptions of ‘hawa’ (contagion): Those who belong to the ‘loob’ are deemed noncontagious, while those from the ‘labas’ are either themselves contagious or contagious by association (Tan and Lasco, 2021). Ideas of contagion, meanwhile, are rooted in ideas of disease susceptibility: In particular, children are perceived to be most vulnerable to illness and must, hence, receive disproportionate protection (see Tan, 2008). Such protectiveness is further underpinned by the traditional view of the ‘labas’ as a place of disease-causing natural elements, from miasmas to occupational and social demographics in the three communities; in all, 45 individuals were interviewed. Verbal informed consent was secured from the interlocutors, who are anonymized in this article. Questions revolved around their experiences and perceptions of lockdown, health protocols, and COVID-19 itself. Thematic analysis was used to analyze the data, which were also compared to existing anthropological literature on health, spaces, and disease outbreaks in the country. The authors arrived at the final themes of this article by consensus. Ethics approval for this study was obtained from University of the Philippines Diliman Interim Research Ethics Committee.

2.2. ‘Loob’: home as a safe space

As in various parts of the world, stay-at-home orders became the cornerstone of community quarantine in the Philippines—in the first year of the pandemic, the only consistent policy amid changing rules regarding the use of PPEs. For months, only ‘authorized persons outside residence’ were allowed to leave their homes; else, a ‘quarantine pass’ was required, only one of which was issued per household (Fig. 1). Barangay (village) checkpoints and curfews strictly enforced these rules as part of the Duterte administration’s ‘disciplinary’ approach to the pandemic (Hapal, 2021).

People mostly embraced the call to stay at home. In a national survey from May 2020, 84 percent of respondents believed that “strict stay-at-home measures … are worth it in order to protect people and limit the spread of coronavirus” (Social Weather Stations, 2020, Chart 1). These numbers spoke of the widely held assumption that one’s home is a safe space, where it is acceptable to lower one’s guard against the virus. Likely, it was also this assumption that led people to ridicule the authorities’ appeals for mask-wearing even at home (e.g., Rabino, 2020), revealing people’s perceptions of safe and risky spaces as demarcated by their use of PPEs.

From March to October 2020, the stay-at-home orders applied to everyone younger than 21 and older than 60 years old, and although thereafter the rules were altered inconsistently—for the former, at different periods in different parts of the country, lowered to 18, 15, and 10 years old—children below 5 were continuously restricted from leaving their homes even for outdoor activities (Inter-Agency Task Force for the Management of Emerging Infectious Diseases, 2020a; 2020b; 2021a; 2021b). In the capital region of Metro Manila, these children endured a cumulative 20 months of ‘lockdown’ (Morales, 2021). Among the authorities, these age-specific lockdowns were evidently regarded as necessary and acceptable; in January 2021, for example, after reinstating the minimum age limit of 15 years for stay-at-home orders following the detection of the virus’ alpha variant in the country, Duterte even joked that the children could just “glue their attention [to the] TV the whole day” (PCOO, 2021a, p. 2). Moreover, some local governments implemented additional restrictions apart from the existing, nationwide rules. In a low-income community in Caloocan City, the second author was met by screams from a friend whose children had wanted to go out of the house to meet them; the friend said the children had to stay inside, lest the family be fined PHP 1000 (USD 18.6) by the barangay for each child who went out of the house.
Surges in COVID-19 cases during 2021 prompted some cities to even impose ‘24-h curfews’ for minors (Guadalquiver, 2021; Navotas City Government, 2021). Such was the situation that even the United Nations Children’s Fund (2021) released a rare statement, calling for an end to this trend of ‘keeping minors in lockdown’ specifically in Metro Manila. “In order to take the best interest of the child into account,” the statement went, a resolution must be issued, allowing “children of all age groups … to play and conduct sport and physical exercise in outdoor areas, as long as the required public health measures … are strictly complied with” (Para. 9).

As of June 2022, face-to-face classes have not fully resumed in the country, amounting to one of the world’s longest ‘educational lockdowns’—again, hinting at the protectiveness toward children that characterized the policy (see De Guzman, 2021). In the joint memorandum issued by the Education and Health departments that outlined guidelines for the reopening of schools, much of the discussion centered on making indoor spaces ‘safe’ (e.g., through the physical distancing of classroom seats, use of PPEs); tellingly, the word ‘outdoor’ was mentioned exactly once (Department of Health, 2021). In practice, some schools even reopened with plastic barriers installed between students’ desks (Al Jazeera English, 2021).

In a way, medical experts also affirmed the indoors-versus-outdoors binary of safety and risk. Around Christmas season of 2020, for example, the Philippine Pediatric Society and Pediatric Infectious Disease Society of the Philippine Pediatric Society (2020) jointly rejected suggestions to allow children inside malls. While the groups did endorse outdoor activities as alternatives, they also unequivocally recommended that children “remain home to minimize the risk of getting infected and lower viral transmission”—a stance the government subsequently adopted (p. 1).

It can be said, then, that while the stay-at-home orders were initially drafted with those most at risk of developing severe COVID-19 in mind, in practice they became particularly focused toward children and young people. During the COVID surges of 2021, for example, no exceptional, 24-h curfews were implemented for the elderly or adult immunocompromised populations. No non-pediatric specialty medical society went out of its way to arbitrate debates, if there were even any, on whether or not to allow the populations they catered to in indoor public establishments. And, based on our observations at our respective study sites, the elderly and adult immunocompromised individuals were barely carded by security personnel at malls and other public places prone to crowding (and, presumably, viral transmission) with the same level of diligence directed toward children—despite all three populations supposedly being covered by quarantine restrictions.

But ‘loob’ extends beyond one’s literal home and across physical and social dimensions. For many, this safe space encompassed one’s broader residential area, be it a gated subdivision or local community. In affluent villages in Quezon City and Iloilo City, for instance, the authors separately observed how kasambahay (household staff) wore masks only once they had exited the village gates; how, within the village, residents jogged and biked without masks “as if there were no pandemic,” to quote one such resident. Apparently, the village, with its high walls, private security, and exclusive atmosphere, was the ‘loob’ for its residents.

A similar phenomenon occurred in condominiums, where we observed people taking off their masks inside the building itself and wearing them only when going outside. Carmela, a 35-year-old who rents a condominium unit in Metro Manila, attributed her COVID-19 infection to her co-residents: “Because people feel safe once they are inside the building, some would remove their masks in the elevator. I must have gotten COVID in there from [one of my co-residents].”
Finally, we also saw this phenomenon in rural and urban low-income communities, where the barangay itself set the boundary between ‘loob’ and ‘labas’, and barangay chairmen ordered their own mini-lockdowns by closing off entire roads to perceived outsiders or nonresidents. In one such barangay in Laguna province, Victoria, 45, recalled:

Because a river separates our barangay from the town proper, and there is only one bridge [for getting across], it was easy to lock down. People felt safer that way. It is difficult to reach our barangay, but once inside, people do not wear masks anymore because everyone knows each other.

For Victoria and her co-residents, the feeling of safety was both physical and social, engendered by their separation from the ‘outside world’ and their familiarity with everyone in the barangay. At times, this social dimension would even offset the physical to foreground the inclusion of intimate relations in the ‘loob’, especially among those who inhabited different physical spaces. In our respective communities, we observed how family members, despite coming from different households, would easily regard each other—and by extension, the homes they hailed from—as ‘non-infectious’ and therefore safe.

2.3. ‘Labas’: the outdoors as a risky space

Just as vigorous as the execution of stay-at-home orders was a determination—from government and civil society alike—to restrict access to places beyond people’s homes, particularly outdoor spaces like parks, in contrast to indoor establishments like malls that mostly remained open during the first two years of the pandemic. Although, beginning in late 2020, the Health Department did acknowledge that it “[is] better to hold [activities] in open areas with good ventilation” (Department of Health, 2020; Para. 4), ventilation and the outdoors continued to remain marginal in state policy and discourse; most policies made no distinction between indoor and outdoor spaces, both of which were problematized as dangerous compared to the safety of one’s home.

The intermittent closure and reopening of the greenspaces in the campuses of the University of the Philippines, the national university system, best exemplified the perception of ‘labas’ as a risky space. For instance, the Academic Oval, a circumferential jogging and cycling path in the flagship campus in Quezon City, was closed repeatedly, including when cases started surging in early 2021 and 2022 (Diliman Information Office, 2021, 2022). In the first author’s community in Laguna, the homeowners’ association ordered the closure of a private park as cases surged in March 2021; “just follow the protocol,” the association president admonished those who questioned the order. Around that time, a state university near the author’s home also forbade people from exercising or biking on its grounds, to the point that packs of feral dogs began roaming the deserted campus regularly. And in the third author’s community in Central Philippines, the 9-km riverside park known as the Iloilo Esplanade was also repeatedly closed to “avoid non-compliance to social distancing” (Iloilo City Government, 2020, Para. 1) and “amid increasing cases of COVID-19 in the city” (Panay News, 2020, Para. 1) (Fig. 2).
Likewise, protocols regulating the use of PPEs and physical (usually plastic) barriers in certain modes of transportation adhered to the thinking of the outdoors as unsafe. In mid-2020, during the initial loosening of stay-at-home orders, the government deemed motorcycle pillion riding (or ‘back-riding’) a high-risk setting for viral transmission; for a time, riders were required to use ‘protective dividers’ between the driver and passenger, and only those from the same household were permitted to ride together (and had to provide proof of relation when asked by authorities on the streets) (DILG, 2020a; Marquez, 2020). Despite various sectors pointing out the dangers posed by the use of these obstructive dividers (Rappler.com, 2020), the government insisted on their safety—and supposed necessity during the pandemic: “These motorcycle barriers … have been tested and subjected to studies,” said a Cabinet member, who then exhorted the public to “cooperate with the government as we collectively battle this virus” (DILG, 2020b, Para. 12). Though the rules regarding these dividers were gradually rescinded (DILG, 2020c), in some parts of the country it took over a year before they were revoked officially (see, for example, Office of the City Mayor City of Davao, 2021). The country’s leading app-based motorcycle ride-sharing service ceased using these barriers only in March 2022 (Angkas, 2022).

Jeepneys, the most common mode of transport in the country, were also outfitted with plastic dividers between passengers, despite being open-air vehicles. But unlike with the motorcycle barriers, there was no official policy imposing the use of these jeepney dividers—only the tacit approval of various levels of government; in late October 2021, the Transportation Department declared that jeepney operators could “already remove [the dividers] because there [is] no [scientific proof] that they can prevent the spread of COVID-19”, admitting instead that “the virus could stick to them” (M. S. Ramos, 2021, Para. 2).

While more affluent Filipinos who rode private, enclosed vehicles were spared from enduring these dividers, everyone was required to wear face shields, which became the most consequential manifestation of this embrace of plastic barriers. The use of these shields was first mandated during the early months of the pandemic (Inter-Agency Task Force for the Management of Emerging Infectious Diseases, 2020a), alongside other practices of ‘hygiene theater’ (Thompson, 2020) such as counter dividers in public establishments (Office of the Secretary, Department of Health, 2020). In December 2020, the government required the use of face shields, apart from masks, in all public spaces, though it eventually made some exemptions (e.g., for cyclists) (Inter-Agency Task Force for the Management of Emerging Infectious Diseases, 2020c; Department of Environment and Natural Resources, 2021). Students were also initially instructed to use face shields for the reopening of schools in 2021 (DepEd & DOH, 2021). But the rule itself was implemented inconsistently: At one point, a physician was arrested for not wearing a shield while cycling to work (Buan, 2021).

Despite criticism from other scientists (Cinco, 2021), some local experts unwaveringly backed the policy, claiming that studies abroad supported the use of face shields in addition to masking—even as the two most frequently cited studies were at best noncommittal regarding the concrete benefits of using these shields (Bhaskar and Arun, 2020; Chu et al., 2020). Most notably, Dr. Edsel Salvana, a government adviser with a prominent social-media presence, once directly urged Duterte to retain the face-shield mandate for all settings, saying that the shields provided a “nice,” “extra layer of security” even if it was not really “required” (PCOO, 2021b, p. 4).

Not everyone subscribed to the idea of ‘labas’ as dangerous, however. Heeding the scientific discourse on COVID-19’s airborne nature (Mandavilli, 2021), many incorporated the outdoors into their ‘new normal’, including young professionals in Metro Manila who took to...
cycling (Cabato and San Diego, 2021) and, for a time, exclusively dining al fresco. Anna, 30, who works in finance and lives with her boyfriend, told the first author:

When we started eating out again, we dined only outdoors. Once, we wanted to try this restaurant in Makati [City]. I called twice to confirm we would be seated outdoors. But when we arrived, we were told the restaurant only had indoor seats available. We left; the Wagyu steak was not worth the risk.

Although we observed such sentiments becoming more common toward the end of 2021, as more people and institutions recognized the importance of ventilation in stemming viral transmission, the omicron variant surge of January 2022 somehow reinstated the fear of ‘labas’. Anna said she needed to be “extra careful” again: “For now, we are just staying at home. It is scary [to go out] because everyone has COVID these days.”

For many others, ‘labas’ was always a risky space. This was evident in the moral panic that gripped the country in 2021, when photographs of people thronging a newly opened artificial beach in Manila Bay made the news, prompting the government to fire the ground commander in charge and to ban children below 12 years old from entering (DENR, 2021). This was also evident in the divided reactions to the Cebu provincial government’s 2022 mandate to make outdoor masking optional: Although some people we talked to supported the mandate, many others opposed it, deeming it reckless and ill-timed—in further affirmation of the view of the outdoors as unsafe (see also ABS-CBN News, 2022; Delima and Megabon, 2022).

2.4. Between ‘loob’ and labas’: boundaries as liminal spaces

The distinction between ‘loob’ and ‘labas’ was also reinforced by the practices of demarcation, which emphasized the risks of transitioning from the dangerous ‘labas’ to the safe ‘loob’ and were therefore stricter in that direction. Many of these practices constituted what Thompson (2020) described as hygiene theater, these rituals of disinfection that were mandated by law (Office of the Secretary, Department of Health, 2020) and which stemmed from the ‘exaggerated risk’ of fomite transmission that heavily influenced how society dealt with the pandemic during its first year (Goldman, 2020) (see Fig. 3 and Fig. 4).

For instance, apart from getting one’s temperature checked, usually with error-prone ‘gun’ thermometers, anyone entering a public establishment was required to sanitize their hands using alcohol dispensers placed at the entrance. Some establishments even built dedicated handwashing stations (Fig. 5), while others assigned an employee, typically the security guard, to spray alcohol on the hands of those who were entering. People were also made to ‘sanitize’ their footwear by stepping on ‘foot baths’ (usually large trays outfitted with a bleach-soaked mat) at the doorway (Fig. 6). In malls, alcohol dispensers were present not only at the main entrances, but also at the entrances of individual stores (see Fig. 7).

A more complicated ritual involved ‘misting’ people as they entered a building or facility. Around the country, from hospitals to government offices, dedicated ‘sanitation tents’ were built for this purpose (‘Pasig City,’’ 2020; Refuerzo, 2020). Once, the second author even experienced
getting forcibly misted in an elevator. Misting commonly used alcohol or chlorine-based chemicals like diluted bleach, and it was deemed hazardous enough that medical experts quickly and repeatedly sounded the alarm against it (Eubanas and Bayona, 2021; Tan-Lim and Melendres, 2020). In June 2020, a police doctor assigned to a quarantine facility in Pasig City died after being sprayed with and inhaling toxic amounts of disinfectant while at work (Talabong, 2020).

Beyond hygiene theater, checkpoints also symbolized boundary-making within the country. In affluent villages, they mirrored the socioeconomic divide: Private vehicles—whether of residents or non-residents—could observeably breeze through the gates to enter the ‘loob’ of the village, in contrast to the long queues of delivery riders on motorcycles who were heavily questioned at these checkpoints. On a larger scale, as entire cities and provinces enacted localized lockdowns, checkpoints served as official land boundaries. Combined with varying curfew rules, they led to much confusion in the early days of the pandemic, more so for people who lived in one city or province but worked in another. In Metro Manila, news reports on the first day of lockdown in 2020 showed how working-class commuters were trapped at these checkpoints after curfew, unable to get home (ABS-CBN News, 2020).

Finally, quarantine itself was the most widespread practice of demarcation. Like other countries in 2020, the Philippines also imposed quarantine requirements for anyone—citizen or non-citizen—wishing to enter it. But domestic travel was also subjected to the varying rules of individual provinces and cities; thus, we encountered many Filipino nationals from abroad who were quarantined twice—first, upon entering the country; then, upon entering their local destination. As restrictions were relaxed and demand for travel picked up in 2021, quarantine protocols gave way to the use of QR codes (Fig. 8), which also varied per locality, and, in the advent of vaccinations, vaccination cards or certificates (Fig. 9), these codes and cards signifying the ‘immunity’ and ‘safety’ of outsiders wishing to enter the ‘loob’ of a certain place (see Rocamora, 2021).

Notably, quarantine facilities differed in terms of quality, from five-star hotels to government facilities, which were usually converted public schools or sports arenas (see Bekema, 2021). And quarantine protocols were applied inequitably: As exemplified by the ‘Poblacion Girl’ incident, in which a Filipino woman (who turned out to be COVID-positive) was assaulted at checkpoints, and structures of hygiene theater in the public imagination, quarantine facilities became prime symbols of liminality: Although located in the ‘loob’ of a city or province, they also housed people from the ‘labas’ incognito. ‘Labas’ is associated with ‘ibang tao’—those occupied by ‘hindi ibang tao’—i.e., family or friends. ‘Labas’, on the other hand, is associated with strangers, non-residents, outsiders.

The exact extent of what counts as ‘loob’, however, is negotiable, its boundaries depending on who is considered ‘hindi ibang tao’ and which spaces are deemed familiar or intimate enough. People’s relationships with ‘hindi ibang tao’ are, to go by Strathern (2020, p. 176), ‘we-relationships,’ where those involved “think of themselves as sharing a community of time, a simultaneity of consciousness, each in the spatial proximity of companion others,” and where “a boundary can be drawn anywhere” against outsiders. Critical to spatial negotiation, in other words, is the concept of sociality. Whether a space is considered safe (because indoors) or unsafe (because outdoors) also depends on whether the people occupying such a space are considered familiar or not. Schools and malls were perceived as ‘labas’ not only because they are public places, but also because they are social places where one must coexist with ‘ibang tao’, be they strangers (as in malls) or non-family peers (as in schools)—thereby justifying the need to make these ostensibly indoor places ‘safe’ (e.g., through the use of plastic barriers and implementation of physical distancing in school classrooms). In contrast, condominium lobbies, the outdoor spaces of gated villages, and even entire barangays were perceived as ‘loob’ both because they are places that one frequently inhabits and because they are occupied mainly by ‘hindi ibang tao’.

But public policies also play a role in this negotiation of space. To borrow from Long et al. (in press), “the nation-state remains a key mediating factor in shaping epidemiological consciousness [or the ways of] internalising and vernacularising the categories and logics of public health discourse.” Through various prohibitions and penalties, and the ways by which these have been communicated, official policies—including mere public pronouncements whether by government officials or health experts—have come to imply which spaces are safe or dangerous. In the earliest and strictest days of the pandemic, the policy-sanctioned orbit of ‘loob’ in the Philippines was arguably smallest. With the relaxation of quarantine measures, the ‘loob’ eventually widened as people were allowed to venture beyond—and thus, feel safe in—places outside their homes; and, conversely, to welcome more people into—and thus widen—their own definitions of ‘loob’. Only during moments of case surges did people temporarily retreat to the old boundaries of ‘loob’. All throughout, the portrayal of the ‘labas’ has been equally fluctuant, evoked as either safe (because well-ventilated) or risky (because prone to crowding, despite being outdoors).

This negotiable, state-mediated space-making in the Philippines finds parallels in other parts of the world. In New Zealand, for instance, the analogous concept of a ‘bubble sociality’ resonated with many citizens, extending to the boundaries of the state and securing popular support for the country’s protracted isolation (Long et al., in press). Meanwhile, in Japan, one of the government’s principal public health policies has been the avoidance of the samritisu—the three Cs of closed spaces, crowded places, and close-contact settings—which, at least during the start of the pandemic, curiously omitted settings that were deemed essential to Japanese society, such as sentōs (public bathhouses) and “packed rush hour trains or buses” (Hayasaki, 2020, Para. 9; see also Allgyer and Kanemoto, 2021). Such responses reveal an embedded, cultural dimension to public health policy that negates the idea of a single, scientific way of tackling the pandemic, asserting instead that what is legitimated as scientific is often also a cultural construction.

Crucial to this fluctuating space-making are the liminal spaces forged by state policies. Whereas Bell (2021) writes of the pandemic as a liminal period in history that has reordered such concepts as time, identity, and sociality, our study furnishes proof of liminality rendered tangible in the boundary-making structures of the Philippine pandemic response. Among these structures, quarantine facilities became prime symbols of liminality: Although located in the ‘loob’ of a city or province, they also housed people from the ‘labas’, thus embodying the ‘labas’ itself. The pandemic trajectory undertaken by these facilities, checkpoints, and structures of hygiene theater in the public imagination, then—from their manufactured necessity at the start to their eventual fall into disuse—is reflective of the constantly negotiated definitions of safe and dangerous spaces.

Furthermore, it is important to note that, despite the novelty of the disease in question, the negotiable and fluctuant space-making witnessed across the country—and the official policies that embodied their legitimation—actually resonates with what transpired in another contemporary health crisis. Roughly two decades prior to the pandemic, the original Severe Acute Respiratory Syndrome (SARS) outbreak of 2003 also saw certain responses that mirror those of the present day: In the northern province of Pangasinan, entire villages and their residents were forbidden from leaving their homes, and therefore implicitly
labeled contagious, in the ensuing panic over a single fatality; in Southern Metro Manila, employees of an infectious-diseases facility were barred by neighboring villages even from passing through their streets for fear of possible contagion (Lasco, 2020b). While no doubt partly informed by public health protocols regarding quarantine and infection mitigation, such responses were also clearly fueled by local, cultural notions of space-making—in particular, of how to keep spaces supposedly pure and disease-free. To some extent, Covar’s (1993/2015) concept of ‘lalim’ (depth) comes to mind. However, following Guillermo (2009), we part ways with Covar in his construction of ‘lalim’ as a spatial metaphor for people’s deep-seated moral sensibilities; instead, we construe the term as pertaining to the depth by which ideas and entities can be culturally embodied and internalized over time—and, as our findings have shown, made manifest again and again in such consequential matters as state policy.

3.2. Inequitable spaces

Our final point is to argue that the ‘loob’-‘labas’ binary perpetuates inequity. As in many parts of the world, the pandemic in the Philippines has “[exposed] the entwining of the personal, economics and politics” (Team and Manderson, 2020, p. 673), and this inequitable entwinement is mapped onto the proxemics of local life.

Our examples have highlighted the influence of the public-private divide in space-making—how spatial access dictates one’s exposure to the pandemic’s biomedical risks, consequently turning the negotiation of space-making into a “socio-spatial privilege” (Long, 2020, p. 252). Residents of affluent villages, for example, could access a wider ‘loob’, be it in their homes or in the sprawling grounds of their immediate outdoors. It was this possibility that informed their feelings of safety—hence, why homeowners and household staff alike felt comfortable eschewing masking within their villages. Similarly, those who could afford to quarantine in five-star hotels were granted access to more comfortable transitory experiences. In contrast, residents of lower-income communities not only had to confine themselves to the considerably smaller ‘loob’ of their homes; they were also subjected to higher risks of infection, given their more crowded living conditions, echoing scholarly observations from other developing countries like India and Ghana (Wasdani and Prasad, 2020; Yeboah et al., 2020). These residents’ experiences of quarantine were likewise marked by discomfort, if not the authorities’ deliberate disregard for their comfort (Bekema, 2021).

Mirroring the inequity of spatial access is the inequitable application of the rules. Outdoor masking protocols, for example, were only applied rigidly insofar as widely accessible public spaces were concerned; else, as in the confines of exclusive villages, they were no more than optional. Plastic dividers were required for motorcycle owners, but not for those of private, enclosed, four-wheeled vehicles. And though quarantine was required for incoming travelers, the rich apparently had mechanisms to flout them. This warping of ‘loob’ and ‘labas’ through a privileged, exception-to-the-rule mindset, then, best explains our introductory example—how Duterte could preside over an indoor cabinet meeting unmasked, despite existing regulations.

As with all forms of inequity, those wrought by space-making in the Philippines have burdened the marginalized and less privileged most of all. The protocols—and the spaces they have demarcated—have not only demanded the expenditure of material resources (e.g., to put up motorcycle barriers); they have also imposed new norms that overlook all. The protocols Philippines have burdened the marginalized and less privileged most of all. The protocols required for incoming travelers, the rich apparently had mechanisms to buy masks), the under-privileged have thus been labeled—in an essentialist way—’pasaway’, stubborn and disobedient, and the places they inhabit regarded as dangerous and virus-ridden (Hapal, 2021). All this illustrates how the pandemic has only continued the enduring spatial exclusions within Philippine society.

4. Conclusion

This article offers the case study of the Philippines to show how local conceptions of space, grounded in understandings of contagion and vulnerability, informed conceptions of risk during the pandemic. While the country’s pandemic response was likely shaped by ‘mental models of reality’ forged by decades of scientific orthodoxy (see Greenhalgh 2021), as well as by medical populist policies that favored the dramatized, disciplinary spectacle of face shields, checkpoints, and other modes of hygiene theater (see Lasco 2020b), our article has demonstrated that it has also been influenced by local notions that strongly favored indoor over outdoor spaces. With the endorsement of political and public health actors, these views have largely prevailed throughout the pandemic (The supplementary Table 1 illustrates the temporal unfurling of pandemic-related responses in the country vis-à-vis a timeline of the pandemic in terms of its various waves and surges.).

This distinct spatialization of the pandemic in the Philippines has (had) health-related, environmental, and economic implications. As illustrated earlier, the delay in public recognition, if not the utter neglect, of COVID-19’s airborne nature is one such consequence. Because spaces have been dichotomized into the safe indoors and dangerous outdoors—and not in terms of the presence or absence of adequate ventilation—the spread of the virus may have been hastened in certain cases. Outbreaks have been documented as companies sanctioned (or turned a blind eye to) the congregation of employees in the supposedly safe ‘loob’ of air-conditioned workplaces (see Cabato and Aspinwall, 2021). In lieu of systemic changes, the long-time focus, instead, has been on individual action, best exemplified by the disproportionate reliance on PPEs and plastic barriers. This, too, has had its consequences. Besides its environmental toll (Benson et al., 2021), it has led to the commercialization of pandemic mitigation, birthing all kinds of profitable enterprises, from fashionable but useless copper masks to misting services. In the second half of 2021, the embrace of these money-making theatrics culminated in revelations of a multibillion-peso corruption scandal in the Duterte administration’s procurement of PPEs (Romero, 2021).

In writing this article, we have highlighted the need to anticipate the cultural issues that may arise in a public health crisis, particularly how local ideas of intimacy, familiarity, vulnerability, and illness can have spatial dimensions that subsequently determine people’s “epidemiological consciousness” (Long et al., in press). In such a critical time, cultural constructions of risk and safety will always play a role in shaping the responses of the public and their government—and in influencing the outcomes, be they favorable or not. In the case of the Philippines, public health policies that are strongly rooted in local ideas of intimacy, familiarity, vulnerability, and illness can have spatial dimensions that subsequently determine people’s “epidemiological consciousness” (Long et al., in press). In such a critical time, cultural constructions of risk and safety will always play a role in shaping the responses of the public and their government—and in influencing the outcomes, be they favorable or not. In the case of the Philippines, public health policies that are strongly rooted in local notions of ‘loob’ and ‘labas’ have come to build its new normal, in the process upholding the inequities and imbalances of power in the country.

Funding statement

The authors received no funding for this work.

Declaration of competing interest

The authors declare no conflict of interest.

Data availability

The data that has been used is confidential.
