WHEN FATE AND HUSBANDS PREVAIL : THE DYNAMICS OF WOMEN'S REPRODUCTIVE DECISIONS IN THE PHILIPPINES

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INTRODUCTION

Despite the fact that family planning has been promoted and practiced in the Philippines for the last three decades, the country's contraceptive prevalence rate (CPR) still remains relatively low. According to latest available estimates, the national CPR stands at 48 percent (NSO 1997). By comparison, other Southeast Asian countries have substantially higher rates : Indonesia (55 percent), Malaysia (56 percent), and Thailand (66 percent) (PRB 1997).

Within the Philippines, variations in FP practice have been found to be correlated with such demographic and socio-economic attributes as urban-rural residence, education, and employment status. What most of these studies confirm is the positive influence of urban residence, advanced education and formal sector employment on contraception.
Conversely, when non-users were asked why they did not practice contraception, the most commonly mentioned reason they cited is the fear of adverse side effects on one's health. A second reason for abstaining from FP practice pointed to by quite a number of women is their spouses' objections to such practice.

A number of studies undertaken in the Philippines have concerned themselves with gender relations and their impact on a couple's fertility limitation activities. For instance, David (1994) reports that in Iloilo, Central Philippines, "wives cannot decide on family planning matters without consulting their husbands," and that, "when husbands object to FP practice, their objections usually prevail." Whenever conflicts or disagreements between husband and wife arise, "the wife generally submits to her husband's wishes for the sake of maintaining marital and family harmony". Sealza (1995), who studied family planning drop-outs in Bukidnon, Southern Philippines, confirms the husband's dominant role in FP decision making when she states that "lack of support for family planning on the part of the husband was found to be a more important factor in dropping out than the attitude of the drop-out herself". The importance of the inter-active roles of both husband and wife in matters of family planning is likewise highlighted in Biddlecom's et al. (1996) study of spouses' views of contraception. According to this study, disagreement between spouses about contraceptive attributes such as effectiveness, approval of spouse, side effects on

health, effect on marriage, ease of use, accessibility of supplies and services, religion, financial cost, and approval of friends and relatives and the extent to which these attributes apply to specific methods is associated both with lower levels of contraceptive use and greater conflict over intentions to use contraceptives in the future.

In the Philippines as elsewhere, the main source of information on family planning acceptance or rejection is large-scale quantitative KAP surveys. While these surveys have been useful in discovering general population trends and patterns of FP activities as well as objections to them, they have failed to provide an understanding of why and how acceptance of, or resistance to, modern family planning in the Philippines differs from that of neighboring countries. The generally accepted bread-and-butter argument is that FP resistance is based in the country's predominantly Catholic religion. Serious students of Philippine culture know that this kind of reasoning is superficial at best. To arrive at a better understanding of the cultural, social and psychological context within which FP activities are taking place, studies of a qualitative type are needed in which research subjects are given opportunity "to express their thoughts, perceptions and feelings so that researchers can gain access to their motives, meanings, actions and reactions in the context of their daily lives" (Minichiello et al. 1995).

This paper attempts to address such substantive concerns through the examination of transcripts of in-depth interviews conducted with women of reproductive age on topics related to their reproductive behavior and the decision-making process from which this behavior evolves.

On the basis of their narrations concerning their FP experiences and the social processes that preceded them, the interviewed women are classified into four family-planner types. The classification system takes into account (1) the women′s effectiveness in achieving their fertility intentions and (2) the role of their husbands in the success or failure of their contraceptive practice. In using these four ″family planner types″, this paper hopes to go beyond the commonly used but simplistic categorization of couples as users and non-users of FP. In addition, this paper will point to a number of factors that may prove helpful for arriving at a clearer understanding of the social context in which contraceptive behavior in the Philippines takes place.

DATA AND METHODS

This study is based on women's stories as they emerged from loosely structured in-depth interviews touching on a variety of topics hypothesized to have or have had a bearing on the respondents′ decisions related to their reproductive activities. During the interviews, respondents were asked about their courtship and marriage experiences, their thoughts, early and current, on childbearing and family planning, their ideas about autonomy, their social status in family and community, and their life aspirations. The interviews were divided into three or more sessions spreading over approximately six hours for each woman. With the women's permission, the conversations were tape-recorded, transcribed

and subsequently processed with the use of Ethnograph, a computer software for processing qualitative information.

The in-depth interviews were conducted with 63 women, all of them part of the originally more than 3,000 women who had been recruited into the Cebu Longitudinal Health and Nutrition Study (CLHNS) in 1983 and who had been interviewed more than 15 times since. The CLHNS is a study conducted by the Office of Population Studies of the University of San Carlos in Cebu City in collaboration with the Carolina Population Center of the University of North Carolina in Chapel Hill. The study has collected, among other information, longitudinal data related to the women's nutrition, health, reproductive activities including FP practice, work experience, earnings, and time allocation. During the first survey phase, extending from 1983 through 1986, the women were visited 14 times. Since then, two follow-up surveys were conducted, the first in 1991-1992, and the second in 1994-95. It was during the latest round of the CLHNS that the in-depth interviews were conducted. It thus goes without saying that the participants already had a long-standing experience with the researchers

Of the 63 women with whom in-depth interviews were conducted, one half are residents of urban Metro Cebu, and the other half residents of rural Metro Cebu. Overall, the number of in-depth interview respondents selected from the 33 sample barangays of the CLHNS was made proportional to the total number of CLHNS respondents in each barangay and then stratified by family planning use (user - nonuser) and parity (low (1-3), medium (4-6), and high (7+)). The educational and occupational profile of the women in the in-depth sample reflect that of the total CLHNS sample except for the fact that the women who consented to the in-depth interviews were more likely to be working at home.

For the selection process of the in-depth respondents, FP users were defined as women who, during the 1994-95 follow-up survey of all CLHNS respondents, indicated that they or their husbands had ever tried using any FP method, and non-users as those who claimed that they or their husbands had never used any. At the outset of the study, FP use was taken to mean the use of any modern method. In the course of the analysis, however, this definition was modified to include natural and the traditional methods as well. This change was deemed necessary when it was realized that any experience with fertility control regardless of the method used, be it modern or traditional, involves the same decision-making process. As a consequence of this definitional change, the proportion of "never users" among the 63 interviewees shrank from 50 to 29 percent.

PATTERNS OF FAMILY PLANNING BEHAVIOR

A first examination of the 63 interview transcripts revealed that almost every couple has its own idiosyncratic ways of doing 'something' to prevent conception. At closer inspection, however, certain modalities of FP behavior emerged. The first broad distinction between couples of reproductive age that can be made is the usual distinction in terms of contraceptive use per se: the distinction between "ever users" and "never users." For a

further breakdown of "ever users" into more specific categories, the respondents′ detailed descriptions of their contraceptive activities proved useful. Of obvious importance is the "seriousness″ with which a woman or a couple pursues her or its FP-related ideas. Seriousness can be defined as the "determination" to achieve one′s fertility intentions: whether to stop childbearing altogether or to space children in a convenient (for many reasons) manner.

Serious users can be further classified into those who started their planning activities early in life and those who realized only later that it was high time to do so. The former may be labeled as the "pro-active" planners who deliberated on their desired family size before, or not too long after, the process of family formation began. The late starter may be called a "reactive, " who chose to use a method only after having had a substantial number of pregnancies (Adair 1997).

Incorporating the dimensions of "determination" and "timing" into the user-nonuser dichotomy enables us to apply the categories devised by Rainwater (1960) in describing patterns of contraceptive behavior of the working class in the U.S: 1) the early planners, 2) the late "desperate" limiters, 3) the sporadic or careless users, and 4) the "do nothing" group. In terms of determination, the first two groups compose the ″serious″ users, while the third comprise the Anon-serious ones″. With reference to timing, the ″proactives″ are the early planners, and the ″reactives″, the late, desperate limiters. The sporadic or careless users can be found among both the ″proactive″ or the ″reactive″ users, but lack the persistence of the serious users. ″Never-users,″ evidently, comprise the ″do-nothing″ group.

The distribution of the 63 in-depth interview respondents in terms of the four categories is as follows:

Table 1. Patterns of Family Planning Use among the In-depth Respondents

PATTERN OF FP USE	NUMBER	PERCENT
Early planners	14	22.2
Late "desperate" limiters	8	12.7
Sporadic or careless users	23	36.5
Do nothing group	18	28.6
ALL TYPES	63	100.0

One decided advantage of qualitative research techniques over quantitative ones is that they can capture personality aspects such as sense of purpose, sense of efficacy, self-esteem, openness to try new things, or a sense of fatalism. While narrating their stories, the respondents exuded the presence or absence of such traits. A second advantage of an unstructured in-depth interview is that it can capture "indicators" of thinking and feeling that, in structured surveys, tend to fall by the wayside because they fail to fit the pre-coded answers printed in the survey questionnaire or are not asked at all. In the course of a discussion about a woman's and/or her husband's ideas about her/their family, it becomes in some way obvious as to whether the respondent has an ideal number of children she and her husband liked or like to have, and her thoughts as to how to achieve this goal provides a lot of information about the seriousness of her intentions. For instance, answers to the following questions were quite useful in making this assessment: at what point was contraception initiated, is any method currently used, and which methods were tried before the current one. The effectiveness of contraceptive activities can also be gauged by a comparison of actual with desired fertility.

To better compare the four "family planner types" in terms of some demographic attributes, as well as to point out the distinct qualities of each group, the following table provides a summary. As each group of users will be discussed in the following sections, their differences according to these criteria will be shown.

Table 2. Selected Demographic Characteristics by Type of Family Planning Behavior

Type of User	Percent Urban	Age of Woman (mean)	Years Married (mean)	Ideal Fertility mean)	Actual Fertility (mean)
Early Planners	71.4	36.8	17.0	2.9	4.0
Late Limiters	37.5	41.0	22.9	3.6	10.6
Sporadic Users	56.5	38.0	17.9	3.5	7.1
Do Nothing	33.3	41.5	19.4	*	**
ALL TYPES	50.8	39.1	18.7	----	----

* Of the 18 never users, 5 women wanted an unlimited number of children, 2 said they did not think about it, while the 11 who gave a definite number, had a mean ideal number of 3.8 children.

**Of the 18 never users, 9 were sub-fecund, and their mean number of pregnancies was 4.2. The rest had 10.8 pregnancies on the average.

The Early Planners

The in-depth interviews show that couples never use a method of contraception before the birth of the first child. The group of early planners is no exception to this, but most of them start to use a method seriously immediately after the birth of their first child. The number of children that most of the early planners profess to want range from one and three, and the number of living children they actually have is not very far off from this ideal. An indication of this group's seriousness in limiting their families is the fact that their low average parity (4.0) is not a result of having married only recently. The average duration of marriage among them is 17 years, with a range of 13 to 23 years. With the exception of one widowed respondent, all women in this category are currently practicing FP. Three of them had been ligated, and the rest was using pills, IUDs, and natural methods (calendar rhythm and withdrawal). They all had tried a variety of other methods previously, both natural and artificial. The ligated women, for example, had used modern methods before electing ligation. It was their dissatisfaction with these methods, coupled with failing health conditions, that pushed them towards finally putting an end to childbearing.

Two findings emerging from the data run counter to the notion of serious and effective planning: 1) the desire to have an unlimited number of children who are conveniently spaced, and 2) the use of natural methods. For example, one of the respondents who had planned early confided that, originally, she had wanted to have many (number unspecified) children whom she would bear at conveniently spaced intervals. At the time of interview, she was 41 years old and had seven living children. For spacing purposes, she used a variety of contraceptives between each of her nine pregnancies. However, after her ninth pregnancy and an onslaught of marital and health problems affecting her as well as one of her children, she decided to have a ligation. According to her story, her husband seemed to be oblivious to the health problems she had been going through, and neither did he seem to be concerned about her family planning activities.

The story illustrates that "pro-active" family planning does not necessarily have to be associated with couples wanting small families. Parents who value having many children and control the timing of when to have them are just as serious about planning their families as are those who prefer a small family.

Again contrary to a common notion, serious family planning is not necessarily related to the use of modern effective methods. Among the early planners in our sample are couples who use calendar rhythm exclusively or in combination with another method. The interviews reveal that it is the determination with which a method is constantly applied and not the type of method that makes the difference. A relevant example is that of Josephine and her husband, successful users of calendar rhythm.[1] At interview time, they had two children, aged 6 and 11, the older one a girl, and the younger a boy. For Josephine, this constellation represents the ideal sex composition of her family; for her husband, it is the ideal family size. The husband wants two children only because he wishes to spare them

1 To protect the identities of the women in the study, all names in this report have been changed.

the deprivations he had experienced as a child. According to Josephine, her husband is constantly haunted by the image of his father dividing just one small fish among him and his numerous siblings.

The reason that Josephine and her husband, a school teacher, decided on the use of calendar rhythm is the advice given by the school physician that the only methods free of dangerous side effects are the natural ones. For Josephine, this advice proved to be correct, as her FP history illustrates. She explained that, after the birth of her first child, she and her husband used calendar rhythm for four years. The practice was interrupted when the husband felt the need for a break from having to constantly keep track of his wife's monthly cycle and from having to control his sexual urges periodically. At this point, the husband had asked her to take over the 'control' responsibility for a change. Since her mother had used the pill before, Josephine had no qualms in trying it also. The practice was short-lived, however, because rashes erupted on her legs after three months of pill use. After having stopped taking pills, she became pregnant for a second time, but the pregnancy ended in a miscarriage. Afterward, the couple did not resume any control activities, so Josephine became pregnant again. After the birth of their second child, she and her husband decided to take up calendar rhythm once again. At interview time, the couple had been using it successfully for 6 years.

Charita, an IUD user, exemplifies those women who rely on modern methods to achieve their fertility goals. According to her story, she did not think about an ideal number of children she liked to have before her marriage. It was only afterward that she decided to have just one child. The reasons for her decision were her desire not to have to relive the hardships she had experienced as a child and the unstable job of her husband. After her first child was born, she began using an IUD without prior consultation of her husband. She did not want to discuss the matter with him because of her fear that he may not allow her to use it. Her husband, however, did not seem to mind after learning what she had done.

After one year of using the IUD, it was expelled naturally from her system. When she visited a health worker to have it re-installed, she was advised against it because the health worker believed it was not good to have just one child. Following this advice, Charita bore another child. When Charita wanted to use the IUD again after this birth, her husband objected, telling her that he still wanted to have a third child. She agreed on the condition that the third child would definitely be their last. When the third child became one year old, Charita had another IUD installed. True to his word, the husband let it be because of their agreement. During the interview, when the youngest child was already 9 years old, Charita was still using the IUD.

Both of the above examples illustrate that it is the cooperation and understanding between spouses that make FP work, regardless of what method is used. In the case of Josephine, this spirit of partnership is reflected in her husband's initiative and determination to use a "safe" method and her willingness to take over the responsibility when asked by her

husband to do so. In Charita's case, the husband's contribution is manifested by his sensitivity to his wife's wishes by consenting to her use of the IUD.

A third variant of an early planner is represented by a woman who did not have a cooperating partner and, as a result, obtained her wish to limit her pregnancies only relatively late in life and after a struggle with her husband who was deaf to her pleas of wanting to stop having babies. This woman is classified as an early planner because she started using an IUD after her second child as a means of attaining her desire for three children only. When her IUD fell out two weeks after it had been inserted, the husband objected to her having it re-installed because he could feel the IUD's protruding thread during sexual contact. He instead volunteered to control himself by "withdrawing", but this method failed and the couple had its third child. Thereafter, the woman wanted to have a ligation, but her husband refused to sign the papers allowing her to have it. Four pregnancies later, the woman was advised by her doctor to have a ligation because of her supposedly ailing uterus. It was only then that the husband consented.

The foregoing examples show clearly that successful family planning practice is as dependent on the husband as it is on the wife. By the very nature of the conjugal act, which involves two, cooperation is essential. When husbands do not object to their wives' fertility limitation activities or when they themselves initiate such activities, contraception will most likely succeed.

The Late "Desperate" Limiters

The second type of family planning users, labeled the Late Desperate Limiters, tend to be just as serious about controlling their fertility as are the early planners. The difference between both types of FP practitioners is that the latter decided to use contraceptives relatively late in their married lives. Most interviewed women falling into this category started family planning as late as their seventh pregnancy. Before settling on a method they found suitable, they usually had experimented with several others. A few of them were continuing the first method they had ever tried, but are using it now with greater care and determination to succeed. As a result of their late start, the women in this group had between 4 and 13 living children at the time they were interviewed despite their claim to consider between two to five children as their desired number, a figure only slightly higher than the ideal family size of the early planners (2.9 vs. 3.6). Compared to the latter, the interviewed women in this group are also older, by about four years on average, and had been married longer by about 6 years. The most striking difference between the two groups of women is the actual number of pregnancies of the late limiters, which is almost two and a half times as large as that of the early planners.

Two of the five ligated women in our sample belong to this group--the other three are classified as early planners. Both of them had not been successful in their earlier attempts at contracepting and finally decided on ligation as a last resort. Generally, the husbands of the women in this group are not as cooperative in matters of family planning as the husbands of those who had started to plan early in their married lives. The two women just mentioned stated explicitly that they elected having a sterilization because of their husbands' insensitivity to their needs.

One of these women, Clemen, had a ligation after having gone through her 18th pregnancy. After her 7th child, she had told her husband that it was about time to stop having children, but he had not shared her view because of his belief that having as many children as come along is God's will and ought to be welcomed. The husband's view prevailed despite the fact that, after the seventh child, the family had transferred residence from the family farm in a northern town of Cebu Province to Cebu City and started to feel the economic pinch of city living "where everything needed for survival involves cash." When Clemen resolved to do something about it through finding a job for herself, her husband forbade her to do so. She finally engaged in some cottage industry, the pasting of small boxed needed as containers for the sale of mosquito repellents. She likewise took care of a neighbor's pig, for which she was remunerated through a share of the piglets.

Upon a neighbor's advice, Clemen started taking the pill, with which the same neighbor supplied her. However, she was unable to finish the first month of supplies because her husband threw them away after discovering what his wife was doing. Six pregnancies later, Clemen developed high blood pressure. The doctor who had delivered her last child strongly advised her to finally stop having babies because of the serious threat that additional childbearing would pose to her health. It was the doctor who finally was able to convince the husband to permit the ligation of his wife.

Saling is another example of a late desperate user. Disagreements with her husband in matters related to family planning resulted in her having 11 pregnancies. Once she had asked her husband to use condoms of which a neighbor had given her some samples, but he allegedly threw them away. At another time, she suggested to her husband to undergo a vasectomy with the result of making him extremely angry and getting a verbal beating.

The first time Saling ever used a contraceptive was after her 8th pregnancy when a friend had given her a month's supply of birth control pills. Aware of her husband's aversion to family planning, Saling did not dare tell him about this. After the pills had run out, she claimed laziness as reason for not going to the health center asking for more. She had three more pregnancies after this experimentation with the pill. After her eleventh pregnancy, Saling once again attempted contraceptive practice. This time, it was upon the prodding of a cousin who also had lent her the money to pay for an IUD insertion by an ambulant health worker. Since the procedure was performed in her cousin's house, the husband did not know about it. When he eventually did find out, he took it in relative stride, conceding that he also thought the family already had too many children. During the interview, Saling appeared to be a determined IUD user; she had been using it for two years and had no intentions of having it removed. As a rejoinder, however, she did say that if her husband wished to have the IUD removed, she would do so in order to avoid trouble.

Typical of women in this group of FP users is an initial resistance on the part of husbands that tends to disappear only after economic hardship and/or health problems affecting wife and children strike. Seemingly, not even the latter tend to be enough to motivate originally objecting husbands to assume responsibility for fertility limitation. That burden more often than not is left to the wife.

The Sporadic or Careless Users

While the women of the first two groups described so far can be considered as serious users at least at some time in their reproductive lives, the third group represents those who are not. It includes a sub-group of women who do not need to engage in serious contraception because they discovered having difficulties with becoming pregnant at all.

One of these women is Wilma. She said during her interview that her aim is to have three children but, so far, she had only two. After her second child had been born a relatively short time after the first, she and her husband had begun the use of withdrawal and calendar rhythm. But this practice did not last long because the husband did not feel good about it. They shifted to condoms, but this time, it was she who did not like it, and so, they stopped the practice after only one week. Since then, the couple had not used any method and neither had the woman gotten pregnant in spite of this. Her youngest child was already ten years old when she was interviewed.

Among the fecund women in this category, the lack of determination to pursue family limitation activities in a serious vein is illustrated by the following examples: (1) A woman uses an artificial method only for the sake of trying it out. After experiencing initial discomfort with it, she stops and does not attempt to try another one. (2) A woman claims to be using calendar rhythm, but she is practicing it without her husband's knowledge and, consequently, cooperation. (3) A woman permits her husband to use only withdrawal. Since this method is fully male-controlled, she is totally at the mercy of her husband's self -control. (4) A woman uses a method improperly such as using pills only when the husband is around but not during his (2-3 days) absence.

Among the women in this category, some are currently not using any method, among these, not surprisingly, are those who are currently pregnant. With the exception of the woman with improper pill use, most of them, when contracepting, rely on withdrawal alone or on calendar rhythm without the participation of their husbands.

A prominent characteristic of women in this group is their ambivalence towards achieving their claimed desired family size. Their desired number of children is not different from that of the late desperate limiters (3.6 vs. 3.5), but their actual parity at interview time was twice as large as their proclaimed number of children: 7.1. The reason commonly advanced when asked why they are having more children than they ideally want is the desire to have one more son or daughter in order to have a balanced sex ratio. While this same ambivalence is also observable among the "late limiters", it appears to be more prevalent in this group. While this reason may be a true one in some instances, it appears to be not more than a convenient way of explaining one′s inconsistent behavior to other people.

But having a balanced sex ratio is not the only reason why these non-serious users go beyond their ideal family size. Often, this reason is not more than a convenient way of explaining one′s fertility behavior to others, covering up other or the real reasons which

respondents may not even be aware of. The story of Nerissa exemplifies what these other reasons are or can be.

Nerissa and Vic have been married for 18 years. She has a very "laid back and relaxed" attitude toward childbirth because she never experienced any difficulties in delivering her children. While she thinks that four children are a good number to have, she also fears that with this number of births she may not have enough children left if one or some of them should die. Economic means needed to give her children a good education don't worry Nerissa because she will be satisfied if her children finish elementary school. She leaves it up to them if they want to go on to high school. She herself finished Grade 6 and augments her family's income through the washing of clothes for other people. Vic, her husband, does not seriously think about family planning. Nerissa believes that he is pleased whenever she tells him that she is pregnant. Once, after the second child had been born, her husband tried condoms that a health worker had asked the couple to use, but Vic did not like them, and the couple did nothing until they had eight children. Nerissa's mother, who had been an IUD and pill user, was alarmed at the rate that her daughter was having children, and enjoined her to do something to limit her fertility. Nerissa heeded the advice and tried the pill to find out for herself if her mother was correct in saying that it would afford her more time for herself if she did not continually have small children to look after. At first, she did not tell Vic about the pills, but when he learned about it later, he voiced no objections.

Nerissa used pills for seven years but stopped when she began to experience an unpleasant side effect: her face started to become discolored. The spots reportedly disappeared after she stopped pill use. She also 'discovered' that, having no small children to care for did not give her more time for herself because even though she was released from the burden of child care, her husband did not allow her to go wherever she wished to. During the interview, Nerissa reported that she had been using calendar rhythm prior to contracting her current pregnancy.

It is understandable for women to not practice contraception seriously if they find out that they do not easily get pregnant. Aside from sub-fecundity, however, there are a number of reasons why women in this category lack the motivation to seriously practice family planning. Among the more obvious are 1) they have not had an urgent need to stop child-bearing, such as for example, economic hardships or pregnancy-related health problems, (a condition which commonly motivated the "late limiters" to put an end to childbearing) , 2) the husbands' indifference to family planning, 3) the absence of communication between the couple about family planning matters, or 4) the lack of agreement between wife and husband on the use of FP, family size or sex ratio of their children.

The "Do Nothing" Group

Like the not-serious users just described, the never users also include women who claim to be sub-fecund. While some of them reported that it is very difficult for them to become pregnant, others believe to get pregnant only after they have subjected themselves to a uterine massage. Because of their 'condition,' these women had never discussed anything related to FP with their husbands. That they indeed seem to encounter some pregnancy-related problems is indicated by the fact that their average number of pregnancies at interview time was 4.2, compared to 10.8 for the rest of the never users.

The majority of women in the "Do Nothing" group are rural dwellers. Owing to the remoteness of their residences and the poverty of their living conditions, these women had experienced a relatively large number of child deaths in the course of their reproductive lives. It may be that the uncertainty about life and death is contributing to their perception of childbearing as fate that has to be accepted and about which they can do nothing. As result of this worldview, they tend to not think about how many children they ought to have or want to have; what God gives them is the right number.

It is this group that contains the largest proportion of women whose husbands oppose family planning and/or who harbor fears about the adverse effects of contraceptives. At times, these fears about health side effects are most likely exacerbated by the husbands' disapproval of contraceptives. In consequence, if anything will happen to these women because of the use of contraceptives, they cannot expect much support and sympathy from their spouses, as Leonila's story illustrates.

At 32, Leonila had gone through seven pregnancies, but only five of their children are still alive. She does not want to have any more children because of her husband's unstable job. She herself had wanted only two children, but it is her husband's wish to have more. It is his belief that the more children a family has, the more helpers it has for earning a living. "Yes, it is true that they may be a nuisance when they are young", he argues with his wife, "but time flies fast, and before you know it, they will be helping us making our living".

Because of her husband's objections, Leonila has never used any family planning method, and she is afraid that going against her husband's wishes will destroy the peace in her family. Aside from that, she is also afraid to use contraceptives because of the many bad things she has heard about them. She learned from someone, for example, that all family planning methods have dangerous side effects, and that the pill is the worst among them all.

Underlying the value for a large family and the consequent aversion toward controlling fertility is also the frequently mentioned idea that children "provide security for their parents in old age". It is good to have as many children as possible so that parents will have more choices of places to stay after they have grown old and are no longer

productive. For some, as for Leonila's husband, children are of value as soon as they can be of help to their parents in taking care of the family's daily needs.

Standing out among the never users is a woman whose husband has urged her to use a modern contraceptive method, even to have a ligation. The woman, however, has stood her ground, and has not used any of these methods. What she wants instead is for her husband to control himself. It is worth pointing out that it is the husband who takes care of the children (They have 12.) while tending to the family farm as the woman goes out vending fruits and vegetables in the local market. It has to be noted that even though the husband realizes the inconvenience of having to continually look after young children, he still does not take responsibility for family planning.

Another woman who has never used family planning, looks at her life as a "continually unfolding drama determined by fate". She says she and her husband had never talked about family planning. Even their current means of livelihood had been determined without so much of a deliberate discussion, since before they got married, both of them were already doing the same thing (They are traveling salespeople who sell assorted goods during fiesta celebrations in faraway places.). To her, it just seemed like the most natural thing to happen, as was the coming of their six children. When questioned if her life would have been different if she had less children, she confidently declared that, "It does not matter what you do or not do. Your life has already been laid out for you."

DISCUSSION

The study has shown that the practice of effective family planning (by whatever means) is, by and large, a consequence of the absence or presence of a sense of fatalism about how the world works and 2) the quality of a couple's marital relationship.

Fatalism

Ideally, the purpose of family planning is to assist women (or couples) in achieving their fertility goals to enable them to attain their life aspirations. Among the "early planners", family planning has indeed been viewed in this context. Aside from using FP as a means of attaining their life goals, these couples have likewise shown that the method used is not so much what counts but the determination with which it is applied. As one respondent had remarked, "If one really wants to limit childbearing, she will find a way to do so."

Why has this been not the case among the rest of the women in our in-depth interviews? In my view, the "late limiters", the "sporadic and careless" users, and the "do nothings" lack two things that have motivated the "early planners" in their contraceptive practice. First, is the belief that childbearing can be placed within their control. The interviews show that many consider childbearing as a process that should be allowed to happen naturally and ought not to be hindered until it stops. Indicative of this world-view are when women are labeled "sundanon" (one who easily gets pregnant) or "hiloton" (one who does not easily

get pregnant) and the corresponding acceptance that when one is of the first kind, she will have many children while if she is of the second type, she will not end up with so many. Another illustration of this particular perspective is when a husband, upon being consulted by his wife about family planning, adamantly voiced his objection by saying that "childbearing is God's will while family planning is only man's creation."

The second premise is that people will control their childbearing if they believe that it will redound to their advantage. However, this hinges on the belief that childbearing ***can*** indeed be controlled. The delayed reaction of the "late limiters" was due to their slow realization (for whatever reason) that it can be possible to allay the forces of nature and stop childbearing, and their serious practice of contraception only after having had a considerable number of pregnancies have been in consideration of preventing the wife's health or the family's economic situation from further deterioration. By contrast, the "sporadic users" and the "do nothings" are those who have not yet come around to accepting these two premises or have not been placed in similar circumstances. As proof of this mentality, the couples in these categories still hold values that favor a large family size. Statements describing children as "parents' security during old age" or children "needing other siblings of the opposite sex to balance the sex composition of the family" seem to attest to this belief.

The resistance to family planning in the Philippines may have its roots in this fatalistic tradition. Among populations of less economically developed countries, living conditions are such that people do not often have a sense of control over what happens in their everyday life. Almost everything is attributed to chance, including childbearing. The different patterns of family planning behavior formulated by Rainwater, and used in this study, may be seen as evolutionary stages depicting a sense of control over childbearing. As living conditions improve, people will eventually start to have a sense of control over their lives and hopefully become pro-active users of family planning.

The Marital Relationship

Because of women's biological (giving birth) and social (looking after young children and managing the household budget) roles in family building, they inevitably become more 'concerned' than men about controlling childbearing. These roles become all the more burdensome if they also have to help their spouses earn money for the family's subsistence.

It is therefore not surprising that among the in-depth interviewees who were FP users, it was usually the women who had initiated such activities. However, wives were only able to successfully sustain these practices if the men 'allowed' them to do so. Men were generally reluctant to support their wives' contraceptive intentions, much less take responsibility for family planning.

It can be surmised that this 'non-empathy' may be a result of men's privileged social status that shelters them from the pressures that drive women to take action towards controlling fertility. When women ask their husbands to undergo vasectomy, for instance, the frequent excuse given for their refusal is that they should not do so because they are the ones who are working to support the family and putting their health in danger (because of a vasectomy) would be tantamount to putting the family's welfare at stake. Still, other husbands argue that they do not need to use any family planning because they can support their families.

Although the most frequently given reason by husbands for not letting their wives use artificial contraceptives is the adverse side effects that it may cause on the women's health, it is also apparent from the interviews that several husbands have no objections to family planning as long as their wives assume this responsibility.

It may be argued that women who are allowed by their husbands to use any contraceptive method if they so desire, are so much better off than those who are forbidden to use any at all. However, it would be more desirable if the men themselves would also take this responsibility. That this can be an imaginable possibility has been demonstrated by the husbands of women among the "early planners".

Family planning is most likely to be effectively practiced (if at all) if the partners are sensitive to each other's concerns. This sensitivity, in turn, can be possible if they continually discuss issues that have a bearing on their family life.

The study sought to examine husbands' roles in their wives' fertility limitation activities; it found that husbands play a ***key*** role in ensuring the success or failure of these activities. It also points to the necessity of examining "the couple" itself as the unit of analysis on matters related to family planing. It is quite impossible to attribute family planning decisions to one spouse alone since fertility limitation cannot be practiced effectively without the knowledge, consent or the cooperation of the other.

POLICY IMPLICATIONS

This section will ask more questions than offer recommended courses of action. How do we convince women and men that 1) childbearing is a process that can be effectively controlled, and that 2) once regulated, can be advantageous to them? Only when these tasks are done will couples practice pro-active family planning.

One way by which the former can be achieved is to provide high quality FP counseling and services, and where all methods are given equal consideration. Many couples want to avoid the health side effects that the use of artificial methods are believed to bring about. The FP program should listen to this concern and devote more resources in providing better NFP instruction and assistance.

Many of the non-serious users (or disbelievers) were initiated into FP use by their friends and neighbors and have not had the benefit of undergoing the required medical examination prior to using artificial contraceptives. When unexplained symptoms start to be felt after taking the pill or the injection, women become afraid to continue using the method, will spread stories of these bad experiences to their friends and neighbors, and will themselves shun family planning altogether or until the time they become desperate to stop childbearing. High quality FP services would ensure that proper screening is conducted for all prospective users and that a thorough explanation of the possible changes in the user's biological processes as a result of using a particular method be offered. As soon as a safe and effective method is found, the realization that fertility regulation is beneficial will naturally follow.

Women cannot effectively practice birth control unless the men support these activities. The FP program should seriously start paying attention to men in the promotion of family planning. If they are hard to reach because of their work, FP should be offered and explained in their places of work.

How do we make men more sensitive to women's concerns? Are gender sensitivity sessions really effective?

How do we prepare young people for the responsibilities of married life and to make them understand that keeping open channels of communication between each other will make them sensitive to the other's feelings and desires?

REFERENCES

Adair LS, (1997) Exploring the Complexity of Women's Lives: Family Planning, Children, Decision-Making, Domestic Work, and Labor Force Participation in Cebu, Philippines. Chapel Hill: Carolina Population Center, University of North Carolina

Avila JL, Perez L (1997) Are Women Saying the Same in Surveys and In-Depth Interviews? Cebu City: Office of Population Studies, University of San Carlos

Biddlecom AE, Casterline JB, Perez AE. (1996) Men's and Women's Views of Contraception. The Population Council Research Division Working Papers No. 92. New York: The Population Council

David FP. (1994) "The Roles of Husbands and Wives in Household Decision-Making." Philippine Sociological Review (42):78-93.

Herrin AN., Costello MP. (1996) Sources of Future Population Growth in the Philippines and Implications for Public Policy. New York: The Population Council.

Minichiello V, Aroni R, Timewell E., Alexander L. (1995) In-Depth Interviewing: Principles, Techniques, Analysis. Sydney: Longman

National Statistics Office (NSO). 1997. 1996 Family Planning Survey. Manila.

Population Reference Bureau (PRB). 1997. World Population Data Sheet. Washington, DC.

Rainwater L. (1960) And The Poor Get Children: Sex, Contraception, and Family Planning in the Working Class. Chicago: Quadrangle Paperbacks

Sealza L. (1995) Factors Affecting the Family Planning Program Drop-Out Rate in Bukidnon, Philippines. Manila: Research Institute for Mindanao Culture, Xavier University and The Population Council.

Williams L., Sbieszczyk T., Perez AE (1997) "Using In-Depth Interviews and Survey Data to Understand Couples' Views about Planning Births in the Philippines", Population and Development Working Papers. Ithaca: Cornell University