

The Roles of Husbands and Wives in Household Decision-Making

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SOME CONSIDER the Filipino family as patriarchal and authoritarian since the father is usually looked up to as the authority in the home. The father's being "the principal breadwinner and nominal head of the family" is a lesson learned at home and reinforced in school where the young are further taught about family life. Although mothers also exercise authority at home and participate in decision-making, it is commonly believed that the father's decision has a "greater weight" and that the father has the "final say" in the family.

Research findings, however, suggest that Filipino families may be more egalitarian and less patriarchal. Although fathers continue to be identified as the "breadwinners" or the "household heads" of families, the significant roles of mothers in family survival and decision-making are well-documented. Studies in the 1960s and the early 1970s show that joint husband-wife decision-making patterns are the common norm in Filipino homes (Guerrero 1965; Porio, et al. 1975; Castillo 1976). This conjugal mode of decision-making has been consistently supported by even more recent studies conducted in the last decade (Alcid 1986; David 1993).

Studies have also shed light on other features of household decision-making, such as the division of roles or domains between spouses and other variations in the participation of men and women in family decisions. For instance, studies have shown that although decision-making is generally bilateral, there are certain decision domains that are the purview of either spouses. Household concerns like food, clothing, and child care are generally the domain of wives/mothers; whereas farming, business and investment matters are men's domains (Porio, et al 1975; Castillo 1975).

As interest in women's issues and concerns has grown in recent years, scholars are being challenged to further look into the dynamics of household decision-making and into the changing allocation of tasks, responsibilities and authority within households. Aside from knowing who makes the decisions on particular aspects of family life, some have expressed further interest in understanding the extent and nature of participation of either spouse when the joint pattern does not apply. Still others have identified decision-making "processes" (rather than just outcomes) and the resolution of issues and

conflicts as other areas for further inquiry.

This paper thus hopes to address some of the above concerns by reexamining relevant data gathered from a Family Planning Intervention Study conducted in three municipalities of Iloilo in 1993. Other than examining the roles of husbands and wives in different areas of household decision-making, this paper aims to provide additional information on 1) the perceptions of respondents with regard to reasons or factors underlying joint husband-wife decision-making patterns and those behind the autonomous or independent decisions of either husbands or wives; and 2) whether respondent and household level characteristics as age, rural-urban residence, the education of husbands and wives, and the employment of wives influence the decision-making patterns within households.

Data Sources

The Family Planning Intervention Study conducted in Iloilo municipalities contains survey data as well as qualitative information on household decision-making processes. The study's survey component had for its respondents 342 married women and 108 married men of reproductive age. Its qualitative information, on the other hand, were collected through a series of key-informant interviews and focus group discussions similarly held with groups of married men and women and other community leaders and members (i.e., RHU/health personnel, among others). Undertaken to help improve local family planning and health services, most of the data collected by the study understandably focused on these topics.

The study's survey questions on household decision-making include ques-

tions on who among household members makes the decisions in some seven areas of family life. These decision-making areas pertain to:

1. children's education, specifically in terms of whether or not a child should go to school, what school should he/she go to and what course should the child pursue;
2. child discipline (who handles or makes decisions on child discipline);
3. family health, specifically, who decides on whether or not to bring a sick family member to a hospital or doctor;
4. household expenditures (who handles household budgeting for food, clothing and other daily/usual family expenditures);
5. family planning practice or how couples decide on whether or not they should practice family planning;
6. family planning method, i.e., how couples decide on what family planning method to use; and
7. family business/investments or who handles or makes decisions on family investments and business matters.

The study's key informant interviews and focus group discussions (FGD), on the other hand, were used to elicit information on the perceptions of informants on the communication and decision-making processes between husbands and wives and among other members of the household. The foregoing data are used to describe and elucidate the decision-making processes and patterns emerging in households.

Decision-making Processes

Consistent with earlier research findings, the study's key informants and FGD participants are of the opinion that household decision-making in their communities are, for the most part, participatory, jointly

involving husbands and wives as well as children or other family members involved in or affected by the decision to be made. Prior to a family decision, some consultation usually occurs between husbands and wives and, in some instances, also with children.

The consultation is typically initiated by one of the spouses or requested by a child who needs his parents' decision. As a preliminary process, the person who feels the need for a decision talks to his/her spouse and brings up the issue in question, initially just for reactions. When it is a child who needs a parental decision, he may also simply bring up the matter first to his father or mother or whoever he feels more comfortable with, knowing that this then can be brought to the attention of the other parent.

This initial consultation, which is often referred to as a "sharing of thoughts or concerns", may be immediately followed by a discussion or interaction, although at other times, this too, can result in "an argument." If the subject of decision is serious, it may require additional family consultations/conferences. At these consultations, alternative solutions/actions are identified, and the advantages and disadvantages of each weighed. When the decision is not too complicated or when nobody else is involved aside from the husband and the wife, a decision is usually reached immediately. Complicated matters and those where other people are involved often entail further discussions and consultations.

Because many areas of family life are considered shared responsibilities of husbands and wives, they are likely to discuss issues in question, consider possible or alternative courses of action and se-

lect or decide on the best option. Key informants and FGD participants, however, mention that family decisions are made within the context of the family's resources. Not infrequently therefore, spouses/families settle for less than the best solution or alternative as a result of resource limitations or economic constraints. This is particularly true in the case of choosing the schools and courses of children, where most families are unable to afford better or the best schooling options for children. This also underlies the more limited involvement of children in family decisions. Although children are asked to indicate their preferences on such matters as the school to go to, the food to eat and the clothes to buy, it is more often the choice of parents that prevail.

While family matters are generally seen as shared responsibilities of spouses, informants likewise mention instances which require no consultations when husbands and wives can decide on their own. Here, respondents point to the gender-typing of certain decision-making areas. Similar to the findings noted in earlier studies, informants concede that the wife has the decision-making priority on matters concerning household budget and the day-to-day management of the home. Husbands, on the other hand, are seen to have the priority over matters concerning household finances and livelihood needs. Hence, a wife need not consult her husband when she decides what food to buy, how much money to allocate for the clothing of children or when to buy them. Similarly, a husband does not need to consult his wife when he has to plow the field, discipline a child, or buy things for his use.

When no agreement is reached between husbands and wives or when conflicts arise, it is also this gender typing

that often determines the course of decision-making and its outcomes. In a sense, because certain decision-making areas are seen as the domain of either spouse, each is sort of “empowered” to respectively decide on their domains. In these instances, the decision of the appropriate spouse becomes dominant.

Decision-making Patterns

The trends in household decision-making patterns indicated by the survey data as shown in Table 1 generally conform to the key informants’ views and description of household decision-making processes. One notes that with the exception of household budget, respondents report more commonly arriving at decisions jointly with their spouses on all the other identified areas of household decision-making. The proportion of respondents saying that they decide jointly with their spouses reaches a majority in such areas as choice of schools for children (66.7 percent), decision to seek medical assistance for a sick member of the family (66.7 percent), and decision to practice family planning (55.1 percent). While not reaching a majority, the joint husband-wife decision-making pattern accounts for the single largest category of responses in the areas of what family planning methods should a couple use (48.2 percent), and disciplining children (39.6 percent). It is largely on the basis of similar quantitative survey results that most studies have concluded that family decision-making patterns in Filipino homes are egalitarian or jointly arrived at by wives and husbands.

But a closer look at those cases where either one of the spouses independently decide on family matters and of the key informants’ descriptions of decision-making processes suggests other

dimensions of decision-making that may qualify conclusions about the egalitarianism in Filipino households.

First, comparing patterns across decision-making areas, the data point to a clearer joint decision-making pattern in two such areas: the choice of which school children should go to and the decision to seek medical care for a sick family member. Not only do a clear two-thirds majority of respondents report jointly deciding on these matters with their spouses, but the remaining proportion saying that these are either the husband’s or the wife’s priority are not shown to particularly favor one or the other spouse. In the choice of children’s schools, children’s preferences are in fact considered in some 13.5 percent of cases, a little more than the times wives decide on this matter alone (11.5 percent) and which, in turn, is only slightly more often than the instances when husbands do so on their own (8.3 percent). Likewise, the proportion claiming a joint decision pattern in their households with regard the health care for a family member reaches a two-thirds majority of respondents. Of the remaining cases, 18.8 percent indicate this is a husband’s priority while 12.5 percent mention this is the wife’s. Data from the key informants and FGD discussions suggest the slight edge of husbands in this matter to derive from men’s preeminent role in handling family finances. Since bringing a family member to a doctor or hospital would entail a relatively major expense, it is important that husbands/fathers are consulted.

The qualitative information obtained from the key informants and FGD sessions further substantiate the finding that matters concerning children’s education and family health are perceived as a shared responsibility of husbands and

wives. Because both decisions often entail substantial outlays and given the limited resources of many families, it becomes necessary for both husbands and wives to discuss and deliberate on these matters, and particularly when they may have to borrow money or incur debts for the education of children or the medical care of a sick member.

The next decision-making area which exhibits a joint pattern is family planning. But while as many as 55 percent of the respondents say that they and their spouses jointly decide on whether or not they should practice family planning, the remaining cases show many more husband-only (28.2 percent) than wife-only (8.5 percent) incidents. This is so even as wives are more directly affected by such a decision, since it is they who get pregnant and bear children and who are tasked with the major responsibility of childrearing.

Key informants and FGD participants concur that in their communities, family planning practice is commonly jointly decided on by spouses even as the country's family planning program is heavily directed at women. They also concede however, that although wives are the ones who bear the difficulties of pregnancy and childbirth, they cannot decide on family planning matters without consulting their husbands. Moreover, when husbands object to family planning practice, their objection usually prevails. When conflicts or disagreements arise, wives generally submit to their husband's wishes for the sake of maintaining marital/family harmony.

Given the foregoing depiction of decision-making processes with regard family planning practice, the emerging decision patterns on the choice of family

planning methods (which show a distribution of 24.3 percent wife-alone, 25.7 percent husband alone, and 48.2 percent joint husband and wife) are not easy to interpret. These may point to an egalitarian pattern, the roughly equal proportions of wife-only and husband-only decisions reflecting instances where the method of choice is either for women (pills, IUD, etc.) or for men (condom or vasectomy). But knowing that only a few men are inclined to use male family planning methods, the proportion of male-only decisions likely includes instances of male objection to family planning. Qualitative data also reveal cases of husbands who, though already agreeing to family planning practice and to the method for this, do not abide by the agreement (as when men insist on having sex during their wives' unsafe periods). Men who agree to vasectomy also hesitate to undergo the procedure or need a lot of convincing before submitting themselves to the procedure. Overall, the data show that husbands have a greater say on family planning matters.

Likewise, family finances/investments are more clearly considered a male decision-making domain. While the plurality of the survey respondents (43.8 percent) indicates that they and their spouses jointly decide on these, over a third (34.4 percent) mention these are decided solely by husbands as against a noticeably lower 16.7 percent who say these are decided by wives alone. Key informants too indicate that husbands and wives would commonly consult each other when buying a house, selling a property and purchasing major equipment/appliances. When consultations do not lead to an agreement, however, husbands usually make the final decisions on these matters. In the informants' views,

this is so because it is husbands who often earn the incomes that are used for these major purchases.

If husbands are deemed more empowered to make the decisions on family finances, husbands apparently concede to the authority of wives over household expenses and budgets. Over a two-thirds majority of respondents (67.7 percent) say that in their households, usual household expenditures are decided by the wife alone, while about a fifth mention these are jointly decided by spouses, and around a tenth report these are decided solely by husbands. Key informants and FGD participants concur that budgeting for the family's needs and allocating resources for food, clothing and the other needs of members are the main concern of wives and women. Male informants in fact agree that they only handle these matters when their wives are sick or are not around, with some adding that their older daughters assume this responsibility when their wives are unable to do so. Family members generally perceive wives and mothers to be in the best position or the most capable to handle household budget, thereby acceding to women's decisions in this regard.

Finally, the survey results show that in the area of child discipline, joint husband-wife patterns are far less common (39.6 percent) when compared to the other decision-making areas. A relatively substantial 28.1 percent claim wives take it upon themselves to discipline children on their own, while a roughly equal 27.1 percent say husbands also do so on their own. While the proportion of joint husband-wife pattern is lowest in this decision-making area, the observations of key informants would not lead us to conclude that child discipline is more of a male or female domain. To the con-

trary, both parents are perceived as sharing in the responsibility of correcting the misbehavior of children and inculcating good manners and conduct among children. Fathers and mothers therefore can, and should correct, children's behavior anytime or whenever there is a need to discipline them. Spouses need not always consult each other on this matter, except in cases of major offenses by children. However, since mothers are much more involved in caring for small children, they tend to exert greater control in straightening behavior among young children. But as the children grow up, husbands/fathers take on a more active part in disciplining children. There is also the perception that fathers are more effective in talking with their sons, while the mothers are more effective with their daughters.

Reviewing briefly the decision-making patterns across different areas of household activity, one notes that these are more egalitarian in the areas of children's education and family health. Decision-making processes in these areas often necessitate communication and deliberations between husbands and wives. These areas, too, are perceived as a joint/shared responsibility of spouses, and survey results indicate that a clear majority of households actually adhere to a joint decision-making norm when deciding matters on children's education and the treatment of sick family members.

Decision-making patterns in the area of child discipline also lean towards egalitarianism, even if survey results show this to exhibit the lowest proportion of respondents saying that this is jointly decided on by husbands and wives. Here, there are indications that spouses acknowledge one another's authority over their children and that

one therefore can act on the other's behalf. Whoever parent is available can discipline a child when the need arises. Because mothers are more frequently around while children are growing up, they tend to be the more dominant authority among young children. Fathers become more involved in disciplining older children.

The management of household budget is decidedly seen as the domain of wives and not a shared responsibility between spouses. Fathers and children defer to mothers' decisions in this regard, since mothers are perceived to be much more familiar about the needs of family members and the everyday requirements of families. There are indications too, that the low involvement of husbands in household management and budgeting owes likewise to the typecasting of these as "female-only" activities. Some fathers would rather that their older daughters or other female family members take over these

functions when their wives are sick or are not around to do these.

Decision-making in the area of family finances and investments, on the other hand, is more clearly a male activity though the plurality of respondents say this is jointly undertaken by husbands and wives in their households. In the remaining cases, the instances of male-only decisions are two times more than the instances of female-only decisions. Family members too are wont to acknowledge men's authority over financial matters since husbands/fathers are perceived as earning the greater bulk of the visible incomes of households.

Compared to other areas, the study results suggest that decision-making processes surrounding family planning matters may be the least equal in Filipino families. Qualitative data show that although wives are the most directly affected by family planning, the decisions of husbands on this matter take precedence

Table 1. Decision-making patterns by area of decision-making.

Area	Patterns			
	Wife Only (%)	Husband Only (%)	Joint Husband and Wife (%)	Others (%)
Child discipline	28.1	27.1	39.6	5.2
Choice of school for children	11.5	8.3	66.7	13.5
HH budget allocation	67.7	11.5	19.8	1.0
Family finances investment	16.7	34.4	43.8	5.2
Family health	12.5	18.8	66.7	2.1
Whether to practice FP	8.5	28.2	55.1	3.1
What FP method to use	24.3	25.7	48.2	1.8

over the views and preferences of wives. Moreover, there appears to be no clear rationale why husbands should have the final say on family planning, or why they should sway greater authority on this matter. Unlike other decision-making areas where spouses acknowledge the prerogative of the other to make a decision, wives are not shown to similarly acknowledge the authority of husbands on family planning, submitting only to the decisions of husbands on this matter to maintain family harmony. Family planning thus may remain a contentious area of decision-making entailing more negotiations and the possibility of disagreement, conflict and resistance when no agreement is reached between wives and husbands.

Socioeconomic Differentials in Household Decision Making

Because household decision-making processes can be affected by the socioeconomic characteristics of spouses, an attempt was made to examine how decision-making patterns would vary by the sex of respondents, their rural-urban residence, the education of husbands, and the education and employment of wives. The results of this are shown in Tables 2 to 6 showing household decision-making by each of the foregoing characteristics of spouses.

Table 2 shows a concurrence in the perceptions of husbands and wives (or of male and female respondents) with regard to who makes the decisions on household budgets in their families. Between 69 to 70 percent of both sexes agree that this is the purview of wives, and the proportion saying this is the wives' or the husbands' alone is also similar among husbands and wives.

Beyond household budgets, however, there are obvious differences in

the views of husbands and wives with regard their involvement in household decisions. In general, husbands tend to abrogate more power and authority to themselves when deciding about the discipline of children, the choice of children's schools, family finances and investments and family health; whereas many more wives than husbands feel that they decide on these matters jointly with their husbands. The reverse is noted in the area of family planning decisions, however. More husbands are more prone to consider the decision on whether or not they should practice family planning as one that jointly involves them and their wives; whereas there is a tendency among wives to attribute more power to their husbands and to consider this as a husband-only decision. Moreover, the plurality of husbands (36.4 percent) consider the choice of family planning method as the prerogative of their wives alone, but the majority of wives (52.4 percent) see this as a joint decision to be made by husbands and wives.

Rural-urban residence is also shown to influence family decision-making patterns. As might be expected, urban residence is more clearly associated with egalitarian patterns and increases the likelihood that spouses will decide jointly on family matters. Table 3 shows this to be true in such areas as the choice of children's schools, family investments, family health, and the choice of family planning methods. The only exceptions are noted in the area of household budgets (acknowledged to be women's domain in both rural and urban areas); child discipline which emerges more as the wife's responsibility in urban areas; and family planning practice which appears more egalitarian in the rural, while veering towards a husband-only pattern in urban areas.

Table 2. Decision-making patterns by decision-making areas and the sex of respondents.

	Sex of Respondents	
	Male (%)	Female (%)
Child Discipline		
Wife only	21.3	30.1
Husband only	39.0	23.4
Joint husband and wife	39.0	39.8
Children's School		
Wife only	17.2	9.2
Husband only	21.6	2.8
Joint husband and wife	56.4	69.4
HH Budget		
Wife only	69.4	69.9
Husband only	13.0	11.1
Joint husband and wife	17.6	17.8
Family Investment		
Wife only	21.3	15.2
Husband only	48.1	29.0
Joint husband and wife	26.0	50.7
Family Health		
Wife only	13.0	37.7
Husband only	30.5	13.7
Joint husband and wife	56.5	69.9
FP Practice		
Wife only	13.0	6.7
Husband only	21.3	30.1
Joint husband and wife	61.1	53.5
FP Method		
Wife only	36.4	20.4
Husband only	28.8	24.8
Joint husband and wife	34.8	52.4

The education of husbands affects household decision-making processes in other ways. Its more noticeable effects are seen in the choice of children's schools and household budget, where husbands with college education have increased involvement in deciding on these matters. Compared with husbands with lower education, for instance, a substantial 26 percent of college-educated men report equally participating in household budget decisions with their wives (Table 4). College-educated men,

however, are more likely to relegate more power and authority to their wives in the areas of child discipline and family health. The impact of husband's education on the remaining decision-making areas is not as consistent or clear-cut.

More consistent trends are noted as regards the impact of wife's education on family decision-making processes. The increasing education of

Table 3. Decision-making patterns by decision-making areas and the respondents' place of residence.

	Place of Residence	
	Rural	Urban
Child Discipline		
Wife only	5.3	33.4
Husband only	27.1	27.2
Joint husband and wife	39.0	39.0
Children's School		
Wife only	18.4	-
Husband only	6.8	8.1
Joint husband and wife	62.8	73.0
HH Budget		
Wife only	73.0	64.7
Husband only	8.7	16.2
Joint husband and wife	17.0	19.1
Family Investment		
Wife only	18.8	13.3
Husband only	33.9	32.4
Joint husband and wife	40.8	51.4
Family Health		
Wife only	17.0	8.1
Husband only	18.8	16.2
Joint husband and wife	61.0	75.7
FP Practice		
Wife only	8.7	8.1
Husband only	25.6	32.4
Joint husband and wife	59.2	48.5
FP Method		
Wife only	31.1	16.0
Husband only	24.1	28.3
Joint husband and wife	42.2	55.7

wives is shown to promote more egalitarian decision-making patterns in most areas of family life including child discipline, the choice of children's schools, family health, and family planning. One notes in Table 5 that households where the wife is college-educated exhibits the highest proportion of jointly-made decisions bearing on these issues. A college education among wives, however, tends to consolidate women's control and authority over household budgets and does little to coun-

terbalance the authority of husbands over family finances and investments.

Interestingly, the study results indicate that the employment of wives effectively counterbalances the control of husbands over family financial decisions. Whereas the plurality of financial decisions in households where the wife is not employed is made by husbands alone (43.7 percent), close to a three-fifths majority or 59.3 percent of such decisions

Table 4. Decision-making patterns by areas and husband's educational attainment

	Husband's Education		
	College (%)	High School (%)	Elementary (%)
Child Discipline			
Wife only	43.5	25.0	19.4
Husband only	17.6	27.0	37.7
Joint husband and wife	38.9	38.5	42.8
Children's School			
Wife only		15.2	13.9
Husband only	13.3	2.0	13.9
Joint husband and wife	78.6	59.4	71.3
HH Budget			
Wife only	69.4	71.3	66.3
Husband only	4.6	13.5	14.3
Joint husband and wife	26.0	13.5	19.4
Family Investment			
Wife only	13.0	15.2	24.2
Husband only	43.5	25.0	42.4
Joint husband and wife	43.5	52.0	28.3
Family Health			
Wife only	25.9	9.4	9.2
Husband only	12.9	17.2	23.5
Joint husband and wife	61.1	69.3	66.3
FP Practice			
Wife only	8.3	7.8	9.1
Husband only	25.9	30.7	24.2
Joint husband and wife	56.5	52.1	61.6
FP Method			
Wife only	9.2	31.3	20.0
Husband only	36.9	21.8	26.6
Joint husband and wife	53.9	43.5	53.3

are jointly made by spouses in households where the wife is employed. There are also more wives in the latter kind of households who report deciding on family financial matters on their own (24.7 percent as against 12.3 percent in households where the wife is not employed). Moreover, the earnings of employed wives apparently increase their authority to decide on family health matters that often entail expenses for the medical care of sick family members. Finally, Table 6

shows the employment of wives to engender joint decision-making patterns over household budgets and the choice of family planning method used by spouses. It is not shown to affect as much household decision-making patterns in the areas of child discipline, the choice of children's schools and whether or not spouses should adopt family planning practice.

The foregoing examination of the socioeconomic differentials in household

Table 5. Decision-making patterns by areas and wife's educational attainment.

	Wife's Educational Attainment		
	College (%)	High School (%)	Elementary (%)
Child Discipline			
Wife only	33.4	28.0	25.5
Husband only	20.0	24.4	40.4
Joint husband and wife	47.1	42.7	24.5
Children's School			
Wife only	0.0	14.9	10.0
Husband only	13.3	2.0	13.9
Joint husband and wife	78.6	59.4	51.1
HH Budget			
Wife only	80.0	67.1	70.2
Husband only	7.1	13.0	9.6
Joint husband and wife	12.9	17.8	20.2
Family Investment			
Wife only	7.1	19.6	14.9
Husband only	52.9	31.1	25.5
Joint husband and wife	40.0	41.3	59.6
Family Health			
Wife only	20.0	9.4	20.0
Husband only	13.4	13.3	35.0
Joint husband and wife	67.1	54.2	66.3
FP Practice			
Wife only	12.9	8.0	5.3
Husband only	7.1	29.4	38.3
Joint husband and wife	67.1	54.2	51.1
FP Method			
Wife only	9.3	29.5	23.2
Husband only	27.9	23.7	30.4
Joint husband and wife	53.5	46.8	46.4

decision-making points to various factors promoting egalitarianism within households. First, the employment (and earnings) of wives helps to lessen the dominance of husbands over family financial decisions, while the education of husbands tends to increase their involvement in household budgetary concerns thereby lessening the dominance of wives over household budget. Second, increasing education among husbands and wives also contributes to more egalitarian deci-

sion-making patterns, although wife's education in particular promotes joint husband and wife involvement in family planning decision-making processes. Urbanization likewise engenders joint husband and wife participation in certain decision-making areas. But the less than consistent effects observed for each of the above factors suggest that decision-making processes are much more dynamic and complex and that decision outcomes depend on the individual circumstances of

Table 6. Decision-making patterns by areas by wife's employment.

	Wife's Employment	
	Employed	Not Employed
Child Discipline		
Wife only	25.0	29.3
Husband only	31.3	25.3
Joint husband and wife	40.6	39.3
Children's School		
Wife only	12.3	10.7
Husband only	6.3	8.0
Joint husband and wife	65.7	67.3
HH Budget		
Wife only	72.0	68.7
Husband only	3.3	15.7
Joint husband and wife	25.0	14.0
Family Investment		
Wife only	24.7	12.3
Husband only	12.7	43.7
Joint husband and wife	59.3	37.7
Family Health		
Wife only	22.0	9.3
Husband only	12.7	20.3
Joint husband and wife	65.3	67.3
FP Practice		
Wife only	9.3	7.7
Husband only	31.3	26.7
Joint husband and wife	53.3	56.3
FP Method		
Wife only	22.2	25.8
Husband only	22.2	28.6
Joint husband and wife	55.6	45.6

spouses and how wives and husbands negotiate their roles within their marital and family relationships.

Concluding Notes

Using an earlier family planning study conducted in three Iloilo municipalities, this paper began by reexamining relevant data on household decision-making patterns. The study findings indicate that the majority or at least the plurality of study respondents report that in their families, decisions are usually jointly ar-

rived at by spouses. Similar findings have led earlier studies to characterize decision-making processes in Filipino households as egalitarian and consultative. The only exceptions to these are decisions on household budget which are consistently shown to be the prerogative of wives; and decisions on family finances and investments shown just as consistently to be the prerogative of husbands.

Quantitative survey data gathered on household decision-making patterns, however, do not always provide a sufficient

basis for assessing egalitarianism in household decision-making. Other qualitative data gathered in the Iloilo study indicate that spouses often acknowledge the authority of one or the other to decide on family issues/matters even as many of these are considered as "shared" responsibilities of husbands and wives. Seen in this light, wife-dominance over household budget may not necessarily imply non-egalitarian decision-making forms. Husbands generally acknowledge their wives' competence over household budgets and defer to their decisions on these, whereas wives defer to their husbands on household financial matters in view of their husband's more visible involvement in livelihood activities. In most areas of household decision-making (i.e., child discipline, children's schooling, the care of sick family members, etc.), there is some accepted rationale for why couples decide on these jointly, or why in some instances, prerogative is given to one or the other spouse. The one area where this does not apply relates to family planning matters. Here, the wishes or decisions of husbands emerge more dominant, even as there is no clear rationale why husbands should have the greater or final say on family planning. Neither is there a clear acceptance of husbands' authority on family planning matters by their wives. This may partly

explain the slower adoption of family planning by married couples in the Philippines when compared to other countries of similar development.

Various socioeconomic factors are also shown to foster joint household decision-making processes. Increasing education among husbands seems to increase, in particular, the husband's involvement in household budget as well as in the choice of children's schools. The employment of wives, on the other hand, increases their influence on matters involving family finances and major expenditures. The education of wives similarly fosters joint decision-making processes in most areas of household decision-making but especially in family planning, suggesting that more highly educated women are better able to communicate their family planning concerns with husbands and involve them jointly in family planning decisions. None of the socioeconomic factors examined in the paper, however, is shown consistently to influence decision-making processes in all key areas of household decision-making. This suggests that other variations in household decision-making patterns owe to the individual circumstances of couples and the manner in which wives and husbands negotiate their respective roles within their conjugal relationship.

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