

The Philippines

Family Planning: Its Economic and Psychosocial Influences on the Lives of Women in Western Visayas

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**This summary highlights findings from a larger scientific report
and includes recommendations from in-country researchers**

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I Introduction

In the last two decades, family planning research has concentrated on the examination of women's fertility behaviors, patterns of contraceptive use, and factors that influence these two variables (Ross and Frankenberg, 1993, Population Center Foundation, 1984) Studies of the effect of family planning on women's lives have been limited While family planning promotion strategies emphasize the social and economic advantages of family planning, little research exists on whether women perceive these benefits

Ideally, with the practice of effective family planning, users may have successfully avoided unwanted pregnancies, spaced their pregnancies or births and, thus had only as many children as they thought they could afford Has the practice of family planning really improved the quality of life of users, particularly women?

II Study Objectives

This study was conducted in 1995-97 by the Social Science Research Institute, Central Philippines University, in collaboration with the Women's Resource Center and the Family Planning Organization of the Philippines, Iloilo Chapter The research sought to determine the association between family planning use and various aspects of the lives of married women of reproductive age living in the Western Visayas

More specifically, the study aimed to describe the association of family planning practice with selected

- 1) *Economic* characteristics of women, such as involvement in paid work, type of work they are engaged in, and gainful work participation between pregnancies,
- 2) *Social* characteristics of women, such as education and training and participation in social organizations and community activities
- 3) *Psychological* characteristics of women, such as satisfaction with life, perceived self-esteem, and decision-making participation,

It also ought to describe

- 1) Women's perceptions of how family planning has improved their lives and their association to selected characteristics of family planning experience, and
- 2) The incidence of domestic violence among women, and factors associated with their experience with violence

III Research Methods

A Research Hypotheses

Family planning practice is associated with

- 1) Women's educational achievement and attendance at training programs after marriage,*
- 2) Women's employment status and nature of work,
- 3) Women's participation in community organizations and activities, and,
- 4) Women's satisfaction with life, and decision-making participation

B Research Design

Researchers interviewed 1,100 married women of reproductive age, plus 50 key informants. Nine pre-survey and 27 post-survey focus group discussions (FGDs) were conducted with women, men, community leaders, members of women's groups, and family planning service providers.

Sampling Procedures The study areas and the survey respondents were selected using stratified random sampling. Researchers selected six provinces in Region VI, one each from the more developed provinces (Iloilo and Negros), the moderately developed provinces (Aklan and Capiz) and the least developed provinces (Antique and Guimaras). Then, Iloilo, Aklan, and Antique were chosen for the study. The size of the study population was determined in each province, and three sample municipalities per province (classified as coastal, agricultural, and town proper, or *poblacion*) and three

Researchers focused on training after marriage since one of the purposes of the study was to examine what opportunities women can pursue after marriage and how that relates to their childbearing patterns. In other words, researchers asked, "Do women with small families have more opportunities for further training than women with large families?"

barangays per municipality were selected. FGD participants and key informants were selected from the sample municipalities.

Data Collection and Analysis The structured interview schedules used in the survey, the FGD guide and the key informant interview guide were prepared, reviewed, and finalized by the in-country research teams involved in the Women's Studies Project (WSP), Family Health International (FHI) staff, advisers, consultants, and representatives from local and national women's groups. Survey instruments were translated into the study population's dialect.

Interviewers were trained in survey administration and attended a two-day session on gender issues. Draft questionnaires were field-tested and three research assistants, who were also trained and involved in FGDs and in-depth interviews, supervised the field work.

Researchers used appropriate tests for association and regression analysis, to ascertain if family planning practice, methods used, quality of family planning services received and selected antecedent variables (such as women's education, income, residence and household size) were associated with the women's economic, social and psychological advancement. FGD and interview results were used to complement survey findings.

Information Dissemination There was a major emphasis on disseminating information on study progress and results. Researchers continually provided feedback to community members and women's advocates on the project status, preliminary findings and final results. They shared information about the WSP conceptual framework, the survey instruments and progress reports with FHI advisers, In-country Advisory Committee (IAC) members, other WSP researchers, and local women's groups. Preliminary findings were presented to small groups of women, men, local government officials and others to learn their reactions and comments. The final results of the study were presented in a regional research symposium which drew 55 participants representing local government units, the military, non-governmental organizations involved in women's issues, government agencies concerned with population and women's health and welfare, universities, and women's and men's groups. Research results were also disseminated through media, classroom meetings and bench conferences.

IV Findings and Conclusions

A Background Characteristics of Study Participants

A typical woman in Western Visayas was in her early thirties, Roman Catholic, and a non-working urban dweller with at least some high school education. The mean household size was 5.6, typically with equal numbers of males and females. On average, a woman had one or two school-age children. Household characteristics did not vary between family planning users and non-users. On average, women and their families

owned houses made of temporary materials but with piped-in water electricity and a water-sealed toilet More family planning users owned these amenities than non-users

B Family Planning Practice, Pregnancy and Childbearing Experiences

More than half (52.6 percent) of the women interviewed currently used contraception or had used family planning at some point The most popular method was the pill, while the most unpopular were male-oriented methods – the condom and vasectomy The most common reason for choice of family planning methods was effectiveness, while the most frequent complaint was dizziness

The majority of family planning users were “very satisfied” with their method, and 88.9 percent said they intended to continue using their current method Among the non-users, 16 percent intended to use family planning, most likely pills, in the future

The women’s average age at first marriage was 23.3 years Rural dwellers tended to marry earlier than urban dwellers, and non-working women tended to marry earlier than working women

On average, women had 3.8 pregnancies and 3.5 children ever-born, which suggests pregnancy loss among some women Family planning users reported slightly more pregnancies and more children ever-born than non-users This suggests women probably used family planning when they reached (or exceeded) their desired number of children

The mean number of children ever-born was found to be higher for older women than for younger women, for rural dwellers compared to urban dwellers, and for elementary-educated women compared to those with at least a high school education The women’s work status did not appear to influence number of children ever born

C Association between Family Planning and Employment Status

Family planning practice was found to be significantly associated with women’s work status Family planning users were more likely to be engaged in paid work than non-users Qualitative data confirmed that family planning practice allowed women increased economic opportunities, including opportunities to earn a living and become more efficient workers Husbands and wives agreed that spaced pregnancies and fewer children allowed women to spend more time working and, consequently, to earn more money

The favorable influence of family planning practice on the work status of women of reproductive age prevailed even when age, residence, educational attainment, number of children, religion, and household size were controlled Family planning practice consistently increased the probability of the women being employed

Work participation of family planning users increased with age family size and number of children This means that working family planning users also had large families and

many children. Since child care and household chores are traditionally women's responsibilities, working family planning users were burdened by multiple responsibilities of production, reproduction and household management.

Most of the working family planning users were engaged in traditional, seasonal and low-paying jobs, and most of the income they derived from their work was contributed to household expenses. Very little, if any, was spent for personal purposes.

D Association between Family Planning Practice and Women's Educational Advancement

A significantly higher proportion of family planning users than non-users attended seminars or training after marriage. The most common types of training attended by both groups were courses or programs in personal development.

Variation in attendance between users and non-users was evident even when other variables were controlled. Attendance also tended to increase with age, educational attainment and socioeconomic status of the woman, but declined with a greater number of children or pregnancies. This was true for both users and non-users. More family planning users than non-users were able to study between pregnancies.

Regression analysis showed that non-users were less likely to advance professionally than were family planning ever-users. The negative regression coefficient means that the non-users had .075 less probability of being educated than the family planning ever-users. The data suggest that family planning use tended to improve a woman's chance of going back to school to pursue more education.

E Association between Family Planning and Community Participation

Family planning practice was found to increase a woman's participation in community activities, a significantly higher proportion of users than non-users was involved in community activities. Men and women said that with family planning, women have more time to get involved in activities outside the home. The women found community activities relaxing, and said that these activities allowed them to socialize and interact with their peers. Women also said that social participation gave them satisfaction and increased their sense of self-worth because they could be more useful outside the home.

Women's involvement in community activities were usually concentrated on socio-civic community activities such as the Parent-Teacher Association, community beautification, and religious or health-related activities. Women had minimal involvement in political and economic organizations, only a few women were community leaders or officers of political or economic organizations. If they were organization members or officers, they usually held traditional positions that did not demand decision-making.

F Association between Family Planning Practice and Women's Satisfaction with Life

On the whole, women were satisfied with their lives. In all the 14 aspects considered, family planning users registered greater satisfaction than did never-users. The significant difference between the users and non-users was borne out by the satisfaction scores obtained on the anchor item "life as a whole." The differences between the mean scores of never-users and ever-users, however, were not significant with regard to children's health, job, leisure, and household relationships with friends, and one's neighborhood conditions (physical and social).

Rural dwellers had lower satisfaction scores on "life as a whole," but with regard to seven aspects taken separately, the urban and rural dwellers were almost equally satisfied. When all variables except education were controlled, the elementary-school educated women were less satisfied with their partners and their jobs than those with a better education. FGD and in-depth interview results revealed a general impression that family planning users had an easier life and thought of themselves more highly than their non-user counterparts.

G Association between Family Planning Practice and Decision-making

Significantly more family planning users than non-users shared decision-making with their husbands in four areas: whether the woman can work outside the home, whether she can travel outside the community, whether she can use family planning, and whether she should have another baby. There were, however, more non-users than users who reported that their husbands independently made decisions in the four areas.

Most of the women reported that making decisions about work outside the home, outside travel, family planning practice and having another child are shared by husband and wife.

As socioeconomic status increased, there was less likelihood that a woman would adhere to the idea that decisions about working outside the home should be made by the wife alone. Decision-making about travel outside the home was found to vary significantly according to residence and occupation, but not according to age, household size, number of children ever born, religion, education, socioeconomic status or duration of family planning use.

Rural women were less likely to decide on their own to travel, compared to women living in urban areas. Women working outside the home were almost twice as likely to decide whether to travel as non-working women.

Of the nine independent variables examined in the study, only age and occupation were found to have a significant effect on decision-making about having another baby. Relative to younger women, older women tended to make the decision themselves.

Working women were more likely to decide themselves about having another baby than non-working women

H Domestic Violence among Women of Region VI

Domestic violence is a common problem in Region VI. Regardless of family planning practice, more than one-third of the women report they have been victims of either physical abuse, psychological abuse or both. Most domestic violence happens when the perpetrator is under the influence of alcohol. Among the perceived causes of violence were jealousy, quarrels due to suspected infidelity, or arguments over financial and other family matters. The most common reported acts of physical abuse were beating, boxing, slapping or kicking, while the most common psychological abuse was verbal insult or infidelity.

Many of the reported “causes” of domestic violence were facilitators (that is, they provoked rather than directly caused violence). Researchers said this showed that women are not cognizant that violence is caused by the actions of a powerful individual trying to hurt a weak victim. Researchers said that unless women know their basic rights, they will remain powerless.

Women engaged in paid work and in community activities were not exempt from domestic abuse. One in three working and/or socially active women experienced abuse. Abused women do not usually have anyone to turn to for help, except friends and relatives who often do not have the power or skills to protect them from further violence.

V Policy Implications

Based on study findings in the Western Visayas as well as extensive discussions with the two other research teams supported by the WSP, researchers highlighted the following implications for health policies and programs:

- *Family planning* There should be continuous promotion of an effective family planning program that provides integrated family planning services to address the needs of working women. These services should be available to working women through programs that operate outside typical business hours.
- *Work opportunities* Policy-makers should be concerned about work opportunities for women (and men). Improved job opportunities will help women become more financially independent, a situation that can empower them and help them become more assertive in decision-making about their own sexuality, as well as their reproductive and productive roles, and may make them less likely to become domestic violence victims. Governments should enact laws requiring companies and institutions to demonstrate that they give women equal opportunity to be employed,

to occupy decision-making positions, and to get promoted. Local government units should provide more work opportunities for women. NGOs should offer loans and technical assistance for entrepreneurial activities.

- *Community participation* Women's access to leadership positions in community and political affairs must be enhanced. Government as well as private organizations should allot a certain percentage of leadership positions at various levels to women.
- *Domestic life* Home chores, especially child care, create heavy domestic workloads for women, those who work outside the home are not exempt. Because labor-saving devices and support groups are beyond the economic reach of most women, community leaders should develop a cooperative scheme – similar to economic co-ops – to help women with domestic work. Policy-makers and health programs also should promote role-sharing between men and women at home.
- *Leisure time* Training programs for community development and income-generating projects should include entertainment and leisure activities for women who must spend large amounts of time at home due to child care.
- *Gender training* There should be gender training for couples, local leaders and the community to change perceptions and values regarding gender roles and divisions of labor. Applicants for marriage licenses now receive family planning information, this could be expanded to include information about gender roles and division of labor, especially in the home, and should include discussions of responsibilities for parenting and child care. These discussions, hopefully, might reduce conditions that lead to domestic violence.
- *Domestic violence* The prevalence of domestic violence underscores the need to address not only a woman's economic and health needs but her psychological needs as well. Community leaders must develop strategies to minimize and eliminate violence and to immediately respond to victim's needs. The women's desks in local police stations should be staffed with workers who have undergone gender training. Some of these workers should be men who can counsel husbands. Adequate health and counseling services must be available and accessible for victims. Health providers should undergo gender-sensitivity training so that they can be more responsive to the needs of the victims. Governments and NGOs, including women's advocates, should work collaboratively to address this problem. Radio and television programs should include discussions by expert lecturers or panelists on the causes of violence and where perpetrators can seek treatment.
- *Women's organizations* Women's groups and civic and social organizations could play a role in developing training programs and in heightening public awareness of gender concerns. These groups could help establish educational programs, offered

through mass media and in schools, to help young people develop a better understanding of sexuality

- *Education programs* The Commission on Higher Education should mandate that “Current Issues,” a course now required as a subject in all college curricula, should expand its focus beyond family planning to include women’s rights and gender issues. Basic physical education and health subjects in high school and college should also cover reproductive health.
- *Religious programs* Women’s advocates should work with the clergy (priests and pastors) to improve women’s health and well-being. Women’s advocates could ask that religious leaders deliver sermons at least once every six months on family wellness, marital relationships and prevention of domestic violence.

Researchers made the following recommendations for future research

- *Operations research* While many health and family planning interventions have been implemented, monitoring and assessing their effectiveness and cost have been quite limited. Operations research would be helpful, specifically, intervention studies on reproductive health advocacy, marital counseling, male involvement in family planning efforts, local government unit involvement in health and gender programs, and other related concerns.
- *Men* Studies on men’s family planning knowledge, attitudes, and practice and their actual and desired involvement in family planning programs should be conducted. In-depth interviews of men who do not want their wives to use family planning should be done, to understand their reasons, fears and reservations.
- *Women* Quasi-experimental studies should be done on the impact of family planning practice on specific aspects of women’s lives, such as those considered in this study. This should be done in collaboration with local health or population offices in order to promote a better understanding of the usefulness and functions of operations research in program implementation.
- *Domestic violence* Studies are needed to compare women who are victims of domestic violence and those who are not. They could be compared in terms of age, age at first marriage, husband’s age and occupation, socioeconomic status, educational attainment, residence, religion, work status, and number of living children. In-depth interviews should be used to discover how the two groups of women differ in terms of family composition, aspirations of husband and wife, decision-making participation, personality of wife (based on personality inventory) and other factors. Case studies of battered women and batterers should be done to learn what triggers violent behavior and the impact of alcohol and drug use. Personality assessments of husbands and wives would be useful in developing a better

understanding of the relationship dynamics that lead to and perpetuate violent behavior

VI Study Details

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