

PX-ACE-037

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**The Women's Studies Project
Family Health International**

Fact Sheets

**Summaries of WSP Research
Projects**

December 1998



Acknowledgements

The Women's Studies Project (WSP) at Family Health International (FHI) is a five-year research effort to explore women's perceptions of the impact of family planning methods and services on their lives. The Project was supported by a Cooperative Agreement to Family Health International from the U.S. Agency for International Development (USAID/CCP-A-00-93-00021-05). A study in China was supported by the Rockefeller Foundation (no USAID funds were used for this research), and a pilot project in Korea was supported by private FHI funds and a grant from the Institute for Social Development and Policy Research, Seoul National University. The views expressed in this publication do not necessarily reflect policies.

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Family Health International is a non-profit research and technical assistance organization dedicated to contraceptive development, family planning, reproductive health and AIDS prevention around the world

Begun in 1993, the Women's Studies Project aims to support social and behavioral science research on the immediate and long-term consequences for women of family planning programs and methods, and to help improve policies and programs through increased knowledge of the needs and perspectives of women

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The Women's Studies Project is funded by the U S Agency for International Development (USAID), Office of Population, through a Cooperative Agreement (USAID/CCP-3060-A-00-3021-00) The views expressed in this paper do not necessarily reflect USAID policies



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Bangladesh **Family Planning and Women's Empowerment**

In Bangladesh, rural women live and work in the confines of the extended family home and compound. Many women have no independent sources of income, little or no education, and few marketable skills. Reproductive decision-making has been influenced by traditional female role expectations and women's dependence on men.

The massive family planning program in Bangladesh has taken into account women's isolation and dependence. It employs a vast force of female field workers to visit women in their homes and provides contraceptive methods free of charge.

Research Findings

As part of a larger study that documents changing reproductive and gender norms in six villages in two regions of Bangladesh, ethnographic research was conducted on women's perceptions of the benefits of contraception and their concerns about the use of family planning. Semi-structured, in-depth interviews were held with 104 women from the six villages. The women were selected from poor families with little or no land.

Women reported both positive and negative experiences with family planning methods and programs.

The three areas of benefits that women perceived included economic, health and happiness.

- **Economic benefits** Four-fifths of the women mentioned economic pressures as the primary reason, or one of the most important reasons, for limiting their family size. They perceived that family planning and smaller families enabled them to give their children better food, clothing and education.
- **Health and physical well-being** Women mentioned relief from the physical stress of frequent childbearing as a benefit of family planning. One-third of the women said that limiting family size had positive effects on the mother's health and well-being.
- **Happiness and harmony in the home** Twenty-seven percent of the women said that domestic peace and happiness were consequences of small families.
- **Family planning is seen as a way to avert suffering, conflict and chaos** Yet for many women, the overwhelming feeling is that they missed an opportunity to achieve a better life through not starting family planning early enough or using it effectively.

Women also reported negative experiences with family planning

- ❑ Side Effects Among the 87 women who had ever used a contraceptive method, nearly half had experienced troublesome physical symptoms that they attributed to contraceptive use
- ❑ Criticism for Using or Not Using Contraception Many of the older women had been condemned for violating social norms when they started using contraception In general, women adopting sterilization faced greater social stigma than pill users However, as norms in the local community changed, criticism decreased Now, some women feel social pressure against having too many children too rapidly
- ❑ Regret A few women expressed emotional distress about family planning decisions, such as sterilization and abortion

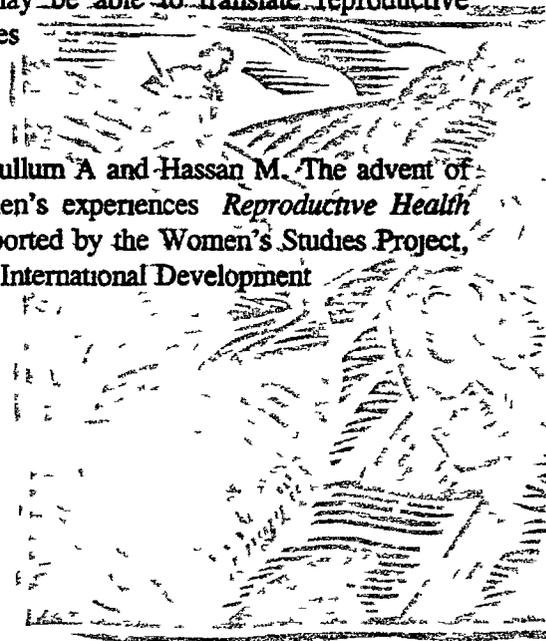
Although women expressed some concerns about their experiences with contraceptives, most said they regretted that they had not used family planning earlier in life

Recommendations

In contrast to other areas of their lives, family planning is a domain in which rural women are encouraged to take the initiative In general, reproductive empowerment has not translated into better opportunities for women's control of other areas of their lives The home contraceptive delivery system has reinforced the isolation of rural women using family planning At this point in Bangladesh's family planning program, women may benefit from a shift in the venue of family planning services By gradually encouraging women to leave their homes and seek information and services at fixed facilities, women will have access to a broader range of family planning services At the same time, they may be able to translate reproductive empowerment into social and economic areas of their lives

Study Details

This summary is based on Schuler SR, Hashemi SM, Cullum A and Hassan M. The advent of family planning as a social norm in Bangladesh Women's experiences *Reproductive Health Matters* 1996,7 66-78 This secondary analysis was supported by the Women's Studies Project, through a Cooperative Agreement to the U S Agency for International Development





China

The Effect of Family Planning on Women's Lives

Fertility in China has declined dramatically over the last three decades, due in large part to government policy and a strong family planning program. In 1979, China implemented a policy advocating one child per couple, with some exceptions in rural areas, particularly, for couples having daughters only. The government considers reducing the growth of the population to be an essential step in improving China's economy. Yet, little is known about how the implementation of the family planning program and the government's one-child policy have affected women's lives including their relationships with family, their education and employment opportunities, and their quality of life.

The Women's Studies Project was funded by a Cooperative Agreement to the U S Agency for International Development (USAID). However, no funds from the U S Agency for International Development were used for research in China. This study was funded by the Rockefeller Foundation. A replication in Yunan Province is planned with funds from The Ford Foundation.

Research Findings

Conducted by the China Population Information and Research Center (CPIRC) in collaboration with the Women's Studies Project at Family Health International, this study examined the effects of family planning use on different generations of Chinese women. Quantitative and qualitative data were collected from four counties in two provinces: South Jiangsu and North Anhui. South Jiangsu, an east coast province with a booming economy and a strong family planning program, has experienced a rapid fertility decline. North Anhui, a province in middle China, has an agrarian economy and a less effective family planning program.

Conducting research in China is difficult, since its citizens are reluctant to criticize the government. Therefore, it is difficult to discern whether study participants voiced their own opinions or gave answers that they thought reflected government policy.

The study included a survey of 1,996 women and 506 men, plus 56 focus group discussions with participants representing four groups: older women and older men, women and men of reproductive age, unmarried women and men, and women entrepreneurs. Researchers found that

- Family planning use is almost universal. Ninety-five percent of women in South Jiangsu and 80 percent of women in North Anhui used contraception and most said they were satisfied with their current method.

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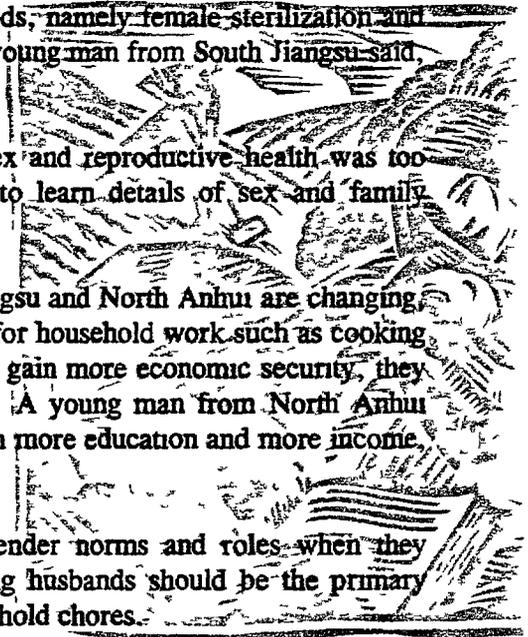
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- ❑ Smaller family size is equated with economic prosperity – for the country and the individual family “We are relaxed in comparison with our parents,” said one South Jiangsu woman
- ❑ Family planning use had little effect on marital and sexual relationships Disagreements about family size were infrequent, and when disagreements occurred, couples generally reached a joint decision via discussion
- ❑ Many older women said they wished family planning had been available when they were younger They characterized their lives as spent bearing too many children and trying to raise them in poverty “If family planning had been available earlier, my future would have been different,” said one woman from South Jiangsu “That is my life-long regret Because I had too many children, I had to quit [teaching] ” Another woman from North Anhui said, “Young women are in heaven, and we are on the ground ”
- ❑ Twenty-five percent of women in South Jiangsu and 10 percent in North Anhui said they had undergone an abortion Most abortions were due to out-of-plan pregnancies, often caused by failure of the steel ring intrauterine device (IUD)
- ❑ As part of the government’s family planning program, most female study participants receive quarterly “women’s tests,” consisting of pregnancy tests or exams, IUD checks, and ultrasound and sometimes pap smears or pelvic exams Some women considered these to be evidence of quality of care while other women considered them to be inconvenient or embarrassing A significant proportion of the resources of the family planning program is allocated to this testing program
- ❑ The de facto emphasis of the program on female methods, ~~namely female sterilization and the IUD,~~ posed a barrier to male contraceptive use A young man from South Jiangsu said, “I wish we had better methods for males ”
- ❑ Young people said the information they received on sex ~~and reproductive health was too~~ general, and they usually had to wait until marriage to ~~learn details of sex and family~~ planning
- ❑ Gender and generation roles in households in South Jiangsu and North Anhui ~~are changing,~~ but for the most part, women are primarily responsible for household work such as cooking and cleaning When women work outside the home and ~~gain more economic security,~~ they are accorded more say in household decision-making A young man from North Anhui commented, “Nowadays, whoever is more capable, with ~~more education and more income,~~ that person will be in charge ”
- ❑ Young women and men concurred with prevailing gender norms and roles ~~when they~~ talked about their desired attributes in a spouse, saying husbands should be the primary breadwinners and wives should be responsible for household chores.
- ❑ Son preference was strong in both provinces although it was stronger in North Anhui “My mother-in-law said it is inferior to have daughters,” said one woman “If you have a son,



even your house will look higher ” Although its use is illegal for this purpose, ultrasound is often used to detect a fetus’ sex, and abortion performed if the fetus is female “People use an ultrasound B machine,” said one woman in North Anhui “If it is a female fetus, they don’t want it ”

- Interestingly, young men were not worried about not being able to find a wife due to the unbalanced sex ratio One woman in North Anhui said that “even ugly boys can find wives now” because her village was rich
- Although sons are preferred, some couples said they want daughters because they are easier to raise, less expensive to provide for, and are nicer to their parents in old age Some South Jiangsu couples saw daughters as an economic benefit, their embroidery skills add to family income One woman from North Anhui noted, “I have two sons – that’s too much burden They have to go to school and get married That’s going to be expensive ”

Recommendations

Family planning is widely accessible throughout China This study provides information to assist China’s State Family Planning Commission (SFPC) in improving the quality of its reproductive health services The SFPC could enhance quality by

- Expanding reproductive health services beyond women of childbearing age to include young adults, older women and men
- Promoting the non-economic benefits of family planning, such as improved quality of life for families
- Expanding the mix of contraceptive methods beyond IUDs and female sterilization to include newer, more effective IUDs, more short-term methods and vasectomy
- Providing family planning counseling to post-abortion women on how to prevent contraceptive failures in the future
- Updating training on reproductive health services for service providers
- Promoting the value of daughters, through collaborative efforts by policy-makers, providers and community members

Study Details

For further information about this research, contact the authors, Dr Gu Baochang and Dr Xie Zhenming of the China Population Information and Research Center in Beijing, China or Dr Karen Hardee of The Futures Group International, 100 Capitola Drive, Suite 306, Durham, NC 27713 or via email K.Hardee@tfgi.com Or view Family Health International’s web site (<http://www.fhi.org>)



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Indonesia

Reproductive Decision-making and Women's Psychological Well-being

Family planning use is widespread in Indonesia. Fifty-five percent of married women use contraception. Yet, in spite of the fact that the government program has increased access to contraception, women are sometimes denied the opportunity to select the contraceptive methods best suited to their needs or preferences. This lack of choice may reflect women's low status in Indonesia as well as the orientation of the family planning program.

How women feel about themselves (including their self-esteem) and the quality of family relationships are core components of their psychological well-being. By understanding the effects of the government's family planning program on the well-being of women, the decisions women make to exercise their reproductive rights, and the effects those decisions have on women's psychological well-being, Indonesia can enhance the quality of its family planning services.

Research Findings

To determine the effect of Indonesia's family planning program on the psychological well-being of women, researchers surveyed 800 married women, ages 25 to 49, from Lampung and South Sumatra provinces. To help develop the survey questionnaire, researchers conducted 12 focus group discussions with women and men from both provinces. In-depth interviews with 24 women complemented the survey.

- Survey data indicated that users of contraception (modern or traditional methods) felt more satisfaction in their relationships with others than did non-users. Contraceptive users also felt they had more control over their reproductive lives, however, they experienced a higher level of role stress than non-users.
- Users of modern contraceptive methods, compared to users of traditional methods, were more satisfied with their relationships, less overwhelmed by child care and domestic responsibilities, and better able to tend to their economic and social needs.
- Women with two or fewer children said they felt more in control of their reproductive lives than women with three or more children.
- Factors other than family planning use and fertility affected women's psychological well-being. Women living in urban areas reported more satisfaction with family welfare, more time for themselves and others, and greater reproductive control than rural women. However, urban women also felt more personal stress and were less able to attend to economic and social needs. Women who worked for income reported greater ability to attend to

economic and social needs and less personal stress than non-working women. On the other hand, working women also said they experienced more shame, less satisfaction with family welfare, and less time for themselves and others.

- ❑ In the in-depth interviews, most women expressed positive opinions about family planning. In particular, they pointed out that having fewer children relieved their own work load, as well as the family's financial burdens. A woman from rural Lampung stated, "If we had many children, oh my, oh my. It would be troublesome if we had many children – too many expenditures."
- ❑ The majority of women made contraceptive decisions within the framework of the interests of others, particularly their husbands. Their husbands' concerns and interests affected the types of methods they used and their decisions to switch methods or stop using contraception.
- ❑ Almost universally, women were responsible for actually using the contraceptive method, and men generally left decisions about what contraceptive method to use to their wives. The wishes of husbands regarding family size tended to prevail.
- ❑ Although they spoke of the benefits of family planning, many women experienced side effects that led to discontinuation or method switching. Husbands were not always sympathetic. An urban woman from Lampung experienced many problems with the injection, including bleeding, dizziness, and hair loss. She felt so unattractive that she discontinued. After having three more children, she tried using the pill. But after four years of physical problems, including frequent headaches, irritability, and loss of desire for sex, her husband complained, "Your husband comes, and you are just as cold and passive as a banana tree!"

Recommendations

Indonesia's family planning program should continue to improve efforts to provide women and men with better information on contraceptive options, possible side effects, and how to handle negative experiences. In addition, the family planning program should challenge the myth that family planning and contraceptive use are for women only. Communication, education, and marketing campaigns should depict men as interested and involved in reproductive health issues, including family planning. Men already using family planning could be recruited as family planning promoters, who encourage other men to take responsibility for couples' reproductive health.

Study Details

Researchers responsible for this study were Dr Irwanto, Dr Heru Prasadja and Dr Nancy Sunarno of the Center for Societal Development Studies, Atma Jaya Catholic University, Ms E Kristi Poerwandari of the Women's Studies Graduate Program, University of Indonesia, Dr Karen Hardee of The Futures Group International, Dr Elizabeth Eggleston of Family Health International, and Dr Terence Hull of the Australian National University. Research was supported by the Women's Studies Project at Family Health International, through a Cooperative Agreement funded by the U.S. Agency for International Development with field support from the USAID Mission in Jakarta. For more information, consult FHI's web site <http://www.fhi.org>



Indonesia

Family Planning, Women's Work and Women's Household Autonomy

In Indonesia, the use of modern contraceptives among married women was nearly zero before the 1970s, but by 1994, it had increased to 55 percent. Many women with two or three children now say they want no additional children, suggesting the small family size is becoming the social norm in Indonesia. With increased contraceptive use and fewer children, it is hypothesized that women will be freed from some of their reproductive roles and will be able to participate more fully in the work force. Women's economic activity has been theorized to lead to greater autonomy in the home (defined as the bargaining power in household decision-making about such as matters as family spending, contraceptive use, and planning for the children's future)

Research Findings

To determine how contraceptive use influences women's participation in the labor market, researchers reviewed data on 4,617 married women, ages 15 to 49, from the 1993 Indonesian Family Life Survey (IFLS), a nationally representative survey of 7,700 households. To determine how contraceptive use and work influence the role of women in household decision-making, researchers conducted in-depth interviews with 16 women and their husbands, as well as four community leaders, from the provinces of West Java and North Sumatra.

- Survey data indicated that family planning use did not have a strong influence on women's work. Use of short-term methods, such as oral contraceptives and injectables, was not associated with women's work status. However, women who used long-term methods, such as sterilization and the IUD, were more likely to work for income and to work in the formal sector than women who did not use family planning and were at risk of pregnancy. Factors other than family planning tended to explain women's work status. For instance, women were more likely to work, to work in the formal sector, and to work more hours per week if they were over age 35, had at least a secondary education, and did not have a child under age six.
- In the in-depth interviews, both women and men expressed support for family planning and described various benefits of contraceptive use. Some women linked family planning directly with work opportunities.
- While many of the women interviewed worked for income, both women and their husbands said the family's economic well-being was primarily the responsibility of the husband. Almost all working women said they worked for economic reasons, most described their work as "helping" the husband support the family. A woman from North Sumatra explained, "I work to help my

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husband He works as a driver, and we have four children His salary is not enough ”

- In in-depth interviews, almost all the women and their husbands said the woman was responsible for controlling money for the family's daily expenses, regardless of her work status A husband from West Java said, “It is mother who manages I just give the money to her That's the woman's business Buying trousers, for example, I don't know I just ask her to go buy them for me ”
- In general, neither women's use or non-use of family planning nor their work outside the home altered their role in the household Women's main duties, whether they earned income or not, were those of mother, wife, and housekeeper
- Family planning is considered the norm It is viewed as an important element in family harmony and good health, and as a vehicle for women's participation in activities outside the home “The family planning program is well under way,” said one community leader from rural West Java “Most housewives have used contraception Family planning helps mothers to have more leisure time for themselves, enabling them to participate in activities outside the house, to work for income and to do other social activities ” A man in North Sumatra said, “Religious leaders have told the people, and they understand better about family planning It lengthens the birth interval ”

Recommendations

Women who used long-term methods of family planning, such as the IUD and sterilization were more likely to work and to have a job in the formal sector These women are likely to have attained their desired family size, and the Family Planning Program should focus on improved quality of care to ensure that these women do not experience unplanned pregnancies. An unplanned pregnancy may force a woman to leave her job, resulting in economic hardship for her family Education is a key factor influencing whether women work and whether they find jobs in the formal sector The Government of Indonesia should continue to encourage women to obtain as much education as possible, ideally through high school Assuming the Indonesian economy recovers from its current crisis, this will make it easier for women to obtain work in the formal sector, where salaries are higher and job security is greater

Study Details

Researchers responsible for this study were, Dr Sri Moertiningsih Adioetomo, Dr. Rani Toersilaningsih, Dr Asmanedi, Dr Hendratno, Dr Linda Fitriati of the Demographic Institute, University of Indonesia, Dr Elizabeth Eggleston of Family Health International, Dr Karen Hardee of The Futures Group International, and Dr Terence Hull of the Australian National University Research was supported by the Women's Studies Project at Family Health International, through a Cooperative Agreement funded by the U S Agency for International Development with field support from the USAID Mission in Jakarta For more information, consult FHI's web site [http //www fhi org](http://www.fhi.org)



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Indonesia

Family Planning, Family Welfare and Women's Activities

In Indonesia, the total fertility rate declined from 5.6 children per family in 1967-70 to 2.85 children in 1994. Dramatic increases in contraceptive use, spurred by economic growth and the government of Indonesia's family planning program, are credited for this decline. Indonesia's family planning program promotes smaller families as a means to improve family welfare. The government supports the concept of The Happy and Prosperous Family (defined as a family based on "legal marriage, capable of adequately fulfilling spiritual and material needs, devoted to God, possessing harmonious, proportionate, and balanced relations among its members and between the family, society, and the environment"). Understanding how - and whether contraceptive use has indeed improved family welfare and women's activities will allow Indonesia to assess its family planning programs.

Research Findings

To assess the effect of family planning use and fertility on family welfare and on the economic and social activities of women, researchers surveyed 931 married women from two urban and two rural sites in the provinces of Central Java and East Java. After the survey, in-depth interviews were conducted with 16 women, who were also survey respondents.

- In the in-depth interviews, most women said family planning use allowed them to have fewer children and that having a smaller family offered numerous benefits (the most common being economic). A woman from Central Java explained, "With fewer children, expenditures are low, so the family's economic well-being is guaranteed."
- Some women said family planning had a negative effect on their lives because of contraceptive side effects. Even women who were supportive of family planning and its benefits complained of side effects, which ultimately led some to discontinue or switch methods. One woman described her experiences: "There was an infection when I used the IUD, so I had it taken out. The doctor suggested I try the injection. I had spotting for a while, so I stopped using it after the third injection."
- In analysis of the survey data, neither family planning nor number of children had a significant effect on whether a woman worked for income, or on her level of participation in community activities. Findings from the in-depth interviews suggested that economic and social factors mainly influenced a woman's work status. Almost all working women reported that they worked out of economic necessity. In addition, they were more likely to work if family members were available to help with child care.

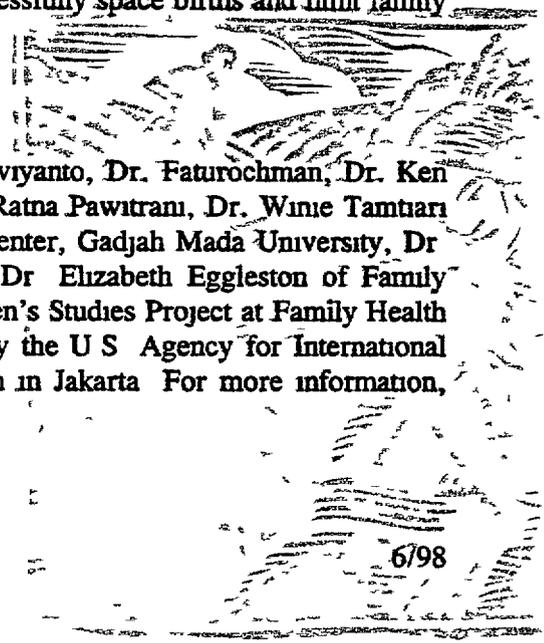
- When relationships between family planning and fertility and the three indicators of family welfare (family savings, household density, and per capita income-expenditure ratio) were examined, research showed family planning and lower fertility had only a modest effect on family welfare. Lower fertility was significantly associated with savings (but not in the direction hypothesized). Families with a small number of children were more likely to have no savings while families with a large number of children were more likely to have some savings. However, larger family size was associated with a lower per capita income-expenditure ratio and higher household density (other measures of lower family welfare).
- In the in-depth interviews, women gave family planning credit for improving the quality of their lives, however, the quantitative analysis showed family planning and fertility had a very modest effect on women's social and economic activities and on family welfare. The apparent conflict between these two findings may be partly explained by the context of family planning in Indonesia. Because family planning was widespread before most of the women in this study entered their reproductive years, they did not witness a dramatic change in their lives. Family planning had already been accepted as a social and cultural norm before they and their husbands were faced with making reproductive decisions.

Recommendations

Since Indonesia's family planning program has already succeeded in lowering fertility substantially and modifying views of ideal family size, it should concentrate on improving the quality of its family planning services (counseling, choice of methods, female providers, lower cost) to reduce rates of contraceptive discontinuation and method switching. While women were supportive of family planning, they indicated the need for better counseling about potential side effects and assistance in managing side effects. Better quality of care in family planning services would enable couples to continue to successfully space births and limit family size.

Study Details

Researchers responsible for this study were Dr. Agus Dwiyanto, Dr. Faturachman, Dr. Ken Suratijah, Dr. Sukamdi, Dr. Henry Sembiring, Dr. I. A. Ratna Pawitrami, Dr. Winie Tamtari, and Dr. Ambar Widaningrum of the Population Studies Center, Gadjah Mada University, Dr. Karen Hardee of The Futures Group International, and Dr. Elizabeth Eggleston of Family Health International. Research was supported by the Women's Studies Project at Family Health International, through a Cooperative Agreement funded by the U.S. Agency for International Development with field support from the USAID Mission in Jakarta. For more information, consult FHI's web site <http://www.fhi.org>.





Indonesia

Family Planning and Women's Empowerment in the Family

During the past 30 years, fertility in Indonesia has declined dramatically. In the early 1970s, the average Indonesian woman had six to seven children, today, she has approximately three. Much of the decline can be attributed to the government of Indonesia's family planning program, implemented by the National Family Planning Coordinating Board (BKKBN). As in most countries, the vast majority of family planning users are women. With a better understanding of how family planning use affects women's empowerment (women's economic and social autonomy) within the family, BKKBN may more effectively provide family planning services to Indonesian women.

Research Findings

Designed to explore the effects of family planning use on women's empowerment within the family, this study consisted of in-depth interviews with 30 women and their husbands, as well as a survey of 800 married women, ages 30 to 45, from the cities of Jakarta and Ujung Pandang.

Survey data indicated family planning use was significantly associated with *some* aspects of women's empowerment in the family:

- In both Jakarta and Ujung Pandang, women who used contraception were more likely to report communication with husbands about family planning. In addition, family planners were more likely to report their wishes prevailing in economic decision-making.
- In Ujung Pandang only, contraceptive use was associated with asking husbands to use family planning, women earning income for the household, and knowledge of a loan source in the community.

Women's work status was associated with more aspects of women's economic and social autonomy than was family planning. Analysis of survey data indicated:

- In both Jakarta and Ujung Pandang, women who worked were more likely to earn income for the household and contribute to household expenses.
- In Ujung Pandang only, women who worked were more likely to ask their husbands to use family planning, participate in community activities, and have knowledge of a loan source.

Both women and men adhered to gender divisions of labor. In in-depth interviews, both men and women acknowledged the husband as the head of the household.

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- Women were responsible for almost all domestic chores, regardless of whether they worked outside of the home
- Many women who worked outside of the home said they did so only to “help” their husbands support the family
- While women usually managed money for daily expenditures, men’s wishes tended to dominate in major financial decisions. As a woman from Jakarta explained, “I am in charge of managing and controlling the family income, but I have to ask him first if I want to spend it for non-household expenses.”

During in-depth interviews and in survey responses, women who had used contraceptive methods said the benefits of family planning and smaller family size included more time for community activities and work outside the home.

When asked how family planning services could be improved, women said they wanted

- More female providers, both for counseling and the provision of services
- More information from providers about contraceptive side effects, mechanisms of action, effectiveness, and how and where to receive follow-up care. The fear of side effects was strong and pervasive.

Recommendations

Indonesia’s family planning program should continue to improve the quality of family planning services to meet women’s expressed needs. The program should provide women with complete information about contraceptives and side effects, offer an array of methods and counseling to help women choose the method that is best for them, and provide contraceptive follow-up care. In addition, the program should continue to support women’s reproductive rights, including women’s right to decide how many children they want and can support.

Study Details

Researchers responsible for this study were Dr. Siti Hidayati Amal and Dr. Shanty Novriaty of Kelompok Studi Wanita, University of Indonesia; Dr. Karen Hardee of The Futures Group International; Dr. Elizabeth Eggleston of Family Health International; and Dr. Terence Hull of the Australian National University. Research was supported by the Women’s Studies Project at Family Health International, through a Cooperative Agreement funded by the U.S. Agency for International Development with field support from the USAID Mission in Jakarta. For more information, consult FHI’s web site <http://www.fhi.org>.



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Korea

A New Look at the Fertility Transition and Its Impact on Women

In 1962, the Government of South Korea established a national family planning policy designed to curb population growth. The two-child family became the norm, and total fertility fell from 6.0 children per woman in 1960 to 1.6 children per woman in 1990. As the same time, the country's economy prospered. Nonetheless, the status of women has lagged behind other social and demographic indicators of Korea's success.

Research Findings

This pilot project included six sub-projects that sought women's opinions through focus group discussions and in-depth interviews. A seventh involved secondary analysis of national survey data. The qualitative studies were small and should not be generalized to the larger population. However, preliminary results suggest that

- Today, Korean women concentrate reproductive activity in a short time span immediately following marriage. Young women typically started working around age 20, marry at age 23, leave the work force to begin childbearing, and return once childrearing is complete. Younger women have an average of two children with the last birth typically occurring less than three years after their first. In contrast, older women married at age 22, had an average of three children, and began their first job at age 26. Older women had their last child 90 months after their first. Older women did not find work outside the home compatible with childbearing. "It was the bank which didn't allow a woman to continue work after marriage. That made me quit the job. Today, it seems that the married women could continue working."
- As younger women spend less time in childbearing, they are available to spend more time in the work force. However, there is a lag between the country's employment system, which asks women for a commitment to work, and societal expectations, which define women as primary caregivers for children. Child care facilities are inadequate for supporting women's work life outside the home. Men's attitudes toward sex roles are more traditional than women's. The dual burdens of work outside and inside the home have created stress for younger women. "Many of the professional women I know have merged their dual roles successfully," said one study participant. "But no one has escaped without personal sacrifice or struggle or inner conflict."
- Traditionally, women's unconditional sacrifice and affection characterized the relationships between mother and child in Korea, however, this bond is weakening somewhat. The mother role, at least among the middle class, has become "professionalized" and women are expected to foster their children's educational and vocational success.

- Love and companionship between husband and the wife are becoming the criteria upon which a couple decides whether they continue their marital life
- Regardless of age or employment status, all women had a strong family-orientation and a “relational” concept of self. That is, they defined themselves in terms of their relationships with others. However, women also had a concept of the autonomous or independent self. Older women based their sense of self on their fulfillment of their roles as *hyunmo-yangcho* (wise mother and obedient wife). Younger women had lower self-esteem than their older peers, due to uncertainty about women’s changing roles and differences in men and women’s perspectives
- Women of all ages were exposed to gender stereotypes. However, women in their twenties had more flexible views about gender roles. Unexpectedly, women in the older age group had a stronger “masculine” gender identity than those in the younger age group. When older women were asked to describe themselves they typically used terms associated with “male” traits, such as “independent” or “aggressive,” while younger women described themselves as “submissive.”
- Younger women are less likely to want only sons than older women, who saw male children as essential to preserve the family line. Yet even with diminished son preference, the small-family norm has contributed to an unbalanced sex ratio at higher parities, due to son preference and fetal sex selection
- Contrary to expectations, increased participation in the community, including political activity, has not followed the dramatic drop in fertility. In the initial focus groups, women, regardless of age, were not interested in politics – either as observers or as participants in the political process. Surprisingly, women from the younger generation were less interested in politics and also less informed than the older women. When the same younger women participated in a focus group discussion after the presidential election and the country’s recent economic turmoil, they had become much more interested in politics. Women said they realized that the presidential election and resulting political and economic policies were strongly affecting their day-to-day lives.

Recommendations

Women’s roles in Korea have changed in the past three decades. Access to family planning is almost universal, families are small, and women have greater opportunities to participate in the labor market. Consequently, even married women have now joined the work force. However, these changes have precipitated stress and confusion, especially for younger women, who find their new roles in conflict with cultural traditions that define and value women exclusively in terms of their roles as mothers and wives.

Women and men should reconsider traditional gender roles that define women mainly as mothers and homemakers and men as financial providers, the reality of Korean society no longer reflects these traditional ideals. At the same time, policies need to make it easier for women to work outside the home (e.g., availability of child care) and for men to have the time to participate in the home.

Study Details

This study was supported by corporate funds from Family Health International and a matching grant from the Institute for Social Development and Policy Research, Seoul National University. It was conducted by an interdisciplinary team of eleven researchers from the Korea Institute for Health and Social Affairs, Hoseo University, the Korean Women's Development Institute, Ewha Womans University, Korea University, Konkuk University and Seoul National University. It was coordinated by Dr Park, Insook H and received technical assistance from FHI. For more information about this study, consult FHI's web site [http //www fhi org](http://www.fhi.org)



Malaysia

The Effects Of Family Planning On Marital Disruption In Malaysia

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The availability of modern contraception can transform women's control over fertility and, in turn, over other aspects of their lives. The effect of contraceptive use on marital stability has been unclear. Contraceptive use may allow employment for pay, which, in turn, may contribute to a woman's independence and allow her to terminate an unsatisfactory relationship. On the other hand, for many women control over fertility and increased employment contribute to marital stability.

Research Findings

To determine the impact of contraceptive use on marital disruption, researchers conducted secondary analyses of data from the Malaysian Family Life Survey. The survey included 1,261 women interviewed in 1976, plus 889 women who were re-interviewed in 1988 and a new sample of women interviewed in 1988. The use of retrospective life histories provided information on the timing of pregnancy and other events in women's lives. Contraceptive use was measured as "ever use" of contraception. Marital disruption was defined as divorce or separation.

- In first marriages, marital disruption occurred among 8.8 percent of the 1976 women, 11.1 percent of the women re-interviewed in 1988, and 5.9 percent of the new sample of women.
- Women who used contraception were significantly less likely than non-users to experience marital disruption (Table 1).

Table 1 Contraceptive Use and Marital Disruption

	Women Interviewed in 1976 and 1988		Women in 1988 New Sample	
	Users (%)	Non-users (%)	Users (%)	Non-users (%)
Marriage ended in divorce or separation	6.1	16.4	4.6	10.6

- Contraceptive use early in marriage (by age 25) reduced the likelihood of marital disruption by about 40 percent. These early contraceptors also had fewer births than women who initiated use at a later point.
- Non-users were more likely to experience a marital disruption if they had no or few births.

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- If a woman worked before or after marriage, she was at greater risk of marital disruption This effect was greater for non-users than users
- The relationship between contraceptive use and marital disruption held for Malaysian women who were first married when contraceptive practice was still relatively rare (women interviewed in 1976 and 1988) It also was true for those who had more exposure to modern contraceptive practices (1988 new sample) For both groups, marital disruption was less likely to occur if women used contraception Those effects were stronger for women who used contraception early in marriage (by age 25), who had fewer births, and who did not work before marriage
- The relationship between contraceptive use and marital disruption may be a function of a factor not measured by the analysis For example, spouses who have better rapport and communication may be both more likely to use contraception and less likely to divorce Since spousal communication was not measured in these surveys, that possibility could not be examined However, the analysis does include two proxy measures of spousal communication—number of marital births and timing of use in marriage—which do not change the effects of contraceptive use on marital disruption Thus, the findings are consistent with the interpretation that contraceptive use improves spousal relations and reduces marital disruption

Study Details

Secondary analyses was conducted by Dr Mary Kritz and colleagues at the Department of Rural Sociology, Cornell University for the Women's Studies Project (WSP) at Family Health International The WSP was funded through a Cooperative Agreement with the U S Agency for International Development For more information on this study, consult FHI's web site [http //www fhi org](http://www.fhi.org)

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Philippines

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

The Philippine family planning program began in the 1970s and reflected a concern with rapid population growth and inadequate maternal and child health (MCH). Over the past two decades, the program has had varying degrees of political support and, consequently, somewhat erratic implementation. In the past six years, there has been an attempt to revive training of MCH and family planning workers and increase the choice of contraceptive methods. For example, injectables have been introduced.

Among the benefits of family planning often cited by contraceptive users are improvements in women's health and the family's economic status. In research conducted in Western Visayas, the Philippines, women said family planning allowed them more freedom to participate in the work force and more time to participate in community activities. Women who used family planning were generally more satisfied with their lives and more likely to share in household decision-making. Domestic violence was a concern for many women in this region of the Philippines.

Research Findings

Researchers interviewed 1,100 married women of reproductive age, plus 50 key informants. Investigators also conducted nine pre-survey and 27 post-survey focus group discussions with women, men, community leaders, members of women's groups, and family planning service providers. Both rural and urban residents took part in the study.

- More than half of the women interviewed currently used contraception or had used family planning at some point. Thirty seven percent are current users. The most popular methods are the pill, tubal ligation, and injections while the most unpopular are male-oriented methods - condoms and vasectomy. The most common reason for choice of family planning methods was effectiveness, while the most often cited side effect was dizziness. In focus group discussions, men and women expressed fears about contraceptive side effects and gave this concern as a reason for not using family planning.
- Family planning users were more likely to engage in paid work than were non-users. Family planning use provided increased economic opportunities for women, including opportunities to earn a living and to become more efficient workers.
- Women who used family planning were more likely to participate in community activities, such as Parent-Teacher Associations, religious

organizations and beautification projects. Women found community activities relaxing, and said these activities allowed them to socialize and interact with their peers. Women reported that social participation gave them satisfaction and increased their sense of self-worth.

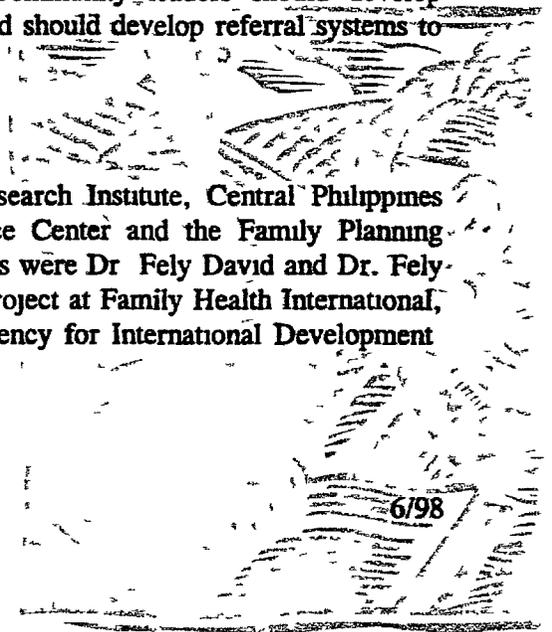
- More family planning users than nonusers shared decision-making with their husbands in four areas: the woman's work outside the home, the woman's travel outside the community, use of family planning, and plans for future births. Nonusers were more likely to report that their husbands made decisions independently in these four areas.
- More than one-third of the women reported they had been victims of physical abuse, psychological abuse, or both. Most domestic violence happened when the perpetrator (usually the husband) had been drinking. Among the perceived causes of violence were jealousy, quarrels due to suspected infidelity, and arguments over financial and other family matters. The most common reported acts of physical abuse were beating, boxing, slapping, and kicking. Contraceptive use did not reduce women's risks of violence, nor did work status.

Recommendations

There should be continuous efforts to improve the family planning program, including an effort to provide integrated reproductive health. Special attention needs to be given to helping women deal with side effects. Because of demands on women's time at home and in the work place, health services should be offered at times (and places) convenient to women, for example, on weekends or after normal business hours. Policy-makers should be concerned about the need for more employment opportunities for women, and should encourage women to take on greater leadership roles in the community. Community leaders should develop strategies to minimize and eliminate domestic violence and should develop referral systems to respond to victim's needs in a timely manner.

Study Details

This research was conducted 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. The principal investigators were Dr. Fely David and Dr. Fely Chin. Research was supported by the Women's Studies Project at Family Health International, through a cooperative agreement funded by the U.S. Agency for International Development. Technical assistance was provided by Dr. Eilene Bisgrove.





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Philippines **Social and Economic Consequences of Family Planning Use in the Southern Philippines**

Family planning use can affect numerous aspects of women's lives, including their health, their work inside and outside the home, their roles within the family, and their psychological well-being. Contraceptive use can minimize women's concerns about unplanned pregnancies, allow them to space their children, reduce the time they spend in childbearing and childrearing, and allow them to pursue work outside the home. However, many women find that taking on additional responsibilities outside the home adds to their work burden and creates stress, as they try to generate income and manage the household and children.

Research Findings

By surveying approximately 1,600 women, ages 15 to 49, and conducting focus group discussions with both women and men, researchers investigated whether larger family size increases the work burden for women at home. They also investigated whether larger family size creates a dual work burden for women, that is, women are not only responsible for more work at home but they must perform more market or paid work to support their larger families. In addition, researchers explored factors that contribute to domestic violence. Research was conducted in Cagayan de Oro City and in Bukidnon province.

- The overall family planning ever-use rate was 48 percent, and the current use rate was 27 percent. Family planning use rates among rural women were lowest for the tribal villagers (19 percent) and highest for the economically non-depressed rural areas (34 percent). The intrauterine device was the most commonly used method (46 percent), and pills were the second most prevalent method (30 percent). Contraceptive use did not affect women's satisfaction with their lives. Forty-six percent of women in the survey said they experienced unplanned pregnancies.
- Larger family size increased women's workload since more children mean additional household chores, such as cooking or washing clothes. Women commented "I am always busy when the children are up." "I am only free from work when the children are asleep." "I can only rest when I am done with the household chores."
- Domestic work constituted a significant portion of women's daily schedule. The average number of hours in daily home production was 6.0 for urban women and 6.5 for rural women. Domestic work also accounted for a significant portion of the daily schedule of women engaged in income-generating activities. Women engaged in informal sector and formal sector work spend an average of 5.1 and 2.9 hours, respectively, on domestic chores.

- ❑ Larger family size did not lessen women's economic activities. Women said one of their primary goals was to engage in market work, so they would have money to spend for their needs without taking it from their husbands' earnings. One woman said, "If the money is mine, then I do not have to consult my husband about the things that I need to buy." In general, larger family size increased the need of women to do market work because more children required more income.
- ❑ Having children under five years of age significantly reduced the likelihood that women would work for pay. Although a larger family size increased women's desire (or need) to earn money, the additional work burden at home from having more children prevented them from realizing this desire and actually engaging in income-generating work.
- ❑ Domestic violence was prevalent. One in four women reported having been physically harmed, and the abuser was most likely to be the woman's husband. Women who experienced physical abuse were asked whether the abuse was "seldom" or "frequent." One in five (19 percent) said the abuse was "frequent."
- ❑ Women said physical abuse occurred when the husband was drinking and during quarrels and disagreements. Women said the reasons for husbands' violence included jealousy, gambling, having an affair, and being engrossed in "barkada" (clubs where friends gather to drink and gamble). Refusal to have sex, negligence in caring for the children, going out without the husband's knowledge, and difficulty in adjusting to the "husband's ways" usually prompted the violence, women said.
- ❑ Domestic violence was more likely to occur in families where the wife ever-used family planning, where the wife worked for income, where the husband performed domestic chores (child care, cleaning, washing), or where the wife reported unwanted pregnancies.
- ❑ In decision-making, the majority of women reported that they chose their family planning method and, in cases of conflict, had the final say. Women tended to make minor everyday decisions about household economy. Major decisions involving large expenditures were the husband's domain.

Recommendations

Urban and rural women's groups should work collaboratively to develop advocacy and education programs for women, including programs that provide counseling, information, education, and training on reproductive health, gender and sexuality. Women's advocates could encourage local women to form groups to help each other – for example, to provide child care in a neighborhood or village.

Local health facilities should pay special attention to women's health needs and devote appropriate financial resources. Women-centered health services, offered at convenient times and locations, should be provided to accommodate women's multiple work burdens inside and outside the home. Employers should consider on-site health services for women. Because domestic violence is common, health providers, including physicians and nurses in family planning clinics and midwives and traditional healers in rural communities, should be trained to provide referrals and resources for victims. Health providers should receive training in gender

issues Given the high failure rates found for most methods, women desperately need assistance in using methods more effectively as well as access to more effective methods

Study Details

This study was conducted by Drs Magdalena C Cabaraban and Beethoven C Morales at the Research Institute for Mindanao Culture, Xavier University, in Cagayan de Oro City Research was supported by the Women's Studies Project at Family Health International (FHI), through a cooperative agreement funded by the U S Agency for International Development Dr Eilene Bisgrove of FHI provided technical assistance

6/98



Philippines

Effects of Childbearing on the Quality of Women's Lives

W O M E N ' S S T U D I E S P R O J E C T

Increasing the spacing of births and reducing the total number of births may give women increased opportunities for income generating activities that will, in turn, benefit them and their families. A previous analysis of a cohort of childbearing women in Cebu, Philippines, found that childbearing significantly reduced the likelihood that women would work for pay. Those who did work and who stopped childbearing had more substantial increases in both hourly and total earnings than those who worked and continued to bear children. Part of the improvement in earnings occurred, however, because women increased the number of hours worked per week.

Study Design

To determine the effects of childbearing on women's well-being and to learn whether increased earnings were associated with simultaneous improvements in other aspects of women's lives, researchers from the University of North Carolina, Family Health International (FHI) and the University of San Carlos in Cebu, Philippines, analyzed data from the Cebu Longitudinal Health and Nutrition Survey (CLHNS), collected in 1983-86, and from the follow-up study during 1991-92.

The original survey recruited 3,327 pregnant women from 33 *barangays* in the Cebu City metropolitan area, who subsequently had a birth or pregnancy termination in a one-year period beginning in 1983. A follow-up survey was successfully conducted with 2,395 of the women in 1991.

Quality of life measures included housing quality, household assets, household conveniences, women's nutritional status and child well-being.

Research Findings

- Women's work in the Philippines was primarily motivated by economic necessity. In focus group discussions with women from different socioeconomic circumstances, women said that they would prefer not to work if family income was sufficient. A high household income reduced the chance that a woman would work unless she was also highly educated. Thus, for the majority of women from poor families, working is deemed necessary to meet basic family needs.
- Women who elected to have no more pregnancies subsequent to 1983 were financially better off to begin with, and they remained better off. Each additional pregnancy after 1983 decreased the well-being of women by 1991.
- Subsequent pregnancy had a highly significant negative effect for all measures of well-being.

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- The well-being score for the child born in 1983 declined with each additional pregnancy of the mother. One-fourth of the women had moved to a new residence within the Metro Cebu area from 1983 to 1991. Moving had a negative effect on housing and assets, in part because many may have moved into smaller houses as they moved from extended families into smaller nuclear family households.
- For women working in 1983 and 1991, change in women's income had a significant, positive effect on housing, assets and conveniences. There was no significant effect of change in income on mother's nutritional status or child well-being.

Conclusions

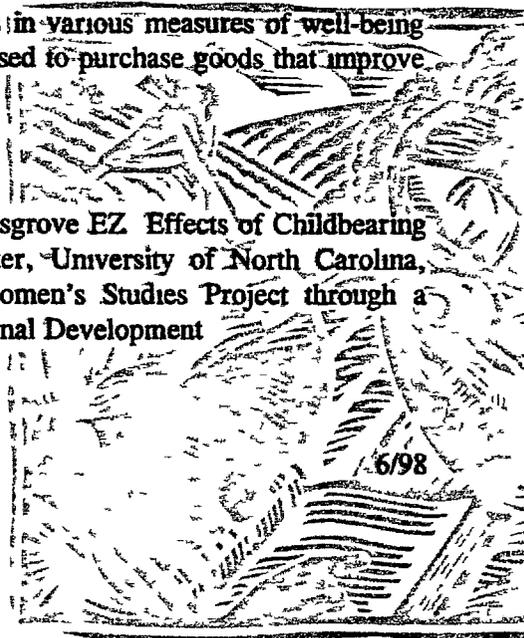
The dimensions of well-being in this analysis included material aspects of women's lives, their nutritional status and health, and developmental outcomes of their children. Analyses showed that women with no subsequent pregnancy scored higher on all measures than women who continued childbearing. With the exception of maternal nutritional status, the differences were all significant. Average quality of housing, value of assets, and ownership of specific assets showed improvement from baseline to 1991. Improvements were significantly greater for households where women had no additional pregnancies.

The changes likely to be of greatest importance in reducing the domestic labor burden of women were those related to the presence of conveniences, which women's earnings helped purchase. Having water piped into the household eliminated the time-and-labor-demanding chore of fetching water. Having a gas stove eliminated the burden of gathering wood and tending cooking fires, and having a refrigerator meant that women may shop less frequently for food.

The positive effects of women's earnings on improvements in various measures of well-being support the theory that women's earnings are likely to be used to purchase goods that improve quality of life for the family.

Study Details

This summary is based on the paper Adair LS, Borja J, Bisgrove EZ. *Effects of Childbearing on Quality of Women's Lives*. Carolina Population Center, University of North Carolina, Chapel Hill, 1996. The work was supported by the Women's Studies Project through a Cooperative Agreement with the U.S. Agency for International Development.





Philippines

Effects of Childbearing on Filipino Women's Labor Force Participation and Earnings

W O M E N ' S S T U D I E S P R O J E C T

Women in developing countries are faced with competing demands of reproductive and productive roles. The relationships between work and childbearing are complex. Working women may choose to limit childbearing so they can work and earn income, or childbearing may decrease women's opportunities for work, or affect type of work, place of work or hours. In contrast, increased economic demands of larger family size may push women into the labor force.

Study Design

In order to determine how childbearing affects the likelihood that a woman will participate in the labor force, and once in the labor force, the level of her total and hourly earnings, researchers from the University of North Carolina, Family Health International (FHI) and the University of San Carlos in Cebu, Philippines, analyzed data from the Cebu Longitudinal Health and Nutrition Survey (CLHNS), collected in 1983-86, and from the follow-up study during 1991-92.

The original survey recruited 3,327 pregnant women from 33 *barangays* in the Cebu City metropolitan area, who subsequently had a birth or pregnancy termination in a one-year period beginning in 1983. A follow-up survey was successfully conducted with 2,395 of the women in 1991.

Researchers identified characteristics of women likely to be working for income in 1983 and 1991, based on multivariate analysis using logistic regression. At baseline, when all participants were in the sixth or seventh month of pregnancy, 46.6 percent of women were currently working for pay or had worked for pay in the previous four months. In 1991, 73.9 percent of the sample were working for pay. Interviews with women working for pay in both 1983 and 1991 were the basis for this study.

Research Findings

This study demonstrated a significant negative effect of childbearing on a woman's likelihood of participating in the labor force, and once in the labor force, on her change in earnings over an eight-year time period. The overall time trend in this sample, which began as a representative sample of childbearing women in urban and rural communities of Cebu, is toward increased labor force participation, increased work hours and increased earnings. Results of the analyses confirm the notion of a "child tax," that is, a cost associated with each additional birth, such that childbearing acts as a barrier to improvements in earnings.

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This paper uses as a reference group, those women who were not working at either time (1983-86 or 1991-92)

- Of women working in 1983, 31.6 percent had never worked, and 49.8 percent worked before marriage, but not afterward. Women worked an average of 41.6 hours per week. Thirty-one percent worked in the formal wage sector, 21 percent in the piece-work sector, and 42 percent were self-employed. Those working for pay were more likely to have at least a high school education, to be from households with lower income (exclusive of mothers' earnings), to have worked before marriage, and to be higher parity. They were less likely to have a child under age two.
- Labor force participation increased dramatically in 1991, compared with 1983. The percentage of women doing piece work declined to 15 percent, while the percentage of self-employed women rose to 44 percent. Women working for pay were significantly older than non-working women, were more likely to have worked before marriage, came from lower-income households, and were less likely to have a child under age two.
- Controlling for inflation, mean change in earnings was 47 pesos per week, representing a 49 percent increase in women's earnings from 1983 to 1991. The change in income, in part, reflects an increase in number of hours worked per week from 41.6 in 1983 to 46.1 in 1991.
- For every additional hour worked, women earned 1.2 pesos per week more. Piece workers had the lowest mean gains, while wage workers had the highest gains.
- Children born between 1983 and 1991 significantly decreased total and hourly earnings. Having one additional child decreased total weekly earnings by 11 pesos per week, while having four or more children decreased weekly earnings by 56 pesos per week. The total number of children born during the study interval had a greater effect than the age of youngest child.
- The effect of childbearing on earnings operated partly through hours worked, with each additional child associated with a decline in hours. However, a significant effect of childbearing remained after controlling for hours, suggesting that women shift to lower paying jobs that are more compatible with childbearing.
- The strongest effect on change in earnings was seen with job stability, those women who remained in the wage sector earned more per week and per hour than did women who did piece work or who changed sector of employment.

Study Details

This summary is based on the paper Adair LS, Guilkey D, Bisgrove EZ, Gulliano C. *Effects of Childbearing on Filipino Women's Labor Force Participation and Earnings*. Presented at the Population Association of America, May 1996, New Orleans. This paper was later revised and submitted to a peer-reviewed journal. The work was funded by the Women's Studies Project at Family Health International through a Cooperative Agreement with the U.S. Agency for International Development.

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Philippines

Nutritional Status of High-Fertility Women

In spite of efforts to in the Philippines to promote family planning, fertility remains high among older rural women with little formal education. Numerous studies in developing countries have shown that high-fertility women are at increased risk for maternal mortality and morbidity. The effect of high fertility on the nutritional status of the mother, however, has been less consistent.

Study Design

The original Cebu Longitudinal Health and Nutrition Survey (CLHNS) recruited 3,327 pregnant women from 33 *barangays* in the Cebu City metropolitan area. These women subsequently had a birth or pregnancy termination within a one-year period beginning in 1983. A follow-up survey was successfully conducted with 2,395 of the women in 1991. This descriptive analysis is based on 2,037 women who were not pregnant at the 1991 follow-up survey.

Higher fertility was defined as six or more pregnancies, there were 825 higher fertility women in the study and 1,212 lower fertility women. Higher and lower fertility women were compared, based on socioeconomic characteristics, reproductive events and nutritional status.

In order to compare higher and lower fertility women in terms of nutritional status and reproductive patterns, researchers from the University of North Carolina, Family Health International (FHI) and the University of San Carlos in Cebu, Philippines, have analyzed data from the Cebu Longitudinal Health and Nutrition Survey (CLHNS), collected in 1983-86, and from the follow-up study in 1991-92.

Research Findings

In comparison with lower fertility women

- Higher fertility women were older, less educated, rural, had fewer household assets and earned less money.
- Higher fertility women were more likely to have experienced at least one fetal loss (44 percent) than low fertility women (19 percent). Higher fertility women had shorter birth intervals, were less likely to be using family planning, had breastfed a greater proportion of their children for longer than 12 months, and were more likely to experience overlap of lactation and pregnancy (68 percent experienced overlap, compared with 32 percent of lower fertility women).
- Higher fertility women had poorer diets, with lower intakes of energy, protein and fat. The lowest intake was found in rural, low-income, older, higher fertility women.

- ❑ Higher fertility women weighed less and had a higher prevalence of chronic energy deficiency than women with lower fertility
- ❑ Higher fertility women appear to be at greater risk for poor nutritional status because of the stresses of multiple pregnancies and lactations with inadequate recuperative intervals between pregnancies rather than from the stress of excessively long duration of lactation. An overlap of pregnancy and lactation caused additional stress. However, lactation was generally discontinued soon after a pregnancy was identified, although some women continued to breast-feed for several months, the mean overlap was 16.5 weeks
- ❑ In addition to reproductive stresses, the poor nutritional status of higher fertility women was related to inadequate dietary intake, older age, and characteristics such as rural residence, low income and low education

Recommendations

For programs serving high fertility women in the Philippines, recommendations include

- ❑ Adequate birth spacing, especially for rural women, should be promoted, this means that access to family planning must be improved to make birth spacing possible,
- ❑ Dietary intake needs to be improved for older higher fertility women, and
- ❑ Breastfeeding should be promoted, combined with recognition of the importance of meeting women's increased energy and nutrient needs during lactation

Study Details

This summary is based on a paper by Barbara Polhamus, "A Profile of High-fertility Women in the Philippines," Carolina Population Center, University of North Carolina, Chapel Hill, NC 1996. It was supported by the Women's Studies Project through a Cooperative Agreement from the U.S. Agency for International Development.





Philippines

Cebu Longitudinal Follow-up Survey and In-depth Interviews

To better understand the relationships among childbearing, women's work, and women's autonomy in decision-making, researchers conducted a follow-up study to the 1983-86 Cebu Longitudinal Health and Nutrition Survey. The original survey included more than 3,000 pregnant women in 33 *barangays* (health units), who answered questions about maternal health and nutrition. Women were surveyed in 1991-92 and again in 1994-95 to explore changes in the reproductive lives

Research Findings

Researchers administered a follow-up survey to 2,279 rural and urban women who participated in the original 1983-86 study and the 1991-92 follow-up. In 1994-95, researchers added a sample of 500 new women, ages 15 to 25, to the survey and conducted a series of in-depth interviews with 60 women in the survey. The study concluded

- Seventy-eight percent of women worked for pay at the time of the 1994-95 survey. Eighteen percent contributed more than half the family's income
- Women were more likely to work for pay when they believed their husbands' income was inadequate to meet household needs. Women who had young children (under age two) were less likely to work for pay. The earning power of women who were employed consistently over time, especially those in the formal sector, increased at a greater rate when they had fewer children
- Women's burden of domestic work was strongly affected by the number of children they had. Each child increased a woman's work burden by about 16 minutes per day. The presence of infants and preschool children in the home caused the greatest increase in domestic work. Each infant increased the workload by more than two hours per day, while each preschool child increased the workload by 52 minutes a day. Adolescents "saved" women 17 minutes per day by taking on some their mothers' domestic chores
- When asked about decision-making in the home, most women said they made joint decisions with their spouses about major household expenditures, including land purchases and schooling of children. Women were likely to make autonomous decisions about minor household expenditures, such as buying shoes or clothing for children. In decisions about family planning, approximately two-thirds of women said they jointly decided with their husbands about whether to use contraception and which method to use. Only 12 percent of women said they made autonomous decisions. Among the women who consulted their husbands, 25 percent said in case of conflict the woman's will prevailed, while 7 percent said the husband's will prevailed

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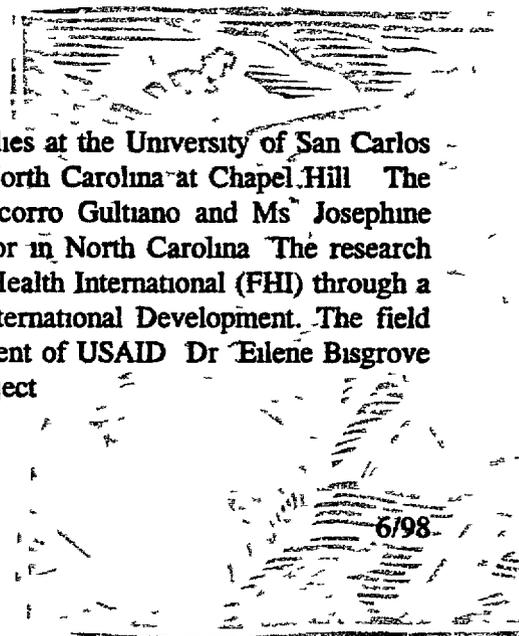
- Modern family planning use increased birth spacing an average of 13 months, while natural methods increased birth spacing by five to seven months. However, overall, those using family planning (modern and traditional methods) had similar family sizes than those who did not use family planning.
- Among ever-married women who answered questions about domestic violence, 13.7 percent said their spouse had physically hurt them when he got angry. Women who were physically hurt by their partners were likely to be those who had more pregnancies, who contributed a higher percentage to the total household income, and whose spouse was less likely to turn over all or some of his earnings.
- Based on the 60 in-depth interviews, researchers found that family planning decision-making is a dynamic process that changes over time. In the survey, women's responses about family planning decision-making reflected their most recent decision-making experience, unlike in the in-depth interviews where women described the historical process. Overall, family planning use was secondary to having a good marital relationship.

Recommendations

Because contraceptive use increases the interval between births, which can improve both the health of the mother and the infant, policy-makers and health providers should intensify efforts to promote access to family planning and effective use of contraceptive methods. Because an increasing number of women are working outside the home and women must balance domestic and work responsibilities, employers should consider maternity leave policies, which would enhance job stability. Policy-makers should explore opportunities to make available high quality, low-cost child care to working women.

Study Details

This study was conducted by the Office of Population Studies at the University of San Carlos and the Carolina Population Center of the University of North Carolina at Chapel Hill. The co-principal investigators in the Philippines were Ms. Socorro Gultiano and Ms. Josephine Avila, while Dr. Linda Adair was the principal investigator in North Carolina. The research was supported by the Women's Studies Project at Family Health International (FHI) through a cooperative agreement funded by the U.S. Agency for International Development. The field work was supported by the Office of Women in Development of USAID. Dr. Eilene Bisgrove of FHI provided technical assistance and monitored this project.





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Mali

Impact of Family Planning on the Lives of New Contraceptive Users in Bamako

In Mali, 45 percent of couples of reproductive age use modern contraception. But the rate in Bamako, the capital, has increased to more than 16 percent. However, even in Bamako, some women attend family planning clinics secretly, and discontinuation rates tend to be high. Little is known about Malian women's experience with contraception, what they expect from it, why many are reluctant to try it, and why some start but do not continue.

Research Findings

In this project, researchers followed 56 new contraceptive users over an 18-month period to see how family pressures encourage or discourage contraceptive use. This qualitative study was designed to explore experiences of new users of contraception, focusing on communication, support, and strategies women use to control their fertility. Women were recruited during their initial visit to the Association Malienne pour la Protection et Promotion de la Famille (AMPPF) Clinic and interviewed three times at eight- to nine-month intervals. Eleven focus group discussions were held with approximately 100 experienced users, married men, and older women with daughters-in-law. Thirty-two women who had never used contraception were interviewed at two points nine months apart.

- Women seeking family planning for the first time hoped that contraception would give them some relief from pregnancies spaced too closely together and from the burden of caring for large families.
- Most new users had discussed family planning with other women, never-users had rarely discussed family planning with anyone. Mothers-in-law were usually excluded from discussions, but sisters-in-law and aunts frequently offered support and advice. Study participants said women are expected to initiate family planning and persuade their husbands to allow them to attend the family planning clinic. Experienced users were generally optimistic that men would eventually agree if women explained the health and economic benefits of smaller families and pointed out successful experiences of others. Most never-users believed husbands would be opposed to family planning and feared that raising the issue would anger them.
- Married men were unanimous that women had no right to engage in family planning without their husbands' approval, and some advocated divorce for those who do.
- Married men expressed ambivalence about the concept of family planning, less than half said they did not expect their wives ever to use it. Some recognized

economic and health benefits but believed protection from pregnancy might encourage women's sexual freedom

- ❑ Women who were not able to gain husbands' approval sought support from husbands' older sisters and aunts who sometimes intervened on the wife's behalf
- ❑ One-third of new users came to the clinic in secret, having failed to convince their husbands to let them use contraception. Most women feared punishment if discovered, -from harsh words, to isolation, to divorce
- ❑ At the time of the second interview, 9 of 24 new users had discontinued family planning - six because of side effects, two due to fear of the husband's retaliation, and one because of costs
- ❑ Successful family planning users with supportive husbands were sharing their experience with other women and advocating use of contraception

Recommendations

- ❑ Men tend to be on the fringe of family planning discussions. However, in a patriarchal society such as Mali, men's views affect women's actions. Findings of this study point to a need to reach men with accurate information on contraception and opportunities for informal discussion of family planning with male role models
- ❑ Community agencies could develop support networks that employ successful contraceptive users, both women and men, trained to do peer outreach through informal education
- ❑ Because women are concerned about contraceptive side effects, providers should be trained to improve their counseling skills as well as their management of side effects
- ❑ Some women are eager to control their fertility but feel exceptionally vulnerable to punitive backlash from husbands and other family members opposed to contraception. These women should be identified in health clinics, helped to protect their confidentiality, and provided special counseling as needed to enable them to proceed safely toward their family planning objectives. Community outreach programs should be developed to help women who may be reluctant to attend family planning clinics

Study Details

This study was conducted by Mr Mamadou Konaté of the Centre d'Etudes et de Recherche sur la Population pour le Développement (CERPOD) Ms Aminatou Djibo and Mr Mamadou Djiré of CERPOD and Ms Alison Roxby of Family Health International (FHI) assisted Dr. Priscilla Ulm of FHI provided technical assistance. The study will be completed by September 1998 with analysis and incorporation of data from the third interview period (18 months after the women's initial visit to the family planning clinic). A final synthesis will be posted on FHI's web site when available. This study was supported by the Women's Studies Project at FHI, through a cooperative agreement funded by the U S Agency for International Development (USAID) and as part of a USAID program to support the Promoting Population Policy Development (PPPD) Project of CERPOD. For more information, consult FHI's web site [http //www fhi org](http://www.fhi.org)



Zimbabwe

The Impact of Family Planning on Women's Participation in the Development Process

Socioeconomic factors have limited women's role in Zimbabwe's development process. In part, this disadvantage is historic. In the Colonial era, men from rural villages migrated to urban areas to work in commercial agriculture and mining. There they acquired skills and technical experience – opportunities unavailable to women, who remained at home. Despite post-independence legislation that has led to more choices in education and employment, Zimbabwean women today remain subordinate to men in many respects.

Family planning often has been promoted as a means to improve countries' economic development. Zimbabwean women have adopted modern family planning methods in large numbers, and fertility and family size have declined. However, the current economy, severely affected by structural adjustment and other factors, has limited the extent to which men and women have been able to realize the economic benefits of smaller families. Yet, it is nonetheless important to understand how contraceptive use affects women's lives and how lower fertility can enhance their ability to participate equally with men in their country's development.

Research Findings

Based on analysis of existing data such as family planning practices, birth intervals, family size, women's education and urbanization, and women's participation in different types of activity, the investigators designed and implemented a national survey with the cooperation of the Zimbabwe National Family Planning Council (ZNFPC). The new survey reached 2,465 women ages 15 to 49 and focused on women's participation in household decisions and on economic and sociopolitical activities as these related to reproductive behavior. Women responded to questions about current and previous participation in development activities, the timing of key events in their reproductive history, and contraceptive use.

- Despite high contraceptive use and a corresponding decline in fertility, women in Zimbabwe remain largely outside the nation's formal economy and political process. Even so, 92 percent of women said family planning influences women's success.
- Most childbearing occurred within marriage, with the typical respondent reporting first sex at age 18, marriage at 19, and first birth at 21.
- Thirty-nine percent of all women reported contraceptive use – with higher use among urban women, younger women, and women with more education. Fifty-six percent of married women in the sample were currently using contraception, a higher rate than the 48 percent reported in the 1994 DHS.

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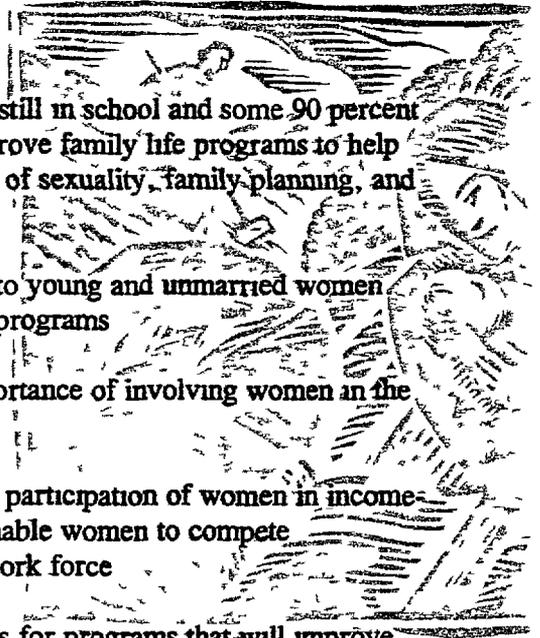
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- ❑ Data suggest that first sex increasingly takes place at an earlier age 31 percent of women under 30 reported having had their first sexual encounter while still in school, compared to 16 percent of women over 30
- ❑ The educational gap between males and females has narrowed in recent years Women surveyed reported an average of nine years of schooling, compared to 10 years for their husbands/partners Among women under 30, school attendance rates were 98 percent, compared to 82 percent for women over 30
- ❑ Autonomous decision-making about use of family planning increased with the number of children approximately 21 percent of women using family planning after the birth of their first child made that decision on their own, compared with 30 percent who made the decision after their fourth child Nevertheless, those using family planning irrespective of parity were twice as likely to have made that decision jointly with their husbands Women who thought they were expected to work were more likely to make autonomous decisions about family planning than those who did not work Educated women were also more likely to make autonomous family planning decisions than women with less education
- ❑ Only 32 percent of the women worked outside the home – similar to the percentage in 1984 Older women with more education were more likely to be working, and women who used family planning at younger ages were more likely to report they were currently working
- ❑ Few women participated in community activities, however, women who participated in community affairs at an early age tended to continue these activities throughout their reproductive lives

Recommendations

- ❑ Since many women begin sexual activity while they are still in school and some 90 percent do not use contraception at first sex, schools should improve family life programs to help both young women and men gain a better understanding of sexuality, family planning, and the consequences of reproductive behaviors
- ❑ Contraceptive services should be made more accessible to young and unmarried women and men, who are often excluded from family planning programs
- ❑ Both men and women should be educated about the importance of involving women in the political process
- ❑ Public and private sector institutions should promote the participation of women in income-generating activities and provide training and skills to enable women to compete successfully in political activity and at all levels of the work force
- ❑ Women, themselves, must learn to be effective advocates for programs that will improve their lives and the lives of their families



Study Details

The principal investigator for this study was Dr Marvellous Mhloyi, assisted by the late Mr Tinodaishe Hove, Dr Rava Marindo Ranganai and Mr Owen Mapfumo of the University of Zimbabwe, Ms Caroline Marangwanda of the Zimbabwe National Family Planning Council, and Dr Emily Wong and Ms Cynthia Visness of Family Health International (FHI) Dr Priscilla R Ulin of FHI was the technical monitor



Zimbabwe

Consequences of Family Planning for Women's Quality of Life

Zimbabwe's successful family planning program has led to greater contraceptive prevalence among women, increasing from less than 10 percent in 1980 to 48 percent in 1994, with a decline in the total fertility rate from 6.5 in 1984 to an estimated 4.3 in 1994. Research documents the positive consequences of lower fertility on the health of women and children, suggesting that contraceptive use is one means to achieve a more satisfactory life. However, little is known about the cultural meanings of *quality of life* among women in Zimbabwe and how women perceive the effects of family planning on the quality of their lives.

Research Findings

In 13 focus group discussions with women and three groups with men, investigators explored the subjective meaning of quality of life for women and its relationship to family planning and lower fertility. Discussions also focused on women's household, economic and community roles to determine the extent to which women and men associate participation in development activities with quality of life. Researchers drew focus group participants from urban areas, communal agricultural areas, and commercial farms in the Mashonaland East province. Findings include:

- Both women and men have clear concepts of quality of life for women, emphasizing contentment, household harmony, marital cooperation, and women's performance of their roles as wives and mothers. Women's and men's views of the elements of quality of life are similar.
- Focus group participants, both men and women, agreed that joint decision-making by couples on all aspects of family life, including family planning, is essential for women's quality of life and for the life of the family as a whole.
- Women and men regarded family planning as an essential component of quality of life, because it leads to improved physical and psychological well-being and higher social and economic status.
- For women, the benefits of family planning also include having more time to care for the family and more money to pay for children's education.
- Data suggest that, in general, men are supportive of their wives' use of contraception to space pregnancies. Impediments to family planning, the women said, are more likely to be found in the delivery system itself. Cost and limited contraceptive choices reduce the accessibility of contraception for many couples.

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- Focus group participants saw increased time for domestic duties as desirable because meeting women's practical needs as wives and mothers confers on women self-esteem and a sense of control
- Although few women were formally employed, both women and men expressed approval of income-generation activities for women because, by supplementing family income, they are able to enhance the quality of the family's life. Women said they believe family planning could lead to greater earning power but complained that capital for income-generation activities is often not available
- Both women and men advocated greater participation by women in community and political life, believing it contributes to family stability and community development. Women indicated that they would like more opportunities for political leadership, and men said that women in politics could speak out for the needs of all women

Recommendations

In Zimbabwe, the Women's Studies Project (WSP) conducted four projects designed to explore the relationship between family planning use and women's participation in the development process. Findings suggest that the two main deterrents to women taking a more active part in development are (1) women's and men's beliefs that quality of life for women rests on their ability to excel as wives and mothers and (2) lack of opportunities for women to express their leadership capacity in economic and political domains. The researchers recommend that

- Women may limit their vision and goals to traditional reproductive roles because they lack social and economic mobility outside the home. Women with smaller families need skills-building programs to prepare them to compete equally with men in the job market and the political arena. Government policies to promote gender equity need to be monitored and enforced
- Women have strong ideas on how family planning could be made acceptable and accessible to more women. They recommended that contraceptive services be affordable and that health programs offer a variety of methods. Providers and policy-makers should take these suggestions into account to promote greater access to family planning

Study Details

Dr. Jane Mutambirwa, a social anthropologist in the Department of Psychiatry at the University of Zimbabwe, was the Principal Investigator for this study. Her assistants were Ms. Verna Utebe of the Harare Polytechnic Institute and Ms. Patricia Maramba and Dr. Chris Mutambirwa of the University of Zimbabwe. Dr. Priscilla Ulin of Family Health International provided technical assistance. Findings reported here come from a preliminary analysis of the data. Additional analyses will be posted on FHI's web site as they become available. The research was supported by the Women's Studies Project of Family Health International, through a Cooperative Agreement funded by the U.S. Agency for International Development with field support provided by the USAID Mission in Zimbabwe.

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Zimbabwe

Influences of Gender in Women's Participation in Development

In Zimbabwe, husbands and other family members have a strong influence on women's reproductive decisions. By virtue of their status as chief financial providers for the family, men are viewed as primary decision-makers in the home. Other family members also play a central role in advising younger women. The extended family is a powerful social force, and large families are valued as a way to perpetuate the family line and secure economic resources.

Research Findings

This qualitative study explored the impact husbands and other family members have on women's reproductive decisions and on their ability to participate in the country's economic development process. The study also examined the impact family size has on women's participation in the work force and in community and political activities. Eighty in-depth interviews were held with women and men in Masvingo province (the rural Chivi and urban Masvingo districts). Researchers also conducted focus group discussions with four categories of participants: young women ages 25 to 40 with small families (four or fewer children) and with large families (five or more children), married men ages 25 to 50, and older women (women over 40 with daughters-in-law). All young women in the sample were contraceptive users.

Among the findings

- Most young women said they often initiate discussions with their husbands about family planning. While women said husbands are supportive, they allowed them the right to make final decisions in contraceptive matters, since, they said, men are usually the family breadwinners.
- In-laws offer opinions and advice about family size, but generally the final decision rests with the couple. Most older women wanted grandchildren, especially boys, to extend the family line, assist with household chores, and provide care for them in old age. The preference for a large family was more pronounced among rural women than their urban counterparts.
- Men and older women acknowledged the economic and health benefits of family planning but tend to believe that contraception should begin only after a woman has proven her fertility.
- In managing household spending, women were generally responsible for some routine and relatively inexpensive items, such as food and clothing, while men tended to make major decisions. Women said husbands control all the family income, even if the woman earns money herself. Urban working women claimed more control of household expenditures and felt freer to use their own earnings to support their own parents, pay school fees or make purchases without their husbands' consent.

- Virtually all participants saw education as essential for survival in Zimbabwe's changing economy. Younger women agreed that girls should have the same access to education as boys, while older women viewed education as the means to employment and more income to contribute to in-laws' comfort and well-being. Yet, in spite of support for girls' education, some women said that during hard economic times, boys should be given preference. "Children should get the same education, but if money is scarce, I would rather send a boy [to school] than a girl who will get married [and move] elsewhere."
- Most young women and mothers-in-law believed that the number of children a woman has does not affect her ability to pursue job training or participate in the labor force. However, most women had quit their jobs after marriage and did not seek education or job training once they began childbearing. Women said they were no longer interested in education, no one encouraged them to continue, or they lacked money and time.
- Both women and men spoke of the economic benefits of women's paid work, however, there was a strong tendency among men and older women to link the concept of women's employment outside the home with promiscuity.
- Most women supported involvement in political and community activities, but few actually participated. Women said they voted in national and local elections but did not seek office themselves. A few urban women supported women's participation in the political arena as a way to raise the standard of living for all women, but the majority said marriage and politics were incompatible.
- With regard to the influence of fertility on women's participation in development, the data showed little or no difference between women with five or more children and women with fewer children.

Recommendations

- Because mothers-in-law value and promote large families – and given their potential influence on younger women's reproductive decisions – information, education and communications materials and programs should appeal to older *and* younger women.
- Government and private sectors should consider ways to create a "safety net" for the elderly, thus reducing their dependence on adult children for financial and social support. Support for the older population will be especially important as HIV/AIDS continues to claim more young lives.
- Fears of contraceptive side effects – including concern about permanent infertility – abound. Health providers should address these concerns by providing accurate information about contraceptive methods to women, men and other family members.
- Child care should be available to women who want to continue their education or seek job training.
- Information and education programs should be developed to encourage and enable more women to become active in politics. Women's organizations could play a key role.

Study Details

Principal investigators for this study were Mrs Naomi Wekwete and Mrs Monica Francis-Chizororo of the Institute of Development Studies at the University of Zimbabwe Ms Mary Matshaka assisted Dr Priscilla Ulin of Family Health International (FHI) was technical monitor Ms Lisa Richey of the University of North Carolina-Chapel Hill, provided additional technical assistance This study was supported by the Women's Studies Project through a Cooperative Agreement from the U S Agency for International Development (USAID) to FHI Field support was provided by the USAID Mission in Harare



Jamaica

Reproductive Knowledge, Attitudes, and Behavior Among Young Adolescents

In Jamaica, as elsewhere in the Caribbean, adolescent pregnancy presents serious socioeconomic and health problems. By age 19, about 40 percent of Jamaican women have been pregnant, 85 percent of these pregnancies are unintended. Sociocultural and gender norms regarding sexual activity and childbearing have an important influence on adolescent pregnancy in Jamaica.

Research Findings

This study involved 945 young people, ages 11 to 14, who were considered at risk of early sexual activity and pregnancy. The study collected information from young adolescents between 1995 and 1997 in three surveys and two sets of focus group discussions.

- In the surveys, reported sexual activity was vastly different between boys and girls (see table, below). The dramatic differences suggest that some boys exaggerated the extent of their sexual experience, while girls may have been hesitant to reveal that they had engaged in sexual intercourse. Sociocultural norms regarding adolescent sexual behavior may have influenced boys' and girls' reporting of sexual activity.
- Among sexually experienced adolescents, the mean age at first sex was 12.4 among girls and 9.3 among boys. A girl's first sexual partner was, on average, 2.9 years older than she was, while a boy's first partner was about 1.2 years older. Sixty-five percent of girls and 30 percent of boys reported using family planning at first intercourse. The condom was the method most commonly used.

Selected Survey Results:

Percentage Of Young Adolescents Reporting Sexual Activity

Date Of Survey	Total	Girls	Boys
September, 1995 (n=928)	34	6	64
June 1996 (n=871)	38	6	75
June 1997 (n=714)	42	13	75

- In focus group discussions, participants suggested a variety of reasons that young adolescents have sex. Curiosity was cited as a motivation for having sex by both girls and boys. On the other hand, almost all girls, but very few boys, mentioned that love motivates someone their age to have sex for the first time. A 13-year-old girl explained, "If she say yes, that mean she really love him,

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and she'll give him anything he wants." Boys in all the focus groups described physical pleasure and status among peers as reasons a boy would have sex.

- Boys in the focus groups viewed loss of virginity as an important sign of manhood—something for which they would be admired. "Him would feel good 'cause his friends biggin' him up," said one boy. Girls also viewed sexual activity as a sign of adulthood, but many used words such as "sad" and "embarrassed" to describe how a girl would feel after losing her virginity.
- Young people generally held positive attitudes about family planning, and they recommended using condoms to prevent pregnancy and sexually transmitted diseases. However, many focus group participants doubted that a couple their age would use family planning, for various reasons. Some thought that young adolescents fail to use family planning due to lack of knowledge. Some boys and girls thought young people their age might have a hard time getting contraceptives if they needed them. "They wouldn't sell it to her 'cause she too young," predicted a 13-year-old girl.
- Cultural values also act as barriers to contraceptive use by young teens. For a girl, using family planning would indicate that she is engaging in forbidden sexual activity, something peers and parents would condemn. Some boys in the focus groups feared they would be perceived as unmanly if they used a condom, and they had heard that sex was less pleasurable with a condom.
- Both girls and boys viewed adolescent pregnancy as an unplanned and unhappy event. In one survey, only 2 percent of girls and 11 percent of boys agreed with the statement, "At my age, being a mother/father would be a good thing." In the focus groups, boys and girls also expressed negative attitudes about pregnancy among young adolescents. Girls were especially likely to view pregnancy negatively. One girl declared, "If she get pregnant, her mother a go kick her out, and the boy would a run left her." While most boys thought a boy who discovered his girlfriend was pregnant would "panic and fret," some also suggested that fathering a child would increase a boy's status among his friends.

Recommendations

The reported rates of sexual activity and low levels of knowledge about reproduction among young adolescents in this study suggest that family life education programs in Jamaica should be introduced to children before they enter puberty. Youngsters need to be well informed about reproductive health concerns before they face decisions about becoming sexually active.

Family planning providers and family life educators need to recognize that some young adolescents are already sexually active, and thus in need of family planning and other reproductive health services such as information about and treatment for STDs.

The high prevalence of reported sexual activity among boys and the attitudes they expressed both in focus groups and in the survey indicate that boys need particular attention in family life education programs. More innovative and interactive methods may be needed to reach young males, who are influenced by strong social pressures to engage in early sexual activity.

Study Details

The researchers responsible for this study include Ms Jean Jackson, Ms Joan Leitch, and Mrs Amy Lee of the Fertility Management Unit of the University of the West Indies, Kingston, Jamaica, and Dr Elizabeth Eggleston of Family Health International. Research was supported by the Women's Studies Project at Family Health International, through a Cooperative Agreement funded by the U S Agency for International Development with field support from the USAID Mission in Jamaica.

Portions of this research were presented at the 1996 and 1997 annual meetings of the Population Association of America. Findings from the September 1995 survey data were published in an issue of *Social and Economic Studies*. For more information, consult FHI's web site <http://www.fhi.org>



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Bolivia

Fertility Regulation and its Relationship to Stability of the Couple, Sexuality, and Quality of Life

In El Alto, one of Bolivia's poorest cities and the destination for many rural immigrants, the annual population growth rate exceeds 9 percent. El Alto's immigrants hold strong social and cultural links to their rural origins. Understanding how their quality of life is affected when contraceptive methods are used, as well as the effects of discontinuation or nonuse of contraceptive methods, may provide the groundwork for improving service delivery programs for Bolivia's expanding urban populations.

Research Findings

Researchers conducted four focus group discussions and in-depth interviews with 31 men and 101 women. Three groups of women were interviewed: those who used the intrauterine device (IUD) or condom, those who discontinued modern contraceptive methods for reasons other than wanting to become pregnant, and those who knew about modern methods but never used them.

- Many women said they had been physically or verbally abused by their partner. Refusal or reluctance to have sex were sometimes catalysts for violence. One woman said, "I tell him I like it during sex so he won't hit me." Another said, "He told me we were going to make love, and I didn't want to. He kept hitting me." In spite of the prevalence of domestic violence, the majority of women and men said their partners respected and trusted them.
- Approximately one-third of the women surveyed had been forced by their partner to have intercourse, usually after men had been drinking. Women claimed that one of the biggest problems at home is that men drink too much.
- Results from the in-depth interviews indicated there were no marked differences between contraceptive users and nonusers regarding the stability of the couple, self-esteem and decision-making, and the overall quality of life. However, users and nonusers had different perspectives on sexuality. Some condom and IUD users felt their sexual life had improved since they no longer feared an unplanned pregnancy.
- Women did not place much importance on how they looked, however, they did place great importance on how they felt (healthy or not) and on whether their bodies served them well for all of their daily household tasks. The majority of respondents reported feeling satisfied with their bodies, and the parts of the body that they liked the most were those that they used to accomplish their

tasks One woman said her best physical feature was her hands "because they help me work " Appearance was among several items that were proxies for self-esteem

- Men said they made the decisions at home because they were the heads of the household, however, half of the women interviewed said that men and women made household decisions jointly Half of those interviewed responded that the decision to have another child was made jointly, even though they admitted that pregnancies are usually unplanned and not something that had been discussed Users and nonusers did not vary on these issues
- Regarding decisions about responsibilities for family planning, only half of the IUD users had talked with their partners before insertion However, almost all of them had consulted with their partners before having the IUD removed Even though couples talked about how many children they would like to have, they did not talk about how they could prevent unwanted pregnancies "Children just appear, that's all," said one woman "At times, I feel so sad He too says 'What are we going to do? God must want us to have more babies ' " Half of the women interviewed said they could talk to their partners about what they did and did not like sexually However, many women said this type of dialogue embarrassed them "I'm a little shy with him I express what I have to, but with fear, and it embarrasses me "

Recommendations

Domestic violence is a problem for many couples in El Alto Although the causes are complex, health providers should be aware of how common violence is in the home and understand that for many women, contraceptive use occurs in this context Providers can help women choose the most appropriate method for their situation Providers also should consider linking with other nongovernmental organizations to develop referral systems for abused women seeking help The use of alcohol is firmly rooted in many cultural traditions, especially in rural Bolivia However, alcohol abuse was identified by women as a major problem at home, linked to domestic violence and coercive sex Mass media campaigns that focus on the detrimental effects of drinking on the overall quality of life are a first step in raising the public's awareness of how widespread the problem is and its consequences Furthermore, women may feel less isolated with their own situations and seek help

Study Details

This study was conducted by the Proyecto Integral de Salud (PROISA) Dr Amparo Camacho is PROISA's executive director and the study's principal investigator Support came from the Women's Studies Project at Family Health International, through a cooperative agreement funded by the U S Agency for International Development and field support from the Mission in Bolivia Dr Patricia Bailey was the FHI staff person responsible for this project For more information, consult FHI's web site [http //www fhu org](http://www.fhi.org)



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Bolivia

Access to and Use of Reproductive Health Services in El Alto

Rural-to-urban migration has challenged sexual and reproductive health services in the Bolivian highlands. El Alto, a large urban center adjacent to the capital city of La Paz, has an annual population growth rate of 9 percent. Contraceptive use is low (30 percent), and the use of modern methods is even lower (only 10 percent), leading to a large proportion of unwanted pregnancies and a significant number of unsafe abortions. To improve access to and increase the use of reproductive health services among the migrant population, Programas para la Mujer (PROMUJER), a nongovernmental organization based in La Paz, sought to identify barriers to services and to assess the quality of the existing services.

Research Findings

This study was conducted in 1994 in the Altiplano region, in the city of El Alto, and in five rural provinces. Research included 18 focus group discussions with local women and men, plus 110 in-depth interviews in rural areas and El Alto. In addition, a situation analysis of sexual and reproductive health services was conducted at 93 pharmacies and health facilities. Health center directors, pharmacists, service providers, clients and nonusers of services were interviewed. Researchers examined three elements of quality of care in the provision of family planning: 1) interpersonal relations between providers and clients, 2) the availability of methods, and 3) the acceptability of services. Among their findings:

- The majority of providers at public and private facilities believed that client treatment was good (83 and 98 percent respectively), and the majority of clients at public and private facilities (57 and 75 percent) said the care they received was excellent or good. However, half of the non-clients characterized treatment as average, 22 percent as bad, and only 12 percent as good. Also, researchers found that those who wore traditional dress, such as the *pollera*, were more likely to report that they were not treated well.
- When asked whether providers give explanations prior to physical examinations, approximately three-fourths of clients answered "yes." However, not all women were satisfied with the information they received. One woman stated, "They give you an exam, and then they never tell you what ails you. Many times you ask, 'What is it that I have?' They say, 'Why do you want to know?' That's the answer you get."
- Fifteen of the 36 health center directors reported that they did not have any contraceptive methods available, and none of the public facilities reported having all five program methods available (pills, IUDs, injectables, condoms, and spermicides). Three of 19 public facilities did not provide modern methods because of their religious affiliations. Sterilization was available only in the two

government hospitals Spousal consent was required of all women requesting reversible methods, which was believed to pose a significant barrier to women interested in the IUD However, researchers found that among the 26 women who obtained spousal consent, the majority (23) chose sterilization, one used an intrauterine device while two used other methods Therefore, providers do not make burdensome requests of women seeking reversible contraception

- Eight of the 36 health centers did not offer counseling services to individuals who came to the clinics alone Only five of 17 public sector facilities reported offering counseling to adolescents One-third of users thought their providers were professionals who explained things well, in easy-to-understand language One woman said, "I prefer to go [to the health clinic], even though it is far away, because they treat me kindly They talk to me, they explain things — everything And when I don't understand or don't know, he [the doctor] explains to me I am thankful to this doctor because even though it is far, other people do not treat me as he does Even though I have to pay, that's okay "
- Providers and clients had different perceptions of waiting and consultation times providers said waiting times were shorter and consultation times were longer than clients did
- Five public facilities did not have running water, and two did not have electricity Only seven facilities had more than three exam rooms for counseling and services One client commented, "I am afraid to talk to the doctor sometimes because there isn't an appropriate place to do so, to talk about our problems, or the illnesses that are bothering us "

Recommendations

Service providers should interact with and counsel all clients in a timely, confidential, and cordial manner regardless of the ethnicity, gender, age, or social class of their clients Local officials should more effectively publicize the different reproductive health services available Health professionals should monitor and supervise services to assure that services are in fact being provided and identify at what level barriers exist Health programs should seek economic support from governmental and non-governmental agencies to improve clinic facilities and medical equipment, all facilities should have running water and electricity.

Study Details

The researchers responsible for this study on quality of care were Carmen Velasco, Claudia de la Quintana, Gretzel Jové, Luz Angela Torres and Patricia Bailey Technical assistance was supported by the Women's Studies Project at Family Health International, through a Cooperative Agreement funded by the U S Agency for International Development The field work and book publication were supported by the United Nations Population Fund (UNFPA) For more information, consult FHI's web site [http //www fhi org](http://www.fhi.org)



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Bolivia

Follow-up to the 1994 DHS: Women's Economic Activities, Fertility and Contraceptive Use

Contraceptive use – particularly use of more effective modern methods – remains low among many Bolivian women, especially those in rural areas. In Bolivia, as families struggle to improve their standard of living, increasing numbers of women see a need to enter the labor market. Contraceptive use can reduce the amount of time women spend in childbearing and increase the amount of time they spend in the work force.

Research Findings

This study, conducted in 1997, explored the relationship between women's economic activities, fertility and contraceptive use in La Paz and El Alto, Bolivia. Researchers re-interviewed urban women from the 1994 Demographic and Health Survey (DHS), focusing on their participation in the work force. Results included

- As women got older, their participation in the work force increased. Women who were widowed or separated, those who had more and older children, and those who had used a method of contraception during the study interval were likely to be working at the time of the interview in 1997. Age and education were positively associated with the probability that a woman working in 1994 would be working in 1997. Contraceptive use or having used reproductive health services during the study interval did not influence whether women working in 1994 were also working in 1997.
- Women who were single, separated or widowed were more likely than women in union to have entered the labor force during the interval between surveys. Having a child under the age of one decreased the likelihood that a woman would be working in 1997, but as the number of children a woman had increased, so did her chances of working in 1997.
- More than one-third of the women who had been in or were currently in a relationship reported domestic violence, defined as either physical or verbal abuse. Women whose partners were less educated were more likely to report violence. The more live births a woman had, the more likely she was to report a history of violence. Although being pregnant decreased the odds of violence, the use of contraception increased the likelihood of reporting violence by 42 percent. Interpreting this last finding is difficult, however, since information on when the violence occurred (in the past or on-going) was not obtained.
- More than half the women had heard, seen or read an article about reproductive health in the six months prior to the study. Almost half of the sample recognized the Ministry of Health's symbol for reproductive health and had heard of the social marketing condom product *Pantera*.

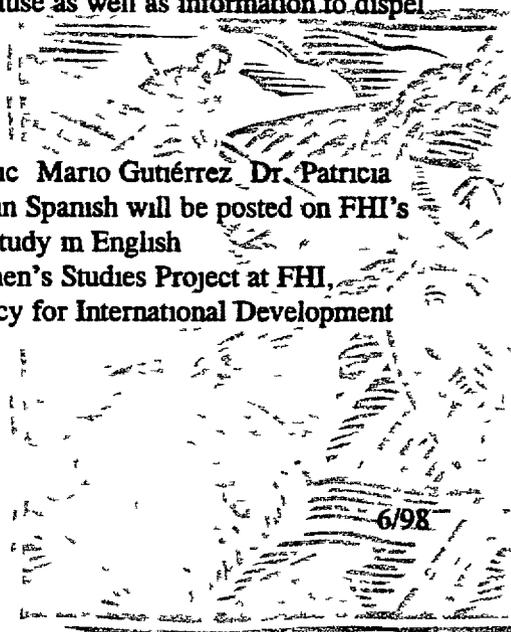
- ❑ Women seeking reproductive health services most often sought gynecological care. However, approximately one-third of the women said they had never visited a health care facility.
- ❑ Approximately one-third of the postmenopausal women expressed relief at no longer being at risk of pregnancy or having monthly periods. However, the same percentage expressed concerns about the physical and emotional effects of menopause. Half of all the women surveyed thought that women should have sex less frequently or not at all after menopause.

Recommendations

- ❑ As more women enter the labor force, employers could play an important role in promoting the use of preventive reproductive services, such as cancer screening, prenatal care, and contraceptive use. Nongovernmental organizations (NGOs) may be more effective in reaching women who work in the informal sector.
- ❑ The public and private sectors should explore ways to provide child care for low income women who need or want to work.
- ❑ Many Bolivian women experience domestic violence, and health care providers should be sensitive to the needs of this group. If providers themselves are unable to offer assistance, they must offer referrals for women seeking help.
- ❑ Health education programs should work to increase women and men's awareness of menopause, its effect on sexuality, and the physical changes women experience. Accurate knowledge of the symptoms that can accompany menopause as well as information to dispel myths could diminish women's apprehensions.

Study Details

This study was conducted by Lic. Teresa Polo Nájera and Lic. Mario Gutiérrez. Dr. Patricia Bailey of FHI served as technical monitor. The final report in Spanish will be posted on FHI's web site when available, as will a 10-page summary of the study in English (<http://www.fhi.org>). This study was supported by the Women's Studies Project at FHI, through a Cooperative Agreement funded by the U.S. Agency for International Development with field support from the USAID Mission in Bolivia.



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Bolivia

Impact of Men's Knowledge, Attitudes, and Behavior Regarding Fertility Regulation in Women's Lives

In Bolivia, as in most countries, women are the primary users of family planning methods and services. Research has shown that contraceptive use is linked to culture, religion and education. However, gender norms also may influence women's contraceptive choices and patterns of use. Few studies in Bolivia have examined men's views or the roles men play in their partners' use of contraception or the perceived consequences of family planning.

Research Findings

Cooperazione Internazionale, a non-governmental organization, surveyed 630 couples of reproductive age (ages 20 to 49) who were married or in a consensual relationship and living in urban Cochabamba. The couples came from three neighborhoods, reflecting high, medium and low socioeconomic status (SES).

Prior to development of the survey questionnaire, researchers conducted eight focus groups to develop indicators of self-esteem, self-determination, overall relationship with partner, and sexual relationship with partner.

Ninety-three percent of the study population responded to the questionnaire with the following results:

- Although women are the primary users of contraception, men's awareness of family planning methods was slightly higher than women's. Both men and women expressed positive attitudes about family planning use, saying that men should support partners' contraceptive decisions and men themselves should assume responsibility for using a family planning method.
- In spite of widespread knowledge and positive attitudes about family planning, communication between couples was lacking and remains a barrier toward effective contraceptive use. Only half the men and women said they talked about the number of children they wanted, and concordance about current method use between couples ranged from 64 to 87 percent. Concordance was lowest for users of traditional methods.
- Women who used modern methods reported greater sexual satisfaction, possibly because the fear of pregnancy was reduced. To measure sexual satisfaction, women were questioned about whether they could tell their partners when they did not want to have sex, whether it was acceptable for women to initiate sex, and whether they felt free to tell their partners what they did and did not like sexually. Women who were most satisfied with their sexual

relationship were those who used a modern method during the past 30 days, had been married less than five years, and had some college education

- Women with higher self-esteem (determined by whether the woman viewed herself as a good mother and partner, good at work, responsible, happy, and smart) were also more likely to report higher levels of sexual satisfaction
- Women currently using contraception (both modern and traditional methods) reported better overall relationships with their partners than did those who were not using a contraceptive method
- Contraceptive use in urban Cochabamba was high Two-thirds of study participants said they had used a modern contraceptive method during the past 30 days Forty-one percent of couples said they used a modern method – the intrauterine device and the condom were the most commonly used – while 26 percent said they used a traditional method, mainly rhythm However, of those using traditional methods, only 67 percent of women and 53 percent of men could accurately identify the fertile period of the woman's menstrual cycle
- Forty-two percent of women (and men) who were not using family planning were at risk of pregnancy Reasons for non-use were breastfeeding or postpartum period (28 percent), medical problems (18 percent), lack of information (16 percent), or dislike for methods (14 percent) Only 1 percent feared health problems from contraceptive use
- Ninety-five percent of study participants using contraception said they and their partner were satisfied with their current contraceptive method Of those who were dissatisfied, men said the reason was because contraception diminished their sexual pleasure, while others said they believed their method was ineffective Women said they were dissatisfied with their family planning method because they believed it was ineffective, while others said they wanted more children or were concerned about side effects (nervousness and weight gain) However, these numbers are small and the researchers advised caution in drawing conclusions
- There were differences in contraceptive knowledge and use among the three different socioeconomic (SES) areas Study participants from the medium socioeconomic income area reported the highest fertility levels, lowest knowledge and use of modern methods, highest traditional method use, largest households, and lowest self-esteem among women. Researchers concluded that residents of this "working poor" area may be missing public messages designed for residents of low-income areas and private-sector messages designed for those in the high SES area

Recommendations

Contraceptive use in urban Cochabamba is high, with two-thirds of couples reporting that they used a modern or traditional method during the previous month Men and women have positive attitudes about contraception, and men are slightly more knowledgeable about methods than women Users of modern methods say they are more sexually satisfied than couples who do not use contraception Yet, communication between partners is lacking, and this presents a barrier to family planning use Family planning programs should encourage men and women to communicate with their partners regarding contraceptive use and other reproductive health

decisions Family planning programs should consider offering counseling for couples, to help them improve their communication skills regarding family formation Programs should involve men with positive attitudes to work in peer networks designed to increase men's participation in the domain of reproductive health Given the differences found among the three urban strata, messages should be targeted at the working poor who seem to have the least information and access to services

Study Details

Mr Emilio Zambrana of Cooperazione Internazionale and Ms Donna McCarraher of Family Health International (FHI) were responsible for this study The study was supported by the Women's Studies Project, with funding provided through a cooperative agreement to the U S Agency for International Development and field support from the Mission in Bolivia For more information on this study, consult FHI's web site [http //www fhi org](http://www.fhi.org)



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Brazil

Adolescent Longitudinal Study

In Brazil, fertility rates have declined dramatically during the past 20 years. Conversely, adolescent fertility in the northeastern state of Ceara has shown recent increases. According to a 1996 survey, 24 percent of 15 to 19 year olds in Ceara had at least one child or were pregnant. Understanding how adolescents perceive pregnancy – whether as a positive or negative event in their lives – can provide valuable insights for those who work with young people and may ultimately help reduce the state's teen pregnancy rate.

Research Findings

This study compared two groups of adolescent women: 367 girls who sought prenatal care at the Maternidade Escola Assis Chateaubriand (MEAC) adolescent clinic and 196 young women who sought emergency treatment for incomplete abortion (either spontaneous or induced).

Researchers interviewed prenatal teens four times: at their first prenatal visit, at about 35 weeks gestation, at 45 days postpartum, and at one-year postpartum. Investigators interviewed abortion patients for the first time prior to discharge but after treatment for an incomplete abortion, at 45 days postabortion, and at one year postabortion. (Reports from the final interviews are not yet available.)

- ❑ When interviewed at 45 days postpartum or postabortion, there was an increase in the proportion of teens with high self-esteem in both groups. However, the increase for teens in the prenatal group was larger than it was for the abortion patients. The more education a girl had, the higher her level of self-esteem.
- ❑ Prenatal teens described their relationship with their mothers since pregnancy as better while adolescents in the abortion group reported no change. In general, adolescent girls reported better relationships with their mothers than with their fathers, a pattern exhibited at baseline and 45 days postpartum/postabortion. Father-daughter relationships improved only among girls whose pregnancies were planned.
- ❑ Overall, there was a decline in school enrollment, from 50 percent to 30 percent at 45 days postpartum/postabortion. The highest percentage of school attendees was in the induced abortion group (63 percent). Among new mothers, the proportion enrolled in school dropped by more than half, to 20 percent. The quality of the girl's relationship with her male partner was also predictive of whether she was enrolled in school at 45 days. Compared with adolescents who reported that their relationship with their partner was "okay," teens who reported that the relationship was not good or nonexistent were three times as likely to be in school.

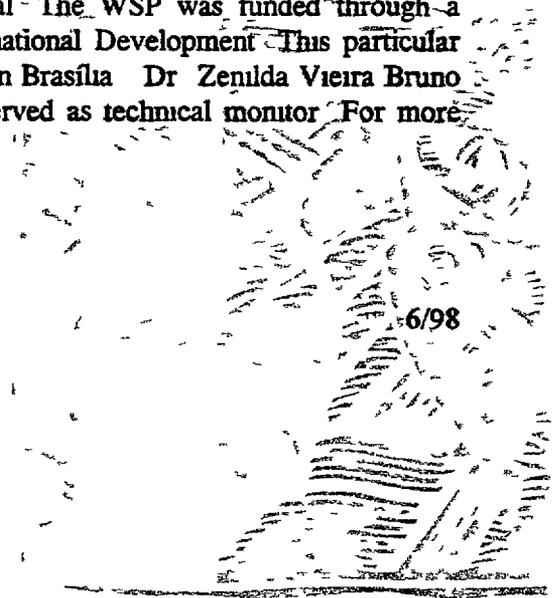
- ❑ Among the new mothers, many initially expected the pregnancy to improve their relationships with their partners. However at 45 days, regardless of whether the pregnancy was planned, partner relationships had deteriorated. Adolescents who terminated their pregnancies had lower expectations of how the pregnancy would affect their relationships with partners, and at 45 days postabortion, relationships had, in fact, worsened.
- ❑ Among prenatal and aborting teens, adolescents who miscarried expressed more negative views of the pregnancy's impact, as did teens with unplanned births. Having a good mother-daughter or father-daughter relationship increased the probability of having a positive view of the pregnancy. School enrollment also increased the odds of a positive view by 79 percent.

Recommendations

Adolescent pregnancy cannot be equated with unwanted pregnancy – 40 percent of the teen mothers in this study said that they wanted to have a baby when they became pregnant. Young mothers reported increased self-esteem and improved relationships with their mothers after their babies were born. Health providers, educators and others who work with teens should be aware that, for many young women, motherhood brings enhanced social status. Messages should be developed to inform young women and men of the physical risks of teen pregnancy, as well as the economic risks when young women drop out of school. Young women should understand that motherhood is only one option for their future, and efforts should be made to encourage them to delay childbearing until after they have completed their education.

Study Details

This study was conducted by the Maternidade Escola Assis Chateaubriand and supported by the Women's Studies Project at Family Health International. The WSP was funded through a cooperative agreement from the U.S. Agency for International Development. This particular study received field support from the U.S. AID Mission in Brasília. Dr. Zenilda Vieira Bruno was the principal investigator and Dr. Patricia Bailey served as technical monitor. For more information, consult FHI's web site <http://www.fhi.org>





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Brazil

Consequences of Tubal Ligation for Women's Lives

Tubal ligation is extremely common in Brazil. 40 percent of women, ages 15 to 49, who are married or in union, have been sterilized. The prevalence of sterilization is due, in part, to limited access to other contraceptive methods. The pattern of family planning use in Brazil is that women typically rely on oral contraceptives until they attain their desired family size, then elect sterilization. Fifty-seven percent of sterilized women undergo the procedure before their thirtieth birthday, and 34 percent of sterilized women have one or two children. Health workers, women's advocates and others have expressed concerns that, with so few contraceptive options, women may later regret their decision to end childbearing.

Research Findings

The Centro de Pesquisas das Doenças Materno-Infantis (CEMICAMP) in Campinas surveyed women to determine the impact of tubal ligation on their quality of life. Of the 472 study participants, half had been sterilized, while the other half had not. Study participants in the two groups were matched on age and residential neighborhood. Their ages ranged from 30 to 49 years, and women lived in low- to middle-income neighborhoods in Campinas. CEMICAMP interviewers administered questionnaires from December 1996 to June 1997 to explore women's perceptions of their quality of life, including their sense of well-being, self-esteem, marital satisfaction, and balance of power in relationships. Research findings include the following:

- Women who used tubal ligation as their family planning method were generally happy with their choice. Ninety-two percent of women who had undergone sterilization said they were satisfied with their method. Their reasons included they had attained the number of children they wanted, the method was effective, and it was safe. Sterilized women were happier with their contraceptive choice than were women using other family planning methods. Non-sterilized women reported a 79 percent satisfaction rate. Among the reasons given for satisfaction were that they believed their own family planning method was safe, it was effective and it helped them achieve their ideal family size.
- Regret and dissatisfaction with sterilization were highest among women who were sterilized when they were young. Fifteen percent of women who were sterilized before age 25 said they were dissatisfied with their contraceptive method, compared with 9 percent who were sterilized at age 25 or older. Eighteen percent of women sterilized before age 25 said they regretted their decision, as did 7 percent of those ages 25 to 29.

- Among the sterilized women, the most frequently reported physical change was related to menstruation, with 36 percent reporting negative changes in their menstrual cycle and 11 percent reporting improvements. Fewer non-sterilized women attributed menstrual changes to contraceptive use, 12 percent said their method caused negative changes in their menstrual cycle, and 16 percent reported improvements.
- Twenty-one percent of sterilized women reported changes in their sexual life following the procedure. Fourteen percent said their sex lives had improved while 7 percent said their sex lives had gotten worse. Fifteen percent of non-sterilized women attributed changes in their sex lives to family planning methods. Half reported improvements and half, negative consequences.
- Small percentages (12 percent or fewer) of women in both groups reported improvements in their marital relationships, economic situations and self-esteem. Only 1 to 4 percent reported negative changes in these three areas.
- Of the 236 non-sterilized study participants, 101 women said they had considered having a tubal ligation. Their reasons for foregoing sterilization were they could not afford the procedure, health service providers refused to perform the surgery because the woman was too young or had too few children, the woman feared surgery, or, her partner objected.

Recommendations

Women who used tubal ligation as their family planning method were generally happy with their choice. However, a woman's satisfaction with tubal ligation is often related to her age at the time of the procedure. Service providers and counselors should stress the potential for regret among women age 30 and under and discuss the risk factors for regret, including young age and marital instability. Given recent policy changes (sterilization has been legalized and guidelines established for sterilization candidates), the public sector faces a tremendous challenge to meet the counseling needs of what is likely to be an increase in demand. Access to a wider array of contraceptives, including long-term methods such as the intrauterine device, should be made available to meet the range of family planning needs for women over their life cycle.

Study Details

Ms Maria José Duarte Osís, Ms Maria Helena de Sousa, Dr Aníbal Faúndes of CEMICAMP and Dr Patricia Bailey and previously, Dr Arlene McKay, of Family Health International were responsible for this study. Research was supported by the Women's Studies Project at Family Health International, through a Cooperative Agreement funded by the U S Agency for International Development. This study was funded by field support from the U S AID Mission in Brasília. For more information, consult FHI's web site [http //www fhi org](http://www.fhi.org)

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Egypt

The Impact of Family Planning on the Lives of Egyptian Women

In Egypt, previous research on women and family planning has focused on how various aspects of women's lives, such as education and employment, predict their use of family planning. This study, conducted in six governorates, reverses the equation and looks at how family planning may affect aspects of women's lives, including their work, family relationships, and community involvement.

Research Findings

This study had three components. Focus group discussions (FGDs) were held in Beni Suef, Assiut, Menoufia and Dakahlia among 96 women of childbearing age, both contraceptive users and non-users. The FGDs were used to shape a questionnaire, which was administered to 4,900 women nationwide. In-depth interviews were conducted with 10 study participants. Analysis of the questionnaire and in-depth interviews are on-going. The results presented in this report are from the focus group discussions.¹

Most participants knew about family planning methods, particularly injectables and Norplant. Few knew about condoms and those who did said their husbands refused to use them. Many women mentioned breastfeeding as a way to postpone pregnancy. Women did not mention sterilization.

- In terms of personal autonomy, most women felt the need to seek their husband's opinion and approval on all matters. Explicitly, men made decisions in the home, implicitly, women made decisions on their own or through negotiation with their husbands. Among more-educated women, many said controlling their fertility had helped them gain control over some other aspects of their lives. "A woman's life becomes organized," said one FGD participant. "She can have plans and goals and peace of mind."
- Women said education and employment are important for women's independence, autonomy and self-esteem and give women a stronger voice in family decisions. However, women said work brings double responsibility and role strain, and it does not necessarily contribute to women's dignity or self-actualization. "The woman now plays the role of the worker, the teacher and the housewife," one woman explained. "The responsibility is shouldered by the woman—children's school, work, health. The burden the woman carries is heavy."
- Study participants said education for daughters was important.
- For most female participants, the welfare of the family was more important than their individual welfare. Women were subordinate to men in the home and had the primary responsibility for childrearing and housework.

¹ This summary will be revised upon completion of the survey data analyses.

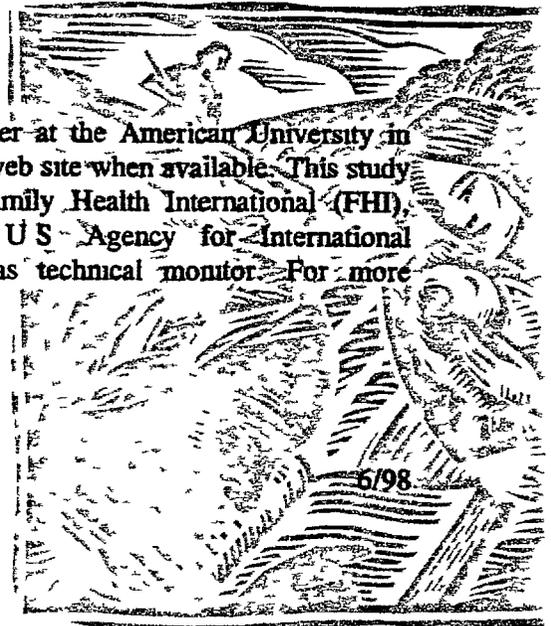
- Women's subordinate position played a role in family size. Fear of divorce and polygamy lead women to have more children when their husbands wanted them, even if they did not want more children. Children were very important to women, who said they were a source of happiness and prestige. Some women said they would advise their own daughters to use family planning only after they had given birth and proven their fertility.
- The majority of women were not members of political parties. Only a few educated women participated in community activities.
- When asked what makes them happy, women said they wanted to be recognized by significant others, namely husbands and superiors at work. One woman explained, "The whole world smiles when the husband is happy and in a good mood. A kind word of recognition for the work of the woman at home makes her extremely happy and vice versa." Women said children's failure in school, husbands' failure at work and illness of their loved made them unhappy. Women said that family planning can increase a woman's psychological well-being, by giving her time to take care of her family or work outside the home. "Using family planning allows the woman to feel secure and not worried all the time that she might get pregnant."

Recommendations

- Husbands are an important target group for family planning messages because they are involved in fertility control decisions.
- Family planning messages should emphasize women's perceptions that having control over their childbearing experiences gives them more time to devote to their families and their homes.

Study Details

This study was conducted by the Social Research Center at the American University in Cairo. A final report in English will be posted on FHI's web site when available. This study was supported by the Women's Studies Project at Family Health International (FHI), through a Cooperative Agreement funded by the U.S. Agency for International Development. Dr. Cynthia Waszak of FHI served as technical monitor. For more information, consult FHI's web site <http://www.fhi.org>





Egypt

Family Size and Gender Equity in Childrearing

Disparities exist between the way girls and boys are raised in Egypt. Because they typically rank lower than boys in family hierarchies, girls often receive less food and medical care. In addition, girls are overburdened by household chores, care of younger children and care of elderly family members. Researchers have hypothesized that smaller family size may lead to more equitable childrearing practices. When parents have fewer children, they may be more attentive to the survival and well-being of all their children. Therefore, girls may be more highly valued and less subject to discrimination.

Research Findings

Study participants included 644 women who were clients at clinics run by the Ministry of Health and Population, the Health Insurance Organization, the Egyptian Family Planning Association and the Curative Organization. Women in the study were of childbearing age and had at least two children (one boy and one girl).

- The majority of the women had used contraception at some point in their lives – only 8 percent were never-users – and 80 percent were currently using a method. The intrauterine device (IUD) was the most popular. Women in small families (three or fewer children) were more likely to have begun using contraception after the birth of their first or second child than were women in large families (four or more children).
- Sex of living children influenced contraceptive use. Women were more likely to use modern contraceptive methods when they had boys or both boys and girls than when they had only girls.
- More than 70 percent of women said they preferred a balanced mix of boys and girls in the family.
- Women were equally likely to breastfeed boys and girls, although more-educated women (those with a secondary education or above) were less likely to breastfeed. The average duration of breastfeeding was longer for boys than girls in all families. The proportion of mothers who stopped breastfeeding because they became pregnant, used a contraceptive or wanted to work was greater among mothers of girls. Boys typically received a greater share of milk, eggs and chicken than did girls. Preferential treatment was greater for boys in large families compared with small families, irrespective of the mother's educational level.
- There were some differences between health care for boys and girls. Less-educated mothers in both small and large families took their sons to private physicians for medical care more often than they took their daughters. When children enrolled in school were covered by health insurance, the gap lessened. Less-educated women in larger families were less likely to take their daughters.

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with fever to a doctor, the average number of doctor visits was 1.6 for boys versus 0.9 for girls

- Girls were most likely to be enrolled in school if their mothers were more-educated and their families were small
- Girls typically performed indoor household tasks, such as washing and ironing, while boys performed outdoor chores, such as shopping. Girls in small, educated families had fewer household chores than girls in large, less-educated families. In large, low-literate families, girls were involved in household chores even during the time they should have been in school
- The practice of female circumcision was more prevalent among larger families and families with less maternal education. In small educated families, 24 percent of women said they will have their daughters circumcised, compared with 87 percent of low-literate families. Among those who have or plan to have their daughters circumcised, their reasons were tradition, religion, decreasing daughters' sexual desire, and hygiene. Women who opposed circumcision said they "did not believe in it" or were afraid of complications. Regardless of family size, circumcision was more likely to be performed by a physician among educated families and by a nurse, midwife or *daya* in less-educated families

Recommendations

- Policy-makers should promote education for girls
- Public and private entities should extend health insurance coverage to all families in order to narrow the gender gap in health treatment among poorer families
- Since gender equity is more probable in small families, health providers and policy-makers should promote family planning as a means to encourage gender equity

Study Details

This study was conducted with the support of the National Population Council's Research Management Unit and technical assistance from the Women's Studies Project (WSP) at Family Health International (FHI). The principal investigators were Dr. Seham Ragheb and Dr. Wafaa Guirgis of the Faculty of Nursing at Alexandria University. The WSP was funded through a Cooperative Agreement to the U.S. Agency for International Development. Dr. Cynthia Wazak of FHI served as technical monitor for this study. For more information, consult FHI's web site <http://www.fhi.org>

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Egypt **The Social and Behavioral Outcomes of Unintended Pregnancy**

More than half the married women in Egypt use some method of family planning. However, unplanned pregnancies are a concern for many women. Sixty-two percent of women who report an unplanned pregnancy say they became pregnant while using a contraceptive method. Unintended pregnancies can mean health and financial problems for the woman and her family. Previous studies outside of Egypt also have shown that children born as the result of an unintended pregnancy may have lower birth weight and lower education levels and may suffer from parental neglect.

Research Findings

In-depth interviews were conducted in rural Giza and urban Cairo with 20 ever-married women who had unintended pregnancies. These interviews were used to construct a questionnaire, which was administered to 1,300 women who had been previously interviewed in the 1993 Egypt Use Effectiveness of Contraception Survey and the 1997 Social and Behavioral Effects of Unintended Pregnancy Survey. Researchers found:

- ❑ Attitudes about an unintended pregnancy differed between women and their husbands. Although few of the women were pleased at the news of their unintended pregnancy, 42 percent of them said their husbands were pleased. The main reason the women gave for their husbands' happiness was fondness for children.
- ❑ Couples who did not want another child cited the expense of childrearing, the infant's demand for time and attention, a "mistimed" pregnancy, the advanced age of the mother, health problems for the mother and fetus, and too many children of the same sex.
- ❑ The majority of study participants said an unintended pregnancy did not affect whether they sought prenatal care during the pregnancy. Nearly 80 percent of women said they sought prenatal care, as they had during other pregnancies, and gave birth in the same setting. Most of the infants weighed the same or more than their older siblings, were breastfed, and received the same or a greater number of immunizations.
- ❑ In the long-term, most women did not view an unintended pregnancy as an unwanted pregnancy. Once a child was born, women said they made no distinctions among their children. Nearly 60 percent of parents said unplanned children received the same amount of affection as other children in the family, while 38 percent said they received more. Parents said they expected that unplanned children would receive the same education as other children.

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- Women said an unintended pregnancy most affected their ability to look after their own health. Other concerns were additional financial burdens, added household duties, no personal time, and less time to spend socially or with other children. Women reported that their quality of life was reduced because of the extra time that the unplanned child required.

Recommendations

- Nearly two-thirds of Egyptian women reporting an unplanned pregnancy said they became pregnant while using a contraceptive method, including oral contraceptives and intrauterine devices. Because these methods are highly effective, at least some of the failures are likely due to user error. Health workers should offer better education and more contraceptive counseling to help Egyptian women understand how to use contraceptives correctly.
- More than one-third of women with unintended pregnancies said they tried to terminate their pregnancies through abortion. Because abortion is illegal in Egypt, many women sought clandestine or unsafe abortion. Women need information on the risks of unsafe abortion, and physicians need training in treating abortion complications.
- Thirty-eight percent of women were using no contraceptive method at all, although they did not want to become pregnant, because they wanted a “rest” from contraception, because they did not believe they could become pregnant, or because they feared side effects. Providers and women’s advocates should educate women about the importance of correct and consistent use of contraception, as well as provide basic information about fertility and menstrual cycles.

Study Details

This study was conducted by F A Kader and Hesham Maklouf of the Cairo Demographic Center. Dr Cynthia Waszak of Family Health International (FHI) served as technical monitor. This study was supported by the Women’s Studies Project at FHI, through a Cooperative Agreement funded by the U S Agency for International Development with field support for the USAID Mission in Egypt. For more information, consult FHI’s home page [http //www fhi org](http://www.fhi.org)

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Egypt

Reproductive Health of Adolescent Married Women in Squatter Areas in Alexandria

In many parts of the developing world, girls marry shortly after puberty. Because of societal pressures to prove their fertility and the increased status that motherhood brings, many young women become pregnant soon after marriage. The 1995 Egyptian Demographic and Health Survey found that 10 percent of the female population under age 20 had begun childbearing. Yet, few adolescents know about or understand the concept of reproductive health, according to a research project in Alexandria.

Research Findings

Researchers interviewed 450 adolescent married women and 450 older married women from 80 squatter areas in Alexandria to compare knowledge, attitudes, and practices related to reproductive health care. In addition to the cross-sectional survey, four focus group discussions were held with older women (over age 20), with younger women (under age 20), and with husbands of the women in these two groups.

- Women said the mean ideal age for marriage was about 20 years. Reasons for this age were "to be sensible and mature enough" and "to withstand the burden of pregnancy." However, women often married and began childbearing before age 20. The mean age at first pregnancy was 17.6 years for adolescent wives, 19.3 years for older women.
- The data suggested that Egypt's high rate of consanguineous (blood relationship) marriages was one factor related to marriage before age 20. Reasons for consanguineous marriage included "increase family links," "they knew each other and everything would be clear before marriage," "customs and traditions," and "less cost." About one-fifth of the women in both groups were married to a first cousin.
- Nearly all the women in this sample had been circumcised. Eleven percent of the women in both groups experienced difficulties, such as excessive bleeding, severe pain, and fear. Seventy-seven percent of adolescents and 81 percent of older women agreed that "it is important for a girl to be circumcised." Reasons included "as our parents did before," "tradition," "to protect the girl," "religion" and "cleanliness." Sixty-six percent of adolescents and 72 percent of older women said they would have their daughters circumcised.
- Men preferred that their wives have a child as soon after marriage as possible, believing that children are an investment and represent security in old age. According to an illiterate husband of an adolescent wife, "Educated people

consider first to establish themselves, but for us, we like to have children soon after marriage ”
Husbands preferred more children than did their wives

- All women knew about family planning methods, though older women knew about more methods than did adolescent women. Ninety-five percent of the women in both groups approved the use of family planning, recommending it because, “life is expensive,” and “women who have many children suffer from bad health.” Eighteen to 19 percent of the husbands knew about a family planning method that could be used by men and identified this method as the condom. Fewer than 3 percent had actually used this method.
- Women generally thought family planning use was a joint decision or within the wife’s purview. One educated, older wife stated, “The husband and wife together should agree, decide, and go together.”
- Thirty-nine percent of adolescent wives and 63 percent of the older wives were using contraception at the time of the survey. Adolescent wives were more likely than older women to be using the intrauterine device. Older women were more likely to be using pills. Researchers found determinants of nonuse of contraception included being an adolescent wife, being illiterate, having an illiterate mother, having neither radio nor television in the home, and a previous pregnancy resulting in a stillbirth or miscarriage.
- Governmental organizations were the main providers of family planning services to women in this study. Most women said they were satisfied with family planning services, primarily because of the “good care” they received. When asked how services could be improved, women suggested “more working staff,” and “more working hours.” Husbands said they preferred that their wives see female physicians.

Recommendations

Adolescents should receive information about reproductive health, including family planning. They should be educated about the health benefits to mother and child when pregnancy is delayed until age 20 or older, and they should receive information about contraceptive methods available to them, and how and where to obtain them. Because cultural taboos may discourage frank discussions about sexual issues, young men and women should receive education and information to improve their communication skills on family planning and reproductive health issues. Policy-makers and health providers should target men since they are primary decision-makers in the home. Community leaders should be involved in setting up education and information programs for young adults.

Study Details

Dr. Sunny Abdou Sallam was the principal investigator, and Dr. Ahmed A. R. Mahfouz and Dr. Nihad I. Dabbous were co-principal investigators responsible for this study, all from the High Institute of Public Health in Alexandria University. The field costs and technical assistance for this study were supported through the Research Management Unit of the National Population Council by a contract from the U.S. Agency for International Development/Cairo’s FP/POPIII Project. Additional support for technical assistance came from the Women’s Studies Project of Family Health International (FHI), through a Cooperative Agreement funded by the U.S. Agency for International Development. Dr. Cynthia Waszak of FHI served as technical monitor. For more information about this study, consult FHI’s web site <http://www.fhi.org>



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Egypt

Reproductive Health Among Adolescents and Youth in Assiut Governorate, Egypt

Young women face a variety of reproductive health risks, including sexually transmitted diseases (STDs), too-early pregnancy and childbearing, and unintended pregnancy, often leading to unsafe abortion and its complications. In Egypt, approximately 10 percent of women marry before age 20. However, young people know little about reproductive health, and most services are directed at women in their late twenties or older.

Research Findings

More than 1,600 young people were interviewed for this study. Sixty percent were ages 15 to 19, while the remainder were ages 20 to 24. Findings should not be generalized beyond Assiut Governorate.

- Approximately one-fourth of the study participants were familiar with the term “reproductive health.” Those who were educated, older, not married and living in urban areas were more likely to have heard the term.
- Adolescents’ ideal age at marriage varied according to sex. The mean ideal age was 21.2 years for females and 25.6 for males. Urban residents had higher ideal ages at marriage for boys than did rural residents, but not higher ideal ages for girls. One participant advocated early marriage because “the female is able to have children and raise them up properly while she is still young and of good health.”
- Almost all respondents knew the importance of antenatal care, this varied little by sex, education, marital status or residence. Nearly all respondents thought a physician should provide antenatal care, although they were evenly split with regard to whether they preferred a female or male physician.
- When asked about their attitudes toward the appropriate place for childbirth, more than 80 percent preferred the government hospital, although actual delivery was split between the government hospital and home.
- More than 95 percent of the sample knew the term “family planning” and had favorable attitudes toward contraception. Knowledge of specific methods varied by sociodemographic characteristics and sex. For example, 21 percent of older study participants knew about injectables, compared with 53 percent of younger participants. Ninety-two percent of women knew about intrauterine devices, compared with 79 percent of males. Nearly 95 percent of study participants approved of family planning, attitudes about family planning did not vary by sex or sociodemographic characteristics. “Life became very expensive, and

many children need a lot of money, and from where can we get money in this hard time?" one study participant asked

- Twenty-seven percent of those who were married were using contraceptives at the time of the study. The percentage increased as the number of children increased. Fifteen percent of those with one child were using contraception, compared with 79 percent of those with four or more children.
- Forty-eight percent of less educated respondents had heard of STDs. Of these, 90 percent had heard of AIDS, but only 2 percent of syphilis. Sixty percent of those said "following religious teaching" was the best way to protect oneself, while 17 percent said premarital exams and 17 percent said periodic checkups.
- Seventy-nine percent of study participants approved of female circumcision. This varied from 89 percent among less-educated respondents to 69 percent among more-educated respondents.
- Ninety-five percent of educated men approved of helping care for children, compared with 79 percent of less-educated men. The differences were less pronounced among urban and rural men (91 and 89 percent respectively).

Recommendations

This study – one of the first in Egypt to examine the reproductive health knowledge, attitudes and practices of women and men ages 25 years and younger – could be used to improve reproductive services for young adults.

- Additional research on adolescents is needed, especially in the rural areas where the majority of young people will marry and begin families while in their teens. Collecting data on desired age at marriage, birth intervals, desired and optimal family size and sources of information can guide health providers and policy-makers in meeting the needs of this target population.
- A variety of traditional, institutional and political barriers and myths about sexuality make it difficult to change health policies for adolescents. Many Egyptians believe that providing family planning services to youth will promote promiscuity. However, it is essential to explore adolescents' sources of information on reproductive health, since incorrect information is difficult to correct.
- Reproductive health programs should provide young people with accurate information, to enable them to make responsible decisions. Successful programs should reach out to adolescents and youth in their own environment – schools, recreation centers and work sites.

Study Design

This study was conducted by Dr. Mohammad Qayed of the Community Medicine Department at Assiut University. Dr. Cynthia Waszak of FHI served as technical monitor. A final report in English will be posted on FHI's web site when available. This study was supported by the Women's Studies Project at FHI, through a Cooperative Agreement funded by the U.S. Agency for International Development. For more information, consult FHI's web site <http://www.fhi.org>



Egypt

The Role of Women as Family Planning Employees

In Egypt, most family planning workers are women. Through their work, women say they have gained opportunities to learn new skills, improve their self-confidence, earn income, and gain respect in their communities. However, family planning work carries some disadvantages, as well, including the stress of trying to balance work and family responsibilities, and suspicion and criticism from family planning opponents.

Research Findings

Researchers analyzed data collected on female employees in Egypt's six largest family planning organizations – the Ministry of Health and Population, the Coptic Evangelical Organization Social Services, Clinical Services Improvement, the Egyptian Family Planning Association, the Health Insurance Organization, and the Teaching Hospital Organization. Employees included physicians, nurses, social workers and *raedat refiat* (field workers). To determine how women perceived the effects of family planning employment on their lives, researchers conducted 64 focus group discussions in Cairo, Kafr El Sheikh, Beni Suef, and Sohag. The study also included in-depth interviews with 19 female family planning leaders.

- The Ministry of Health and Population is the nation's largest employer of family planning workers (87 percent). Among family planning workers, nurses comprise the largest category, while physicians and *raedat refiat* account for one-quarter of family planning employees.
- Of the 19,610 employees in Egypt's family planning program, 82 percent are female. Forty-eight percent of physicians are women, but the percentage varied by organization, from as high as 93 percent to as low as 13 percent.
- Most female family planning employees said they made household decisions jointly with their husbands, with the husband's opinion prevailing in serious disagreements. Many employees felt their work expertise gave them information which helped them make joint decisions about a daughter's age at marriage, her premarital examination, and their own contraceptive use.
- Female employees said they felt stress from the dual responsibility of performing a job and caring for a family. Women in all occupations said they had too little time to care for their own families, and they worried about sick children, housework and child care. Women also said they felt stress because of lack of material resources to perform their jobs.

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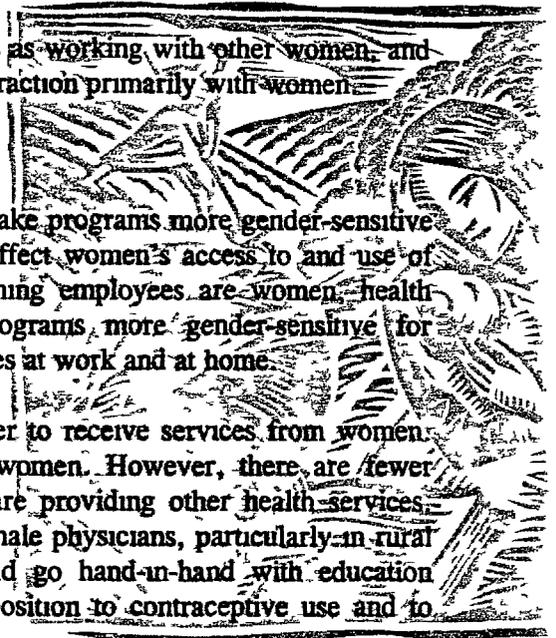
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- ❑ Female employees said work outside the home brought them respect inside the home. One social worker in Sohag said, "The word 'planning' does not apply to contraception only. It applies to planning in every aspect of family life. They have seen that the women can organize the family budget with very little income." Women said they had control over their income but spent it mostly on children's needs and household items.
- ❑ Employees said their work achievements helped enhance their self-esteem. A doctor in Beni Suef said, "I have developed more confidence through the trust of clients in keeping their secrets." One family planning leader said, "Working in family planning is like swimming against the tide. This is what creates a leader because it needs great effort and strong character."
- ❑ Other workers said they were hurt by criticisms, leveled at them because they stepped out of the traditional female role. Some clients' relatives blamed family planning workers for contraceptive side effects. "Some men say bad words and some husbands and mothers of clients do not meet us nicely and quarrel with us if anything happens as a result of using contraception."
- ❑ The most serious reports of job dissatisfaction came from social workers who, unlike doctors and nurses, were usually assigned to family planning through the Ministry of Labor. They expressed dissatisfaction with irregular payment and lack of training related to family planning.
- ❑ Unlike the leaders in the family planning field, most other employees did not have time for participation in community politics, although they considered it a good thing and felt no resistance from their families to participate.
- ❑ Female employees saw one of the benefits of their jobs as working with other women, and their husbands also approved of a job that involved interaction primarily with women.

Recommendations

Reproductive health programs are searching for ways to make programs more gender-sensitive for clients - to consider cultural and gender norms that affect women's access to and use of services. However, because the majority of family planning employees are women, health programs also should explore ways to make their programs more gender-sensitive for employees, taking into account women's dual responsibilities at work and at home.

Many female family planning clients say they would prefer to receive services from women. The majority of family planning workers in Egypt are women. However, there are fewer female physicians providing contraceptive services than are providing other health services. Family planning programs should work to attract more female physicians, particularly in rural areas where the needs are greatest. These efforts should go hand-in-hand with education programs in rural areas, where there is considerable opposition to contraceptive use and to women working outside the home.



Study Details

Dr Hesham Makhoulf and Dr Bothaina El-Deeb of the Cairo Demographic Center were responsible for this study. The research was supported by the Women's Studies Project at Family Health International (FHI), through a Cooperative Agreement funded by the U S Agency for International Development. Dr Cindy Waszak was the FHI staff person responsible for technical assistance. For more information, consult FHI's web site [http //www fhi org](http://www.fhi.org)