

## ***The Philippines:***

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# ***Childbearing, Women's Work and Household Decision-making in Cebu***

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

# **The Philippines: Cebu Longitudinal Follow-up Survey and In-depth Interviews**

## **I. Introduction**

To better understand relationships among childbearing, women's work and women's autonomy in decision-making, the Women's Studies Project (WSP) at Family Health International (FHI) supported a follow-up study to the Cebu Longitudinal Health and Nutrition Survey (CLHNS). The original survey was begun in 1983, with a follow-up study in 1991-92. Researchers from the University of San Carlos in Cebu, Philippines, and the University of North Carolina-Chapel Hill, Carolina Population Center, with assistance from FHI, added a new set of individual, household and community data to the existing CLHNS data.

The WSP follow-up survey was supplemented by a series of three in-depth ethnographic interviews with a subset of 60 women, which provided detailed data on the process of decision-making. By reviewing data from the study interval period, researchers were able to gain a comprehensive view of women's lives over a significant portion of their reproductive lives.

This collaborative effort was supported the U.S. Agency for International Development (USAID) Office of Women in Development and WSP core funds.

## **II. Background**

A major goal of the WSP is to understand the immediate and long-term consequences for women of family planning programs and methods, including women's ability to work and earn income, their quality of life, status and well-being. A major challenge in meeting this goal is to determine the direction of causality. Women are likely to make decisions about limiting family size or spacing children in conjunction with or conditional upon other decisions, such as whether to work outside the home. Therefore, researchers were faced with questions such as: Is family planning a response to the current difficulties and economic demands of a larger family? Or is it a way to plan for the future in anticipation of a better life? Do women choose to limit childbearing so they can enter the labor force and earn more income? Or do they work because of the economic demands of large families?

Questions of causality can only begin to be addressed in a rigorous fashion with longitudinal data that record the sequence of events and choices over a woman's reproductive life cycle. Longitudinal studies of large representative samples are exceedingly costly and time consuming. Thus, it was highly effective and cost-efficient to make use of existing CLHNS data, with a follow-up survey to meet specific WSP research objectives.

Qualitative research methods, such as focus group discussions and in-depth interviews, by contrast, do not seek to determine causality. Rather, these methods are aimed at discerning the study participants' thoughts, perceptions and feelings in order to learn more about motives, meanings, actions and reactions in the context of study participants' daily lives. While the strength of quantitative methods is that they produce factual outcome data that are usually generalizable to a larger population, qualitative methods can generate rich detailed process data that usually leave the study participants' perspectives intact (Steckler, 1992). For this reason, the team added in-depth interviews to this study.

### **III. Goals**

This project had three primary goals:

1. Examine in more depth and better understand the relationships between family planning and various aspects of women's lives, specifically: decision-making, autonomy, and social status.
2. Update data collected previously, during the original CLHNS (1983-86) and the first follow-up survey (1991-92), specifically to explore the impact of family size and pace of childbearing on women's work patterns in terms of type of work and earnings.
3. Examine the comparability of women's responses about decision-making and various topics covered in both the quantitative survey and the in-depth interviews.

### **IV. Study Design**

The CLHNS was originally designed as a survey of infant feeding practices but was expanded to cover a wide range of issues related to maternal and infant health and nutrition. This multipurpose survey was designed by an interdisciplinary team of researchers from the Carolina Population Center working in collaboration with the Office of Population Studies at the University of San Carlos in Cebu.

The CLHNS is a comprehensive community-based survey of a cohort of women initially recruited into the study during pregnancy. The survey has had a dual focus on women and children. Among women, the survey examined factors such as: maternal dietary intake and nutritional status during pregnancy and lactation; determinants of birth spacing; patterns of time allocation; women's work, including place and type of work, hours and earnings; and utilization of health services and family planning. Among children, the focus was on infant feeding, morbidity, mortality, growth and intellectual development. The surveys also included data on household composition, household work, income, task allocation and on community-level factors including level of modernization, availability of services, and prices of specified commodities.

The original CLHNS recruited 3,327 pregnant women from 33 *barangays* (communities) of the metropolitan Cebu area who subsequently had a birth or pregnancy termination in a one-year period beginning in 1983. The women were surveyed bi-monthly for two years after the birth of the index child. A follow-up survey was conducted with 2,395 of the women in 1991.

The WSP follow-up survey conducted in 1994-95 included urban and rural women from the original CLHNS who were still living in the metropolitan Cebu area (2,279 women). In addition, a new sample of 500 women, ages 15 to 25, was added. These women resided in the same sample *barangays* as the original respondents. Several focus groups (four to six) were held to refine the family planning modules of the questionnaire. Data were collected under a subcontract to the Office of Population Studies. Women were interviewed in their homes.

The main survey was supplemented by a series of in-depth interviews, conducted during three to five visits (totaling five to seven hours) with a subset of 60 women. These in-depth interviews provided detailed data on the process of decision-making and other topics similar to those in the survey. They included: women's decision-making autonomy, women's financial autonomy, marital relations including domestic violence, value of children, women's assessment of their status, and women's aspirations.

The 60 participants were divided equally between urban and rural residents and distributed among the 33 sample *barangays* of the CLHNS. The number of women interviewed in each *barangay* was proportional to the number of respondents interviewed in the survey. The urban and rural samples were stratified by family planning use or non-use and by low, medium and high parity (one to three children, four to six children, and seven or more living children, respectively).

All prospective respondents were visited, informed about the length and personal nature of the interviews, and asked whether they would be willing to participate. Women were remunerated for their participation. Interviews were scheduled to fit the participants' schedules, and were generally conducted in the homes, often with breaks for child care or food preparation. Interviewers sometimes offered to help with the chores at hand, an offer that more than once was accepted by the participant. Interviews were tape recorded and later transcribed and translated from Cebuano to English.

The interviews were unstructured with only a guide of topics to be covered. The coverage did not have to follow any specific order and was determined primarily by the participant. The termination of the interviews was not planned by either interviewers or participants, but usually occurred after 90 minutes.

The in-depth data were analyzed using qualitative methods, facilitated by the use of Ethnograph software.

## V. Results

Descriptive and bi-variate analyses of data from the WSP follow-up sample demonstrated a number of important associations between family planning use, childbearing, and women's work and autonomy.

**Women's work.** When income earned by others in the household was high, women were less likely to be employed. Women were more likely to work for pay when they believed their husband's income was inadequate to meet household needs. Women who had young children were less likely to work for pay. At the time of the 1994 survey, 78 percent of the women reported working, and 18 percent of women contributed more than 50 percent of the total household income. Earnings of women who were employed consistently over time increased at a greater rate when they had fewer children.

Women's burden of domestic work was strongly affected by the number of children, with infants and preschool children contributing the most to the domestic burden.

**Household decision-making.** Based on focus group discussions and a review of other Filipino research, a series of questions was added to the survey concerning decision-making on various matters. The decision-making questions included: "Do you consult with someone when you have to decide on this matter?" If yes, "Who do you consult?," and "Whose will prevails on this matter?" If the woman's will does not prevail, she was asked, "What do you do when you are against such a decision?". The decision-making questions were extensively analyzed in an attempt to create a measure reflecting a woman's autonomy.

Focus groups also asked about how women define social status. According to them, social status was assessed by observing how well-kept the woman, her children, and her house and environs were.

Results indicated that there were relatively few women who had no say in minor decisions related to children, purchase of clothing or gift giving. In contrast, a larger percentage of women had no say at all in decisions about major appliances, land purchase, working outside the home, or hiring household help. Travel outside of Cebu was one decision where the highest percentage of women (28.3) had no independent say. Joint decision-making was typical in the case of buying land and schooling of children. Neither a simple autonomy score nor a factor analytic score were predicted by other maternal and household characteristics.

These results led researchers to question the usefulness of the concept of “autonomy” in Filipino culture and, its appropriateness in the study. Over the duration of marriage, seldom does a woman have autonomy in decisions regarding family planning or other important matters. Over time, decisions bounce back and forth between the partners, depending on the circumstances.

The results also caused the team to delve more deeply into question formulation in this area. Just what does it mean to “consult?” Is it culturally appropriate to say that a decision is jointly made? Further investigation into decision-making was carried out in the qualitative phase of the follow-up study which is discussed below.

Looking together at socioeconomic status (SES), social status, and autonomy, results indicated that, as measured in this study, autonomy in decision-making was not related to either social status or SES, while SES and social status were moderately correlated.

***Family planning and childbearing.*** The median number of pregnancies in the Cebu sample was five. A woman’s history of family planning use was not related to her total number of pregnancies, but family planning use was significantly related to birth spacing. Use of modern methods was associated with a 13-month increase in the interval between births, while use of natural methods was associated with increases of only five to seven months.

Based on the 60 in-depth interviews, researchers found that family planning decision-making is a dynamic process that changes over the life course. Women’s responses about family planning decision-making from the quantitative survey tended to reflect the most recent decision-making experience whereas the in-depth interviews traced the history of decision-making.

Cebuano women viewed their marriages as pivotal to their lives. Family planning use was secondary to good communication and negotiation in their relationship. However, if women and/or their partners chose to use family planning, they said they did want it to be safe and effective.

***Domestic violence.*** With respect to questions on domestic violence, of the ever-married women who answered these questions, 13.7 percent said their spouse had physically hurt them when he got angry. Of these, the majority (55.6 percent) said that this happened rarely, 27 percent said it occurred two to four times per year, and 17.4 percent said it happened more than four times a year. Women who were physically hurt by their partners had significantly more pregnancies (6.6 versus 5.9), their spouse was less likely to turn over all or some of his earnings, and they were contributing a higher percentage to the total household income (31.7 percent) compared to non-abused women (25.3 percent). Women who reported being hurt by their spouse had significant more pregnancies (6.6) than those who did not report abuse (5.9).

Researchers wrote a methodological paper comparing women in the follow-up surveys and in-depth interviews<sup>1</sup>. The paper analyzes the consistency or lack of consistency in women's responses. The authors found, "the results of this investigation suggest that women in Cebu tend to be consistent over time when talking about important happenings in their lives; they do not change their stories from one time to the next but may, on different occasions, emphasize different aspects depending on the context of the occasion."

For example, one of the women indicated, in the survey, that her will prevailed in making family planning decisions, but was coded by the interviewer as participating in a joint decision. She stated: "Because of the emotional stress that I experienced after the death of four of my newly-born babies, my husband suggested the use of some family planning method to avoid further stressful experiences. So I decided first to use pills, from which I later switched to IUDs and still later to Depo-Provera. However, my menstrual flow began to become scanty, my husband asked me to discontinue with these modern methods and began to practice withdrawal."

In contrast to most respondents, this woman emphasized her early family planning experience in the survey, while the interviewer, when coding her in-depth interviews, took into consideration her entire time frame.

## **VI. Conclusions and Recommendations**

Based on findings from the CLHNS follow-up and in-depth interviews as well as extensive discussions with colleagues from the two other WSP-supported projects, researchers highlighted the following implications of the Philippine WSP studies for policies and programs.

### ***Family Planning and Women's Work***

1. Study findings may be used by policy-makers to promote the advantages of family planning for facilitating women's employment, particularly in the higher paying formal sector.
2. For many women, work outside the home means being stuck in low paying jobs with no benefits of any kind. Policies need to be considered that will improve women's access to technical training and higher paying formal sector work.

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<sup>1</sup> Avila J, Perez L. Are women saying the same in sample surveys and in-depth interviews? Unpublished paper. November, 1997.)

3. Work outside the home means a double burden for most women and very long hours. Government and private employers should address needs of working women such as on-site or community-based child care, flexible work schedules, and facilities for breastfeeding including private space and refrigeration to store breast milk.

### ***Decision-making***

1. Many women prefer to make joint decisions with their spouses about family planning. Programs, media, and school curricula can educate men about family planning to facilitate their participation in the decision-making process.
2. Women associate their increased earnings with increased autonomy in spending their earnings. Since women's income generally is spent on family welfare purchases, policy-makers could promote the association of family planning use, birth spacing, and the beneficial impact of women's earnings on family welfare.

### ***Domestic Violence***

1. Family planning and reproductive health clinics, especially in rural areas, may be the primary location where women can receive assistance and referrals to help in coping with domestic violence. Providers need to be trained in providing assistance or referrals. Additional staff may be required to carry out this mandate.
2. Midwives and traditional healers could also be trained to provide assistance and referrals for battered women.
3. Consciousness-raising about gender and women's needs can be continued and intensified at the level of local government units and among the *barangay* leadership.
4. Women's organizations can use these results for increased advocacy for laws that protect women, such as the "Anti-Rape" Bill.

### ***Services***

1. Women's multiple work burdens and time constraints support the need for women-centered health care programs that can provide a range of services in central locations at times convenient for women.
2. Given the increased number of women in the workforce, family planning and reproductive health services could be offered in the workplace.

3. Providers should be educated about issues of women's multiple work burdens and time constraints.

### ***Gender Equity and Women's Roles***

1. Women's advocates can use these research findings in their work on legislation and policies to promote gender equity in the workplace.
2. Women's organizations can also use these results to advocate and educate concerning gender roles such as task sharing in the household, especially when women are working for pay.

## **VII. 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.