Chapter 1

Introduction

This qualitative study funded by the U.S. Agency for International Development (USAID) examines the sociocultural processes that lead Filipino women to discontinue using methods of contraception even though they do not wish to become pregnant. Specifically, it examines how sociocultural constructions of the body, health and illness, spousal roles and relations, and the quality of family planning services figure into the contraceptive practices of married women living in Quirino Province, Philippines. The study was initiated in response to the high rates of contraceptive discontinuation found in the 1998 Demographic and Health Survey (DHS), in which two in five contraceptive users in the Philippines discontinued use within the first year (NSO, DOH, and MI, 1999).

Studies of family planning in the Philippines suggest that both side effects or health concerns and spousal relations are central to discontinuing the use of a contraceptive method. Of the Filipino women who discontinued a modern method of contraception, 37 percent of pill users, 49 percent of IUD users, and 59 percent of injectables users said they stopped using the method because of undesirable side effects and other health concerns (NSO, DOH, and MI, 1999). Although husband's disapproval was cited by only about 3 percent of women as a reason for discontinuing a method in the 1998 DHS survey, family planning researchers in the Philippines have found it to be a significant factor contributing to unmet need for contraception (Palma-Sealza, 1993; Casterline, Perez, and Biddlecom, 1997). This is true especially in situations in which couples disagree over preferences and the attributes of methods (Biddlecom, Casterline, and Perez, 1997; Casterline, Perez, and Biddlecom, 1997).

The modern contraceptive methods promoted by the Population Commission, which administers the Philippine federal family planning program, include oral combined contraceptive pills, IUDs, medroxyprogesterone acetate (DMPA) three-month injections, condoms, tubal ligation, and vasectomy.[1] The natural and traditional methods approved by the commission include calendar/rhythm method/periodic abstinence, mucus/Billings/ovulation, basal body temperature, symptothermal, lactational amenorrhea method (LAM), breastfeeding, and withdrawal. According to the 1998 DHS, female sterilization and the pill are the most preferred methods (10 percent each), closely followed by withdrawal and the calendar/rhythm method (9 percent each). The IUD is used by 4 percent, followed by injectables and condoms, which are each used by 2 percent of women (NSO, DOH, and MI, 1999). The remaining methods have fewer users; each method is used by 1 percent or less of married women (NSO, DOH, and MI, 1999).

[1] The Philippines federal government currently makes available to provincial governments throughout the country the means to provide free family planning methods to their citizens Due to local government rules in some provinces, however, the Population Commission is not able to provide these services. Clinics are not required to promote all methods. In addition, the national family planning program is currently in the process of adding a privatized fee-for-service component designed to accommodate the middle and upper classes At this time, most Filipinos have access to free contraceptive methods.

Modern temporary contraceptive methods developed by pharmaceutical companies, including those used in the Philippines, have a range of biomedically recognized side effects such as headache, weight gain, nausea, depression, cramping, and decreased libido that may make them difficult to use on an ongoing basis for certain individuals. The incidence of side effects of the hormonal methods, such as headache and nausea vary but are generally understood to be more acute during the first few months after initiating a new method. In addition, hormonal methods and IUDs can cause changes in the menstrual cycle, such as unpredictable spotting, increased or decreased bleeding, and amenorrhea, that can last as long as one continues the method. Based on an assessment of mortality associated with method use, Hatcher, an authority on contraceptive technology, states, "In general, contraception poses few serious health risks to users. Moreover, the safety considerations of contraceptive methods are not as great as those of pregnancy-related complications," and methods such as the pill can be used safely throughout one's reproductive years (Hatcher, 1998).

This understanding of the safety of modern contraceptive use and the nonserious nature of the side effects is derived from a biological understanding of the body that is not always shared by those using contraceptive methods. For example, although unintended effects such as the loss of menstruation with DMPA use or the 60 percent decrease in menstrual bleeding with use of oral contraceptive pills, may be promoted as menstrual benefits in the clinic (Hatcher, 1998), women worldwide have expressed their desire for an effective contraceptive method that does not change the menstrual cycle (Snowden, 1983; Scott, 1975; Bongaarts and Bruce, 1995). Although menstruation has some degree of biological regularity, the meaning attributed to it and how it figures into women's and men's ideas and practices related to the body, health, and illness expressed in the clinic interaction vary widely throughout the world (Buckley and Gottlieb, 1988; Newman, 1985).

Contraceptive practice as a whole is highly influenced by sociocultural understandings and practices related to the body, health, and illness as they are actively constructed and reconstructed in daily life within families, clinics, and the community. Bodily experiences produced by medications, whether biomedical, traditional, or some other type, are to a significant extent culturally determined, as are people's interpretations of the efficacy, side effects, safety, and utility of medications. To understand how modern contraceptives are actually used by couples, in other words, one must look beyond the safety and efficacy of the biochemistry of the substances to the sociocultural circumstances and lives of those who use and dispense them (Van Der Geest and Whyte, 1988).

The client-provider interaction is a key aspect of providing high-quality care (Bongaarts and Bruce, 1995; Bruce, 1990; Simmons, 1994), and in family planning, it is the chief means for addressing dissatisfaction with contraceptive methods. Often, clients and providers hold substantive and conflicting assumptions about the body, health, and illness. Differences in common sense related to the body and health are often complicated by the traditional roles of clinics that favor the provider over the client and biomedical theory over clients' experience. These differences affect communication about methods, instructions on using methods, follow-up, understanding of the purpose of medical procedures, and ultimately, choice and use of contraception. Understanding these differences and the way clients use methods can provide

planners with information for choosing the most appropriate set of methods to be provided and improving health education and the content of the client-provider interaction.

1.1 Purpose and Study Questions

This study provides a holistic picture of the contraceptive practices in three municipalities of Quirino Province, Philippines, providing insight into how local constructions of the body, spousal roles and relations, and the client-provider interaction figure into these practices. The overall aim is to make recommendations to improve the quality of family planning services, for example, by identifying issues for discussion in the round table with providers, by highlighting some potentially better practices, and by identifying untoward effects of routine procedures and policy on women's use of contraception.

To examine how people understand and use contraceptive methods, one must look at the domains of daily life that a contraceptive method affects. Since the methods are designed to prevent pregnancy (or alter fertility), this is one major area to be explored. This includes menstruation and sexuality since they are a part of fertility and since the methods are known to affect them. In addition, contraceptive practice itself includes how methods are used, the bodily experience and interpretation of methods, and how these experiences develop into long-term strategies for limiting pregnancy. On the clinical side, contraceptive practice includes how the methods are delivered in the clinic, for example, the content of the client-provider interactions, the choice of methods offered, and the strategies of providers to create a successful clinic and program.

Overall, the study questions are designed to elicit an understanding of the active strategies used by couples to limit family size and how barangay health workers (BHWs) or volunteer health workers, midwives, and hilots (traditional midwives) influence their strategies. The following questions were used to guide the data-gathering process:

- What are women's understandings and daily practices related to menstruation, sexuality, and fertility?
- What physical changes are experienced when using the oral combined pill, intrauterine device, DMPA, and/or condoms?
- How do women and couples make sense of these physical changes?
- How do women use modern contraceptive methods in daily practice?
- What long-term strategies do couples and women use to prevent unwanted pregnancy?
- How do providers discuss side effects of contraceptive methods with clients?
- What other approaches to counseling might be tried?