

# The Interplay Between Sexuality and Family Planning As Perceived by Couples in the Rural Areas

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## Abstract

*This study was conducted to identify variations in perceptions between married couples in family planning. Particularly, it aimed to determine the socio-demographic profile of respondents, their knowledge, beliefs, and practices on family planning and to elicit information about the level of cooperation or coercion in a relationship and the role of sex in the decision to use contraception.*

*An interview schedule coupled with focus group discussion (FGD) was used in gathering the data needed in the study. Respondents were couples from the upland municipalities of Ilocos Sur. Data gathered were analyzed qualitatively and quantitatively using frequency distribution and percentage. Both family planning acceptors and non-acceptors were interviewed.*

*Results showed that both sets of respondents are aware of the benefits of family planning. However, they had limited knowledge about the facts and scientific information on family planning. Non-acceptors generally relied on hearsays which affected their perception on family planning methods. Moreover, rural couples believed that family planning methods affect the couple's sexual drive. Non-acceptors believed that sexual drives decreases to a minimal extent but acceptors believed that it increases to a great extent. This indicates the negative perceptions of non-acceptors on family planning and the positive effects that contraceptives bring in enhancing the sexual relationship of acceptors. It is recommended, then, that there should be an intensive information and dissemination on family planning at the community level to erase whatever negative notions that people have about contraceptives.*

## Introduction

### Background of the Study

It has been said that women, given their unique biological role and reproductive responsibilities, have the highest stake in reproduction and fertility regulation. The resources and services accessible and extended to them, however, are often inadequate as the Family Planning Program remains problematic. The program is beset by problems on logistics and user dissatisfaction especially in the rural areas. Data from the National Census and Statistics Office (NSO, 1998) shows that the Ilocos Region has a low percentage (28.6%) of women using any modern method.

At the national level, in 1997 the Philippines had a fertility rate of 4.5 children per woman which is considered as the highest in South East Asia. While other countries are already enjoying a zero fertility rate because of successful family planning programs, the Philippine's Family Planning Program remains at the quagmire of uncertainty.

The program only targets women, thereby segregating their husbands. In a study conducted by Bclizar (1998) she found out the unequal balance of power in fertility regulation since men often dictate what method to use. She recommended that to increase men's awareness on fertility regulation should be a shared responsibility, hence, a need to develop strategies to give men equitable participation in reproductive health issues at the individual and community level.

Attempts have also been made to improve the quality of care given to women specifically in the family planning program. Studies on the context in which fertility regulating methods are used need to be studied since they determine whether these methods add to or lessen human health or happiness. Furthermore, research on the wider context surrounding the user, shows that her interaction with the inherent aspects of technology ultimately determines the judgment made about the appropriateness, acceptability, efficacy, and safety of a particular method. The context in which women are made to decide on regulating their fertility could elucidate their acceptance and non-acceptance of the family planning program.

This study was an attempt to answer the gap between family planning and sexuality. By studying the role of sex in the decision to do family planning, the researchers, as well as program planners, could come up with better education and information programs that would further enhance the patronage of family planning, particularly in the rural areas.

### Statement of the Problem

This study aimed to identify variations in perceptions between married couples in family planning. Furthermore, it aimed to determine the importance of sexuality in deciding fertility regulation.

Specifically, it sought:

1. To determine the socio-demographic profile of the respondents in terms of age, education, religion, occupation, number of years in marriage, number of children, age at marriage, and monthly income.
2. To determine the knowledge, beliefs, and practices of married couples on family planning in terms of concepts on family planning, advantages of family planning, and reasons for non-acceptance of family planning
3. To elicit information about the level of cooperation or coercion in a relationship and the role of sex in the decision to use contraception.

### **Significance of the Study**

Family planning is a necessity for every couple as it is synonymous with responsible parenthood. However, patronage of family planning methods remains low in the Philippines, particularly in the rural areas. Results of this study could be used by health workers in designing appropriate information and education campaign in the promotion of family planning. Even the academe, particularly the health sciences, could utilize the study as a baseline information in reaching out to the rural communities. Sex and family planning are not separate entities in Filipino culture. As such they must be treated as one in the promotion of the family planning program.

### **Scope and Limitation of the Study**

The study was limited to five upland municipalities in Ilocos Sur. There were two sets of respondents namely the acceptors and the non-acceptors, composed of 50 couples who were randomly chosen. Data were gathered during CY 2001.

### **Methodology**

The study utilized the descriptive method of research. An interview schedule with open-ended questions was used in gathering the data for this study. For the data analysis frequency distribution and percentages were used.

In identifying samples for the study, respondents were chosen randomly. Both husband and wife were interviewed.

Respondents were couples from the rural barangays of the upland municipalities of Ilocos Sur.

## Discussion of Results

### Socio-Demographic Profile

**Age.** Table 1 shows that the respondents were of reproductive age. Male respondents were relatively older than their wives. Among acceptors, majority belonged to the age bracket 36-40 (50%, husbands and 44%, wives). This was followed by 28% (husbands) and 20% (wives) whose age ranged from 31-35 years old. Only one was below 25 years old.

On the other hand, the wives of non-acceptors were younger than their husbands. Maybe this could be attributed to the fact that they were still in the process of building a family which does not necessitate family planning. Majority of the women were at the peak of their childbearing (20-35 years old). Thirty-two percent of the wives belonged to the age bracket 26-30 followed by 28% whose age ranged from 41-45, and 24% who were 36-40 years old.

**Education.** Women acceptors had higher educational attainment than the non-acceptors (Table 1). The table also shows that women were more educated than their husbands. This is in consonance with earlier findings on family planning that education is correlated with contraceptive use.

Of the 25 male acceptors, 32% were high school graduates, followed by 16% who had at least reached high school level. Twenty percent had finished vocational courses while 12% had finished college. Their wives, on the other hand, had higher educational attainment. Thirty-six percent had reached college level while 20% were able to finish college. The lowest education that they achieved was high school level.

The non-acceptors had lower educational attainment than their counterparts. Majority of them were either high school or elementary graduates and only a few handful had finished college. For instance, among the husbands, 28% had finished high school level and 20% had finished elementary. Only 10% had completed college. Among their wives, 24% were able to finish college and 32% were elementary graduates. Sixteen percent had either graduated or reached high school.

**Religion.** The couples shared only one religion. This means that the husband and wife usually belonged to the same faith. Majority of the respondents were Roman Catholics: 68%, acceptors and 92%, non-acceptors. Among the acceptors, 24% were Protestants while 8% were Iglesia ni Cristo.

Table 1. Socio-demographic profile of respondents.

VARIABLE	ACCEPTORS				NON-ACCEPTORS			
	HUSBAND		WIFE		HUSBAND		WIFE	
	f n=25	%	f n=25	%	f n=25	%	f n=25	%
Age (years)								
51 and above	-	-	-	-	1	40.0	-	-
46-50	2	8.0	-	-	3	12.0	-	-
41-45	2	8.0	4	16.0	9	36.0	7	28.0
36-40	10	40.0	11	44.0	5	20.0	6	24.0
31-35	7	28.0	5	20.0	4	16.0	2	8.0
26-30	4	16.0	4	16.0	3	12.0	8	32.0
25 and below			1	4.0	-	-	2	8.0
<b>Education</b>								
Elementary graduate	2	8.0	-	-	5	20.0	8	32.0
High school level	4	16.0	5	20.0	5	20.0	2	8.0
High school graduate	8	32.0	4	16.0	7	28.0	4	16.0
College level	3	12.0	9	36.0	2	8.0	4	16.0
College graduate	3	12.0	5	20.0	4	16.0	6	24.0
Vocational	5	20.0	2	8.0	2	8.0	1	4.0
<b>Religion</b>								
Roman Catholic	17	68.0			23	92.0		
Iglesia ni Cristo	2	8.0			1	4.0		
Protestant	6	24.0			1	4.0		
<b>Occupation</b>								
Fanner	20	80.0			20	80.0	3	12.0
Security Guard					1	4.0		
Driver	2	8.0			1	4.0		
Gov't employee			2	8.0	1	4.0	1	4.0
<b>OCW</b>					1	4.0		
Poultry/Piggery	3	12.0						
Jobless/Housekeeping.			16	64.0	1	4.0	16	64.0
Teaching			3	12.0			3	12.0
Sales Representatives							1	4.0
Vendor			4	16.0			1	4.0
<b>Years married</b>								
1-5	3	12.0			4	16.0		
6-10	8	32.0			6	24.0		
11-15	9	36.0			4	16.0		
16-20	5	20.0			8	32.0		
21-25	-				3	12.0		

Table 1. Continued.

VARIABLE	ACCEPTORS				NON-ACCEPTORS			
	HUSBAND		WIFE		HUSBAND		WIFE	
	f n=25	%	f n=25	%	f n=25	%	f n=25	%
<b>No. of children</b>								
1-2	6	24.0			-	-		
3-4	15	60.0			12	48.0		
5-6	4	16.0			6	24.0		
7-8	-	-			5	20.0		
9-10	-	-			0	-		
11-12	-	-			2	8.0		
<b>Age at marriage (years)</b>								
19 and below			2	8.0	1	4.0	5	
20-25	14	56.0	19	76.0	17	68.0	17	
26-30	9	36.0	3	12.0	4	16.0	3	
31-35	2	8.0	1	4.0	2	8.0		
36-40					1	4.0		
<b>Monthly income</b>								
P500 and below	10	40.0			8	32.0		
501-1,000	9	36.0			10	40.0		
1001-5,000	5	20.0			2	8.0		
5,001-10,000	1	4.0			4	16.0		
10,001 and above					1	4.0		

**Occupation.** Table I also shows that the respondents belonged to low-income groups. Among the husbands, majority (80%) were farmers. Among the women, majority (80%) were full-time housewives.

**Years married.** For the acceptors, 36% of the respondents have been married for 11-15 years; 32% have been married for 6-10 years; and 12%, for 1-5 years. This implies that the marriage of family planning acceptors was already stable. On the other hand, among the non-acceptors, 32% have been married for 16-20 years; 24% have been together for 6-10; and 16%, 11-15 years.

**Number of children.** As gleaned from the table, the acceptors had fewer children than the non-acceptors. Sixty percent had 3-4 children, which is within the acceptable average number of children in the Philippines. At present, our country has a fertility rate of 4.5 per woman (DOH, 1999). The table shows that 24% had 1-2 children; 16% had 5-6 children.

The non-acceptors had more children than the acceptors. Forty-eight percent had 3-4 children; 24% had 5-6 children; 20% had 7-8 children; and 8% had 11-12 children.

Age at marriage. Husbands were relatively older than their wives when they got married. Among the acceptors, nobody was below 20 years old while only one among the non-acceptors got married when he was a teenager. It must be noted also that the husbands were at an ideal age when they got married. Majority of the acceptors married when they were 20-25 years old (56%, husbands and 76%, wives); 32% married when they were 26-30 years old. Only 8% married during their early 30s. Among wives, 12% married when they were 26-30 years old and 8% married when they were teenagers.

The same holds true among the non-acceptors. Majority (68%) married during their early 20s followed by 16% of the husbands who got married when they were 26-30 years of age. It must be noted, however, that 20% of the women got married when they were still teenagers.

The above finding is synonymous with the earlier finding of Silva (1998) that teenage marriage is no longer fashionable and that delayed marriage is becoming a global process affecting both rich and developing countries.

**Monthly income.** All respondents can be classified as poor. The NSO pegged the poverty threshold at P12,500 per month for a family of six to live decently in the rural areas. Forty percent of the acceptors had an income of P500 and below while another 36% were earning P501-1,000 only. Among the acceptors, their income was even more deplorable compared to the non-acceptors. Forty percent earned P500-1,000 per month followed by 22% who earned P500 and below per month. The respondents were either farmers, self-employed, or full-time homemakers, which explains their low income. Their income was obviously not enough for the family, however, since they are engaged in subsistence farming, they might have been producing some of their needs.

Since couples in the rural areas are experiencing poverty, it is imperative then to advocate family planning at the community level. Planning the number of children could be the first step towards improving the status of the family.

## **Knowledge, Beliefs, and Practices on Family Planning**

**Concepts on family planning.** Table 2 shows the concepts of the respondents on family planning. Such concepts also determined their knowledge level on family planning.

Among the non-acceptors, specifically the husbands, 80% thought that family planning was birth control or prevention of pregnancy; 60% associated it with limiting the number of children. For their wives, it was referred to as using contraceptive methods, limiting the number of children, and prevention of pregnancy (96% each). The acceptors, on the other hand had high knowledge on family planning. One hundred percent agreed that it limits the number of children and prevents pregnancy. Eighty percent believed that it was for the use of contraceptive methods (86%) and for reproductive health as well (60%).



It can be deduced then that the respondents had basic ideas and concepts about family planning. However, there seems to be a disparity between knowledge and actual acceptance among the non-acceptors. They had basic ideas and yet they were not using any method at all. Both husband and wife appears to have the same ideas on family planning. It can be deduced further that family planning is commonly associated with artificial contraception.

**Advantages of family planning.** Both sets of respondents acknowledged the advantages of family planning. Even the non-acceptors believed that it would be beneficial to the family. They even agreed that FP acceptors have better economic status than they.

Among the non-acceptors, 88% agreed that the income of a smaller family can provide for all the basic needs of the family. Another 80% of the husbands also claimed that lesser number of children entails lesser responsibility. They could send them to school and can spend quality time with them and at the same time enjoy a higher standard of living which bigger families may not enjoy.

Their wives, on the other hand, practically shared the same sentiments. Seventy six percent agreed that lesser children could mean lesser responsibility. They can have enough time for the members of the family and even for themselves. This means that with few children, they can go out of the house and help their husband find a living. These sentiments of the non-acceptors also mirror their longings and desire to have a small family. They might not be practicing family planning but they recognized the benefits it might bring to the family.

The acceptors, on the other hand, were quick to point out the benefits of family planning. One hundred percent stressed that the parents could have time for their kids followed by 84% who agreed that income will be enough for the family. Among the male acceptors, 84% agreed that the parents will have more time for their kids and would enjoy a higher standard of living than that of the non-acceptors. In general, both groups of respondents recognized the positive effects of family planning and how it will ultimately improve the family.

**Reasons for non-acceptance of family planning.** Among non-acceptors, 92% of the husbands were afraid of the side-effects of artificial contraceptive method; 80% claimed they lacked or had no knowledge on family planning; 20% said, using family planning is a sin as it is against the teaching of the Roman Catholic Church. This finding was surprising because the targets of FP are the women, and the men were generally excluded. This accounts also to their lack of knowledge on the benefits of the different methods since they might have been receiving information, which were mostly hearsay. In a rural community, where education and information campaign on FP is scarce, couples' ideas are generally influenced by negative feedbacks of people who are dissatisfied or ignorant about family planning.

The women acceptors had more varied responses but generally, they had the same sentiments as those of their husbands. Twenty percent admitted that they lacked or

had no knowledge on family planning; 20% were afraid of side effects; and 20% believed that a bigger family is merrier.

Citing the experiences of friends and relatives who were not having family planning. The male acceptors (88%) believed that one reason for non-acceptance is the ability to feed the family, coupled with lack or no knowledge on family planning. For women acceptors, the first factor was lack of knowledge on FP (100%), followed by ability to feed the family (76%), which were also alleged by their husbands.

It was noted however, that 20% of the male non-acceptors and 16% of the female non-acceptors regarded family planning as a sin.

The above data imply that lack of knowledge on family planning is the primary reason why people don't practise family planning. Non-acceptance is possible only if the couple have the ability to feed the family.

The role of sex in family planning. Table 2 also shows the role of sex in deciding to use family planning methods. Sixty percent of male non-acceptors agreed that in deciding to use artificial methods, the couple should consider that it must not interfere with coitus because they want to experience sex without hassles; 20% said No, while 20% answered 'I don't know.' Among their wives, 76% opined that coitus has no role in the decision to use family planning methods; 12% said "Yes"; and 12% answered "I don't know." Among the acceptors, 72 % of the husbands answered "No", saying that sex has nothing to do with their decision to use a certain method. Their wives, on the other hand (88 %) also responded "No".

These data imply that non-acceptors consider sex as a primary consideration in using family planning methods while acceptors are not conscious on how a certain method may affect their sex lives. This further implies that non-acceptors are haunted with fears on how modern contraceptive methods might affect their sex lives.

### **Effects of Family Planning on Sexuality**

Table 3 shows the effects of family planning methods on the sexual drive of the respondents. The data show that men are more sex-conscious than their wives. For instance, 88% of the male non-acceptors agreed that **FP** could affect their sexual drive while 64% of wives answered "No." Among the acceptors, 80% of the husbands and 60% of wives answered "Yes", while 20% of the husbands and 50% of the wives answered "No."

This implies that men are more affected by sex than women. They consider sex as an important ingredient of marriage that should not be sacrificed in favor of family planning methods. No wonder husbands oftentimes dictate what method to use for fear that it might interfere with coitus. Women, on the other hand, don't look at sex as their primary concern. This could be attributed to the fact that men are more sexually active than women.

**Table 3. Role of family planning on sexuality as perceived by respondents.**

ITEM	NON ACCEPTORS				ACCEPTORS			
	HUSBAND		WIFE		USBAND		WIFE	
	f	%	f	%	f	%	f	%
<b>FP affects sexual drive</b>								
Yes								
No	22	<b>88.0</b>	9	36.0	20	80.0	15	60.0
	3	12.0	16	64.0	5	20.0	10	40.0
<b>If yes, to what extent?</b>								
Increases to a great extent			4	44.44	13	65.0	9	64.29
Decreases to a great extent								
Increases to a minimal extent	2	9.10	5	55.56	7	35.0	5	35.71
Decreases to a minimal extent	20	90.9						
<b>Submission to sexual acts with partner without hesitance</b>								
Always	17	68.0	5	20.0	22	<b>88.0</b>	20	80.0
Sometimes	7	28.0	10	40.0	2	<b>8.0</b>	3	12.0
Rarely	1	4.0	10	40.0	1	4.0	2	<b>8.0</b>
Never	-	-	-	-	-	-	-	-
<b>Engaging in sexual acts without fear of getting pregnant</b>								
Always	10	40.0	<b>8</b>	32.0	20	80.0	20	80.0
Sometimes	15	60.0	7	28.0	3	12.0	3	12.0
Rarely	-	-	10	40.0	2	<b>8.0</b>	2	8.0
Never	-	-	-	-	-	-	-	-
<b>Sterilization loses woman's sexual ability</b>								
Yes	5	20.0	7	28.0	3	12.0	5	20.0
No	4	16.0	5	20.0	20	80.0	18	72.0
Maybe	16	64.0	13	52.0	2	8.0	2	8.0
<b>Condom prevents STD</b>								
Yes	20	80.0	22	88.0	23	92.0	23	92.0
Maybe	2	8.0	2	8.0	2	8.0	2	8.0
No	3	12.0	1	4.0				
<b>IUD causes discomfort to woman's partner during sex</b>								
Yes	25	100.0	25	100.0	10	40.0	12	48.0
No	-	-	-	-	15	60.0	13	52.0

On the extent to which FP affects sexual drive, 91% of the husband- non-acceptors pointed out that it decreases to a minimal extent, but 55.56% of their wives admitted that it increases to a minimum extent. Among the acceptors, 65% of the husbands and 64% of the wives said it increases to a great extent

Table 3 further shows that sexual intercourse is not always an enjoyable experience for both couples. Among the non-acceptors, 68% of the husbands "always" did the act without hesitance. This data is expected considering that men are always the sexual initiators. Among the women, 40% each answered "sometimes" and "rarely". This implies that women non-acceptors do not always welcome the sexual advances of their husbands because of fear of pregnancy since they are not using any method.

On the other hand, the acceptors always submit to sexual acts (88 % of the husbands and 80% of the wives). This means that since there is no fear of unwanted pregnancy, they can always engage in sex whenever they desire so.

In terms of engaging in sex without fear of getting pregnant, the non-acceptors answered "sometimes" (60%, husbands and 28%, wives). Forty percent said they "rarely" engaged in sexual acts without fear of pregnancy. On the other hand, 80% of the acceptors (both husbands and wives) engaged in sex without fear of pregnancy. This implies that since the couples have no worry they can always let go of themselves resulting in a more intimate and satisfying sexual relationship.

As regards the respondents' perception on whether or not sterilization loses a woman's sexual ability, 64% of male non-acceptors answered "maybe," followed by 20% who said "yes." Among the wives, 52% answered "maybe" and 28% answered "yes." This implies that the respondents are ambivalent about the real effect of sterilization. On the other hand, 80% of the male and 72% of the female acceptors answered "No." Being family planning acceptors, they are more aware of the real effects of artificial contraception on their bodies including their sexuality. This implies that acceptors, having first hand experience on family planning, are more realistic on the effects of FP while non-acceptors have contradictory attitudes or feelings about contraceptive methods.

Majority of the respondents also believed that the use of condom could prevent STD; i.e., for instance, 80 % of male non-acceptors and 88% of the women answered in the affirmative. Acceptors also answered "yes" (92% for both husbands and wives).

When asked if IUD causes discomfort to a woman's partner during sex, 100% of non-acceptors (both husbands and wives) answered "Yes" while 60% of male acceptors and 52% of the female acceptors said "No." This perception implies that IUD can cause discomfort during sexual intercourse, a notion that is prevalent among non-acceptors while acceptors are more realistic on the effect of IUD.

## **Conclusions**

Based on the foregoing findings, the following conclusions were drawn:

1. The couple respondents in the rural areas, FP acceptors and non-acceptors alike, generally fall at middle adult life, Roman Catholic, have attained secondary level of education by which they do not adequately qualify to land in better types of work or professional jobs. They are economically poor, spared from little earnings out of laborious seasonal farming. Having married at legal age (20-25), they have been living together happily for 11-15 years, and blessed with 3-4 children, the average family size.

2. Family Planning is perceived as limiting the number of children by preventing unwanted pregnancies through contraceptive technology.

3. Family Planning helps men and women because of its beneficial effects. It was acknowledged to have improved their economic status. Both the users and non-users invariably disclosed that having a smaller family size connotes smaller scope of responsibility, basic needs could be adequately met, children can be sent for schooling, spending more quality time with family; and enjoying higher standards of living.

4. Couples in the rural areas are inadequately knowledgeable about facts and scientific informations on Family Planning. They lack intellectual hold on the types of contraceptive methods, advantages, disadvantages, side effects, contraindications, and the general benefits derived. Mostly, couples rely on hearsays which could affect their perception that contraceptive technology is intended for women's use.

5. FP affects couples' sexual drive. The sexual behavior decreases to a minimal extent among the non-acceptors and increases to a great extent among the acceptors. This could be attributed to their perception that once a couple use FP methods, they may always engage in sexual intercourse without fear of getting pregnant, hence, better sexual communication among partners is achieved.

## **Recommendations**

Based on the findings and conclusions drawn, the following recommendations were formulated for consideration:

1. To widen the clients level of understanding about Family Planning, a regular schedule for Family Planning Consultation at the Barangay Health Units must be carried out to be handled by the midwives or barangay health worker.

2. A periodic conduct of Purok classes must be done wherein the vital concepts to be incorporated in the discussions are anatomy and physiology of sexual organs, stages of sexual development, responsible parenthood, and contraceptive technology: its types, advantages, disadvantages, side effects, mechanism of action, and methods.

3. Premarital counseling particularly on the topic of Family Planning Method, must be presented thoroughly by a nurse or a physician involved in this program.

4. Information, Education & Communication campaign on Sexual Health and Family Planning should be one of the extension services to be rendered by the UNP academic units like the College of Health Sciences and the Institute of Nursing through radio programs, fliers, and health education classes.

## References

- BELIZAR, ELEANOR R.** 1998. *Understanding the Decision-Making Process and the Consequences of Tubal Ligation Among Selected Rural Women*. Published Master's Thesis, De la Salle University, Manila.
- DEPARTMENT OF HEALTH.** 1999. *"Family Planning and Fertility Survey"*.
- NATIONAL CENSUS AND STATISTICS OFFICE.** 1998. *Women and Men In the Ilocos Region*.