Exploring the Relationship Between Interpersonal Communication and Use of Modern Method Family Planning in the Philippines

Clarissa David and Jenna Mae Atun

This study seeks to describe the different social influence sources and processes that affect people's attitudes and behaviors regarding the use of modern methods of family planning and the realization of fertility desires. Through qualitative in-depth interviews and focused group discussions, we found that age, marital status, urban residence and gender are some of the factors that determine the source and direction of social influence. Women's social networks are generally supportive of modern method use, but their partners are not. Their sources of influence include mothers, sisters and other female members of the extended family. Men's social networks on the other hand, which consist of brothers and groups of friends, are a venue for the spread of myths and fallacies about condoms and hormonal contraceptives. Community norms about the inappropriateness of premarital sex and of not marrying a woman that one gets pregnant are learned through parents primarily. Implications on interventions campaign planning are discussed.

Keywords: family planning, contraception, population, interpersonal communication, diffusion

Interpersonal communication, whether through casual conversation or through explicit persuasion, has been shown to have an important role in promoting health behaviors, including contraceptive use (e.g., Birkel & Reppucci, 1983; Fisher & de Silva, 1986; Palmore, Hirsch, & Marzuki, 1971; Rakowski et al., 1990, see Valente & Saba, 2001 for review). People glean particular types of information about community norms, information, or opinion leadership on others. This social influence through communication can work through strong or weak social connections. In order to use naturally occurring social influence in a behavior change campaign, planners must first know who the sources of influence are.

This is an exploratory study of interpersonal communication about family planning in the Philippines. It seeks to describe the different social influence sources and processes that affect people's attitudes and behaviors regarding the use of contraception and the realization of fertility desires. This research examines patterns of interpersonal communication and situational factors

that influence the degree and nature of communication about family planning and contraceptive use. The study includes inquiries as to who they are talking to, what they hear and what they talk about, how norms are understood and communicated, and how engaging in such conversations might influence behavior.

Interpersonal Influence and Family Planning (FP)

Social interactions and influence, it has been argued, are consequential to fertility declines (Behrman, Kohler, & Watkins, 2002; Bernardi, Keim, & von der Lippe, 2007; Kohler, 2001). Studies have found social influence affects decisions to use contraception through discussion with family, friends, and a partner or spouse (e.g., Bongaarts & Watkins, 1996; Piotrow, Kincaid, Rimon & Rinehart, 1997; Storey, Boulay, Karki, Heckert, & Karmacharya, 1999). The work of Montgomery and Casterline (1996) has advanced this argument by drawing on the theories of social learning and social influence in explaining fertility changes.

The content of health-related personal interactions differs depending on who is talking and who is listening. While studies have found that communication with peers can lead to an increase in risky behaviors among adolescents (David, Cappella, & Fishbein, 2006; Marquez & Galban, 2004) numerous studies have also shown that communication between parents and teens can lead to the adoption of safer health behaviors (Calhoun & Friel, 2001; Dittus, Jaccard, & Gordon, 1997; Mueller & Powers, 2004; Whitaker, Miller, & Clark, 2000). It must also matter who people talk to and what is said in informal conversations about sex and family planning. Communication about sexuality and contraception between parents and children predicted less sexual activity among adolescents and an increased likelihood of using effective contraception (Fisher, 1986; O'Sullivan, Meyer-Bahlburg, & Watkins, 2001). On the other hand, a study of informal talk about contraceptives among urban-based men in Mozambique revealed that they are selective in their communication with others about fertility control (Agadjanian, 2002). Men's perceptions of the benefits and costs of family planning which are accompanied by gender stereotypes are molded and reproduced by interpersonal contact with other men. Within the context of informal male talk, counterproductive gender beliefs about family planning are diffused throughout networks of people. Understanding how people talk about contraception can lead to knowledge about cultural beliefs and interpersonal relationships that feed into behaviors.

Communication with the spouse has been repeatedly linked to contraceptive

use behaviors. A Nigerian study (Feyisetan, 2000) showed that spousal communication facilitates joint decision-making regarding reproductive issues; and contraceptive use was found to be higher among partners who discuss and make joint decisions contraception. In the Philippines, the most significant "other" playing a role in influence is the spouse or partner, a situation found to be associated with a greater likelihood of currently using some form of contraceptive method (National Statistics Office [NSO] & Macro International, 2004).

The broader normative environment where people learn about what others think of family planning and contraceptive use also has a role in shaping perceived behavioral expectations. That is, at least some part of the effect of interpersonal communication on behaviors can be attributed to the communication of social norms, perceptions of which have been shown to affect behavioral choices (Fishbein & Ajzen, 1975). A person who hears about generalized community disapproval of a man who has undergone vasectomy will be less likely to consider having one. Further, there is evidence of cultural differences in the effect of socialization on sexual debut (O'Halete, 2007; Upchurch, Aneshensel, Mudgal, & McNeely, 2001; Wu & Thompson, 2001).

Background on Family Planning Practice in the Philippines

The Philippines is one of a handful of countries in the region that still has high fertility rates. The total fertility rate during the late 1990s was 3.6 and it did not decrease significantly in the last decade as World Bank estimates show the country's total fertility rate, or the number of children a women is expected to have during her lifetime, for 2006 to be 3.3, a long way away from the goal of replacement fertility (2. 1) (World Bank HNPStats, 2008). In comparison, the fertility rates of neighboring Thailand and Indonesia is 1.8 and 2.2, respectively. From 20 million in the year 1950, the Philippine's population ballooned to 75 million in 2000 and, in the last census of 2007, estimates pegged the population at 88 million, making it the 9th most populous country on earth.

A large part of the problem of high fertility rates in the country is the low rate of contraceptive use among the female population. National figures in 2003 National Demographic and Health Survey (NDHS) show that the overall prevalence of contraceptive use remains low. Among currently married women, 15 to 49 years old, 49% are on some method, and 33% are on modern methods. The 2005 Family Planning Survey (FPS) shows no improvement over two years,

with just 49% of married women on any method and 36% on modern ones. In comparison, use of any method in the neighboring countries of Thailand and Indonesia are 79% and 60%, respectively, and use of modern methods are 79% and 57%. Moreover, the 2006 FPS (NSO, 2007) reveals that among the poorest women of reproductive age in the Philippines, 44% of pregnancies are unplanned. Clear and continued attention toward family planning policies of the public health care system remains elusive, in part because of a lack of high-level political support for population management policies that strongly promote family planning methods as a means of regulating fertility (Upadhyay, Hindlin & Gultiano, 2006).

Analysis of national Philippine health data suggests that Filipino women discuss family planning (FP) more than men, and that they discuss more with family members and friends than with their spouses (David & Atun, 2009). Only 27.9% of women talk to their partners about FP. A larger proportion, 47%, discuss it with their friends and neighbors, and 51% with family and other relatives. Similarly, close to 30% of men report having spoken with their partners about FP in the last 12 months. Only 31% of men say they discuss with friends and neighbors, and a very low 4.5% say they discuss it with other family members and relatives. A separate survey of young Filipinos reveals that only around 17% of men and women between the ages of 15 and 27 years recall discussing sex or contraception with their parents. Positive associations were found between discussing FP with certain others, intention to use modern methods of FP and current use of modern methods, particularly among women.

Survey data are only able to show general patterns of discussion and effects. The instruments available in national surveys to measure interpersonal conversation behaviors and its effects on attitudes are blunt and do not provide details on the content of discussions. This study will augment knowledge about national distributions and trends in discussing family planning with qualitative data that grant more richness and depth. There are a number of critical questions that must be addressed to gain a comprehensive understanding of the situations surrounding talk about contraception. We ask the questions, who do people discuss family planning with, what do they hear from these others, and how are they influenced by what they hear? What factors affect the likelihood of discussing with others and the likelihood of being influenced? In particular, we will examine age group, marital status, urbanity, and gender as potential differentiating factors. In addition, communication regarding social normative expectations of sexual behaviors and FP use are also explored.

Method

This research is conducted through qualitative interview methods which will provide in-depth information about patterns of interpersonal communication behaviors and how these relate to contraceptive use preferences. The motivation for limiting family size is driven by economic factors and much of existing research clearly identifies the poorest families as those who have, on average, larger family sizes (Orbeta, 2002). Respondents selected for the qualitative interviews were among the poor segments of the population; this was determined by the appearance of their place of residence, the family's source of income, and the absence of a college degree.

A total of 143 people were interviewed. Ten focus group discussions with 5 to 11 participants each were conducted, along with 67 in-depth interviews. Respondents were split according to the following factors: urban-rural, male-female, 15-22 years old and 23-35 years old, and marital status. Being "married" included those who have been cohabiting with their partner for at least 6 months. Interviewees were invited from 12 barangays (smallest political unit) in 7 sites in Metro Manila (Quezon City, Manila, Caloocan, Mandaluyong, Pasig and Navotas). For the interviews in rural areas, field coordinators went to five provinces (Isabela, Pampanga, Albay, Sorsogon and Oriental Mindoro).

Semi-structured in-depth interviews lasted around one hour and moderated focus discussions between 1.5 and 2 hours. Male interviewers conducted the interviews and FGDs with male respondents while female interviewers conducted the interviews and FGDs with females. In rural areas, interviews and FGDs were conducted in local dialects. Participation was voluntary and respondents were informed that they would be asked questions about family planning. Participants were given around $3 (PhP150) each for their time.

The final sample of all participants had an average household income of PhP6,000 ($122) a month.[1] Thirteen percent (13%) were elementary graduates, 38% had some years of high school, 22% completed high school, and the rest have had varying grades of elementary education. The number of children ranges from 0 to 8 and the average age at first child among the women who have children was 20.7. On average, the men began cohabiting or were married at the age of 21, and for women, at the age of 19.

Respondents were asked about the people they discussed sex and family planning with, including their partners, their families or their friends. Further information about what others have told them and what they did about any news information was probed. Interview guides also included questions about community norms surrounding certain types of contraceptive use and of sexual behavior in general.

All transcription data were coded into content categories and were used for open-ended coding and data reduction.[2] Data reduction was conducted through three rounds of coding. First, raw transcripts were coded by three research assistants to isolate interview parts pertaining to each subject. Second, content relevant to each subject were compiled for a first round of data analysis or reduction which entailed making descriptive notes for each interviewee detailing the responses shared and accompanying context and interpretation in a matrix. Third and finally, the notes were organized according to group and across content areas for a last round of reduction.

Analysis and interpretation were conducted using the lens of the researchers who conducted the research in order to find ways of increasing the prevalence of modern method family planning use among the poor. The analysis proceeds with an overall acceptance in the published literature discussed above, that the demand for family planning is high and is largely unmet. That is, that the poor intend to have only a small number of children but end up with more than their desired family size because of unplanned pregnancies which can be avoided with the use of modern family planning methods. Thus, interpretations of participant responses view as "good" or "positive" those intentions, attitudes, and behaviors that would allow couples to meet their desired fertility goals. Moreover, the protection of women's reproductive rights is considered paramount, and thus, barriers presented by partners or husbands in exercising a woman's choice are considered negative. Finally, earlier quantitative research (David & Atun, 2009) indicates that when people discuss family planning use with others, there is a higher likelihood of intention to use modern methods, and a higher likelihood of actual use. Therefore, in the analysis, having conversations with partners about family planning are viewed as positive behaviors. Results below are written in the language of and from the point of view of the researchers. Direct quotations from participants are used to illustrate broad points, separated in block quotes.

Results

Qualitative interviews reveal different sources of social influence across the different subgroups. Some general patterns emerged in the analysis. Rural men and women do not talk to others about sex or FP as much as their urban counterparts. Younger individuals tend to be passive listeners while older ones are active discussants, perhaps because young men and women are still not seriously considering modern methods of contraception. Unmarried rural women are not supposed to be having sex so they do not talk about it with anybody. On the other hand, older individuals are already "shopping" for contraception, discussing the need for it with friends and neighbors, handing out (frequently unsolicited) advice to younger couples, and actively seeking out information from others. Since there emerged some substantive differences in patterns of talk along the lines of age, gender, and locale, the presentation of results below is organized by subgroup.

Rural Married Females, 15-22 Years Old

Women who are married at this age are very likely to have had an unplanned pregnancy prior to marriage. They do not have conversations with friends about sex. When they were single, they never discussed the subject with friends because they are afraid to appear curious and thus, promiscuous. They are only now beginning to talk about it after having had their first child, but mostly with other family members, not friends. One participant—a married 21-year-old woman, who uses the pill and has one child—female, said that humorous comments on the topics would be heard in their neighborhood bingo games but would not advance to serious discussions.

> *Kasi sa hapon, nagbi-bingo kami. Sinasabi nila, "Galing na naman kayo mag-ano!" sa bingguhan.* (In the afternoon, we play bingo. They would say, "You just did it again, right?") (21, female, married, pills-user, 1 child)

After giving birth to their first child, young women would begin hearing about the pill from their mothers and other female family members who have children. They do not actively seek out information; they are only being passively exposed to information that they hear from the local health centers when they give birth. Family planning is not seriously discussed with their

husbands and conversations are limited to exploratory talk about the ideal number of children. Since all the first pregnancies of women in this category were unplanned, they were still not comfortable enough with their partners to discuss sex and contraception.

Rural Unmarried Females, 23-34 Years Old

All those interviewed for this segment said that they did not have serious conversations about contraception with their partners before they started having sex. Discussions were typically cursory and happened only right before or right after the first sexual experience. The women would express concern about the possibility of getting pregnant, and men would convince them into agreeing to have sex by assuring the women that if they got pregnant, the men would take responsibility for the baby.

Unmarried women get practically no guidance about sex from female relatives because they do not want others to know that they are even considering it. Even when one of their friends get pregnant, they do not feel comfortable talking with her about sex. When "M" got pregnant she told her friends to "not copy her" or "not end up like her," but the discussion would not progress any further. Even if they did get pregnant, many still did not fully understand how it happened and how they could have avoided it.

Rural Married Females, 23-34 Years Old

It is common among women of this age to have had conversations with their husbands about family planning as many of them already have more than two children. Practicing family planning is understood to be a shared decision wherein women have expressed to their mates the intention to start using contraception and for their husbands to agree to this. At this point, negotiation with the spouse is necessary because ligation emerges as an option. From the accounts of the women, it appears that the men begrudgingly agree and that they have serious reservations for various reasons.

Mothers and mothers-in-law are important sources of influence for women in this category. Their mothers would provide unsolicited advice, telling their daughters that they should limit the number of children they will have. Advice is also given about methods of family planning. There are no discussions about sex, only about the use of family planning methods. The women we spoke with reported that they learned about hormonal contraceptives from their mothers and mothers-in-law who used these when they were of child-bearing

age. However, their husbands would try to talk them out of using this method because of fears of side effects.

Conversations among women around the neighborhood are a potential venue for the spread of myths about side effects of modern methods. They hear rumors about women who contracted diseases such as cancer or dementia and blame this on the use of hormonal contraceptives.

Rural Unmarried Females, 15-22 Years Old

Women in this group are very resistant to answering questions. There are strong community norms against curiosity about sex among young unmarried women so these women tend to be isolated and have nobody to talk to regarding matters of sexuality. These norms are evolving slowly as many interviewees concede that pregnancy before marriage and cohabitation are now common. They get very little information, only strong disapproval when they ask about matters pertaining to sex.

Urban Unmarried Females, 15-22 Years Old

Young women in urban communities feel they have more control over their decisions regarding sex than their rural counterparts. They take responsibility for their decision to have sex and are aware of the consequences of their decision. Unlike in rural areas, there is no community norm against having sex outside of marriage even as there is a strong norm against getting pregnant. The shame is in getting pregnant, although in truth most are not equipped with the knowledge about the odds of getting pregnant. While understanding that getting pregnant at a young age has serious consequences, many of the women who were interviewed did not have accurate knowledge about preventing pregnancy. Girls did not discuss FP with their mothers, who would step in only when they got pregnant. Older sisters or sisters-in-law provide advice and instruction. When asked what her parents said when she told them that she was pregnant, a 22-year-old married participant (who did not use the pill and had three children) said:

> They got mad. They said that I was too young to be doing it (sex). I told them that I didn't know that I would get pregnant. She said, how can you say that when you allowed him to 'use' you (have sex). I said I didn't know that when they 'used' you, you would get pregnant that quickly. Maybe we were a match…we have the same blood that's why I got pregnant so quickly. We only tried it twice and I already got preg-

nant. With my partner now, it took three years before I got pregnant. (22, female, unmarried, non-user, 3 children)

Urban Married Females, 22-34 Years Old

Women residing in urban areas are outspoken and talk openly with others about FP methods, their sex lives, and experiences with different FP methods. Older urban married women talk openly with their partners about family planning. They have serious conversations with their husbands who at first would discourage use of hormonal contraception. Eventually, however, they would relent. These women have had more experience with different kinds of contraception, many times without the knowledge of their disapproving husbands.

Directly or indirectly, the husbands would often discourage the use of hormonal contraception. They would express dislike for the perceived side effects on the women, such as weight loss or gain and moodiness. One of the women said that her husband even indirectly accused her of wanting to cheat on him when he found out she was taking ***Depo Provera***. Some women relayed stories about husbands who would get jealous or suspicious when discussing ligation, in particular.

Unlike rural women who discuss family planning with their partners in the context of asking the latter's permission, urban women regard the matter as something that calls for a joint decision. But even as control over FP choices lies very much with the women, their strong desire to make their husbands happy causes them to compromise on their choice of contraception and their feelings about fertility itself. Husbands are usually not interested in the method to be used in family planning but they do express their general preference about the number of children they want, whether they want more, or whether they want a boy or girl. They will, however, tell their wives if they don't like the side effects of a method. The wives, more often than not, follow their husbands' wishes.

Particularly among older women, there is a strong feeling against having too many children. They would openly disparage couples who have more than three children, calling them irresponsible and selfish because they will not be able to feed and educate them. Those with too many children feel ashamed. "C", a 34-year-old married woman who has five children and now uses the injectable family planning method, says that she doesn't like talking to other women in her neighborhood because they disapprove of her for having too many kids.

> I don't talk about family planning with others here. It's just that when they see me they say, "You're pregnant again?! You will have difficulties again." My kids are okay. It's just that this one is difficult. [34, female, married, injectable-user, 5 children]

Bonds of support and friendship among women neighbors are important because they often do not get any information, support, or interest from their husbands on matters concerning sex and family planning. Such topics often come up in conversations when the women discuss problems they are having with their husbands. Female friends who have used FP before are the ones who provide emotional support and advice on the appropriate way to use different methods of FP.

Urban Married Females, 15-22 Years Old

Participants have discussed their fertility goals with the husbands, some are in agreement and some are not. From the conversations, it seems that it is the husbands, who often want more children than their wives, whose wishes will be followed. The women are still not on modern methods but they listen intently to those who give them advice about it. It may be that they are seriously considering but have not committed themselves to these.

Prior to getting pregnant, they received vague advice from their parents about sex and pregnancy. This is usually expressed in general statements such as, "Take care of yourself" and "Do not get into a relationship." The most common advice that parents give is, "Don't get married early, life is hard." It is as if sex without getting pregnant does not exist as an option.

For those who have reached their fertility goals there is active information-seeking about ligation, and they talk openly about it with others but there are still many rumors to contend with. One woman said that many people in their neighborhood say that ligation makes women promiscuous. This might act as a way of controlling behaviors through prescribed social norms.

Urban Unmarried Females, 23-34 Years Old

These women are generally liberal-minded and would readily discuss sex with their friends. Since they are unmarried, female family members such as mothers are not sources of information or support. They turn to friends who are married but since their circumstances are different, the advice is not always pertinent. Frequently in control of their relationships, they discuss contraception

with their partners openly, although many still prefer to use traditional methods such as withdrawal and the rhythm method.

Rural Unmarried Males, 15-22 Years Old

Parents are not sources of information about sex or contraception among men because the former only give general advice such as not to marry early or to take care not to get anyone pregnant. Older male siblings who have become sexually active are typically the primary sources of information for the younger males. However, the more important group from which information about sex and contraception comes is the *barkada* or group of friends with whom much time is spent. They talk openly about sex and contraception, mostly in a humorous context. It is in discussions with friends that men learn specific information about relationships and sexual behaviors.

Rural Married Males, 15-22 Years Old

Many of these men believe that while it is natural to limit family size and that they had spoken with their wives about the number of children they want, they have not gone to the extent of talking about methods of FP. The perceived level of risk of having another pregnancy is low, and the couples are still negotiating on family size. They remember their mothers telling them that sex is bad and that they should not have sex. Some are forbidden from watching pornography. Other than these kinds of encounters, they do not recall ever having a conversation with their parents about sex before their wives had children. Now that they have a child or two, men hear from their mothers about the pill and other forms of modern contraception, but the mothers usually talk to their daughters-in-law and not to their sons.

As with all the other men interviewed, sex and birth control are discussed with friends. They learn from friends about condoms and how to use these. They also hear stories about experiences with condoms. There is very high reliance on withdrawal because of testimonies from others that sex with a condom is not pleasurable.

Rural Married Males, 22-34 Years Old

In rural communities, FP is not discussed outside of the husband and wife, especially sex which is viewed as an intensely private matter. This is more strongly felt among the men than the women; men would more readily talk to others about sex with girlfriends or with sex workers. With the wife, it is different; a man is deemed to be offending his wife if he shares such private information with others.

All the men agree that it is important to limit the number of kids to ensure a comfortable future for their families. This is also how the community regards it. Still they actively discourage their wives from using modern methods of contraception because of concern about the side effects. They forbid their wives from getting ligations because they believe the latter will not be able to carry heavy things. Their intentions are good but misinformed.

Typically, discussions with parents about sex and FP would begin only when someone gets pregnant. Advice from parents remains very indirect, that they should delay having wives and families because marriage is serious business.

Rural Unmarried Males, 22-34 Years Old

Men in rural communities remain highly traditional in their beliefs. Among old unmarried men, contraception is considered something bad or even insulting. The men we spoke with were very conservative, attaching machismo with having children. They also do not speak about contraception with their female partners because it is insulting and suggests that should she get pregnant, the man will not take responsibility for the baby.

Men do not learn about sex or contraceptive use from their parents, although they do remember being scolded as teenagers. Parents indirectly scold them when they have girlfriends, telling them that when they "use" (*ginamit* or have a sexual relationship with a girl), they should be ready to take responsibility. Unlike the women who turn to family members for information, men talk to their friends about such topics, usually during drinking bouts. Unfortunately, it is in these groups that many myths about modern methods of contraception spread. A number of respondents say that they do not want to use condoms because according to their "*tropa*" (friends), protected sex is not good. Even then, it usually happens that nobody in the group has ever used a condom. They also learn from friends that pregnancy can be prevented by certain herbal medicines and by urinating after sex.

Urban Married Males, 15-22 Years Old

Unlike their rural counterparts, young husbands in urban areas discuss contraception with their partners seriously. Couples have, even at a young age, had negotiations about their preferred number of children. The men who participated in this study are supportive of their wives' use of FP methods; some even buy the contraceptive pills for their wives.

Once they have a child, men begin hearing from their parents about birth control. Prior to this, they would not hear any specific advice, only that they should not go to the clubs (where there are sex workers). Before they were married, the most they would hear from their parents about sex would be that they should not have children early in life, that they should wait until they finish school, and only then can they do anything they want. The language used tends to be indirect, leaving no room for engaging in sexual behavior without getting someone pregnant and directly relating sex to children and having a wife. Now that the men have families, they learn about the specifics of pills, ligations and other forms of contraceptives from their mothers.

Discussions about sex and contraceptives among men occur with their peers or friends referred to in the local language as *barkada* or *tropa*. While most of the talk is either humorous or boastful, they learn both skills and norms from these conversations. The men in this group learn about condoms and withdrawal from their friends, and from men they know at work. Unfortunately, they also hear of negative attitudes about condoms which discourages them from trying these. From their peers, they also learn that withdrawal is more effective and that abortifacient herbs are available if needed.

The men have a low regard for those who have more children than they can support. When their wives were still their girlfriends, the men avoided getting them pregnant, referring to it as "*iwas-pusoy*" (avoid-poker), a gambling metaphor that accurately reflects how they think of pregnancy as a consequence of sex. It also carries a facetious connotation, making the matter seem trivial (in contrast to women who refer to risky sex as "*padaplis-daplis,*" loosely meaning "taking risks" and uttered in the context of taking risks with one's future).

Even when men seem to have the worst intentions and are insensitive to women, it is most often the case that they take responsibility for the babies they father, marrying the women in the end and starting a family. Men are instilled with a sense of responsibility in the event of a pregnancy but their learned norms about sex, which include faith in the withdrawal method, and what appears to be their low regard for a woman's value outside of giving birth, as well as their lack of skills and specific knowledge about contraceptive use, lead them to engage in unprotected sex.

Urban Unmarried Males, 15-22 Years Old

Most men say that when they have sex with their girlfriends, they never get asked to wear a condom. They said, however, that if they are asked to do so, they would refuse. They do discuss the possibility of pregnancy with their partners but usually the women are already practicing the rhythm method. Knowing the risks that remain, they are assured by the males that if they get pregnant they will take responsibility. Some men tell their girlfriends that the pill is not an option because they are too young for it and FP methods are for those who have families already.

Parents use guilt to try to keep their sons from having sex. They tell their sons that their sisters will bear the brunt of their bad behavior (*karma*)—a persuasive technique which sometimes works. There is still no direct discussion about sex, only vague pronouncements such as, "If you make trouble, it should be something you can take responsibility for."

Urban Unmarried Males, 22-34 Years Old

There is regular discussion about sex among male friends. They go to each other for advice when they get someone pregnant. They advise each other about how not to get girls pregnant but mostly they just teach each other the use of the withdrawal method. These men, since they are unmarried, still do not understand how the hormonal methods work and for that matter, what the odds are of getting a girl pregnant. Unlike their younger counterparts, they understand consequences on women and on their own lives should there be an unplanned pregnancy, but their misplaced trust in the withdrawal method places them at a high risk.

There is heightened concern about pregnancy because their girlfriends are also older and tend to have jobs and career aspirations. Women who are very concerned about pregnancies make sure that their partners withdraw every time they have sex. Condoms have a bad reputation of being used only for sex with sex workers. There is the belief that condoms are not a birth control method but a protection against disease and, therefore, are to be used only with "dirty" women.

Urban Married Males, 22-34 Years Old

The men who talked to their wives about contraception are also consulted about the method. They also feel as if their wives were trying to persuade them to get over their reluctance to use contraceptives. At that point, the wives have

gotten over their fear of the supposed side effects. They have started or have considered using hormonal methods and discuss this with their husbands. After a second child, couples start to figure out that traditional methods do not work. For instance, one participant—a married, urban-based male—said his wife asked for his permission to use the pill. He let her do so, albeit grudgingly. He thinks the withdrawal method was enough because he has mastered it.

> We don't use that (pills). I don't allow my wife to use that. I am worried about the possible side effects if she took them or if I took them myself… The women might get a disease in their uterus, that's why I did not approve [of it].) [Urban, old, male, married]

Older brothers are common sources of information. The men almost never go to the health centers so they have no information from the medical professionals. Instead, they rely on what their wives tell them and what they hear from friends or co-workers. They do know that the health center offers the most accurate information. One man, however, experienced being scolded at a health center because he and his wife have many children.

Summary and Recommendations

Sources of information and influence are different for men and women. Unmarried women have practically no guidance, no chance to discuss sex or family planning with others, but they are very aware of the community norm against women being sexually active. This situation keeps them from obtaining information. In urban areas, the community norm against sex before cohabitation is not as strong but getting pregnant outside marriage is strongly regarded as a cause for shame.

Married women rely heavily on their mothers, mothers-in-law, sisters and other female members of their extended family for information and advice about modern methods of family planning. Mothers are very outspoken about the need to practice FP well so as to limit family size; they also give unsolicited advice and are very opinionated about the methods. Women take seriously the opinions of medical professionals with regard to contraception but young women are still not ready to get over their fear of side effects. Finally, for many women, the husbands or partners are an important influence, and unfortunately, it is the husbands who are more easily spooked by myths and rumors.

Men have no real information source about the different modern methods of FP. If at all, they learn about it from their wives. Sometimes their mothers will lecture them about the need for FP, but they would save the conversation about methods for the wives. Men get their sex and birth control information from their *tropa/barkada*/group of male friends who typically endorse withdrawal or abortifacient herbs and discourage condoms. Older brothers are the most seriously regarded sources of information, particularly if they are already married and have children. Among men, there is no community norm against having sex outside of marriage or cohabitation, but clearly there is a strong norm that compels men to marry or cohabit with the women should they get pregnant. This happens even when the men admit they were not ready to become fathers.

Pure information gain about different methods and skills on how to use them occurs among women who are married or have children and are already seriously considering using FP. An information-diffusion type pattern (Rogers, 1995) is evidenced only for those who are already actively seeking out information and are asking about other people's experiences with them. Among young, particularly unmarried, women, however, there is a strong social norm against being curious about sex, much less discussing it with others.

What requires attention is the diffusion of influence regarding opinions and attitudes about contraception that circulates among male friends, usually in boisterous talk while drinking. Taking advantage of these naturally occurring social structures can be productive towards more expedient diffusion. Knowing who the target audience is and how they communicate will allow campaign strategists a better view.

Another mechanism for social influence effects is norm discovery through discussion with others, norms which may include generalized societal norms, and normative expectations of important others such as parents or "usual" behaviors of peer groups. For young girls, particularly unmarried ones, there is no opportunity for norm discovery because of their isolation from any talk about sexuality and contraception. For this group, mobilizing the strong influence of mothers may be a fruitful strategy. Mothers are typically very open about discussing FP with their daughters, but only when the daughters are married or with child. Programs that encourage mothers to discuss sexuality and contraception in a detailed manner with their daughters even prior to the onset of child-bearing may be successful in delaying teenagers' decisions to have

sex (e.g., training programs and workshops, even entertainment programming that models this behavior can be effective).

Mothers and fathers can be powerful advocacy partners in limiting the family size of the next generation of parents, delaying sexual activity and the onset of child-bearing among girls. Mothers and mothers-in-law appear to be supportive of their daughters' use of family planning methods, particularly in endorsing modern methods such as the pill and ligation. Grassroots interpersonal communication (IPC)-based campaigns may find the best advocates in mothers because they have the luxury, and penchant, for giving out unsolicited advice to young men and women without suffering disapproval from the community.

Women have stronger social support systems for FP than men. This network of family members, friends, and neighbors act as a motivating factor in encouraging women to act on their FP desires. That is, testimonies in the interviews show that women will ask their friends to go to the doctor with them to inquire about ligations. They share their experiences about different FP methods and side effects with each other and help each other find a method that works for them. This network can be utilized by IPC-type interventions in motivating women to finally act on their intentions to practice modern methods of FP. Unlike men who do little more than drink together, women like to do things together such as going to the health center or the market or their children's schools. One might make strategic use of women's social networks to encourage visits to health centers for FP (e.g., church groups, parent-teacher associations). Promoting visits to the health center as a group activity, or the search for the best birth control pill as a group project of sorts might make the step of getting on contraception less daunting for young women.

Additional steps for this research must be the use of the qualitative findings above to inform the design of instruments that will quantitatively capture relevant source, content/message, perceived community norms and situational variables, among others. Large-sample survey data are necessary to establish associations and interactions between these variables and family planning method use or likelihood of use. This kind of data can illuminate on the types of people who have a higher likelihood of talking about contraception and of influencing others to use or not use. Predictive models with interpersonal communication data are important in informing intervention campaign planners.

Notes

1 It should be noted that not all interviewees were able to accurately report their monthly income so these were imputed by the research assistants. This is particularly problematic for those whose incomes are irregular and unpredictable, such as for fishermen and farm laborers. Best estimates were made given the information available.

2 Raw transcript data are available upon request from the authors. For reasons of confidentiality, audio files are not available to the public.

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CLARISSA C DAVID is an Assistant Professor at the College of Mass Communication, University of the Philippines (UP) (corresponding author: clarissa.david@gmail.com). **JENNA MAE ATUN** is David's research assistant and is a student of the UP School of Economics MA in Development Economics program.