

STATUS ENHANCEMENT DURING PREGNANCY AND ITS INFLUENCE ON
FERTILITY BEHAVIOR

by

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Dissertation submitted to the Faculty of the
Virginia Polytechnic Institute and State University
in partial fulfillment of the requirements for the degree of

Doctor of Philosophy

in

Sociology

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May, 1986

Blacksburg, Virginia

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(ABSTRACT)

A survey of 967 married women from Misamis Oriental, Philippines was conducted to examine pregnancy as a reproductive experience that may either be status-enhancing or status-degrading. In the study, pregnancy status was defined as a social position located within a set of relationships. The position involved ranking based on its importance to the society. Pregnancy status was said to be derived from the woman's relationships with significant others as well as self definition.

Findings from multivariate analyses indicated that four variables were significantly related to pregnancy status. These were: (1) number of live births; (2) modern role orientation; (3) woman's educational attainment; and (4) age. Women who were younger and who have fewer children were found to have a higher regard for pregnancy as status-enhancing. Those who have less education and more traditional role orientation also reported higher pregnancy status evaluation. Although residence and socio-economic status were not highly correlated with pregnancy status, the analyses showed that respondents who came from rural areas and from lower socio-economic classes were more likely to perceive pregnancy as status-enhancing than those from urban areas and from higher socio-

economic classes. Interestingly, women who have been married for more years, while controlling for their educational attainment and residence, were also found to have a higher regard for pregnancy while reporting higher number of unwanted births. However, when number of live births was considered, the negative relationship prevailed between marriage duration and pregnancy status. With such factors as number of live births, length of marriage, woman's educational attainment, and residence introduced in the final path model, the effect of pregnancy status on the woman's expressed number of unwanted births was analyzed.

Findings from Linear Structural Relations (LISREL) analyses revealed that while number of live births was the most important indicator of unwanted births, pregnancy status also contributed to unwanted births as a direct and mediating factor. It is suggested that a woman's perception of pregnancy as status-enhancing or degrading be considered as a supplementary factor in explaining fertility behavior. Since the present study is an initial effort to provide guidelines, further research is needed.

to mama and papa

in remembrance of
your love and guidance

ACKNOWLEDGEMENTS

My grandfather, a scholar and an educator, centered his philosophy in life around education. From stories narrated by my father, uncles, and aunts, I came to be shaped by his philosophy that life is actually one whole education. For him, each step is a challenge that must be viewed as part of the learning process. For him, education was almost synonymous to finding meaning in one's life.

In that learning process, a number of people helped me reach what I have achieved so far. In touching my life, they contributed into further shaping it and influencing my philosophy toward the value of education.

Dr. John A. Ballweg has been my mentor, friend, confidante, and "strict teacher" during my career as a graduate student. In him I found almost the picture of my grandfather's gentle insistence that his children "study, study, study...work, work, work" because time flew so fast. At the same, Dr. Ballweg taught me the necessity to "take a break and relax." But conversations on the "beauty" of sociology and the importance of research and teaching often led to conversations on the beauty of living itself. Indeed, his philosophy of education, as well as his Christian outlook toward life, will always be part of me. Dr. John Ballweg and

have been my special family during my five years in Blacksburg. Their hospitality and generosity to me and the Filipinos in Blacksburg are truly appreciated. We are very much indebted to them.

The product of my research in the Philippines could not have come about without the help of two very important people. These are

Pregnancy as a means for status-

enhancement is the brainchild of Dr. Ballweg. His numerous works in nutrition and his special research interest in infant mortality and unwantedness triggered the concept of pregnancy as a status. Dr. Imelda Pagtolun-an's expertise in statistics and research methods precipitated the conception of the pregnancy status model and the pregnancy status index. I am grateful to them because their particular contribution enabled the project to be funded by the Rockefeller Foundation. To the Foundation, I must also express my appreciation.

The final copy of my dissertation had undergone numerous revisions and improvements. For these changes I have my other committee members to thank. I would like to express my special thanks to Dr. Theodore A. Fuller who pored over my dissertation page by page, table by table, and figure by figure. I could always count on Dr. Fuller to read my drafts and to apply the same thoroughness. Besides, graduate students, including myself, could always count on him for advice not necessarily related to the research. We felt we were welcomed despite his busy schedule. The editorial and technical comments of Dr. Clifton D. Bryant and Dr. John N. Edwards, in particular, are appreciated. Their comments made me more aware of scientific writing style. Dr. Linda Thompson's expertise in research methods enabled me to be cautious particularly on the limitations of my index. Likewise, her encouragement and support are invaluable.

I would also like to express my gratitude to Dr. Bradley Hertel and Dr. Terence Miethe. They were always ready to listen and advise me on all aspects of my methods section. The numerous articles I received in the process are much appreciated.

The project on pregnancy status would not have been conducted without the support of the staff of the Research Institute for Mindanao Culture (RIMCU), headed by _____ supervision of the project, despite his recent operation, enabled it to run smoothly. Along with _____ I would also like to thank Dr. Michael Costello who went through my interview. Dr. Michael Costello and Dr. Marilou Palabrica-Costello, the Department Chair, were very gracious and solicitous of the project's needs. The data for the project could not have been prepared in time without the computer staff of RIMCU. I have _____ head of the computer section, to thank.

My thanks to _____ head supervisor, who gave her time and expertise throughout the project. Her contribution from the translation of the interview schedule to the pre-test and to the training of the interviewers and, not to forget, her all-out support for the project were very important. My gratitude extends to the business and secretarial staff of RIMCU. Headed by _____ the staff was instrumental in ably providing the project's every needs. Special mention should be given to the secretaries and office workers assigned to the project, namely: _____ Not to forget "Nong"

_____ who did the sketches, and

For the interview's actual completion, my heartfelt thanks go to my field supervisors and interviewers. These women went to interview even if the peace and order situation in their assigned areas posed a danger to them. My supervisors were _____ My interviewers in the far-flung barangays of Misamis Oriental were

were the interviewers for the barangays in Cagayan de Oro City. and , who were also project interviewers, are now graduate students at Virginia Tech. and conducted the interviews in the Muslim barangays of Marawi City. To these women, my very special thanks. My stay in the field and the research center was most enjoyable because of the friendship they extended to me. I will never forget the hospitality and graciousness they showed and the "pabaon" they gave whenever the supervisors and I visited them.

To my relatives and friends - who are too numerous to mention - my special thanks for the the hospitality they had also extended to me during my three-month stay in the Philippines.

Leaving the Philippines behind, I have this chance to thank my friends in the United States. I would like to thank for typing parts of my dissertation as well as the interview schedules. I am quite sure that typing the interview schedules in three different dialects must be quite difficult. My thanks also to and for editing my manuscript. To my fellow graduate students and friends in Blacksburg, my heartfelt appreciation for their support and encouragement. Special mention goes to

In addition, I would like to thank who took time to listen, advise, teach, and help me in every possible way. His calm presence was a great comfort to me. I am equally grateful to

the first Filipinos I met here in Blacksburg who helped me adjust to life in the United States. Worth mentioning are

Finally, to my family. I would like to thank my mother for her love and unwavering belief in what I can achieve. Her unselfishness, caring, and drive have allowed us, her children, to become what we are now. My special love to my father and grandfather. I will always be influenced by their characters, just as I will always cherish the teachings they left behind.

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CHAPTER I INTRODUCTION

Conception and birth are the essence of the family according to Bohannan (1963:148). In parts of the world, these stages of the reproductive cycle have been the focus of medical or folk definitions (MacCormack, 1982:2). The quest to understand the functionings of reproduction is especially vigorous when conception is concerned. Conception is perceived as a mystical phase that is a woman's personal experience as well as a society's concern, a phase wherein both woman and community can benefit (Verrier, 1981; Hadden and Borgatta, 1969; Paige and Paige, 1981; Homans, 1982).

Schapera (1965:181) writes that in marriage, the sexual relationship, especially in pre-industrial societies, is no longer viewed as merely the closest type of intimacy that men and women can indulge in. Rather, it is a union that will produce children.

The meaning of a child varies from culture to culture. For some societies, the economic productivity of children is more central. Children are expected to help the mother in the household chores or the father with farm work. They may be obligated to extend financial assistance to the family even at an early age (Gore, 1965; Yu and Liu, 1980; Castillo, 1979). Most of all, children can be expected to support the parents in their old age (Castillo, 1979; Ballweg and Ward, 1973; Williamson, 1978).

In other societies, social-psychological benefits of having a child may be a more fundamental consideration. For parents in these societies, children are brought into this world because they bring joy and happiness

(Williamson, 1978; Guthrie and Jacobs, 1966). They are described as gifts from God and treasures that no money can buy (Castillo, 1979; Ballweg and Ward, 1973). Children are also considered an essential part of the marriage, for their arrival ushers the change of a marriage union into a family unit (Leifer, 1980; Williamson, 1978). Besides, children strengthen the marital bond, for now the husband and wife possess a common experience and share similar life goals. Finally, according to Leifer (1980), women who feel insecure about themselves and have status needs may want children because of the changes that can come about in their lifestyle (Leifer, 1980:16). With children to take care of, a sense of meaning and purpose may be injected into their lives (Leifer, 1980:16; Unger, 1979:168).

While community draws attention to pregnancy as a means for additional members, women themselves derive social-psychological benefits from the experience. The birth of a child is a demonstration of the woman's femininity. In some societies, a woman cannot fully view herself as being feminine if she has not produced an offspring (Colman and Colman, 1971:59). Often the concept of biological reproduction entwined with the concept of cultural femininity suggests that it is only the arrival of a child that can fulfill the woman's feminine role (Colman and Colman, 1971:59; Oakley, 1980:50).

Once a woman has proven her femininity, she is also said to have reached feminine maturity. The achievement of feminine maturity represents achievement of an adult status. When the woman becomes an "adult," she acquires the privileges and rights that befit that station; her decisions are now made on her own, her opinions on domestic and community

matters are now considered, and, most of all, her status is now that of a competent, effective, and powerful member of the community (Ballou, 1978:79).

Becoming a father is also viewed as a confirmation of masculinity for the man involved (Rapoport and Rapoport, 1964; Castillo, 1979; Yu and Liu, 1980). A man or a husband proves his virility to his peers and relations every time his wife (or in some cases, the woman he is involved with) is in the family way or has given birth (Oakley, 1979 and 1980; Yu and Liu, 1980; Castillo, 1979). Such a manifestation makes the man proud of his ability to impregnate a woman and satisfied with his "machismo" (Colman and Colman, 1971:121; Castillo, 1979).

Benefits that a community and a woman derive from conception and birth may contribute to the persistence of a strong and widespread desire for children. In fact, Williamson (1978) reports that despite economic opportunities, the prevalence of different types of contraceptives, and the pressure to limit population growth, women in some parts of the world continue to produce more children than they themselves describe as desirable.

1.1 PURPOSE OF THE STUDY

Oakley (1980:66) notes in her book Women Confined: Towards a Sociology of Childbirth that the psychological treatment of women as childbearers has "disregarded the social-contextual influences on all facets of reproduction behavior." The experience of having a child is developmental. It includes not only the actual birth and rearing of a child but also that

of having to carry and care for the unborn child. The social relevance of pregnancy, in particular, has not been considered. In fact, pregnancy, while it may share a common bond with motherhood, encompasses an array of experiences for the wife, husband, and community which are unique to that particular phase. The purpose of this study is to examine certain facets of the pregnancy experience, particularly its social-psychological dimensions.

In the course of exploration into the pregnancy experience, an important consideration is the extent to which pregnancy may be status-enhancing. In developing societies, women may define pregnancy as an opportunity to promote individual status within the family and the community. Pregnancy may afford them an opportunity to gain respect and recognition, to reassert their position as wife and mother, and to exact changes in the behavior of family members (Yu and Liu, 1980).

This study explores alternative explanations for situations where pregnancy is not avoided. It may be that positive experiences associated with the pregnancy act as stimuli for a woman to produce an unwanted child.

Finally, the study examines factors that may determine the extent to which a woman perceives pregnancy as status-enhancing. Investigation of these factors may help explain the fertility behavior of particular groups of women.

The present study is an initial effort to investigate pregnancy as a means of status-enhancement. It hopes to provide guidelines for future research on the subject.

1.2 IMPORTANCE OF THE STUDY

Many studies on the psychological aspects of pregnancy deal primarily with the emotional, physical and behavioral changes undergone by a woman during her pregnancy and their effect on her (Oakley, 1979 and 1980; Leifer, 1980; Colman and Colman, 1971; Breen, 1975; Whelan, 1978). Others concern their maternal feelings (Ballou, 1978; and Rubin, 1984). Although these studies allude to the "temporary status" of pregnancy prior to childbirth, none actually deal with the issue of whether pregnancy itself has a status separate from that of motherhood. Consequently, there is no mention in the reviewed literature on the possible relationship between a woman's pregnancy experience and her fertility behavior.

Neglect of the pregnancy experience in the discussion of fertility behavior suggests that there may be aspects of reproductive behavior that need to be examined. For instance, research on contraceptive use by women in developing countries indicates that a significant number do not want another child; these women describe their existing family as large enough (Ballweg and Ward, 1973; Lightbourne and Singh, 1982; Yu and Liu, 1980). Yet, these women continue to produce more children. Reasons for continued pregnancies were numerous, including the lack of knowledge about or accessibility of contraceptives. These women may also be seeking recognition, and that a pregnancy provides one of the few ways to achieve this objective. Women may be quite honest when they state that they do not want additional children; however, they may continue to want the pregnancy experience because of the benefits derived from it.

The pregnancy experience may also be status-reducing. Pregnancy restricts the movement of women, especially those who are working and socially active. By establishing the characteristics and attributes of women who regard pregnancy as either status-enhancing or status-decreasing, planners could create more effective family planning programs. The present study attempts to expand on existing policy efforts through an examination of the extent to the status of a woman is influenced by a pregnancy.

CHAPTER II PREGNANCY: A WORLD VIEW -- A WOMAN'S VIEW

An aura of mysticism is said to surround a woman's pregnancy (Verrier, 1981). For most, conception or the notion that a woman is able to reproduce and create a being whom a community can watch grow continues to be an object of fascination (Queen and Habenstein, 1974). The very mysticism of reproduction and its accompanying physiological changes have shrouded it in myths, folklore, and rituals. Arnold Van Gennep (1960) discusses how rituals serve to facilitate a community member's smooth transition from one status to another. The transition rite designates the separation of a person from his original position to one that is more important and that involves a wider range of commitment (Van Gennep, 1960).

Just as circumcision for a boy marks the transformation from boyhood to manhood with the latter's commitment to lineage, so does the implication of pregnancy for women. Pregnancy, according to Homans (1982:231), transforms a woman from the "impotence of childlessness" to motherhood. It marks the change from a young wife to an adult woman. With separation from the original status, the transition stage in itself may confer enhanced status (Homans, 1982:231; Ballou, 1978).

Enhanced status accorded to pregnancy must be viewed in the context of society (Paige and Paige, 1981; Verrier, 1981; Hart, 1965). Societal values dictate the degree to which importance is granted to the women. A society's recognition is expressed primarily through its reproductive

rituals and the expected community behaviors (Paige and Paige, 1981; Van Gennep, 1961).

2.1. RITES AND PROHIBITIONS

In many societies, pregnancy and birth are moments when women are revered (Verrier, 1981). In China, it is said that a woman who is pregnant is "having happiness in her body" (Queen and Habenstein, 1974:82). In India, a pregnant woman is spoken of in terms of a flower who must be treated delicately for "otherwise the light may fade from her blossom" (Verrier, 1981:85). In the Philippines, she is also likened to a delicate creature who should never be upset and whose every whim must be followed (Hart et al., 1965:28). The "special power" of a woman to reproduce is said to endow her with the "gift" to perform wonders and to influence events (Verrier, 1981). A woman is supposedly able to affect the personality, appearance, and health of the unborn child (Colman and Colman, 1971; Hart, 1965; Mallari, 1954). Because of society's concern over the condition of mother and child, prohibitions and rites involving diet and activities have become quite common in developed and developing societies (Queen and Habenstein, 1974; Hart et al., 1965).

2.1.1 RITES AND PROHIBITIONS IN DEVELOPED SOCIETIES

In developed societies, such as the United States and Britain, prohibitions followed by the women are those prescribed by the medical pro-

fession (Oakley, 1979 and 1980; Colman and Colman, 1971; Rosengren, 1980, Leifer, 1980; Paige and Paige, 1981).

In Britain, pregnant women are advised to avoid food thought to cause indigestion and heartburn. Women in both Britain and the United States are also told to keep away from "violent sex," and the consumption of alcohol and drugs since these are likely to harm the unborn child (Oakley, 1979 and 1980; Masters and Johnson, 1966; Homans, 1982). Food prohibitions in particular are followed closely by American women because it is believed that whatever pregnant women do will affect the personality of their unborn child. To ensure that the child will not become temperamental or violent, the women may decide to become vegetarians while conceiving (Colman and Colman, 1971:19). They may also try to control their anger and "mood swings" so that only good feelings will pour to the child in their wombs (Paige and Paige, 1981:276). They may even spend several hours looking at a painting in order to calm the child. Furthermore, these women may avoid looking at ugly, sick or deformed people, visiting zoos, or watching war pictures (Colman and Colman, 1971:12; Paige and Paige, 1981: 271). For American women, nausea may be interpreted negatively since it is regarded as a sign of the mother subconsciously rejecting the unborn child (Oakley, 1980). Indications of femininity are pregnancy pains that are believed to enhance the mother-child relationship (Oakley, 1980:57-8). Physical exertion is another aspect of pregnancy that is closely monitored by the women. Together with their doctors, they ensure that their activities are not strenuous (Harden and Borgatta, 1969).

This dependence of reproduction on the medical world is criticized by the Newtons (1972). They point out that while women in less industrialized societies are congratulated by their families and community for having successfully completed pregnancy and birth, American families usually express their gratitude to the obstetrician for monitoring the women's pregnancy and having delivered the baby successfully (Newton and Newton, 1972:169). This dependence on others rather than one's self somehow robs the women of the feeling of importance during conception and birth (Oakley, 1980:97); Newton and Newton, 1972; Colman and Colman, 1971; Paige and Paige, 1981). It also makes status accorded to pregnant women more ambiguous in industrialized societies (Homans, 1982). Today, despite the advent of "natural childbirth," where both husband and wife are taught less reliance on medication during delivery, doctors are not questioned nor deterred from imposing nutritional and sexual prohibitions (Paige and Paige, 1981).

2.1.2 RITES AND PROHIBITIONS IN DEVELOPING SOCIETIES

In pre-industrial or developing societies, the human reproductive cycle is said to have "pollution attributes" (Paige and Paige, 1981). Menstruation is often believed to be the main source of pollutant and harm to men and community (Paige and Paige, 1981:2). During pregnancy, polluting qualities attached to female sexuality and fertility become diminished (McGilvray, 1982). In pregnancy, the "excess blood" is used to nourish the fetus (McGilvray, 1982). While menstrual blood is extremely

polluting, "uterine blood" that goes to the fetus is considered beneficial (McGilvray, 1982; Schapera, 1966; Coughlin, 1965:223).

Among the Kgatla tribe of South Africa, sexual relationships between couples are expected to continue during pregnancy. For the members, pregnancy is seen as the parents' "blood" coming together. The child's blood comes from its mother since prior to conception she had been menstruating. Its flesh is from the father "because of the heavy lumps" the father puts into the mother (Schapera, 1966:218). Since the fetus is the product of the parents, regular sexual relationships are believed to help build up and strengthen the unborn child (Schapera, 1966:231).

Food prohibitions abound in pre-industrial societies. For the Sinhalese, a nutritious diet is important because it helps bring back the blood that has continuously flowed into the fetus (McGilvray, 1982:24). Following the Ayurvedic system of medicine, which distinguishes the heating and cooling effects of food, Sinhalese women are cautioned against foods with eruptive quality. These include pineapple and a combination of foods like prawns, eggplant, and guavas (McGilvray, 1982:56). These foods are considered dangerous since they are believed to cause abortions (McGilvray, 1982:56). In general, women of this tribe may eat whatever they like. An exception to this is the flesh of a cow that has died while still a calf. This food is prohibited since they may experience the same fate. Among the Mende and Sherbro women in Sierra Leone, food taboos include intestines and brains of animals. The former is restricted since they can cause abnormal skin coloring, while the latter is believed to cause infection of the inner ear among the unborn. Pregnant Baganda women avoid salt except those from marsh grass (Queen and Habenstein, 1974:82).

In some villages of China, women are prohibited from eating dog and snake meat. These prohibitions exist to prevent women from harming their unborn child (Parish, 1978:253-3). The textbook *Pathomcinolaa* provides another scenario. It stresses pregnancy sickness in Thailand as an omen:

If the mother desires to eat meat and fish and raw things,
they say that a creature of hell has come to be born.

If she desires to eat honey, cane sugar, and palm sugar,
they say someone has come down from heaven to be born.

If she desires to eat fruit, they say an animal has come
to be born.

If she desires to eat earth, they say that Brahma has come
down to be born (because Brahma came down to eat
delicious earth).

If she desires to eat hot, spicy things, they say that a
human being has come down to be born.

(Rajadhon, 1965:130)

According to Rajadhon (1965), the belief that a Brahma will be reborn may explain why some women in Thailand liked to eat burnt earth and hard chalk.

In Sierra Leone, Cosmisky (1982:212) notes that strong emotions such as anger, fright, and sadness are avoided during pregnancy. These emotions are said to influence the occurrence of premature birth, miscarriage, and still births. They are also told not to stand in the doorway

or at the crossroads for they may cause their own difficult labor (MacCormack, 1982). Kgatla women are advised not to bind anything around their waist since the child may be forced higher into the womb and the woman would have difficulties during delivery (Schapera, 1966:231). Aside from these precautions, pregnant women of the Sherbro and Mende tribes must not lift heavy objects because they may abort the child (MacCormack, 1982). However, women are expected to continue on their daily household chores since inactivity may make the child lazy (MacCormack, 1982:127; Cosmisky, 1982:210).

In Bali, Indonesia, women are required to observe prohibitions that pertain not only to diet but also to hygiene. Pregnant women are made to bathe more often and to avoid eating food such as pepper, octopus, eggplant and a kind of mango. Also, husbands are not allowed to cut their hair until the baby is born (Covarrubias, 1965:125). Besides usual observance of these prohibitions, pregnant women in Bali are also given charms and amulets because they are believed to be vulnerable to certain "leyaks" (witches) and "butas." These witches are said to hunt for pregnant women in order to drink their blood and eat the entrants of the unborn child (Covarrubias, 1965:125).

While reproductive rituals are likewise observed in the Philippines, literature on the country suggests a somewhat different orientation toward pregnancy. It is a reproductive phase that is not necessarily dependent on the dictates of professional medical world nor surrounded by rites oriented toward human sexuality and fertility as pollutants. Rather, pregnancy is seen as an act of nature. This being so, women reason that they only have to follow the restrictions placed on their diet

and activities to ensure a pleasurable conception (Hart, 1965:28; Yu and Liu, 1981).

2.1.3 RITES AND PROHIBITIONS IN THE PHILIPPINES

Prohibitions in the Philippines tend to be applicable not only to the wife but also to her husband and children (Hart, 1965). In the process, rituals and prohibitions become extensive.

Fear of the unknown is very much a part of pregnancy experience. Among the Cebuanos, the pregnant women's bellies are rubbed with oil that is treated with ginger roots in order to keep away the evil spirits called "u-ngo." These witches supposedly seek the women because of the fresh blood of their unborn (Yu and Liu, 1980:151). Among the Kalingas, the malevolent spirits that pregnant women guard against are called "ngilin." These "ngilin" (which take on the appearances of human pigmys) attempt to track down the pregnant women through the "scent" that they supposedly carry. This scent of the unborn child is said to be quite pleasing and appetizing to both the "ngilin" and "u-ngo." Since the women and their family may carry the scent, they must all avoid places where the supernatural beings may be encountered and must wear certain amulets or charms (Dozier, 1966; Yu and Liu, 1980).

Apart from the restrictions mentioned, pregnant women also have to guard against intense or hostile emotions since these can affect the appearance of the child. Nor should they look at defective persons, ugly objects, or listen to horror stories. Anti-social behavior is also believed to influence physical features of the unborn child. It is said

that a harelip or hunchback infant may be the outcome of its mother making fun of such a deformed person during pregnancy. Meanwhile, a difficult pregnancy may be interpreted as a result of unfriendly interactions between the women and their mothers-in-law (Hart et al., 1965:30-1).

Dietary restrictions are likewise observed in the Philippines. Among the Mamanuas, as well as the Negritos of Bataan and Zambales, pregnant women are forbidden to eat the meat of monkeys, pythons and monitor lizards. If the women eat these prohibited foods, the child may suffer from ulcers and may become irritable and ill-tempered (Maceda, 1964:75). For the Kalingas, eggs are prohibited because the baby may be born blind, while the cravings for white-fleshed vegetables and fruits are encouraged since these will influence the birth of a fair-skinned child (Hart et al., 1965:30-31).

Food cravings are commonly mentioned in the country. Informants in Yu and Liu's (1980) study reported that one woman craved to look at a Chinese merchant and eat the rice sold by him (Yu and Liu, 1980: 151). Other informants related two unusual cravings wherein a woman wanted to eat fresh chicken dung spread on bread and another who craved for small rats. But no matter how uncommon these cravings are, the Cebuanos believe that they should not be overlooked. This is because cravings are thought to be desires created by the fetus and tests required of parents if they truly want the child (Hart et al., 1965; Yu and Liu, 1980). Because of such a perspective, whims and cravings of pregnant women become unwritten laws whose denial may result in a miscarriage or the child's deformity (Hart et al., 1965:38-9).

2.1.4 CONSEQUENCES OF RITES AND PROHIBITIONS

Rites and taboos present in a society are created primarily to ensure the well-being of the mother and the unborn child (Dozier, 1966). They exist to offer the woman respite from routine work (Guthrie and Jacobs, 1966; Yu and Liu, 1980). Besides, the isolation period prevents her from performing laborious activities (Castillo, 1979). Beliefs on the presence of supernatural beings limit her movements (Hart et al., 1965). Food restrictions help improve her diet and enable her to interact more with the important female members of her kinship group. Paying particular attention to one's "mood swings" and emotions may also be important in establishing better interpersonal relations within family members. Finally, rites and taboos offer social recognition. The fact that her condition is unlike that of other females in the community empowers her to take center stage and to draw the attention of family and community members.

Outlooks toward lifestyle changes brought about by pregnancy taboos may differ from one group of women to another. Women who come from developing countries and rural areas may welcome pregnancy because of social recognition they receive (Castillo, 1979; Yu and Liu, 1980; and Potts and Selman, 1979). Here social recognition may be based on traditional views that emphasize procreational responsibility as the only avenue to status enhancement available to women (Yu and Liu, 1980; Hollnsteiner, 1970; Fox, 1962; and Castillo, 1979). Every pregnancy is a verification of her femininity and an accomplishment of her feminine role. At the same time, it is a means to establish and continually confirm her husband's

masculinity (Schapera, 1966; Yu and Liu, 1980; Castillo, 1979; and Potts and Selman, 1979). Aside from these, a pregnancy offers a change from the customary lifestyle of a rural woman (Hoffman and Wyatt, 1969; Yu and Liu, 1980). In Yu and Liu's (1980) study, lower class respondents also reported behavioral changes among families and friends. Family members and neighbors were said to attend to their diets, set aside a greater proportion of the viands for them, and cater to their every craving (Yu and Liu, 1980:154 Hart, 1965). Besides, their household and farming chores were limited to ensure a healthy condition as well as to guard against supernatural beings (Yu and Liu, 1980; and Hart, 1965; Rajadhon, 1965; Coughlin, 1965).

Pregnancy studies on women from urban areas or industrialized societies, who belong to middle and upper classes, and who have adopted more modern role orientation indicate that self-identity for this group is not necessarily based on the woman's procreational ability. Rather, self-identity may be based on her participation in activities such as paid labor or social organizations (Rossi, 1969:366; Homans, 1982; Oakley, 1979 and 1980). Being economically and socially active have consequences on the pregnancy experience and its accompanying prohibitions. An overriding consequence is that a woman's activities become subject to restrictions. The woman is unable to work outside of her home or interact with close friends who are likely to be working women like herself (Colman and Colman, 1971; Rubin, 1984; Leifer, 1980; Homans, 1982; and Oakley, 1979 and 1980). Sexual limitations may bring about or reinforce a woman's opinion that she is no longer attractive and desirable (Oakley, 1979 and 1980). As a result, limited and restricted activities due to pregnancy

may not be considered a "welcome respite" from routine work or activities. Rather, they deprive some women of their means for social recognition and, consequently, lower their self-esteem (Colman and Colman, 1971; Rubin, 1984; Homans, 1982; Oakley, 1980; and Pistrang, 1984).

Pregnancy experience is never complete unless behavior patterns of people relevant to the pregnancy experience are taken into account. These behavior patterns, which include rights, duties and relationships with other persons, further bring out social-psychological dimensions of pregnancy.

2.2 PREGNANCY BEHAVIOR AND ATTITUDES

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According to Paige and Paige (1981), rituals strengthen societal concepts of age and sex roles. With the awareness of societal sex roles comes the education of community members on the rights and obligations of those involved in the rituals (Van Gennep, 1961; Paige and Paige, 1981). Because of this awareness, Paige and Paige (1981:281) argue that the individual's judgement to use a certain ritual is "strategic." Expected behavior patterns associated with rites and prohibitions of a transitional stage (such as conception) may later become the woman's measure for satisfaction. Likewise, it may become her basis for undergoing the process repeatedly even if it produces unwanted births.

2.2.1 PREGNANCY BEHAVIOR AND ATTITUDES IN DEVELOPED SOCIETIES

In the United States and Britain, studies claim that patterns of behavior toward pregnant women continue to be distinct from those toward young mothers or women who are not pregnant (Oakley, 1980; Leifer, 1980). Husbands become quite involved in the wives' pregnancy. They worry about what their wives eat and even what they read during their pregnancy. There is also more conversation and discussion between couples, with the husbands quite careful about what they say to their wives in order not to upset them. Oakley (1980) reports that some husbands even found their wives more "sexy" and desirable (Oakley, 1980:199-210). However, there are also cases when the husbands do not change in their ways at all. Husbands may continue to expect their wives to serve them and, at the same time, do the chores at home. This latter case is quite uncommon (Oakley, 1980). On the whole, couples find themselves emotionally and physically closer than ever during a pregnancy (Oakley, 1979 and 1980; Colman and Colman, 1971; Leifer, 1980; Ballou, 1978; Whelan, 1978; and Breen, 1975).

Behavior changes can also be observed among people outside of the home. Friends and co-workers become more considerate, offer to carry heavy loads; they offer their seats, and extend help which they would not normally do (Colman and Colman, 1971). Even strangers are more helpful and more open or talkative to pregnant women (Oakley, 1980:47; Colman and Colman, 1971:47).

2.2.2 PREGNANCY BEHAVIOR AND ATTITUDES IN DEVELOPING SOCIETIES

Greater attention bestowed on the pregnant woman is apparent in pre-industrial societies because of the rituals and prohibitions surrounding this period.

Among the Tiv and Tallensi tribes in Niger, marriage and pregnancy are highly monitored. The family of the woman and her husband keep watch over her to prevent any miscarriage (Paige and Paige, 1981). MacCormack (1982:13-14) notes that the pregnant woman is usually well cared for by kin and neighbors. In societies that observe patrilineal descent and patrilocal residence, the bride resides with the family of the husband under the authority of the mother-in-law. Here, she receives close supervision by her husband's womenfolk (MacCormack, 1982). In societies that observe matrilineal descent and matrilocal residence, the woman is attended by her mother and the womenfolk in her family. With such supervision, the experience draws the woman especially closer to her kinship network (MacCormack, 1982:13-14).

Establishment of closer ties is likewise seen among the womenfolk (Paige and Paige, 1981; Homans, 1982). Homans (1982:254) writes that Punjabi women from the "Jat" caste are treated with great display of attention by female members like mothers and mothers-in-law (Homans, 1982:254). In this group, mothers-in-law take charge of instructing the pregnant women on what to eat and what not to eat (Homans, 1982). Among the Bagandas, female relatives of the husband look after the prospective mother and may even relieve her of her many strenuous chores (Queen and

Habenstein, 1974:82). Kitzinger (1982:187) discusses the cohesive functions of pregnancy in Jamaica. He writes that when a pregnancy occurs among adolescent girls without paternal recognition, women of the village come together from several miles away to meet and pass judgement on the pregnant woman. Later, one or more of the women act as mediator to reconcile mother to errant daughter (Kitzinger, 1982:188).

Finally, husbands become very understanding and loving toward the pregnant wife (Rajadhon, 1965:130). Furthermore, they become careful and concerned about the kind of activities they engage with their wives. Tallensi men, according to Paige and Paige (1981:184), were especially cautious since husbands can be held responsible for the discomforts and plight of their wives.

2.2.3 PREGNANCY BEHAVIOR AND ATTITUDES IN THE PHILIPPINES

In the Philippines, pregnancy is considered a most appropriate time to discuss and even grapple with marital problems (Yu and Liu, 1980; and Potts and Selman, 1979). Problems often concern the husband's frequent activities with his "barkada" (male peer group), his vices (smoking, drinking and gambling), and his "querida" (mistress). An announcement of a child's forthcoming arrival is enough to "straighten up" the husband, compel him to change his ways, and make him accept his responsibilities as a breadwinner (Potts and Selman, 1979; and Yu and Liu, 1982). Yu and Liu (1980) report that it is quite common for a husband to stop heavy drinking and give up his mistress because of the wishes of his pregnant wife. At this period also, her sullen disposition and constant emotional

bouts are accepted and tolerated by the husband. Consequently, the husband becomes more patient and understanding during this time; he attempts to humor her and fulfill her many desires (Dozier, 1966:87; Yu and Liu, 1980:154; and Potts and Selman, 1979).

Accomplishment of the man's obligation towards his pregnant wife can be shown in his indulgence to her cravings. Husbands are known to take desperate measures to satisfy desires of the wife and to suffer quietly any humiliation that they may experience (Yu and Liu, 1980; Hart, 1965). A man whose wife craves for stolen fruit is expected to go and steal fruit for her; a husband whose wife wants to look at the Chinese merchant may be ridiculed by his friends (Hart et al., 1965:89; Dozier, 1966:87). In addition to the husband, her children, relatives, and friends may be expected to be solicitous. As Yu and Liu (1980) report, a woman is much loved by the parents whenever she is pregnant. Everyone tries to please her, adjust to her needs, and assist her husband to fulfill her every craving. Regardless of social class, parents and parents-in-law are known to be attentive toward their pregnant kin and to intercede for her whenever she does not get what she wants (Hart et al., 1965:89).

As conception advances, friends and neighbors become more aware of the pregnant woman's needs and changing status in the community. Merchants, priests, folk medicine men and professional doctors become involved in her pregnancy. Her visits to the doctor are now more frequent, and so are her visits to the church as she offers prayers for a safe delivery (Yu and Liu, 1980; and Potts and Selman, 1979). The woman may also pray for protection since her condition makes her abnormally attractive to certain supernatural beings (Hart et al., 1965:49-50). A pregnant

woman's state is also her pass for "good bargains" and free merchandise. Since cravings are taken very seriously in the Philippines, tradespeople feel obligated to accommodate the wishes of their pregnant customers. Such an action stems from the merchants' fear that the woman possesses the "evil eye" and their dread that their price haggling may result to a miscarriage (Hart et al., 1965). Expectant mothers, on occasion, attempted to exploit merchants who fear public criticism (Hart et al., 1965:39).

2.2.4 CONSEQUENCES OF PREGNANCY BEHAVIOR AND ATTITUDES

Pregnancy experience is a period that allows a woman to exercise certain rights and privileges. These rights and privileges apparently bring about changes in the behavior of people who come in contact with the pregnant woman, whether they are her spouse, mother, mother-in-law, friends, community members or just strangers. But much like the discourse on rites and prohibitions, transformation in behavior patterns may either be a positive or negative experience for varying groups of women.

Housewives from rural areas and lower classes may want a pregnancy not necessarily for its procreational purpose but for its social-psychological benefits. Rural housewives receive social recognition from a pregnancy that working women may otherwise derive from their work and career (Yu and Liu, 1980; and Castillo, 1979). More importantly, housewives may establish better relations with family members, like their spouses and mothers-in-law, who are important to their familial and household position (Yu and Liu, 1980; and Homans, 1982).

Women from developed countries or urban areas may have a different insight into the behavioral changes among spouses, relatives, friends, and strangers. Some working and feminist respondents in studies by Oakley (1979 and 1980) expressed that pregnancy can be frustrating. It could be frustrating when the husband became overprotective and overindulgent (Oakley, 1979 and 1980). Overprotectiveness of strangers and friends also made the woman feel more vulnerable. The wife became resentful of stares and smiles elicited by their protruding stomachs. Their pregnant condition made them feel as if they were "public property" (Leifer, 1980). Spouses, relatives, friends and co-workers no longer saw them as they were but saw them as a woman who was carrying a child (Oakley, 1979 and 1980). Pregnancy can be a disappointing experience precisely because the self-identity and reputation (especially at work) they cultivated could be transformed easily due to their condition (Oakley, 1979 and 1980).

In the most part, pregnancy is reported to be a pleasurable experience (Potts and Selman, 1979; Yu and Liu, 1980; Oakley, 1980; Verrier, 1981). It is a period in which certain experiences are distinguishable from that of childbirth and childrearing. As Oakley (1980) points out, the emotional relationship between the husband and wife peaks during pregnancy and shortly after birth, and then declines rapidly (Oakley, 1980:227). As a baby grows older, the novelty of fatherhood and motherhood disappears and the exhausting side of childrearing becomes more pronounced. According to Oakley (1980) and Yu and Liu (1980), conception of a child unites the husband and wife since it is viewed as a joint achievement. But the birth of a child divides them since it is a maternal responsibility that the husband may be reluctant to be part (Oakley, 1980; Yu and

Liu, 1980). Motherhood also means taking care of someone instead of having someone take care of you. The woman is no longer the main recipient of much attention and concern. Instead, the baby takes center stage while its mother is relegated to a supporting role: a caretaking position (Oakley, 1980:227). As one Filipina stated:

Now when I say 'Dad (term of address to the husband), let's go to the movies' and he tells me he is tired, I say to him that I wish I were in the family way; I am well loved when I am in the family way. Even now I tell him this. (Yu and Liu, 1980:154).

2.3 SUMMARY

Graham (1976) writes that the social image of a pregnant woman is two-fold. One side of that image shows her as being very strong and powerful because of the fertility and fulfilled identity that she has just manifested. The other shows her as fragile, vulnerable and frail (Graham, 1976). This two-fold image of a pregnant woman may work in such a way that her image is enhanced along with her social status.

A scene of status-enhancement associated with pregnancy may develop as follows: the female has little opportunity to move from her ascribed status. In order to achieve greater recognition, she must exhibit an attribute that is socially relevant and desirable. Pregnancy, especially in a developing country, affords such an opportunity. When a woman announces that she is pregnant, the first thing she learns is that she is treated differently by people close to her or even by those whom she does not know (Leifer, 1980:24). She also learns that pregnancy has a number of benefits associated with it.

The review of literature pointed out the benefits associated with pregnancy as these pertain to her relationships with significant and generalized others. Her husband, in particular, provides extra support, understanding and consolation. He becomes more protective and tender towards her and, in the process, becomes the prime "mothering" figure to his wife (Oakley, 1979 and 1980; Colman and Colman, 1971; Leifer, 1980; Potts and Selman, 1979; Yu and Liu, 1980; and Ballou, 1978).

Her fragile image, likewise, allows the woman much room to exercise her power. An important feature of the pregnancy experience is that a woman's role may be strengthened. The emotional alliance that is forged between wife and husband improves the woman's bargaining power in the family. She becomes more involved in the decision-making process (Yu and Liu, 1980:106-7; Colman and Colman, 1971:118). In addition, the pregnant woman has power over her husband's activities and vices. Once the child is born, Yu and Liu (1980) report that his vices are likely to resume.

In the span of nine months, the woman enjoys privileges that she may not ordinarily have. Her pregnancy cravings allow her to invert the traditional roles of husband and wife. Instead of the wife serving and catering to the needs of her husband, it is she who is now being served. Role reversal may also be true with her relationship with the mother-in-law. Whereas before the woman may have always served the mother-in-law, now it is the mother-in-law who attends to and serves her. Aside from this, a wife can gain access to her husband's economic resources which may have previously been deposited to his mother (Yu and Liu, 1980). With economic responsibilities that come from her access to the man's full

paycheck, her self-importance and position in the family are improved (Castillo, 1979; Yu and Liu, 1980; and Queen and Habenstein, 1974).

In the Philippines, pregnancy may also be used as a unique type of weapon to hurt key people in a woman's family. A woman may seek to end her pregnancy in order to show her anger at being contemptuously treated by her parents-in-law or being rejected by her husband (Yu and Liu, 1980:156). When a miscarriage takes place, the parents-in-law may blame each other because of their attitude, and may then attempt to encourage another pregnancy.

Finally, the community also shows its concern over the pregnant woman in several ways. Doctors and nurses accommodate her despite their busy schedules. Folk doctors offer her amulets and charms, while tradespeople offer her discount prices or free merchandise.

Because of the benefits derived from the pregnancy experience, a woman may choose to conceive repeatedly. The eventual outcome of her desire to experience enhanced status is increased family size.

2.4 HYPOTHESES

Pregnancy experience differs from one group of women to another. Differences lie in such factors as the woman's socio-economic status, place of residence, social activities, and feminine role orientation. Given the literature reviewed, two major hypotheses are formulated.

HYPOTHESIS 1: The lower a woman's socio-economic status, the less socially active she is. The less socially active she is, the less modern her feminine role orientation. The less modern her feminine role orien-

tation, the higher her regard for pregnancy as status-enhancing. The higher her regard for pregnancy as status-enhancing, the higher her fertility.

HYPOTHESIS 2: The more rural a woman's place of residence is, the less socially active she is. The less socially active she is, the less modern her feminine role orientation. The less modern her feminine role orientation, the higher her regard for pregnancy as status-enhancing. The higher her regard for pregnancy as status-enhancing, the higher her fertility.

There are other sub-hypotheses that flow from these two main hypotheses. These are:

First, the higher the social activity status, the lower the pregnancy status.

Second, the more rural the woman's place of residence, the higher the pregnancy status.

Third, the lower the socio-economic status, the higher the pregnancy status.

Fourth, the higher the social activity status, the lower the fertility.

Fifth, the less modern the feminine role orientation, the higher the fertility.

Sixth, the more rural the woman's place of residence,
the higher the fertility.

And seventh, the lower the socio-economic status,
the higher the fertility.

The relationships formulated based on the review are better illustrated in Figure 1. The figure shows the conceptual model of pregnancy as a social status affecting number of live births.

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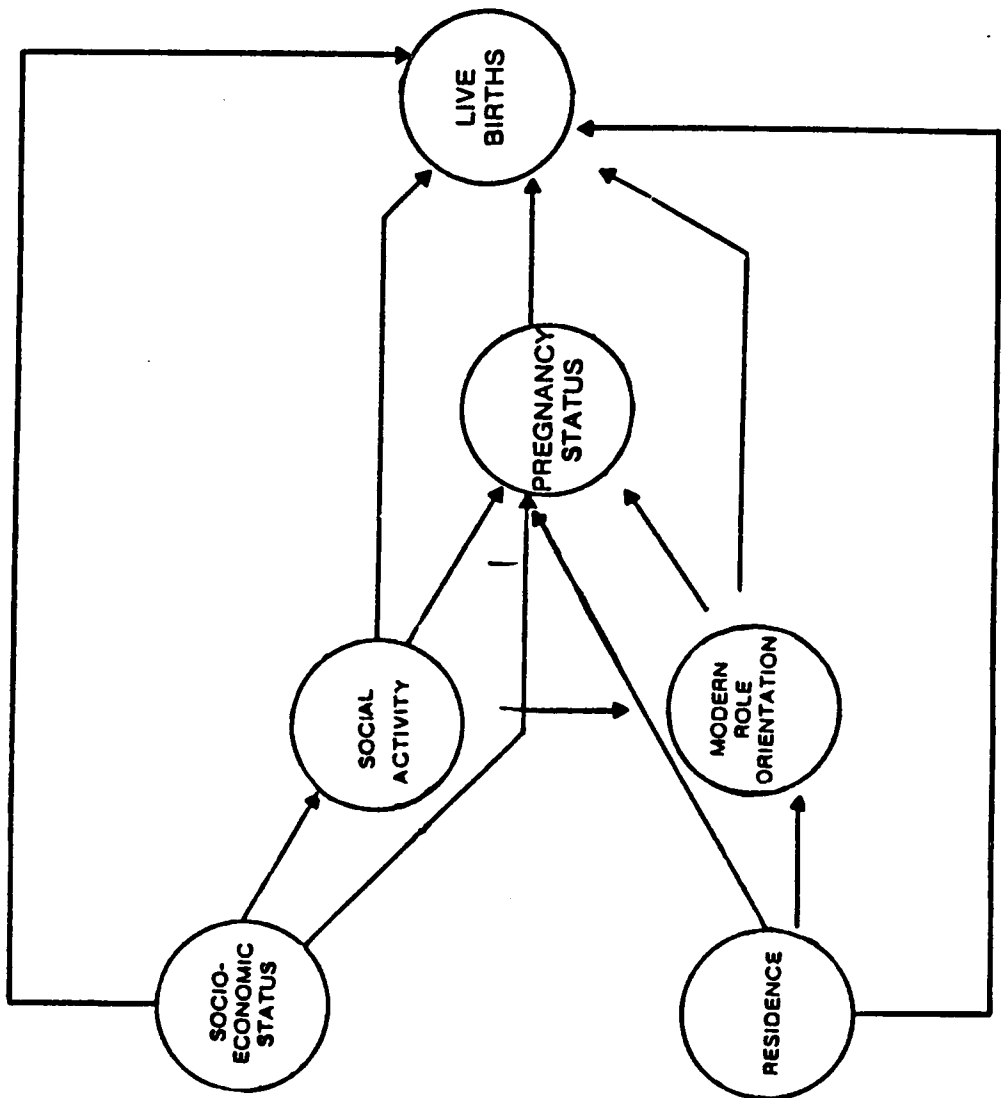


Figure 1. Conceptual Model of Pregnancy Status on Number of Births, Applied to Misamis Oriental, Philippines

CHAPTER III THE PHILIPPINES

The Philippines is made up of 7,100 islands. It extends over 1,000 miles from north to south and totals a land area 186,000 miles. The country is surrounded by the South China Sea to its west and north, the Pacific Ocean to its east, and Celebes Sea to its south (Cheetham and Hawkins, 1976) (see Figure 2). Luzon, the largest island, has a total land area of approximately 66,447 miles while Mindanao has 60,237.

3.1 EARLY HISTORY

The first human inhabitants of the Philippines were the negrito pygmies. Later, Malayo-Mongoloids drove the pygmies to the forests and settled in the low lands where their culture and ethnology flourished (George, 1980). Records of China, India, Japan, and Malaysia show that the islands became the dependency of successive empires in Indo-China; Sumatra, and Borneo from about 200 to 1325. In 1405 they were the dependency of the Javanese empire of Madjapahit. The next 35 years, they were part of the Ming Dynasty of China. From 1440 to 1565 northern Luzon was under Japanese adventurers. Mohammedan Borneo ruled from Manila to the southern islands during this period.

Magellan's coming to the Philippines in 1521 marked the beginning of Spanish occupation. The Spanish conquest lasted for 300 years and left the country Christianized but wanting in economic growth and national independence (Keesing, 1937; Cushner, 1971). The United States wrested

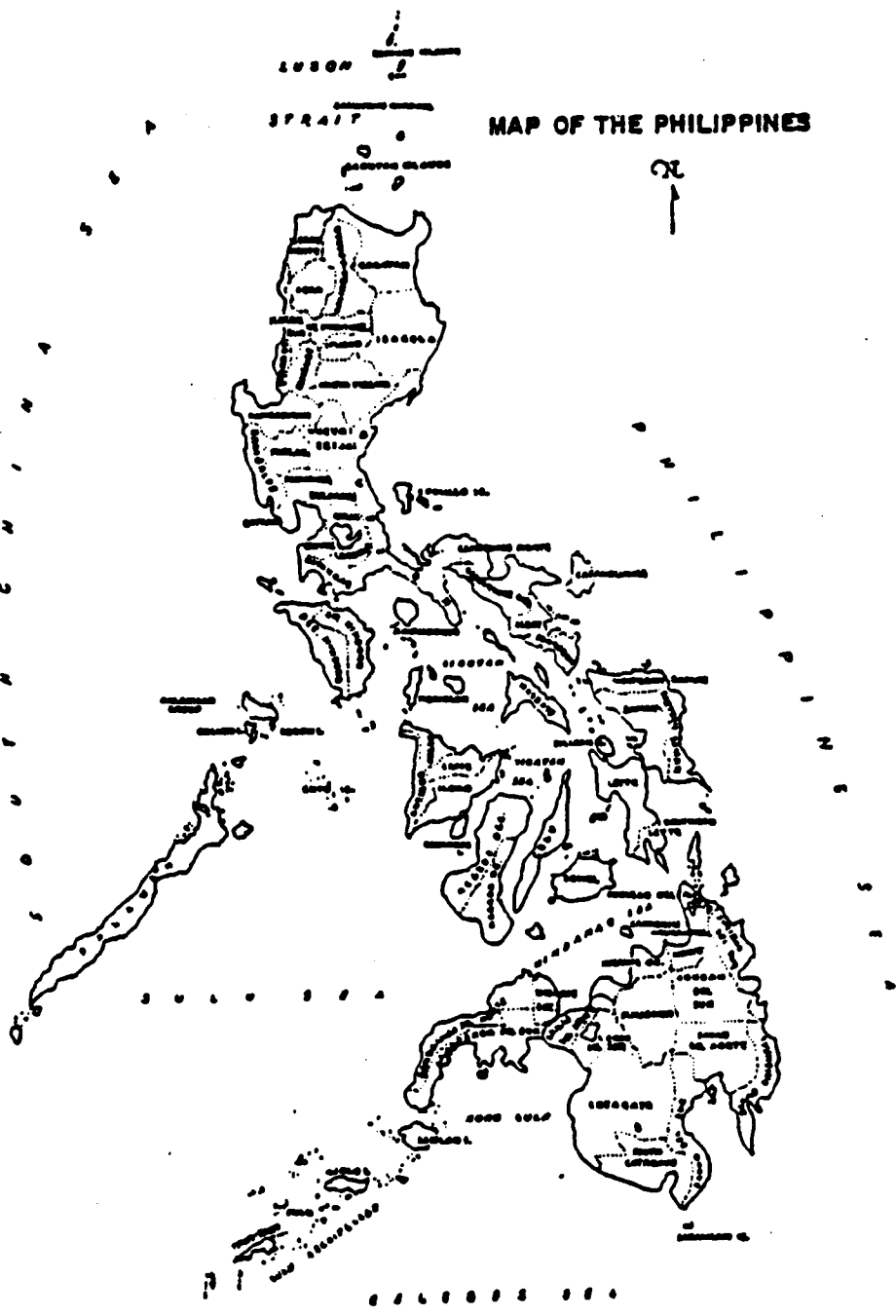


Figure 2: Map of the Philippines

control of the Philippines from Spain in August, 1898. American colonial period introduced changes in the socio-economic and political sectors. The American occupation worked toward democratic participation, efficient government, and expanded education. The Philippines was finally granted its independence on July 4, 1946 and has existed as a republic since that date (Vreeland, et al., 1976).

3.2 POPULATION COMPOSITION

The estimated population of the Philippines for mid-year 1983 was 52.8 million (Kent, 1983). There were 34 births per 1,000 and 7.7 deaths reported for 1980. Infant mortality rate was 59 per 1,000. Growth rate for the Philippines during the 1975-1980 period was 2.6% (U.N. Demographic Yearbook, 1983).

Statistics available for 1980 show that 37.3% of the population at that time (estimated at 48,098,460) was urban. About 36.3% of the males in the country resided in the urban areas while 38.3% of females were urban residents. The sex distribution in the country is indicative of migration streams for males and females. In the country, females were more likely to migrate to the urban areas than the males (U.N. Demographic Yearbook, 1983).

3.3 ADMINISTRATIVE DIVISION

Administrative levels in the country are multiple and are organized in a hierarchical fashion. The units consist of the following in as-

ending order: "barangay," "poblaciones" (city districts), municipalities, cities, provinces, and regions.

In the pyramid of areal units, the small localities such as the "barangay" and the "poblaciones" are at the broad base. A barangay is the village level. It is identified as the lowest political subdivision of the country (Bunge, 1983). Poblacion is usually the center of the municipality and its administrative government agencies. Cities and municipalities are the autonomous units that make up the "province." A province is the larger administrative subdivision which when grouped together based on geographical proximity, form the "region" (Concepcion, 1977:3).

There are 73 provinces, 60 cities, 1,445 municipalities or towns that make up the 13 regions (Concepcion, 1980).

3.4 PROVINCE OF MISAMIS ORIENTAL

The second largest island, Mindanao, is located to the south of Luzon and Visayas. Its very irregular shape is characterized by several gulfs, bays, and peninsulas that give it an extraordinary coastline (see Figures 3 and 4).

Misamis Oriental is situated along the coastal plain on the island of Mindanao. It has a land area of 2,213.5 square miles (National Census and Statistics Office (NCSO), 1980). It is one of the six provinces comprising Region 10, which is Northern Mindanao (Palma, et al., 1981). Five other provinces of the region are Misamis Occidental, Agusan del Norte, Agusan del Sur, Bukidnon, and Surigao del Norte (Palma, et al.,

MAP OF MINDANAO, PHILIPPINES
Showing REGION 10 (Northern Mindanao)

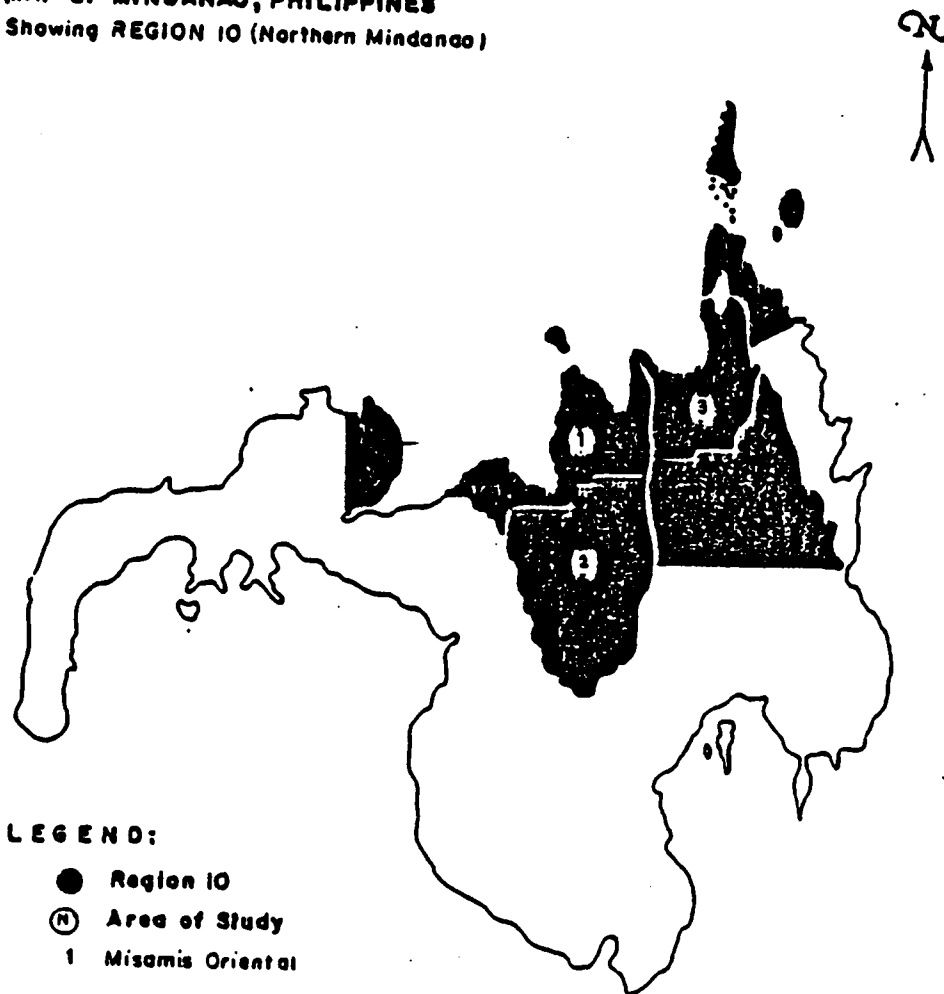


Figure 3: Region of Northern Mindanao

1981). Misamis Oriental has 490 barangays, the largest in the region, and 26 municipalities and cities (NCSO, 1980). Like most of the people in the southern part of the country, residents of Misamis Oriental engage in hill beef farming, rice paddy farming, fishing, and logging. Important crops grown are corn, rice, coconut, bananas, and pineapples (Cheetham and Hawkins, 1977; Madigan, 1972).

Total population of the province for 1980 was 694,423. In the same year there were approximately 350,400 males and 344,023 females. Birth statistics in Region 10 showed that one-third of the births had occurred in Misamis Oriental. Preliminary results on vital statistics indicated that there were approximately 11,598 births in the province for 1980 and 2,120 deaths. The number of marriages that had occurred was 2,174 (NCSO, 1980).

3.5 SAMPLING DESIGN

Data for the study were collected from the province of Misamis Oriental in the Philippines. The area was selected as test site for two basic reasons: First, data bases have been defined from previous works in the areas and the continuous monitoring of population characteristics by the Research Institute for Mindanao Culture (RIMCU). Second, population characteristics of the areas lend themselves to generalizations about the populations in the Philippines (Madigan, 1979).

Two-stage cluster sampling was applied in selection of sample areas. During sampling, the 1975 Census was used since 1980 volumes did not list the barangays nor classify them as rural or urban. The first stage of

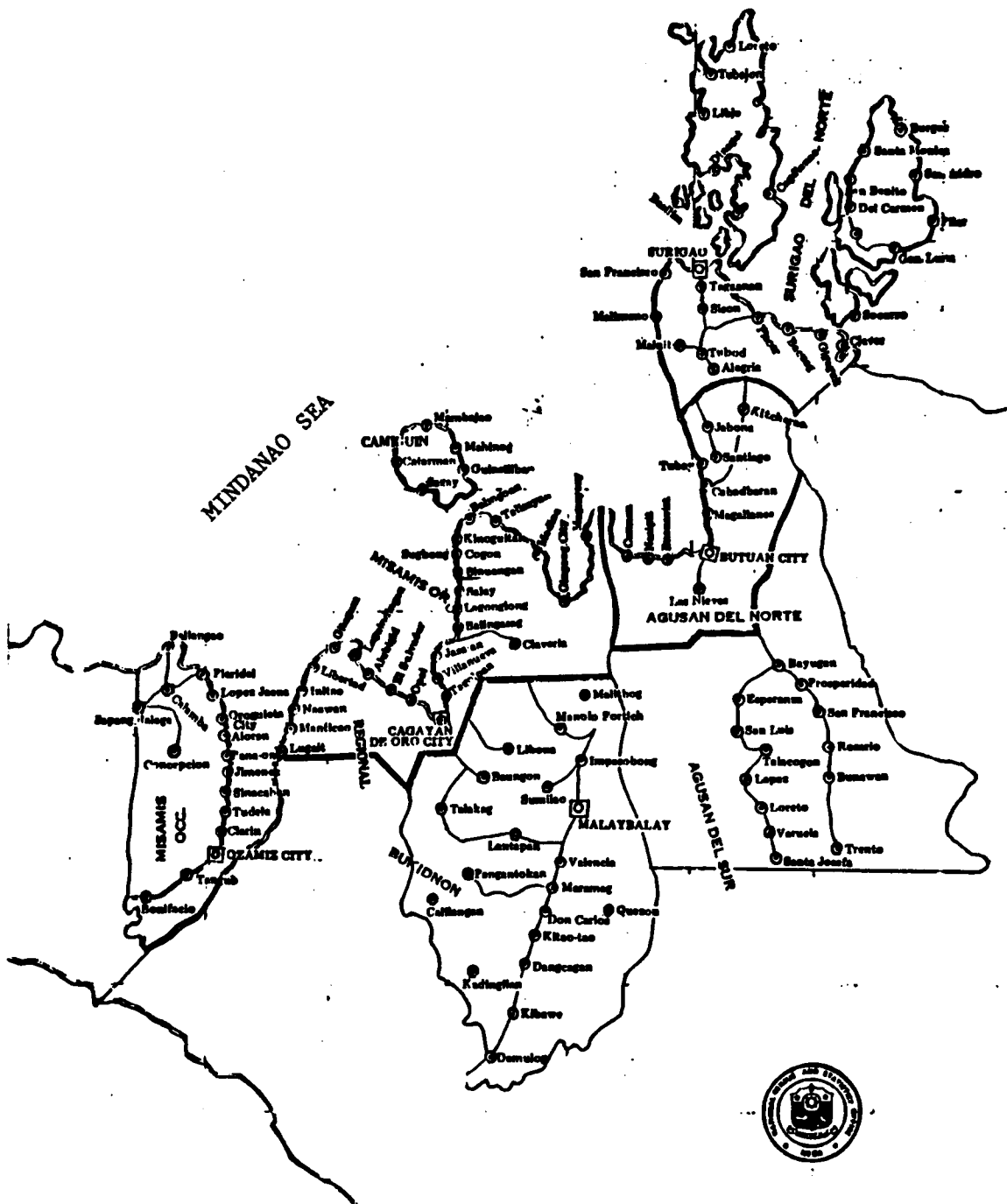


Figure 4: Region of Northern Mindanao, showing municipalities of Misamis Oriental and Neighboring Provinces

sampling involved selection of barangays in the province. Random number selected was between 1 and 119,519, the total number of households in Misamis Oriental. From this sample thirty-six (36) barangays were chosen. The sample of 36 barangays was comprised of sixteen urban and twenty rural barangays. Replacements were also drawn from the sample of barangays in case the peace and order situation in the chosen areas constituted a hazard to interviewers and supervisors. Number of interviews for each barangay was dependent on the population of the barangay; however, a maximum of 30 interviews per barangay was set (see Appendix C for the complete list of barangays and their classification).

The second stage of sampling entailed the systematic sampling of households from the barangays chosen. Only on occasions when out-migrant households or when all adult members were away for the entire interviewing period was replacement permitted.

3.6 INTERVIEW SCHEDULE

Interview schedules were prepared in the major (native) language of the area, Cebuano Binisaya. An English translation was used when educated women and women from the middle and upper classes were interviewed. In the Patag area, the English version was useful in that some respondents were not native speakers. These women were mostly wives of soldiers stationed in the nearby army camp.

Before final interviews were conducted, the schedule was pre-tested once by the head Supervisor. She conducted three interviews. Two supervisors later assigned to the project conducted another pre-test.

Each interviewed three women. A major result of the pre-test was that respondents found the negatively and positively phrased questions quite confusing. Because of this, most of the questions that made up Pregnancy Status index (Block B) had to be phrased in a positive direction.

3.7 SAMPLE

The two criteria in choosing the final sample was that women should be currently married and have completed at least one live birth. There were 967 women included. Respondents' ages ranged from 17-45 years. The median age was found to be 30. In this province, 61% (n=590) resided in rural areas while 29% (n=377) were from urban areas.¹

Educational attainment among the respondents from this province varied from those with no education (0.1%; n=1) to those with more than college education (1%; n=10). About one third (n=317) of the respondents possessed a grade school education. Work profiles of the respondents showed that a greater percentage of the women (57.4%; n=555) worked before marriage. After marriage, only 49.7% (n=481) worked. At the time of the survey, 40.2% (n=389) of the respondents were working. With regard to the socio-economic status, a majority (57.1%, n=552) of the women were from the middle classes; only 3.2% (n=32) were from the upper class, while the remainder were described as lower class.

¹ Detailed and categorized frequency distributions are in Appendix B. Misamis Oriental respondents reported in the study were part of a larger study which included the province of Misamis Oriental

An examination of the respondents' pregnancy history showed that the women had a total number of pregnancies ranging from 1 (16.1%; n=156) to 16 (0.1%; n=1). The number of live births varied from 1 (19.5%; n=189) to 13 (0.1%; n=1). Mean number of live births was 3.4. Out of the 967 respondents, 21.3% (n=207) reported live births where the child subsequently died. From this particular population of women, one respondent (0.1%) reported six deaths while 149 (15.4%) reported only one. There were 265 respondents (27.4%) who experienced fetal losses. Of these women, 19.6% (n=190) had one fetal loss, while 0.5% (n=5) had a total of five fetal losses. When asked about the possibility of ever getting pregnant again, 86% (n=832) responded that this was still possible, 13.9% (n=134) said this was not, and 0.1% (n=1) did not know. Finally, to complete the woman's pregnancy and marriage profile, the respondents were asked their age at first marriage. Responses on age at first marriage varied from 14 years of age (0.8%; n=8) to 41 years of age (0.1%; n=1). Median age at first marriage is 20.

CHAPTER IV METHODOLOGY

The research has been undertaken to determine if status change perceived in pregnancy may bring about changes in fertility behavior of women. Data for this study were collected through a grant from the Rockefeller Foundation Population and Development Policy Research Program. Setting for the study was the province of Misamis Oriental in the Philippines.

4.1 OPERATIONAL DEFINITIONS

4.1.1 PREGNANCY STATUS INDEX (PSINDEX)

Pregnancy status is defined as a social position within a set of relationships. It also involves ranking or importance on the basis of prestige attached to the position. Pregnancy status, because it is located within a set of relationships, is derived from significant others as well as self definition.

One indication of pregnancy status is when the woman becomes the focus of attention and care. Such questions as "I like being pregnant because my husband consults me more often on family affairs" and "I become cranky and irritable when I am pregnant" were among those asked to test pregnancy status.

A total of 29 questions were submitted to the respondents (see Appendix A). A subset of these questions made up Pregnancy Status Index

(PSINDEX). This index is a Likert-type scale in which responses ranged from (1) disagree very strongly, (2) disagree strongly, (3) disagree moderately, (4) disagree slightly, (5) neutral (6) agree slightly, (7) agree moderately, (8) agree strongly, and (9) agree very strongly. A nine-point scale, instead of a five-point scale, was constructed upon the recommendation of Francis C. Madigan, head of the Research Institute for Mindanao Culture (RIMCU). This was recommended because of the tendency of Filipinos to take the middle ground or answer "mao lang gihapon" (it is the same). With a nine-point scale there would be greater dispersion and greater possibility of truer responses. Likewise, respondents were encouraged to take a stand rather than answer "neutral." Since there were no reported "neutral" responses, the final computation of the scale included the eight other choices.² The index was formulated to measure the woman's evaluation of pregnancy as it pertains to her relationship with significant others and her own feelings about the pregnancy experience. Accumulating a high total score on these questions was indicative of a more favorable attitude towards pregnancy and a more positive evaluation of what took place during this period.

Factor analysis was performed on the 32 questions to ascertain which items provide the most appropriate indication of pregnancy as a social status. Through this analysis a final number of sixteen items was selected. Principal Component (PC) analysis extracted three factors that would make up Pregnancy Status (see Table 1). These three factors were

² Discussions with Francis C. Madigan during construction and pretesting of the interview schedule

then rotated utilizing varimax. The nine variables that loaded high on the first factor reflected a woman's feelings during pregnancy and her evaluation of how her husband, friends, and neighbors (significant others) relate to her. The factor was designated SELFSIG. The second factor loading, made up of three items, indicated how wanting a child influences pregnancy. A label of CHLDWANT was given. Finally, the third factor represented a woman's feelings on how strangers, tradespeople, and people in general treat her. The label given was OTHERS. The eigenvalue for the three factors showed that they accounted for 51.3% of the variance in Pregnancy as a Social Status. From the sixteen items, the Pregnancy Status score was computed by adding item scores and dividing the sum over the number of items.

4.1.1.1 VALIDITY AND RELIABILITY

To test internal validity of the three Pregnancy status components, they were correlated with one another and with the Pregnancy status index itself. The pearson r (see Table 2) was fairly high (pearson r ranged from .3914 to .5436) indicating consistency among the three components. When the factors were correlated to Pregnancy status the correlations increased substantially. Correlations ranged from .7907 to .8302.

To further test adequacy of the measure of the construct, the index was correlated with three scales created. Two of these were semantic differential scales that investigated perceived meaning of pregnancy (SEMPREG) and of motherhood (SEMMOM). A third was a Likert-type scale (with nine points) that was designed to determine at which end of the

TABLE 1

COMPONENTS OF PREGNANCY STATUS

FACTOR 1: SELFSIG

- v58: husband helps in household chores
- v62: neighbors friendly and helpful
- v63: feel envious when see pregnant woman
- v67: very happy whenever pregnant
- v68: husband consults
- v70: feel free to do activities
- v71: husband follows decisions
- v76: husband and family makes woman comfortable
- v80: husband prepares food

FACTOR 2: CHLDWANT

- v75: husband and family want child
- v74: feels closer to mother-in-law
- v83: husband's family wants pregnancy

FACTOR 3: OTHERS

- v81: don't mind if strangers stare and become friendly
- v82: people come and talk more
- v84: tradespeople offer more bargains
- v69: feels everybody loves her

TABLE 2
 PEARSON CORRELATION AMONG
 PREGNANCY COMPONENTS AND PREGNANCY STATUS

	SELSIG	CHLDWANT	OTHERS
SELSIG	1.0000		
CHLDWANT	.5063 (p<.001)	1.0000	
OTHERS	.5436 (p<.001)	.3914 (p<.001)	1.0000
PSINDEX	.8302 (p<.001)	.8029 (p<.001)	.7907 (p<.001)

pregnancy and motherhood continuum respondents had more positive feelings. This scale was labeled PREGMOM. The three scales were designed to provide evidence that pregnancy status index can yield similar results identifying pregnancy attitude and that pregnancy status can be differentiated from constructs measuring motherhood.³

The semantic differential scale for pregnancy (SEMPREG) was made up of fifteen (15) final polar adjectives. From the fifteen items, three factors were extracted. The three factors revealed the dimensions of meaning according to semantic differential (Osgood, et al., 1957). These dimensions include: evaluation, potency, and activity. The first factor was the evaluation of pregnancy (PREEVAL). The factor accounted for 25.5% of the variance in SEMPREG. The second factor was potency (PREPO). The factor accounted for 8.9% of the variance. Finally, the third factor activity (PRACT) accounted for 6.8% of the variance in the semantic evaluation of pregnancy. The three factors together accounted for 41.2% of the variance in SEMPREG. Alpha reliability of the SEMPREG scale was .7772. Item-total correlations ranged from .2074 to .5384.

Semantic scale for motherhood (SEMMOM) also consisted of fifteen polar adjectives. The three factors extracted likewise indicated the three dimensions of meaning. The first factor MOMEVAL (motherhood evaluation) accounted for 25.3% of the variance in the semantic differential evaluation of motherhood. The second variable, MOMPO (motherhood potency), accounted for 15.6%, while MOMACT (motherhood activity) accounted for 7.2% of the explained variance. The total variance explained by the three

³ See Blocks B2, C, and C2 of the interview schedule (Appendix A)

SEMMOM factors was placed at 48.1%. Alpha reliability of the SEMMOM scale was .7746. Inter-item correlations ranged from .2092 to .5957.

The two variables that made up Likert-type scale PREGMOM were chosen through face validity. These items were:

V151:

"I feel I am different from everyone else when I am pregnant but so ordinary and unimportant after having a child."

V157:

"When asked, I would rather have a pregnancy than a child because there are more responsibilities involved with motherhood."

When PREGMOM was tested against the semantic differential scales on motherhood (SEMMOM) and pregnancy (SEMPREG), the anticipated directions were verified. PREGMOM had a significant positive relationship with pregnancy (SEMPREG) and a negative relationship with motherhood (SEMMOM) ($p < .001$). The positive relationship indicated the pregnancy end of the PREGMOM continuum, while the negative relationship with SEMMOM indicated the motherhood end.

The three scales of SEMPREG, SEMMOM, AND PREGMOM were correlated with Pregnancy status to explore the direction of the latter index. As Table 3 indicates, pregnancy status had a significant positive relationship with both SEMPREG and SEMMOM. The positive relationship between pregnancy status and SEMMOM was anticipated since it had been argued that pregnancy

experience and motherhood experience share common bonds. But then closer inspection of the same table indicates that pregnancy status had a slightly stronger positive relationship with the semantic differential scale on pregnancy than with the scale on motherhood. PREGMOM scale provided another criterion variable. Table 3 indicates that a positive relationship occurred between PREGMOM and Pregnancy status. Pregnancy status was found to correlate with PREGMOM in the direction anticipated. Such a direction was the pregnancy end of the scale. But while these findings yielded the anticipated results, the weak correlations underscored the difficulty involved in separating the concept and evaluation of pregnancy from that of motherhood.

Test of reliability for the sixteen items included in the Pregnancy Status Index showed an overall alpha reliability coefficient of .8344.

4.1.2 SOCIAL ACTIVITY SCALE

Social activity was defined as the amount of involvement of a woman in activities outside the home. The question "have you taken part in activities related to (home, studies, work, community service)?" and its follow-up "how much time do you spend in this activity?" were asked of the respondents.

Three levels of involvement under study comprised of: (1) participation; (2) membership; and (3) leisure. Activities under study included: (1) home; (2) work (for pay or profit, on a job or for one's self); and (3) community service (see Appendix A, Block F). Responses for the

TABLE 3
 PEARSON CORRELATION BETWEEN
 PREGNANCY STATUS COMPONENTS
 AND
 PREGMOM, SEMPREG, AND SEMMOM

	SEMPREG	SEMMOM	PREGMOM
SELSIG	.2580 (p<.001)	.1879 (p<.001)	.1823 (p<.001)
CHLDWANT	.1246 (p<.001)	.0718 (p<.001)	.1325 (p<.001)
OTHERS	.1712 (p<.001)	.1857 (p<.001)	.1683 (p<.001)
PSINDEX	.2452 (p<.001)	.1923 (p<.001)	.1988 (p<.001)

questions ranged from: (0) none; (1) a little; (2) quite a lot; and (3) a great deal.

Factor analysis was performed on these three variables (Participation, Membership, and Leisure) and Principal-Component (PC) analysis extracted one factor for Social Activity. Eigenvalue for this one factor was 2.2039 (out of 3 variables). This indicated that 73.5% of the variance in social activity was explained by this one factor. Overall reliability coefficient showed a high 0.8129. Inter-item correlations were also high since they were all above 0.6100.

The Social Activity Scale was computed by averaging the respondents' scores in participation, membership and leisure.

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4.1.3 MODERN ROLE ORIENTATION

Modern role orientation was defined as the woman's attitude toward specific expected behaviors attached to being female. Respondent's feeling toward a question was asked, such as "It is much better for everyone if the man is the achiever outside the home and the woman takes care of the home and family."

The questions that made up the modern role orientation scale were taken from Edwards and Michaels' (1984) Feminine Role Orientation scale and the Pregnancy-Motherhood block of the questionnaire. Responses for the scale varied from: (1) disagree very strongly, (2) disagree strongly, (3) disagree moderately, (4) disagree slightly, (5) agree slightly, (6) agree moderately, (7) agree strongly, and (8) agree very strongly.

The final scale consisted of seven questions. Through factor analysis one factor was extracted. The one factor accounted for 46.7% of the variance in Modern Role Orientation. An examination of the reliability coefficients revealed that overall reliability of the scale is .6175, with item-total correlations ranging from .2851 to .3797.

Modern Role Orientation was computed by averaging the scores of the seven items.

4.1.4 SOCIO-ECONOMIC STATUS (SES)

The variable socio-economic status was measured using Madigan's average weighted household SES scale (Madigan, 1979). Three statuses were assumed: (1) lower, (2) middle, and (3) upper. These statuses were assigned the following scores according to the Madigan scale: lower SES was given a score of one, middle SES was given a score of two, and upper SES a score of three. Four indicators were used and combined to develop one socio-economic score. The indicators and weights assigned by the Madigan scale were the following:

1. Occupation of the household head (7)
2. Household income (6)
3. Highest grade completed by household head (5)
4. House (type of wall, floor and toilet facility) (7)

A factor analysis procedure was also performed on these variables. The procedure extracted only one factor for SES. The eigenvalue was 1.7977 which indicated that this one factor accounted for 44.9% of the variance in SES. The Cronbach alpha reliability coefficient for all four items was placed at 0.5469. Item-total correlations were only fairly high, with lowest correlation being 0.2271 (occupation) and the highest correlation 0.4349 (education).

Average weighted score of SES for each household, given their place of residence, was computed as follows:

$$\frac{(\text{indicator score}) * (\text{weight})}{\Sigma(\text{weights})}$$

Or

$$\text{SES} = (\text{occup} * 7) + (\text{income} * 6) + (\text{educ} * 5) + (\text{house} * 7)$$

25

Cut-off points used by Madigan (1979) for the different SES were: (1) 1 thru 1.66 (low); (2) 1.67 thru 2.47 (middle); and (3) 2.48 thru 3.00 (high). The SES category for the scores was used in the analysis. The SES distribution was elaborated in the section on sampling (Tan, 1981:138-139; see Madigan 1979 for more detailed guide to Status Category of Occupations of Household Heads and guide to Status Categories by Income).

4.1.5 RESIDENCE

Residential strata in the country were divided into: (1) rural, and (2) urban. Such divisions were identified by the following criteria: (1) types of facilities available to residents (e.g., church, school, health clinics, etc.); (2) the frequency of commodity exchange or trade; and (3) the government administrative power that is directly responsible for its management.

In the rural sector the "barangay" were the units of social organization. Most barangay consisted of between 50 and 200 households divided by several sitios of about 25 and 50 households. A larger cluster may consist of a small school that provided four years elementary education, a general store and a small chapel. A "poblacion," which was the administrative seat of a municipality, was comprised of several barangay, a large church, the area high school, a weekly market, and the homes of the elite (Vreeland, 1976:102).

Urban sectors were composed of "poblaciones" of chartered cities. Chartered cities generally have more and broader taxing powers. The city is headed by the mayor who has the power to appoint positions dealing with engineering and public works, finance and assessment, public health and schools (Vreeland, 1976:204-5).

Given such a definition of residence, the respondents were asked which barangay, city/municipality, and province their present residence belonged to. From here the stratum was identified. In the analysis, the categories of urban and rural residence were assigned scores of "0" for rural and "1" for urban.

4.1.6 OTHER DEMOGRAPHIC VARIABLES

Demographic variables such as the respondents' age, educational attainment, age at first marriage, and occupational category were also included in the analysis.

Age was ascertained by the question "What was your age at your last birthday?" Exact age was requested.

Educational attainment was determined by the question "What was the highest grade or years of school you have completed?"

Respondents' occupation was asked by first inquiring if they were presently doing something to earn money and, if so, to give details of their occupation. Occupations were later collapsed into the following categories: (0) housewife, (1) agricultural worker, (2) service worker, (3) blue-collar worker, and (4) professional

4.1.7 FERTILITY INDICATORS

Fertility behavior of the woman was examined with direct questions that pertained to: (1) number of live births, (2) number of infant and child deaths, and (3) number of fetal losses. Total number of pregnancies was computed by adding the responses to the above three questions.

Live births was ascertained by the question "How many live births have you had?"

The question "Did you have any children who were born alive but are now dead? (please include any infant deaths)" was asked to determine the number of infant and child deaths. For fetal loss, the question asked was "Did you have any pregnancies in which the child was not born alive because of miscarriage?"

Another aspect of fertility behavior, namely unwanted births, was also investigated. The variable was computed by the following formula:⁴

$$\text{UNWANTED BIRTHS} = \text{Total number of births} - \text{Ideal number of children}$$

The question "If you were to start your family all over again, how many children would you like to have?" was asked to establish the respondent's ideal number of children.

4.2 STATISTICAL PROCEDURES

Pearson r was used for the descriptive analysis of bivariate relationships. This statistic was likewise used to test for strength of relationships. For a more descriptive discussion, crosstabulation and means were included. Multiple regression was utilized in identifying the variables which had significant individual and simultaneous effects on

⁴ John Ballweg, "Unwanted Pregnancies and Unwanted Fertility: Conceptual Variations." Paper presented at the Southern Sociological Society. 1984

the chosen dependent variables. Findings from the bivariate and multivariate analyses were the bases for creation of an appropriate conceptual path model.

Path models were analyzed using Linear Structural Relationships (LISREL). Analysis of LISREL utilized maximum-likelihood estimates (Joreskog and Sorbom, 1984).⁵

LISREL had been chosen because of its distinct advantages. First, it handles measurement errors and reciprocal causation. And second, it estimates the unknown coefficients in a set of structural equations. These variables are either observed or unmeasured latent variables which are actually the indicators of the observed variables (Joreskog and Sorbom, 1984:2). The LISREL model consists of two parts: the measurement model and the structural equation model. The measurement model specifies how the latent variables are measured. The structural equation model specifies the causal relationships among the latent variables and the causal effects (Joreskog and Sorbom, 1984:3). Formulation of the measurement and structural equations enable the identification of a conceptual model and the assessment of its fit to the data.

LISREL output provides tools for assessing the fit or lack of fit of a model. These are:

1. Results of the analysis through:

- a. parameter estimates

⁵ For a general discussion of LISREL as a statistical tool, see Long (1983) and Dwyer (1983))

- b. standard errors
 - c. squared multiple correlations
 - d. coefficients of determination and
 - e. correlations of parameter estimates
2. Assessment of variable fit of the model to the data through the:
- a. chi-square which is the likelihood ratio test statistic for testing the fit of the model to the data. The significance level associated with chi-square should be greater than .05 since the null hypothesis should not be rejected. Null hypothesis is: the model perfectly fits the data
 - b. goodness-of-fit and adjusted goodness-of-fit. These are set to at least 0.90
 - c. root mean square residual
 - d. modification indices that provide the basis for possible correlations
 - e. determinant of the matrix which provides the basis for possible deletion of variables.

If any of the values are unreasonable (e.g., correlations are more than 1.000), the model may be fundamentally wrong and not suitable for the data.

In the course of analyses, it could be expected that factors would be removed, replaced, and/or moved around. While it may appear that statistics or data were guiding theory, the process undertaken in all these statistical analyses were efforts toward theory refinement and, to a certain extent, theory building. The author recognizes that statistics are tools that are quite helpful in sifting through a wide array of factors that, in this sample, qualitative studies consider important. However, the theoretical framework remains the ultimate guide for steps taken in the study.

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CHAPTER V RESULTS OF THE STUDY

After formulation of the Pregnancy status index and a description of relevant social and demographic indicators, the present chapter covers three basic sections. The first section deals with an analysis of the respondents' characteristics given their evaluations of pregnancy and their fertility patterns. Also included are findings on social and demographic indicators that are significantly related to Pregnancy status and fertility behaviors. The analysis will deal mainly with bivariate relationships. The second section touches on the question of how important pregnancy evaluation is in explaining certain fertility behaviors. Finally, the third section endeavors to identify where the variables and indicators are to be placed in the model. This is done to establish interrelationships among variables and identify where pregnancy status fits in the study of fertility behavior. Through findings from the bivariate and multivariate analyses, the original path model is re-examined and improved.

5.1 BIVARIATE ANALYSIS

5.1.1 SOCIAL DEMOGRAPHIC VARIABLES ON PREGNANCY STATUS

5.1.1.1 Residence on Pregnancy Status

HYPOTHESIS: Rural residents are likely to have a higher pregnancy status than urban residents.

Review of literature suggested that pregnancy may be perceived to be of greater importance in the rural areas than in urban areas. This is because of the status that rural women particularly attach to it. The hypothesis formulated was confirmed in the study. The bivariate analysis in Table 4 points out that rural women indeed have a greater tendency than urban to perceive pregnancy as status-enhancing.

However, the significant relationship anticipated was not supported. As the same table shows, the relationship between residence and pregnancy status was weak and not significant ($r = -.0562$).

5.1.1.2 Socio-economic Status on Pregnancy Status

HYPOTHESIS: The lower the SES of the woman, the higher her pregnancy status.

Table 4 likewise verifies the hypothesis that women from the lower class have a greater tendency to regard pregnancy as status-enhancing than do women who come from either the middle or high socio-economic class.

TABLE 4

PEARSON CORRELATION BETWEEN
SOCIAL AND DEMOGRAPHIC VARIABLES
AND
PREGNANCY STATUS COMPONENTS

	SELSIG	CHLDWANT	OTHERS	PREGNANCY STATUS
RESIDENCE	-.0315	-.0604*	-.0270	-.0562
SOCIO-ECONOMIC	-.1345*	-.1698*	-.1309*	-.1683*
SOCIAL	-.0490	-.0613	.0146	-.0483
MODERN ROLE	-.4175*	-.4336*	-.3276*	-.4693*
EDUCATION	-.1725*	-.1792*	-.1249*	-.2020*
OCCUPATION	-.0620*	-.1155*	-.0096	-.0812*
PRESENT AGE	-.0634*	-.1343*	-.0637	-.0947*
AGE AT 1ST MAR	-.0872*	-.1300*	-.0397	-.0923*
YEARS MARRIED	-.0021	-.0525	-.0363	-.0223

*Values are significant beyond the .05 level

Aside from the verification of the direction, the table also indicates that the relationship was significant beyond the .001 level. But even if the relationship was highly significant, the pearson's r was quite low ($r=-.1683$), indicating a rather weak relationship.

5.1.1.3 Social Activity on Pregnancy Status

HYPOTHESIS: The higher the social activity status of the woman, the lower her pregnancy status.

Testing the association between social activity and pregnancy status, it was found that a negative, but not significant, relationship existed. As indicated, the hypothesis was supported but the significance of this relationship was not.

Further examination of Table 4 also reveals another aspect of the link between social activity and pregnancy status. It showed the divergence of the direction in relationship between social activity and pregnancy status' component "Others." Whereas a consistently negative relationship was observed between social and demographic variables and Pregnancy Status and its components, a positive relationship was observed between social activity and "Others." It appears that socially active women may have higher concern for pregnancy in so far as pregnancy draws the attention of general others towards them. However, the relationship between social activity and a woman's evaluation of how others treat her in general remained not significant and weak.

5.1.1.4 Modern Role Orientation on Pregnancy Status

HYPOTHESIS: The more modern a woman's role orientation, the lower is her pregnancy status.

A strong correlation was revealed upon inspection of the relationship between modern role orientation and pregnancy status ($r=-.4693$). Such a relationship was found to be significant beyond the .0001 level. Aside from the significant relationship noted, the direction of relationship was also confirmed: women with more traditional role orientation tended to look upon pregnancy as status-enhancing.

5.1.1.5 Educational attainment, Occupational category, Present Age, Age at first Marriage, Marriage duration on Pregnancy Status

Table 4 further reports the profile of women having higher pregnancy status. As the table displays, women who had attained less education and were presently in lower occupational categories tended to have higher consideration for pregnancy. For women who were younger, who married at a younger age, and had been married for a shorter length of time, pregnancy was also viewed more positively. Pregnancy status had statistically significant relationships with educational attainment, occupational category, present age, and age at first marriage.

Crosstabulation between social and demographic variables and pregnancy status specified the trends and directions of relationships. This analysis showed that while deviations were not apparent upon inspection of categories within residence, modern role orientation, SES, education,

and occupational categories, the highest groups in age and years reported a slight divergence. More specifically, Tables 5 to 8 disclose that women who had been married 26 to 30 years and those who were 41 to 45 years old had slightly more favorable perception of pregnancy as status-enhancing than those from the categories immediately following them (e.g., 36-40 years old; married 21-25 years). For instance, increased favorable outlook of the women towards pregnancy at the age of 41-45 appeared comparable to the mean pregnancy status response of the 15-25 year olds (see Table 7). In the case of the women married for 26-30 years, their mean response of 4.90 was also more comparable to the mean response of those married five years or less ($x=4.82$) than to those married 21-25 years ($x=4.72$) (see Table 8). But deviations found may not be significant. Tables 7 and 8, which show mean responses for each category of age and length of marriage, display little differences in the means.

In summary, SES and modern role orientation were found to have significant negative relationships with pregnancy status. Other variables found to be significantly related to pregnancy status were education ($p<.001$), occupational category, present age, and age at first marriage. While significant relationships were found to exist between these social demographic variables and pregnancy status, the relationships in general tended to be very weak. High significance may be attributed to large sample size.

Findings from the analyses also revealed that respondents, overall, tended to have slightly positive attitude towards pregnancy. Mean response for pregnancy status was shown to be 4.720.

TABLE 5
PREGNANCY STATUS BY RESPONDENT'S AGE

		PREGNANCY STATUS*		
		LOW	MIDDLE	HIGH
AGE	15-20	11.9	33.3	54.8
	21-25	11.0	40.9	48.1
	26-30	25.9	44.3	29.8
	31-35	24.0	41.3	34.7
	36-40	27.5	— 39.4	33.1
	41-45	21.8	34.7	43.5
	TOTAL	211 (21.8%)	393 (40.6%)	363 (37.5%)
				967 (100%)

$$\chi^2 = 34.338 \text{ (10 df)}$$

$$P = .000$$

*The categories for Pregnancy Status were divided into the following scores: (1) Low is from 1 thru 4.0, (2) Middle is from 4.1 thru 5.0, and (3) High is from 5.1 thru 8.0.

TABLE 6
PREGNANCY STATUS BY LENGTH OF MARRIAGE

		PREGNANCY STATUS			
		LOW	MIDDLE	HIGH	
LENGTH OF MARRIAGE	0-5	18.1	42.6	39.4	
	6-10	23.6	40.1	36.3	
	11-15	22.6	44.7	32.6	
	16-20	24.3	34.8	40.9	
	21-25	23.4	— 32.4	39.2	
	26-30	12.8	43.6	43.6	
	TOTAL		211 (21.8%)	393 (40.6%)	363 (37.5%)

$$\chi^2 = 11.176 \text{ (10 df)}$$

$$P = .344$$

TABLE 7
 MEAN PREGNANCY STATUS SCORES
 BY RESPONDENT'S AGE

		PREGNANCY STATUS SCORES			
		SELSIG	CHLDWANT	OTHERS	PREGNANCY STATUS
AGE	15-20	4.9719	5.7381	4.8988	5.0967
	21-25	4.9214	5.6004	4.7666	5.0100
	26-30	4.4125	5.2435	4.4548	4.5789
	31-35	4.5193	5.2126	4.4796	4.6393
	36-40	3.4491	5.1080	4.4208	4.5656
	41-45	4.7599	5.1237	4.6190	4.7928
OVERALL		4.6036	5.2902	4.5535	4.1798
	N=	(967)	(967)	(967)	(967)

TABLE 8
 MEAN PREGNANCY STATUS SCORES
 BY LENGTH OF MARRIAGE

		PREGNANCY STATUS SCORES			
		SELSIG	CHLDWANT	OTHERS	PREGNANCY STATUS
LENGTH OF MARRIAGE	0-5	4.7013	5.4208	4.6454	4.8223
	6-10	4.5144	5.2871	4.5581	4.6702
	11-15	4.5216	5.1474	4.4566	4.6227
	16-20	4.5961	5.2522	4.4630	4.6859
	21-25	4.6231	5.2658	4.5135	4.7162
	26-30	4.8917	5.2222	4.6731	4.8990
OVERALL		4.6036	5.2902	4.5535	4.7198
	N=	(967)	(967)	(967)	(967)

5.1.2 PREGNANCY STATUS AND SOCIAL-DEMOGRAPHIC VARIABLES ON FERTILITY BEHAVIORS

5.1.2.1 Residence on Fertility Behaviors

HYPOTHESIS: Rural residents are likely to have higher number of live births than urban residents.

Table 9 finds support for the hypothesis that rural residents in the sample tended to have more number of children than urban residents. Besides this, rural residents also reported higher deaths and total number of pregnancies but lower number of unwanted births.

Although differences were stated, disparity in the fertility behaviors were actually very slight. The largest difference appeared when unwanted births was crosstabulated with place of residence. Table 10 displays this latter finding. The table also shows that differences in means remains quite minimal. With only slight differences in the mean number of births, total number of pregnancies, deaths, and unwanted births, residence was found not to be significantly correlated with any of the fertility behaviors under study.

5.1.2.2 Socio-economic status on Fertility Behaviors

HYPOTHESIS: The lower the socio-economic status of a woman, the higher her number of total births.

The zero-order correlations in Table 9 confirm that respondents who come from lower classes tended to have more number of children. They were

TABLE 9

PEARSON CORRELATION BETWEEN
 SOCIAL AND DEMOGRAPHIC VARIABLES
 AND
 FERTILITY BEHAVIORS

	LIVE BIRTHS	CHILD DEATHS	TOTAL PREGNANCIES	UNWANTED BIRTHS
RESIDENCE	-.0230	-.0327	-.0196	.0414
SOCIO-ECONOMIC	-.0705*	-.1578*	-.1128*	-.0106
SOCIAL	.0704*	.0343	.0810*	.0393
MODERN ROLE	.0539*	-.0598	.0188	.1288*
EDUCATION	-.2777*	-.2443*	-.3296*	-.1080*
OCCUPATION	.0012	-.0376	-.0050	.0066
PRESENT AGE	.6072*	.2631*	.6213*	.3841*
AGE AT 1ST MAR	-.2431*	-.1674*	-.2094*	-.1514*
YEARS MARRIED	.7023*	.3391*	.6963*	.4600*

 *Values are significant beyond .05.

TABLE 10

MEAN NUMBER OF LIVE BIRTHS, DEATHS, PREGNANCIES,
AND UNWANTED BIRTHS BY RESIDENCE

	LIVE BIRTHS	CHILD DEATHS	TOTAL PREGNANCIES	UNWANTED BIRTHS
RURAL	2.7763	.3153	3.0441	-.2254
URBAN	2.7188	.2706	2.9920	-.1406
OVERALL	2.7539 (967)	.2978 (207)	3.0238 (967)	-.1923 (967)

also found to have higher total number of deaths, number of pregnancies, and number of unwanted births (see Table 9). Upon inspection of Table 10, the patterns noted become evident especially when number of child deaths was considered.

Significant relationships existed as SES and certain fertility behaviors were correlated. The Pearson correlations in Table 9 exhibit the significant relationship socio-economic status has with number of live births ($p < .05$). A significant relationship beyond the .001 level was found between SES and total number of deaths and total number of pregnancies. Socio-economic status was not significantly related to unwanted births.

5.1.2.3 Social Activity on Fertility Behaviors

HYPOTHESIS: The more socially active a woman, the lower is her number of live births.

A significant relationship was found to exist between social activity and live births. However, the anticipated negative relationship was not supported in the study. Table 9 discloses that in the present sample, women who participated actively in pursuits outside the home were likely to have more children. These women also reported higher number of deaths ($p = .143$) and number of unwanted births ($p = .111$).

The unanticipated result may be a reflection of the greater participation of women particularly in the work place. For instance, Table 11 shows that women who spent quite a great deal of their time especially in the work place tended to have more number of children. These women

TABLE 11

MEAN NUMBER OF LIVE BIRTHS, DEATHS, PREGNANCIES,
AND UNWANTED BIRTHS BY SOCIO-ECONOMIC STATUS

	LIVE BIRTHS	CHILD DEATHS	TOTAL PREGNANCIES	UNWANTED BIRTHS
LOW	2.9771	.4167	3.2526	-.1172
MIDDLE	2.6232	.2283	2.8587	-.2464
HIGH	2.9355	.0645	3.1290	-.1613
OVERALL	2.7539 (967)	.2978 (207)	3.0238 (967)	-.1923 (967)

often spent their leisure time working or doing job-related tasks (see Table 12). Relationships between leisure time spent doing work-related tasks and number of births was found to be significantly related beyond the .05 level.

Although the positive relationship between the two variables was not very strong, the relationship illustrated the trend of having greater number of children as women bring in added income into the family. With improved economic conditions, the family presumably can afford feeding and caring for more children (Easterlin, 1969). An alternative way of looking at the relationship may also involve the actual need of the family for added income. If the family has more children to feed, the woman may be compelled to work in order to augment family income, even at the expense of her leisure or free time (Yu and Liu, 1980).

Aside from the statistically significant relationship found between social activity and live births, the former variable also had a significant relationship with number of pregnancies ($p < .05$). Despite statistically significant relationships, correlations remained low.

5.1.2.4 Modern Role Orientation on Fertility Behaviors

HYPOTHESIS: The more modern the woman's role orientation,
the lower is her number of births.

The hypothesis put forward was not found to be true in the study. Women with modern role orientation tended to have significantly more children. Likewise, a lower number of deaths and a higher number of un-

TABLE 12
LIVE BIRTHS BY WORK PARTICIPATION

		LIVE BIRTHS				
		1	2	3-4	5-6	7-13
WORK PARTICI- PATION	NONE	20.7%	22.4%	32.7%	15.0%	9.1%
	A LITTLE	15.3%	23.6%	30.6%	22.2%	8.3%
	QUITE A LOT	22.2%	16.6%	37.0%	16.3%	8.9%
	A GREAT DEAL	17.2%	20.5%	35.4%	14.6%	12.3%
TOTAL	100%	19.5%	21.0%	33.9%	15.6%	9.6%
	967	189	203	328	151	96

$$\chi^2 = 10.439 \text{ (12 df)}$$

$$P = .578$$

TABLE 13

LIVE BIRTHS BY LEISURE TIME SPENT IN WORK

		LIVE BIRTHS				
		1	2	3-4	5-6	7-13
WORK PARTICI- PATION	NONE	77.2%	22.0%	33.5%	15.3%	8.8%
	A LITTLE	15.4%	10.3%	33.3%	25.6%	15.4%
	QUITE A LOT	20.0%	16.9%	32.3%	21.5%	9.2%
	A GREAT DEAL	16.4%	20.5%	37.0%	11.6%	14.4%
—						
TOTAL	100%	19.5%	21.0%	33.9%	15.6%	9.6%
	967	189	203	328	151	96

$$\chi^2 = 15.401 \text{ (12 df)}$$

$$P = .220$$

wanted births were reported by these women. These relationships were significant beyond the .05 level.

Reported higher number of births may be attributed to social and economic background of a woman. Table 14 shows that respondents with a more modern feminine role orientation have higher socio-economic status and higher educational level. These qualities suggest that modern women, because of their education, may be more exposed to scientific and modern techniques of child and health care. Besides, they appeared more economically well-off to afford even professional medical help. These factors may help assure longevity of children and may partly account for the greater number of births but lower number of deaths reported.⁶

Although significant relationships existed between modern role orientation and total number of births ($p < .05$), unwanted births ($p < .001$), and number of deaths ($p < .05$), these relationships were found to be weak.

5.1.2.5 Other Social-Demographic Variables on Fertility Behaviors

Table 14 displays the direction and strength of relationships among the social and demographic variables. The table indicates that younger women in the sample tended to be better educated than the older ones. But it was the older women who were observed to have higher SES and higher occupational categories than the younger women. In the case of older

⁶ A significant positive relationship existed between SES and modern role orientation ($p < .001$). However, the relationship was found to be quite weak ($r = .1672$). The woman's educational attainment and modern role orientation were also highly correlated. This relationship was significant ($p < .005$) but appeared weak ($r = .2717$).

women, age may account for a longer time period that empower them to advance in their job and for them to improve their socio-economic standing. Occupational and social class mobility are notable for older women despite the finding that they were less educated than the younger women.

Profiles of women in terms of their age, educational attainment, socio-economic status, and occupational categories reflected upon their fertility behavior. More educated women tended to have fewer live births. Older women, women who married at a younger age, and have been married for longer period of time, reported more children. The women at higher occupational categories, who tended to be older women, also reported more children.

Educated women have fewer deaths and pregnancies. Older women, women who married at a younger age, and have been married for longer periods of time have more number of deaths and more number of total pregnancies. Meanwhile, women in higher occupational categories had less number of deaths and total number of pregnancies.

Aside from births, deaths, and total number of pregnancies, reported unwanted births also mirrored social and demographic profiles of respondents. Women who were older, married for longer periods of time, and who married at a much younger age tended to have higher number of unwanted births. The less educated women in the sample and those with higher occupational categories also stated more unwanted births.

Variables found to be significantly related to live births were educational attainment, present age, age at first marriage, and number of years married. Relationships were significant beyond the .001 level and were quite strong (see Table 9). Factors found to be related to live

TABLE 14

PEARSON CORRELATION
AMONG
SOCIAL-DEMOGRAPHIC VARIABLES

	RESIDENCE	SOCIAL ACTIVITY	MODERNISM	SES	EDUCATION	OCCUP	YEARS MARRIED	AGE AT MARRIAGE	AGE
RESIDENCE	1.000								
SOCIAL	-.012	1.000							
MODERN	-.025	.117*	1.000						
SES	.192*	.272*	.167*	1.000					
EDUCATION	.229*	.279*	.153*	.600*	1.000				
OCCUPATIONAL CATEGORY	.088*	.620*	.128*	.366*	.381*	1.000			
YEARS MARRIED	-.018	.148*	.027	-.045	-.326*	.090*	1.000		
AGE AT 1st MARRIAGE	.043	.135*	.020	.276*	.433*	.202*	-.314*	1.000	
AGE	.005	.226*	.039	.106*	-.096*	.203*	.853*	.229	1.000

*p<.05

births were also significantly correlated to number of deaths and total number of pregnancies ($p < .001$). Relationships between demographic variables and total number of pregnancies were quite strong, while links with infant deaths were weak (see Table 9). For unwanted births, educational attainment ($p < .01$), age ($p < .001$), age at first marriage ($p < .001$), and number of years married ($p < .001$) were again found to be significantly correlated to the dependent variable. However, the relationships were only slightly strong (see Table 9).

5.1.2.6 Pregnancy Status on Fertility Behaviors

HYPOTHESIS: The higher the pregnancy status of the woman,
the larger her number of live births.

A significant relationship beyond the .001 level was reported when pregnancy status and live births were examined. However, the positive relationship anticipated was not supported in the present study. The findings indicated that women who have higher concern for pregnancy as status-enhancing tended to have fewer children.

Table 15, which crosstabulates Pregnancy Status by live births, revealed the gradual decrease in number of live births as pregnancy status increased. A slight deviation was apparent when women with 7-13 children were examined. Here respondents, similar to previous groups that deviated, leaned toward modest regard for pregnancy as status-enhancing. This observation leads one to speculate these groups of women, whose pregnancy status responses deviated, share some common experience.

TABLE 15

NUMBER OF LIVE BIRTHS BY PREGNANCY STATUS

PREGNANCY STATUS	LIVE BIRTHS					
	1	2	3-4	5-6	7-13	
LOW	13.8	20.7	23.5	27.2	26.0	
MIDDLE	20.7	39.4	44.3	33.1	43.8	
HIGH	23.5	39.9	31.7	39.7	30.2	
TOTAL	100%	19.5	21.0	33.9	16.6	9.9
	(967)	(189)	(203)	(328)	(151)	(96)

$$\chi^2 = 22.269 \text{ (8 df)}$$

$$P = .004$$

The 41 to 45 year olds and those married 26 to 30 years were observed to have more favorable outlook towards pregnancy when, like those with seven to thirteen children, it was expected that pregnancy status would continue to decline. One reason for the more favorable perception of pregnancy status may be the approach of menopausal period. Knowledge that their latest pregnancy may be their last may have enabled women to relax and enjoy their pregnancy. Besides, birth of seven to thirteen children lessens the pressure to prove one's femininity to either the husband's family or to her own. Aside from these, the husband's ability to provide better treatment to his wife may have improved because of improved economic condition or a stable job. Finally, having gone through several pregnancies may also make the woman a "veteran" -- someone who would not be easily bothered by the discomforts and rigors of pregnancy. With these considerations, a woman's pregnancy experience may continue to be seen in a favorable light.

For women 26 to 40 years old, women who have five to six children, and married for 16 to 25 years, pregnancy may be a different experience. For instance, women in this age group are relatively younger and may especially be vulnerable to pressures by their family and kin to have more children. Despite the pressure on them, pregnancy may not necessarily be seen as status-enhancing by the women. Relevant reasons may be the family's financial situation or the husband's job security. In unfavorable circumstances, husbands may not have enough time to devote to their pregnant wives nor enough money to cater to their caprices.

Age may also be an important consideration for women, especially if they have had five to six children. For women who are 36-40 years old

having five to six children and anticipating an added pregnancy can bring not only added economic but also psychological strain. As one respondent aptly puts it:

I was quite distressed when I discovered myself pregnant when I have more than seven children already; more than what our society thinks is ideal. Not only that, but to be old and still be pregnant can be most embarrassing.

Another respondent added:

When I became pregnant with my fifth child, the neighbors started teasing me that my husband and I cannot stop doing "it." They say we can hardly afford to buy food and yet we still have children. My husband becomes irritable. But he does not show it to me. I think he blames me.

With the thrust towards smaller family sizes, women have become conscious of their fertility behavior and consequently of pregnancy as possibly status-degrading.

Pregnancy was also related to other fertility behaviors such as infant and child mortality and unwantedness: women with higher regard for pregnancy as status-enhancing tend to have more number of deaths and more number of unwanted births. Table 16 shows that women who garnered high pregnancy status scores did indeed experience higher number of child deaths. While it may be argued that increased pregnancy status may be due to women not having enough children while/or experiencing more deaths and low number of births, a different scenario can also be offered. If certain groups of women consider pregnancy as a means for status-enhancement, they may not want to lose or give up their status easily. As DeFleur and associates (1981) mentioned, the status and symbols acquired by a person will be heavily guarded. With a live birth, the "status" and its accompanying symbols (e.g., greater consultation by

husband, loving marital relationship) are either lost or diminished. An unintentional or intentional means that a woman may choose to regain status is to underinvest on a child. By such means as caring less for a child, a woman may thereby produce a death. With death of a child, pregnancy status and its symbols are regained.

With regard to unwantedness, a negative relationship was found. Women with a higher regard for pregnancy tended to have fewer unwanted births. The apparent inconsistency in the findings that a woman who received higher pregnancy status scores can report both higher number of deaths and low number of unwanted births may be due to the social and economic profile of the respondents. At this point, it must be reiterated that women found to have higher pregnancy status tended to be younger, less economically well-off, and less modern. They were also likely to come from rural areas. Taking these characteristics into consideration, it may be that while women who regard pregnancy as status-enhancing may genuinely report less number of unwanted births, they might have experienced more deaths because of lack of education and financial means. Their adherence to traditional values and roles, their youthfulness, and less access to medical facilities because of rural residence may also be important factors for higher number of deaths reported.

An examination of crosstabulation between pregnancy status responses and unwanted births reveals scant deviation. Table 17 indicates that women who reported five to eight unwanted births have slightly favorable evaluations of pregnancy as status-enhancing whereas low pregnancy status scores were expected. Mean responses of these women also showed an increase to a more favorable perception of pregnancy as status-enhancing

TABLE 16
NUMBER OF CHILD DEATHS BY PREGNANCY STATUS

PREGNANCY STATUS	NUMBER OF CHILD DEATHS							
	0	1	2	3	4	5	6	
LOW	22.9	20.1	14.6		100.0			
MIDDLE	41.1	40.3	36.6	35.7		100.00		
HIGH	36.1	39.6	48.6	64.3			100.00	
TOTAL	100%	76.6	15.4	4.2	1.4	.1	.1	.1
	(967)	(760)	(149)	(41)	(14)	(1)	(1)	(1)

$$\chi^2 = 16.279 \text{ (12 df)}$$

$$P = .179$$

with the increase in unwanted births. Table 18 reports that women with three to four unwanted births had a mean pregnancy status score of 4.31. A gradual increase to mean score of 4.64 for women with five to six unwanted births and a mean score of 4.85 for women with five to eight unwanted births was displayed. Increases mentioned are quite slight.

Pregnancy status was found to be significantly related to the fertility behaviors under study, except for infant and child deaths. Significance between pregnancy status and live births was beyond .001 level. The same level of significance was observed for the relationship between pregnancy status and unwanted births. However, these relationships mentioned were found to be quite weak (see Table 14).

In summary, variables observed to be significantly related to Pregnancy status were: (1) socio-economic status, (2) respondent's educational attainment, (3) occupational category, (4) modern role orientation, (5) age at first marriage, and (6) present age. With fertility behaviors such as number of live births, deaths, total number of pregnancies, and unwanted births, variables that were significantly related to them were: (1) socio-economic status, (2) educational attainment, (3) present age, (4) total number of years married, and (5) age at first marriage. Social activity was significantly related to number of births, and number of pregnancies. Modern role orientation was significantly related to total number of births, pregnancies, and unwanted births. Pregnancy status had significant negative correlations with total number of births, total number of pregnancies, and unwanted births.

TABLE 17

UNWANTED BIRTHS BY PREGNANCY STATUS

PREGNANCY STATUS	UNWANTED BIRTHS						
	WANT* 7-9	6-5	4-3	2-1	ALL WANT	DO NOT WANT** 1-2 3-4	7-8
LOW			0.5%	14.7%	26.3%	32.1%	14.3%
MIDDLE		100.0%	1.5%	40.3%	39.9%	42.3%	57.1%
HIGH	100.0%		3.3%	45.0%	33.8%	25.6%	28.6%
TOTAL	100.0%	0.1%	2.0%	40.0%	42.5%	8.1%	5.1%
967	1	1	19	387	411	78	49
							14
							7

$\chi^2 = 45.031$ (16 df)
P = .000

*Women expressed desire for more number of children
**Women expressed not wanting specified number of children

TABLE 18

MEAN PREGNANCY STATUS SCORES BY UNWANTED BIRTHS

		SELSIG	CHLDWANT	OTHERS	PREGNANCY STATUS
UNWANTED CHILD					
(want) 7-9	6.6667	6.3333	6.2500	6.500	
5-6	5.5556	4.3333	2.2500	4.500	
3-4	5.3567	5.7363	4.9474	5.326	
1-2	4.8119	5.4703	4.7416	4.918	
ALL WANTED	4.4782	5.2976	4.4503	4.608	
(unwanted)1-2	4.2550	5.0171	4.3494	4.422	
3-4	4.2132	4.8299	4.1224	4.306	
5-6	4.5159	5.1905	4.5000	4.638	
7-8	4.7619	5.4286	4.6071	4.848	
OVERALL	4.6036 N=(211)	5.2902 (393)	4.5535 (363)	4.720 (967)	

Pregnancy status was found not to be significantly related to infant and child mortality.

A review of relationships in Tables 4 and 9 indicates that although significant relationships exist among the independent and dependent variables, these were often weak. High significance may be attributed to large sample size.

5.2 MULTIVARIATE ANALYSIS

Review of literature indicated variables that may be helpful in the investigation of pregnancy as a status and its relationship to fertility. The main task now is to find out the extent to which variables have significant independent and simultaneous effects on the chosen dependent variables. In this way, interrelationships will become clearer and the path model will be refined.

5.2.1 THE EFFECT OF SOCIAL AND DEMOGRAPHIC VARIABLES ON PREGNANCY STATUS

Stepwise regression model on pregnancy status is displayed in Table 19. The variables introduced in the model consisted of: (1)SES, (2) residence, (3) social activity, (4) modernism, (5) educational attainment, (6) occupational category, (7) present age, (8) age at first marriage, and (9) number of years married were also introduced.

The regression analysis revealed that only four variables were found to have significant effects on the woman's pregnancy status. Modernism

TABLE 19

STEPWISE REGRESSION MODEL OF
PREGNANCY STATUS BY SOCIAL AND DEMOGRAPHIC VARIABLES

FACTORS	SLOPE	STANDARDIZED BETA	T-VALUES	SIGNIFICANCE	DF	REGRESSION SUM SQUARES	RESIDUAL SUM SQUARES	F-RATIO	SIGNIFICANCE	ADJUSTED R ²
MODERNISM	.033	-.484	-17.186	.000	1	187.979	614.146	295.368	.000	.236
MODERNISM	.033	-.466	-16.610	.000	2	204.021	598.104	164.416	.000	.253
EDUCATION	.019	-.143	-5.085	.000						
MODERNISM	.032	-.461	-16.534	.000	3	212.534	589.591	115.713	.000	.263
EDUCATION	.018	-.150	-5.358	.000						
AGE	.018	-.103	-3.729	.000						
MODERNISM	.033	-.464	-16.656	.000	4	216.295	585.830	88.795	.000	.263
EDUCATION	.019	-.173	-5.886	.000						
AGE	.019	-.122	-4.253	.000						
SOCIAL	.049	-.074	2.485	.013						
MODERNISM	.033	-.468	-16.706	.000	9	218.473	583.651	39.803	.000	.267
EDUCATION	.025	-.164	-4.303	.000						
AGE	.052	-.213	-2.688	.007						
SOCIAL	.059	.068	1.899	.058						
RESIDENCE	.0534	-.039	-1.351	.177						
AGE MARR	.058	.045	.913	.361						
SES	.054	.015	.471	.638						
OCCUP	.026	.001	.040	.968						
YEARS MARR	.052	.103	1.261	.208						

was found to have the most significant influence on Pregnancy status. The standardized beta of $-.484$ was significant beyond the $.001$ level. As the same table indicates, the variable "modern role orientation" accounts for 23% of the variance in pregnancy status.

The woman's educational attainment was also shown to have a significant negative effect on her pregnancy status. The standardized beta of $-.143$ was significant beyond the $.001$ level. On a separate regression analysis on education and pregnancy status, education was found to account for 4.1% of the variance in pregnancy status. The woman's modern role orientation and her educational attainment together accounted for 25% of the variance in the woman's concern for pregnancy as status-enhancing ($p < .0001$).

The third variable found to have a significant influence on the woman's pregnancy status was age. The standardized beta of $-.103$ showed that the effect of age was significant beyond the $.001$ level. The variable alone accounted for 1.0% of the variance in pregnancy status. With modern role orientation, educational attainment, and age introduced into the model, the explained variance increased to $.262$. The three variables accounted for 26% of the variance in pregnancy status ($p < .0001$).

Finally, social activity was found to be a significant determinant of pregnancy status. The influence of social activity was shown to be significant at the $.01$ level ($\beta = 2.485$). The variable accounted for 0.23% of the variance in pregnancy status. When modern role orientation, educational attainment, age, and social activity are introduced into the model, the four variables together accounted for 27% of the variance in pregnancy status ($p < .0001$).

5.2.2 THE EFFECT OF PREGNANCY STATUS AND SOCIAL-DEMOGRAPHIC VARIABLES ON FERTILITY

5.2.2.1 Pregnancy Status, Social-Demographic Variables on Births

Live births, as a dependent variable, was shown to have five significant determinants. These were: number of years married, pregnancy status, educational attainment, age, and age at first marriage.

Number of years married was reported to have the most significant effect (see Table 20). Its standardized beta of .702 showed that this variable significantly influenced number of live births beyond the .0001 level. This variable alone accounted for 49% of the variance in live births.

Pregnancy status, likewise, was found to have a significant effect on number of live births. This variable, with a standardized beta of -.092, had an effect significant beyond the .0001 level. However, pregnancy status accounted for only 2.0% of the variance in number of live births. The introduction of pregnancy status along with years married increased the explained variance to 50% ($p < .001$).

Aside from these two variables, educational attainment also had a significant effect on live births. The standardized beta of -.105 was significant beyond the .001 level. This variable accounted for 7.6% of the variance in reported number of live births. Years married, pregnancy status, and educational attainment together accounted for 51% of the variance in live births ($p < .0001$).

TABLE 2D
 STEPWISE REGRESSION MODEL OF LIVE BIRTHS
 BY PREGNANCY STATUS AND SOCIAL AND DEMOGRAPHIC VARIABLES

FACTORS	SLOPE	STAND- ARDIZED BETA	T-VALUES	SIGNI- FICANCE	REGRESSION DF	RESIDUAL DF	F-RATIO	SIGNI- FICANCE	ADJUSTED R ²		
					SUM SQUARES	SUM SQUARES					
YEARS MARR	.020	.702	30.648	.000	1	708.021	965	727.402	939.287	.000	.493
YEARS MARR	.020	.699	30.717	.000	2	720.056	964	715.367	485.160	.000	.502
PSINDEX	.030	-.092	-4.027	.000							
YEARS MARR	.020	.667	28.167	.000	3	733.930	963	701.493	335.843	.000	.511
PSINDEX	.031	-.114	-4.936	.000							
EDUCATION	.021	-.106	-4.364	.000							
YEARS MARR	.036	.536	12.733	.000	4	744.162	962	691.261	258.905	.000	.516
PSINDEX	.031	-.108	-4.678	.000							
EDUCATION	.022	-.133	-5.307	.000							
AGE	.035	.152	3.774	.000							
YEARS MARR	.055	.263	4.048	.000	5	764.312	961	670.711	219.137	.000	.530
PSINDEX	.030	-.104	-4.584	.000							
EDUCATION	.022	-.109	-4.341	.000							
AGE	.056	.420	6.627	.000							
AGE MARR	.062	-.213	-5.426	.000							
YEARS MARR	.056	.264	4.045	.000	10	767.331	956	668.092	109.801	.000	.530
PSINDEX	.035	-.092	-3.538	.000							
EDUCATION	.027	-.095	-3.087	.002							
AGE	.056	.427	6.689	.000							
AGE MARR	.062	-.211	-5.351	.000							
RESIDENCE	.057	.009	.413	.680							
SOCIAL	.063	.017	.594	.553							
MODERNISM	.040	.025	.996	.319							
SES	.058	-.006	-.242	.809							
OCCUP	.028	-.047	-1.585	.113							

Age was the fourth variable found to be an important determinant of number of live births. The standardized beta of .152 was significant beyond the .001 level. Age accounted for 36.8% of the variance in live births. Together, the four variables accounted for 52% of the variance in live births ($p < .0001$).

Finally, age at first marriage was reported to also have important influence on live births. The effect of age at first marriage was significant beyond the .001 level ($\beta = -.213$). Age at first marriage alone accounted for 5.4% of the variance in live births. With number of years married, pregnancy status, education, and age, the five variables accounted for 53% of the variance in live births. The influence of the five variables together was significant beyond the .0001 level.

5.2.2.2 The Effect of Pregnancy Status and Social-Demographic Variables on Infant and Child Deaths

Three variables were found to be significant determinants of infant and child deaths. These were: years married, educational attainment, and socio-economic status.

Number of years married was reported to be the most important determinant of child mortality. The standardized beta of .339 was significant beyond the .001 level. The variable, on its own, accounted for 11.4% of the variance in child deaths.

Educational attainment also had an important influence on the dependent variable. Education accounted for 5.4% of the variance in number of deaths. The standardized beta of $-.149$ was significant beyond the .001

level. The two variables together accounted for 13% of the variance in infant and child deaths ($p < .0001$).

Finally, socio-economic status had a standardized beta of $-.074$, indicating an influence that was significant beyond the $.001$ level. Socio-economic status alone accounted for 2.2% of the variance in deaths. The three variables, namely: years married, educational attainment, and socio-economic status, together accounted for 14% of the variance in number of infant and child deaths. The influence of these three variables was significant beyond the $.0001$ level.

5.2.2.3 The Effect of Pregnancy Status and Social-Demographic Variables on Unwanted Births

The regression model with unwanted births as the dependent variable revealed four important determinants. In this particular model, live births were also introduced along with the social and demographic variables mentioned before.

In the regression analysis, live births was found to have the greatest influence on unwanted births. This variable accounted for 33% of the variance in unwanted births. Its standardized beta of $.572$ was significant beyond the $.001$ level.

Likewise, pregnancy status was found to be a statistically important determinant. Pregnancy status explained 3.1% of the variance in unwanted births. Its influence was significant beyond the $.001$ level ($\beta = -.103$). With live births and pregnancy status both introduced into the model, the explained variance in unwanted births was increased to 34% ($p < .0001$).

Years married and residence were two other variables that had a significant influence on unwanted births. Years married had a standardized beta of .108 ($p < .01$) while residence had a beta of .057 ($p < .05$). While years married accounted for 20.3% of the variance in unwanted births, residence accounted for 0.20%. The four significant determinants of unwanted births, namely: live births, pregnancy status, years married, and residence accounted for 34.4% of the variance in reported unwanted births. The influence of these four variables together was significant beyond the .0001 level.

In summary, the regression analyses indicated that the woman's regard for pregnancy as status-enhancing had significant effects on number of live births and unwanted births. Results from the multiple regression analyses underscore the important contribution of pregnancy status in further explaining fertility behaviors. The correlation between pregnancy status and child deaths showed that the former did not have any effect on reported number of child and infant deaths. Other variables found to be significant determinants of live births were: length of marriage, educational attainment, and age. For unwanted births, these were: live births, length of marriage, and residence. Child mortality was found to have length of marriage, educational attainment, and socio-economic status as its significant determinants.

5.3 NEED FOR NEW MODEL-BUILDING

Analyses on bivariate and multivariate relationships disclosed that most of the directions anticipated had been supported. Although most of

the social and demographic variables were significantly related to each other and especially to live births, several of these relationships were quite weak. The multivariate analyses revealed that, outside of pregnancy status, variables which were introduced in the original model were not important determinants of live births. The variables included socioeconomic status, residence, social activity, and modern role orientation. Instead, number of years married, present age, and educational attainment were ascertained to have a significant influence on number of live births.

A central finding of the study concerns the relationship between pregnancy status and live births. Analysis showed that although the relationship was significant, the direction of the relationship had been unsupported. In fact, a negative correlation existed. A negative relationship appears plausible. For instance, a woman who has several children may not find pregnancy status-enhancing because her family may have achieved a family size that is more than enough to prove the woman's "femininity." In fact, additional pregnancies, as one gets older, may prove to be more status-degrading rather than status-enhancing. It is quite possible that it is not so much the woman's perception of pregnancy that affected her number of children but it may be the other way around: her number of children may have affected how she perceived pregnancy as either status-enhancing or status-degrading.

Utilization of this direction of influence may be more useful in the present study. This is because an evaluation of pregnancy as a status was not made for every pregnancy of the women interviewed. As a consequence, it is probable that the latest pregnancy, since it was freshest in the respondents' minds, was the pregnancy often discussed and evaluated

throughout the interview. In doing so, the influence of present number of live births on pregnancy status is undeniable and perhaps inescapable.

To test a possible relationship between live births and pregnancy status, a multiple regression analysis was conducted. Table 21 indicated that number of live births has a significant effect on pregnancy status beyond the .001 level ($\beta = -.137$). This variable, together with modern role orientation, education, and social activity, accounted for 28% of the variance in pregnancy status. From this regression run, an increase from 26% explained variance (see Table 19) to 28% was reported.

Since number of live births was found to be one of the important indicators of pregnancy status, there was a need for an alternative dependent variable. Unwanted births was chosen. This was because of its importance as a research topic. Studies claim that unwanted births are products of unwanted pregnancies (Beck, 1971; Scrimshaw, 1978; Adamchak, 1979). In these studies, total number of pregnancies was utilized as an explanation instead of her perception of change in status and relative importance during pregnancy. The introduction of social-psychological dimensions of pregnancy in this study may help extract the importance of pregnancy to unwanted births from cultural and personal bases. Not only that, but the introduction of unwanted births as dependent variable allows for examination of the alternative concept that pregnancy may be wanted but the child may not. A woman at the beginning of reproduction may desire for a child, come to enjoy the privileges and status accompanying pregnancy, actually giving birth, but soon after regret it because of maternal responsibilities and financial costs.

TABLE 21
 STEPWISE REGRESSION MODEL OF
 PREGNANCY STATUS BY LIVE BIRTHS AND SOCIAL AND DEMOGRAPHIC VARIABLES

FACTORS	SLOPE	STAND- ARDIZED BETA	T-VALUES	SIGNI- FICANCE	DF	REGRESSION SUM SQUARES	RESIDUAL SUM SQUARES	F-RATIO	SIGNI- FICANCE	ADJUSTED R ²
MODERNISM	.033	-.484	-17.186	.000	1	187.979	614.146	295.369	.000	.234
MODERNISM	.033	-.466	-16.610	.000	2	204.021	598.104	164.416	.000	.253
EDUCATION	.019	-.143	-5.085	.000						
MODERNISM	.033	-.451	-16.161	.000	3	217.646	584.479	119.532	.000	.269
EDUCATION	.019	-.182	-6.294	.000						
LIVE BIRTHS	.022	-.137	-4.738	.000						
MODERNISM	.032	-.453	-16.252	.000	4	220.731	581.393	91.308	.000	.272
EDUCATION	.020	-.205	-6.700	.000						
LIVE BIRTHS	.022	-.137	-5.056	.000						
SOCIAL	.103	.066	2.260	.024						
MODERNISM	.033	-.458	-16.382	.000	10	226.015	576.110	37.505	.000	.274
EDUCATION	.025	-.176	-4.611	.000						
LIVE BIRTHS	.030	-.141	-3.538	.000						
SOCIAL	.059	.070	1.954	.051						
RESIDENCE	.053	-.037	-1.294	.196						
AGE MARR	.059	.015	.294	.769						
SES	.054	.014	.440	.660						
OCCUP	.026	-.005	-.140	.889						
AGE	.053	-.150	-1.859	.063						
YEARS MARR	.052	.139	1.699	.090						

The relationship between pregnancy status and unwanted births was also found to be significant beyond the .001 level. Although the correlation was weak ($r=-.1693$), this relationship was slightly stronger than that between pregnancy status and live births ($r=-.1196$).

With the changes introduced, the model proposed originally had to be modified. Findings from the bivariate and multivariate analyses provided the bases on which the proposed model could be further improved. Considering all the findings, the new model is shown in Figure 5.

As the model in Figure 5 displays, unwanted births was the fertility behavior now under study. Also, number of live births had been designated as an independent variable that has a direct influence on the woman's perception of pregnancy as status-enhancing. Other social and demographic variables were introduced into the model because of their relationships and effects on pregnancy status and unwanted births.

An inspection of Figure 5 shows the endogenous and exogenous variables. As illustrated, years married, number of live births, modern role orientation, educational attainment, and pregnancy status were the endogenous variables affecting unwanted births. The exogenous variables were age, socio-economic status, and residence. These exogenous variables affected both the endogenous variables and unwanted births.

The structural equations that show the causal relationships within the model are:

$$\eta_1 = \gamma_{11}\xi_1 + \gamma_{12}\xi_2 + \zeta_1$$

$$\eta_2 = \gamma_{21}\xi_1 + \gamma_{22}\xi_2 + \beta_{21}\eta_1 + \zeta_2$$

$$\eta_3 = \gamma_{32}\xi_2 + \zeta_3$$

$$\eta_4 = \gamma_{42}\xi_2 + \gamma_{43}\xi_3 + \zeta_4$$

$$\eta_5 = \gamma_{51}\xi_1 + \gamma_{52}\xi_2 + \gamma_{53}\xi_3 + \beta_{51}\eta_1 + \beta_{52}\eta_2 + \beta_{53}\eta_3 + \beta_{54}\eta_4 + \zeta_5$$

$$\eta_6 = \gamma_{61}\xi_1 + \gamma_{62}\xi_2 + \gamma_{63}\xi_3 + \beta_{61}\eta_1 + \beta_{62}\eta_2 + \beta_{63}\eta_3 + \beta_{64}\eta_4 + \beta_{65}\eta_5 + \zeta_6$$

and the factor equations from the measurement model are:

$$x_1 = \lambda_{x11}\xi_1 + \delta_1$$

$$x_2 = \lambda_{x22}\xi_2 + \delta_2$$

$$x_3 = \lambda_{x33}\xi_3 + \delta_3$$

$$y_1 = \lambda_{y11}\eta_1 + \varepsilon_1$$

$$y_2 = \lambda_{y22}\eta_2 + \varepsilon_2$$

$$y_3 = \lambda_{y33}\eta_3 + \varepsilon_3$$

$$y_4 = \lambda_{y44}\eta_4 + \varepsilon_4$$

$$y_5 = \lambda_{y55}\eta_5 + \varepsilon_5$$

$$y_6 = \lambda_{y65}\eta_5 + \varepsilon_6$$

$$y_7 = \lambda_{y75}\eta_5 + \varepsilon_7$$

$$y_8 = \lambda_{y86}\eta_6 + \varepsilon_8$$

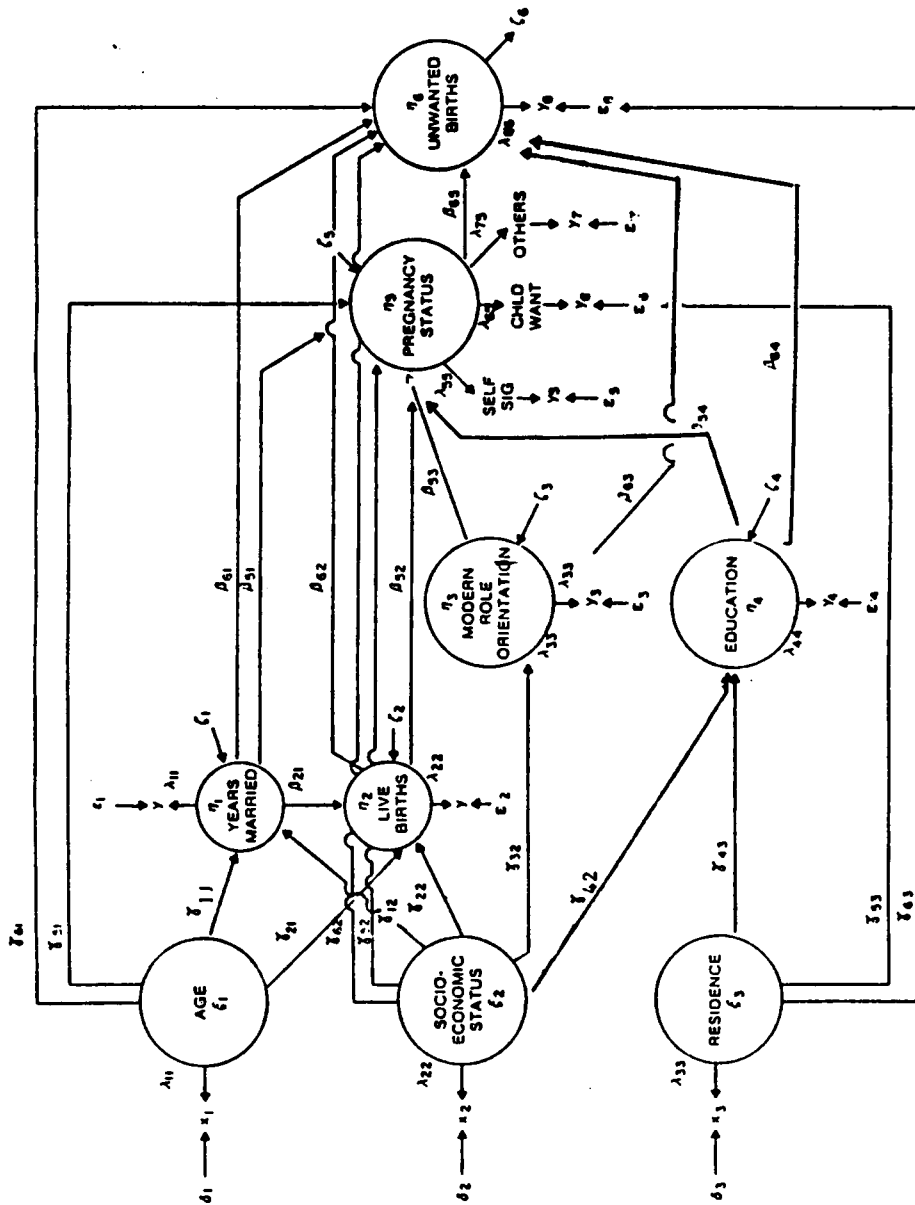


Figure 5. Revised Conceptual Model for Pregnancy Status on Unwanted Births

5.3.1 PATH ANALYSIS

Table 22 provides maximum-likelihood estimates (using LISREL) of the new model. Results show that the goodness-of-fit and adjusted goodness-of-fit met the minimum value of .90. However, the chi-square with 24 degrees of freedom had a probability that was significant beyond the .001 level. The results indicated that the new model should be revised further because of the poor fit.

The determinant of the matrix is one of the tools for modifying the model. It measures the "ill-conditioning" of the matrix in that if its given value is smaller than the magnitude of the diagonals ($r=1.000$) this means that there are one or more nearly perfect linear relationships among the observed variables (Joreskog and Sorbom, 1984:8). If this is the case, it may be better to remove one or more variables.

An inspection of the determinant below the correlation matrix shows a value of .0177107. The variables which were found to be highly correlated were:

- 1) age and years married ($r=.853$)
- 2) age and number of live births ($r=.607$)
- 3) years married and number of live births ($r=.702$)
- 4) socio-economic status and respondent's
education ($r=.600$)
- 5) education and modernism ($r=.157$)
- 6) socio-economic status and modernism ($r=.167$)

TABLE 22

MAXIMUM LIKELIHOOD ESTIMATIONS FOR REVISED MODEL
(STANDARDIZED SOLUTIONS)

COEFFICIENT	VALUE	COEFFICIENT	VALUE
λ_{x11}	1.000***	β_{21}	.590*
λ_{x22}	1.000***	β_{51}	.202
λ_{x33}	1.000***	β_{61}	.151
λ_{y11}	1.000***	β_{52}	-.213
λ_{y22}	1.000***	β_{62}	.479*
λ_{y33}	1.000***	β_{53}	-.503**
λ_{y44}	1.000***	β_{63}	.035
λ_{y55}	.813*	β_{54}	-.150*
λ_{y65}	.624*	β_{64}	.027
λ_{y75}	.634*	β_{65}	-.109*
λ_{y86}	1.000*	γ_{11}	.824*
ψ_1	.326	γ_{21}	.135*
ψ_2	.499	γ_{51}	-.136*
ψ_3	.968	γ_{61}	-.039
ψ_4	.607	γ_{32}	.177
ψ_5	.670	γ_{42}	.597*
ψ_6	.645	γ_{52}	-.004
ϕ_{12}	.096	γ_{62}	-.015
ϕ_{23}	.192	γ_{43}	.017*
ϕ_{13}	.000	γ_{53}	-.046*
		γ_{63}	.054*
χ^2 with 24 degrees of freedom		217.41	
Probability		.000	
Goodness-of-fit index		.964	
Adjusted goodness-of-fit		.900	
Root mean square residual		.037	

*These coefficients are significant at the .05 level.

***These values are set at 1.000

Variables which were finally removed after much model testing were age, socio-economic status, and modern role orientation. Reasons for doing so are discussed below.

Socio-economic status was removed because it was found not to be directly affecting pregnancy status ($\gamma_{52} = -.004$) or unwanted births ($\gamma_{62} = -.015$). The indirect effect of socio-economic status, through live births (.031) or through the path live births, modern role orientation, educational attainment, and pregnancy status (.057) on unwanted births was significant ($p < .05$) but not substantial.

Modern role orientation was also removed from the model because it was not statistically related to unwanted births. Even if modernism affected unwanted births through pregnancy status, the link was not substantial ($\beta = .090$)⁷

In place of socio-economic status and modern role orientation, education was retained. It was chosen because of the implication of this variable on pregnancy status and unwanted births. When a woman's perception of pregnancy is examined, it may be more relevant to consider characteristics that are uniquely her own. Such is the case with the educational attainment of a woman. The influence of her own social and economic upbringing as exemplified by her educational attainment is brought into the marital relationship and woven into her attitudes toward pregnancy and fertility experience. A college educated woman may perceive

⁷ In a LISREL run where modernism was kept as an exogenous variable along with education as endogenous variable, the determinant was still a low .0987903. Much like socio-economic status, modernism was also highly correlated with the woman's educational attainment.

pregnancy as not particularly status-enhancing so far as family decision-making is concerned. This is because frequently an educated woman is already an active participant in this process by virtue of her education (Castillo, 1979; Vreeland, et al, 1976). In turn, her high educational background and exposure to relatively smaller families affect her greater number of unwanted births (Haas, 1974). If socio-economic status is considered, a woman's background is somehow blurred. Socio-economic status draws upon the husband's background since it considers mainly his income, his occupation, his educational attainment, and housing characteristics which are all indicators of his wealth. Despite the removal of socio-economic status and modern role orientation, woman's educational attainment continues to mirror relationships and impact of/on socio-economic status and modern role orientation. Studies cite that an educated woman is more likely to marry someone of the same educational background (Vreeland, et al., 1976; Concepcion, 1977). Their socio-economic backgrounds also tend to be of equal status. Likewise, a woman's level of education is reflected in her feminine role orientation. With the introduction of education, effects of socio-economic status and modern role orientation are not eliminated in the explanation of unwanted births, rather, they help reinforce explanations provided by woman's educational attainment.

Between age and length of marriage, the latter variable was retained. Marriage duration was chosen over age since it has a more significant influence on both pregnancy status and unwanted births compared to age (see Table 22). However, the importance of marriage duration as a factor was not only based on statistical outcomes. Length of marriage is a

better indicator of pregnancy status and unwanted births since it is a gauge for length of exposure to pregnancy and unwanted births. When age is considered, length of exposure to reproductive experience is not as specified.

5.3.2 FINAL MODEL FOR UNWANTED BIRTHS

Analysis of the second model through LISREL enabled a third and final path to be constructed. Figure 6 shows that the model is much simplified. Since age, socio-economic status, and modernism were removed, years married and education were designated as exogenous variables along with residence. Live births and pregnancy status remained endogenous variables.

The structural equations for the final model are:

$$\eta_1 = \gamma_{11}\xi_1 + \gamma_{12}\xi_2 + \zeta_1$$

$$\eta_2 = \gamma_{21}\xi_1 + \gamma_{22}\xi_2 + \gamma_{23}\xi_3 + \beta_{21}\eta_1 + \zeta_1$$

$$\eta_3 = \gamma_{31}\xi_1 + \gamma_{32}\xi_2 + \gamma_{33}\xi_3 + \beta_{31}\eta_1 + \beta_{32}\eta_2 + \zeta_3$$

and the factor equations from the measurement model are:

$$x_1 = \lambda_{x11}\xi_1 + \delta_1$$

$$x_2 = \lambda_{x22}\xi_2 + \delta_2$$

$$x_3 = \lambda_{x33}\xi_3 + \delta_3$$

$$y_1 = \lambda_{y11}\eta_1 + \varepsilon_1$$

$$y_2 = \lambda_{y22}\eta_2 + \varepsilon_2$$

$$y_3 = \lambda_{y32}\eta_2 + \varepsilon_3$$

$$y_4 = \lambda_{y42}\eta_2 + \varepsilon_4$$

$$y_5 = \lambda_{y53}\eta_3 + \varepsilon_5$$

The removal of highly correlated factors increased the determinant of the matrix from .0177107 to 1.29849, a value larger than the magnitude of the diagonals in the correlation matrix. As Table 23 displays, the revised model had a chi-square of 20.87 with 13 degrees of freedom which was found not to be significant ($p=.076$). The goodness-of-fit index was .995, while adjusted goodness-of-fit was also a substantial .985. Root mean square residual decreased from .037 in the second model to .013 in the final model. Overall, 35% of the variation in unwanted births was accounted by the variables introduced.

Total coefficient of determination (0.548) indicated that the measurement model was quite good. Of the measure of pregnancy status, SELFSIG was most reliable ($R^2 = .723$). The next research question addressed on pregnancy status was the extent to which pregnancy had been explained by the social and demographic variables. Analyses showed that 10% of the variance in pregnancy status had been explained. Number of live births was found to have the strongest effect on pregnancy status. The negative relationship was significant beyond the .001 level.

Path from pregnancy status to live births appeared straightforward. Instead of a probable non-recursive path model, the modification indices did not indicate that there was any feedback in the relationship or that

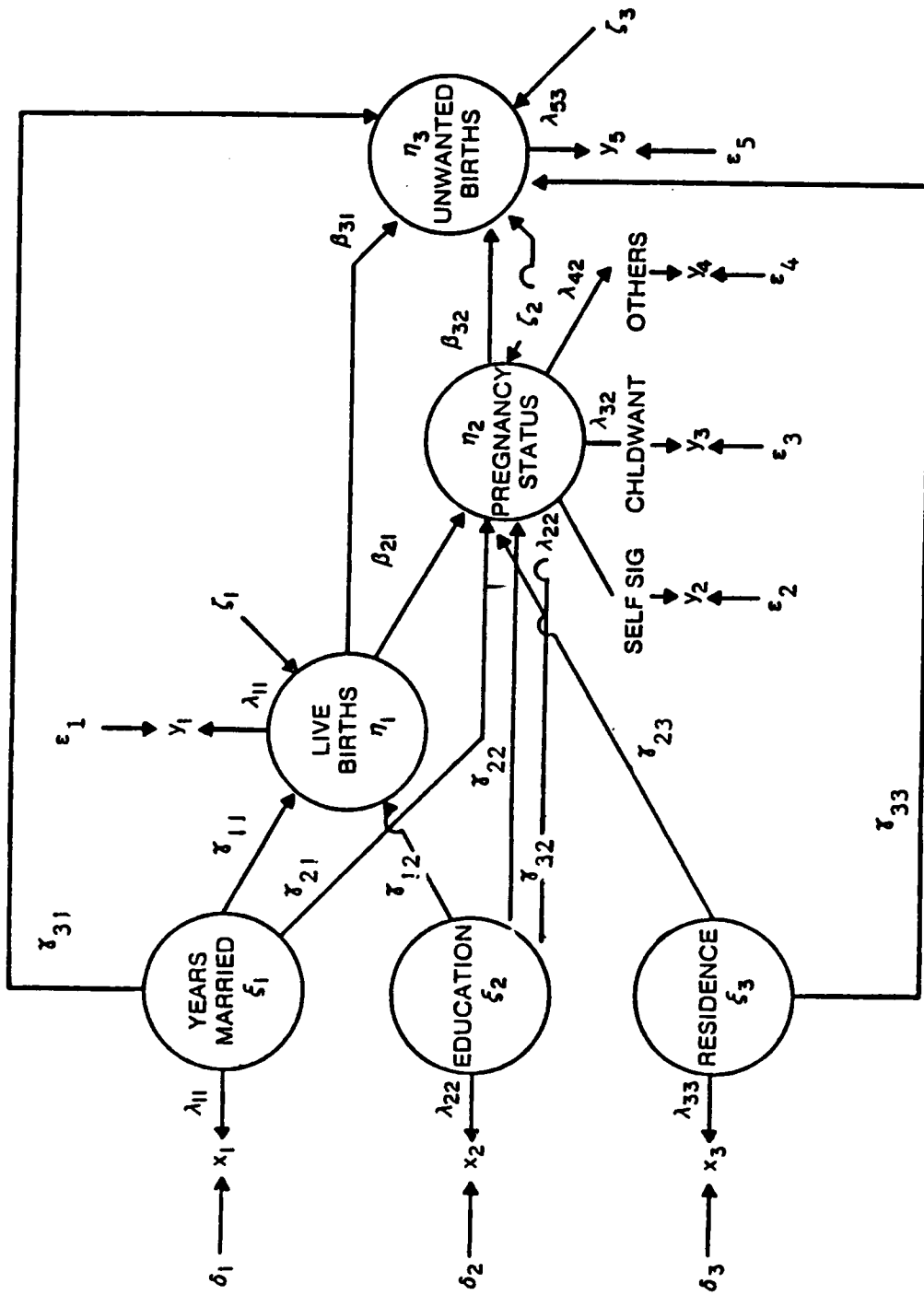


Figure 6. Final Conceptual Model of Pregnancy Status on Unwanted Birth, Applied to Misamis Oriental

TABLE 23

MAXIMUM LIKELIHOOD ESTIMATIONS FOR FINAL MODEL
(STANDARDIZED SOLUTIONS)

COEFFICIENT	VALUE	COEFFICIENT	VALUE
λ_{x11}	1.000**	β_{21}	-.292*
λ_{x22}	1.000**	β_{31}	.474*
λ_{x33}	1.000**	β_{32}	-.126*
λ_{y11}	1.000**	γ_{11}	.679*
λ_{y22}	.851*	γ_{21}	.104*
λ_{y32}	.602*	γ_{31}	.120*
λ_{y42}	.637*	γ_{12}	-.080*
λ_{y53}	1.000**	γ_{22}	-.275*
ψ_1	.501	γ_{32}	.013
ψ_2	.898	γ_{23}	-.007
ψ_3	.648	γ_{33}	.052*
ϕ_{12}	-.293		
ϕ_{23}	.222		
ϕ_{13}	-.015		

χ^2 with 13 degrees of freedom 20.87
 Probability .076
 Goodness-of-fit index .995
 Adjusted goodness-of-fit .985
 Root mean square residual .013

*These coefficients are significant at the .05 level.
 **These figures are fixed.

pregnancy status influenced number of live births. If there was a need to free the parameters or allow number of live births to correlate with any of the pregnancy status indicators, number of live births continued to influence these three components of pregnancy status rather than the latter influencing number of live births.

Table 24, which displays the decomposition of effects using the Fox method, points out a number of findings. As the table shows, effects of residence on live births, pregnancy status, and unwanted births were quite weak. In fact, spurious components of residence were often larger (see Table 24). However, the spurious effect of residence on unwanted births was minimal ($-.001$; $\text{path}=.052$) and may be caused by the relationship of residence with educational attainment. The latter association was significant beyond the .05 level.

When education was examined, spurious components were also revealed. Direct path of education to live births was $-.080$ while spurious effects were $.198$. For unwanted births, the direct path was $.013$ and the non-causal effect was $-.125$. The cause for the spurious effects might be the significant relationship education had with length of marriage ($p<.05$). Marriage duration, being the stronger determinant, helped bring about a larger spurious relationship than otherwise anticipated. However, the relationship between education and pregnancy status remained significant ($p<.005$). As the table indicates, the direct effect of education ($-.275$) was larger than its spurious effect ($.027$).

Influence exerted directly by length of marriage on unwanted births was found to be significant and moderately strong ($\text{path}=.120$; $p<.005$). The same was true of its direct effect on pregnancy status ($\text{path}=.104$;

TABLE 24

EFFECT DECOMPOSITION FOR RELATIONSHIP OF
PREGNANCY STATUS AND SOCIAL DEMOGRAPHIC VARIABLES
ON
UNWANTED BIRTHS

	DIRECT	INDIRECT	TOTAL,	NONCAUSAL,	r
MARRIAGE DURATION (ξ_1)--LIVE BIRTHS (η_1)	.679	.000	.679	.023	.702
PSINDEX (η_2)	.104	-.198	-.094	.074	-.020
UNWANTEDBR (η_3)	.120	.334	.454	.006	.460
EDUCATION (ξ_2)--LIVE BIRTHS (η_1)	-.080	.000	-.080	-.198	-.278
PSINDEX (η_2)	-.275	.023	-.252	.027	-.225
UNWANTEDBR (η_3)	.013	-.006	.007	-.125	-.118
RESIDENCE (ξ_3)--LIVE BIRTHS (η_1)	.005	.000	.005	-.072	-.067
PSINDEX (η_2)	-.007	-.001	-.008	-.049	-.057
UNWANTEDBR (η_3)	.052	.003	.055	-.001	.054
LIVE BIRTHS (η_1)--	-.292	.000	-.292	.148	-.144
PSINDEX (η_2)	-.292	.000	-.292	.148	-.144
UNWANTEDBR (η_3)	.474	.037	.511	.069	.580
PSINDEX (η_2)-- UNWANTEDBR (η_3)	-.126	.000	-.126	-.050	-.176

$p < .005$). While the direct effect of marriage duration was small, its indirect effects on unwanted births and pregnancy status appeared quite sizable.

Analysis also revealed that while the relationship between length of marriage and unwanted births remained positive, the association between length of marriage and pregnancy status, while controlling for education and residence, was positive. A negative relationship between length of marriage and pregnancy status emerges when number of live births acts as an intervening variable. The overall effect on pregnancy in this path ($-.198$) was only slightly greater than its direct path from length of marriage to pregnancy status ($.104$). Although the statistics were not substantial, the finding that women married longer were more likely to regard pregnancy as status-enhancing and, at the same time, report more unwanted births opens possibilities for further research. Prior studies associated unwanted births with unwanted pregnancies; from this finding an alternative case is suggested.

Pregnancy status continued to have a significant influence on unwanted births ($p < .005$). However, its influence was weaker than that of live births. Direct effect of pregnancy status was found to be $-.126$ and the zero-order correlation was $-.176$. The increase in the correlation was partly due to the effect of its noncausal component ($-.05$). The spurious effect was due to the fact that a woman's perception of pregnancy being status-enhancing is greatly affected by the number of births the woman has had. Length of marriage and educational attainment are characteristics that likewise affected on a woman's pregnancy status. It must be emphasized that the direct effect of pregnancy status on unwanted births

was larger than the spurious effect. In fact, despite pregnancy status being influenced by more factors than live births, the effect caused by unanalyzed relationships is smaller than that of live births. This finding points out that pregnancy status is a significant determinant of unwanted births.

When live births was examined, its significance on unwanted births was quite evident. The direct path was .474 while the spurious effect was .069. Spurious effects may be caused primarily by number of years the respondents had been married at the time of interview. Again, spurious effect was smaller compared to direct effect of live births. Findings indicated that 50% of the variance in live births was accounted for by education, residence, and length of marriage. Further inspection of the table presents another finding. This concerns the small discrepancy between zero-order correlation of .580 and the total effect of .511 for the variable live births. The table indicates that while spurious effects were noted in the relationship and accountable partly for the increase in correlation, pregnancy status, however, contributed .037 of the increase. Though the increase was very slight, this value stands for the indirect effect mediated by pregnancy status.

Results from path analyses underscore the significance of pregnancy status on unwanted births. Such characteristics as number of live births have relatively greater impact on unwanted births. However, the role of pregnancy status as a mediating influence exerting its own contribution to the unwantedness of a birth also has to be considered.

CHAPTER VI SUMMARY, DISCUSSION, CONCLUSIONS, RECOMMENDATIONS

In a study by Concepcion (1980:340), she notes that dramatic shifts have taken place in the fertility behavior of women in the Philippines. First, there is a continued rise in the women's age at first marriage. Second, there has been a decrease in marital fertility. Third, desire for smaller families has become the norm in Philippine society.

But inconsistencies continue to exist. For example, while average total family size desired by women of all ages was found to be 4.4, the actual family sizes continued to be around six (Concepcion, 1980:340). The inconsistency between women's desire and behavior extended even to the women's adoption and use of contraceptives.⁸ Pullum, et al. (1984) laments that fertility behaviors, such as desired family size, is often attributed as an outcome of life cycle and socio-economic characteristics. Other unmeasured characteristics are thereby classified as "errors" or "residuals." Oakley (1980:66) expands on this observation by expressing that social-contextual influences on all facets of reproductive behavior has often been disregarded.

Exploring the question of why women in the RPFS survey discontinued use of Family Planning, varied responses were given. Medical reasons and

⁸ In the Republic of the Philippines Fertility Survey (RPFS), Pullum, et al. (1984:158) found only 60.3% of the women in the survey (N=9,250) who expressed not wanting any more children do use some method of Family Planning. From this group, 29.1% used a modern method (e.g., pill, IUD, condom, male or female sterilization).

husbands' objections were among them. About 21.5% (n=125) of the women responded "accidental pregnancy." But could the pregnancy not be accidental? Could it have been eagerly anticipated by women because favorable changes come about? With changes in usual behavioral patterns of people around her, women may actually experience more pregnancies even if the outcome is greater number of children than originally desired.

The present study endeavored to examine probable influences of pregnancy to fertility behavior, particularly to unwanted births. In order to go about this, the question of pregnancy as a means for status-enhancement was first addressed. Items considered reflected the women's evaluation of pregnancy through changes in her outlooks and specific behavior and needs of significant and generalized others. The study presented a difficult problem in that pregnancy is almost synonymous with motherhood status. In order to separate these two, social and psychological features of pregnancy were introduced.

Thirty-two questions were formulated; out of these, sixteen were finally chosen to comprise the Pregnancy Status scale. From the sixteen final items, three components were extracted. The three components were SELFSIG, CHLDWANT, and OTHERS. Correlations of these three components with such scales as PREGMOM, SEMMOM, and SEMPREG indicated only partial success in separating the meaning of pregnancy from that of motherhood. Finally, Pregnancy Status index and social and demographic variables were tested against such fertility behaviors as woman's number of unwanted births, number of live births, and number of child deaths.

Through bivariate, multivariate, and LISREL analyses, the original model underwent a series of revisions. One of these was the utilization

of live births as one of the independent variables rather than as dependent variable. In its place, unwanted births was designated as dependent variable. Such a change in the dependent variable may be more suitable. This is because women's desire for continued attention may force her to terminate the pregnancy with the live birth. However, since it is the pregnancy that was anticipated because of the status attached to it, the women may later regret the birth of the child and express its unwantedness. The final model showed pregnancy status and number of live births as endogenous variables. Length of marriage, educational attainment, and residence were exogenous variables. The dependent variable, as mentioned, was unwanted births.

6.1 SUMMARY OF FINDINGS

The study found that:

- (1) Pregnancy status was significantly associated with unwanted births. A negative relationship was found.
- (2) Live births were significantly associated with unwanted births. A positive relationship existed.
- (3) Length of marriage was found to be significantly associated with unwanted births. A positive relationship was shown.
- (4) Educational attainment was not found to be

significantly related to unwanted births.

(5) Residence was significantly associated with unwanted births. Rural residents were found to have more unwanted births than urban residents.

(6) Number of live births was significantly associated with pregnancy status. A negative relationship existed.

(7) Number of years married was associated with pregnancy status. A positive relationship was found.

(8) Educational attainment was significantly associated with pregnancy status. A negative relationship was indicated.

(9) Residence was not significantly related to pregnancy status.

6.2 LIMITATIONS OF THE STUDY

Before drawing any conclusions on the findings of the study, it is relevant to draw attention to its limitations.

First, the questions in the study were posed in a general way so that a particular pregnancy was not established. Because of the nature of the

questions, a number of problems arise. The problem of recall is one. Since the women were asked to respond to the questions in a general way, it is quite possible that they recalled certain events mentioned because they were vivid or rare events (Huston and Robins, 1982). In line with this, respondents might have recalled events which enhance their own self-importance (Thompson and Kelley, 1981). A woman who has a need to be active in family decision-making may recall only those times when her husband did consult her and allow her to make vital family decisions.

Another problem is that respondents may come to associate pregnancy experience with the child itself after it has been born. If a child was considered pretty by the mother, she may also consider the pregnancy status-enhancing. If the child was born deformed, she may associate the deformity with a difficult and unpleasurable pregnancy period.

The association of pregnancy experience with the birth of a child also underlines another limitation of the present study. This concerns the problem of separating the status of pregnancy from that of motherhood. The validity test and checks conducted verify only partial success to discriminate between the two reproduction experiences.

Aside from this, the home setting of the interviews may also have distracted the respondents. In some interviews the author had done, the women were performing household chores or caring for a child. Lessened concentration on questions asked may have contaminated the findings.

Utilizing a Likert-type scale on pregnancy likewise presents a problem: respondents are not likely to report extreme responses. Even with the introduction of a nine-point scale, findings indicated that slightly

extreme responses such as "agree very strongly" continued not to be chosen.

Unwanted births as a concept also involves difficulties in measurement. Ballweg (1984) notes that definitions of unwantedness vary from a demographer's point of view to a sociologists'. The classic demographic definition of unwanted births as used in the study does not consider the fact that desired number of children may change over time as family size increases. Mothers who have dead children may not think of them as unwanted nor will mothers whose children contribute to the family's income (Figa-Talamanca and Modolo, 1977).

Finally, the statistical tests conducted in the study are not the final gauge in the interrelationships found. As mentioned, the relationships between variables were shown to be quite weak.

With these limitations presented, interpretation of and conclusions drawn from the study must be viewed with caution.

6.3 INTERPRETATION AND CONCLUSION

Findings of the study indicated that live births were the most statistically significant determinant of unwanted births. However, pregnancy status was found to be another statistically significant cause. In the relationship between live births and unwanted births, pregnancy status likewise contributed as a mediating factor.

Pregnancy experience of women with higher number of births may have lost its novelty over the years. It may no longer offer them benefits that will necessarily enhance their present position and importance. In

fact, findings from the mean scores of the components showed that women with more children reported the least change in their lifestyle. While their husbands continued to make them comfortable and prepare foods for them, the husbands helped less with the household chores. The apparent decrease in concern shown may be due to the husband's assumption that the wife, after having gone through a number of pregnancies and children can, by now, juggle her chores well enough without him. With many children around the house, there may even be no need for the husband to extend help. Besides, the rites and expectations concerning pregnancy may have become so routinized that husbands are exhausted from or even bored of playing the "mothering" role to their wives nine months every other year. Attention and loving care may be the compromise reached by the husband. But performance of household chores, which are primarily the responsibility of the wife and children, is a different matter now.

Not only do changes occur in the woman's relationship with their immediate family, but they also occur in relationships with neighbors. Women with more children were likely to reply that neighbors were less helpful and friendly toward them. This pattern of behavior may, like that of the husband's, be due to the neighbors' assumption that the woman have become "sturdy" over the years and not need any help. It is also quite possible that neighbors have become envious of the pregnant woman's capacity to produce children so that there is greater reluctance on their part to help out (Yu and Liu, 1980). Especially in a society or a sector where natal productivity is deemed important, a woman who is constantly pregnant may be thought of as "showing off" (Guthrie and Jacobs, 1966). In the process, her relationship with neighbors may become strained.

Interestingly, women with more children also reported that tradespeople were less likely to offer bargains to them. This change may be due to the patron-client relationship that has become closer, not necessarily on the basis of the pregnancy, but on their constant exchange. The bargaining power of the women during their first pregnancies might have been strong since patron-client relationship was just being established. In the course that they become "suki" (one who buys goods regularly from a merchant), the women receive extra or free portions of the merchandise. But eventual maintenance of this relationship is based on the quality and cost of goods exchanged. A merchant who has served a client for several years may feel that pregnancy is no longer a good excuse for loss of profit. Therefore, he may be reluctant to give any more free goods.

Aside from these relationships with significant and generalized others, respondents mentioned that they feel less free to do things. The pains, tiredness, and even vomiting associated with pregnancy restrict them from accomplishing numerous chores that include caring for children and management of the household (Castillo, 1977). Pregnancy was also reported as bringing about less change in their participation in decision-making process. These restrictions imposed on the women, as well as the lack of change in their decision-making participation, lessen the prospect of enhanced status being associated with pregnancy.

A woman who becomes pregnant, after having several children already, experiences a gradual loss in status attached to pregnancy. The novelty of pregnancy is no longer present. Significant and generalized others now react to this loss of novelty by reverting to behavior similar to

periods when the woman is not pregnant. Decreased behavioral changes among significant and generalized others may be instrumental for respondents with greater number of children to feel less envious of women conceiving.

A woman's evaluation of pregnancy as less status-enhancing may consequently increase unwanted births. For instance, women who reported less change in their participation in decision-making may actually be less involved in this process from the very start. Their continued low participation and the prospect of taking on added care-taking responsibilities and financial burden later may propel women not to want the child, if a pregnancy and birth do occur.

In the same way, women who have been married longer were found to report more unwanted births. They also have a greater tendency to have an unfavorable evaluation of pregnancy when number of live births is considered. However, when the relationship between length of marriage and pregnancy status was considered on its own without the effect of live births, the findings showed a significant positive relationship: women married longer were likely to regard pregnancy as status-enhancing. The analysis from particular pregnancy status items highlight this finding.

Respondents married 13 to 27 years reported high regard for pregnancy because of the attention and loving care that family members and friends pour on them. Because of this, they felt much happier when pregnant. Also, those married for 19 years expressed that they felt more loved and that they participated more in the decision-making process when pregnant. Meanwhile, those married for 13 years reported feeling envious when they

see a pregnant woman. These evaluations were likewise reported by those who come from rural areas and who have less education.

Reports such as these reflect how pregnancy may continue to enhance a wife's status even when couples have been married for several years. Marital relationships experience tension. But the announcement of a pregnancy may draw the couple together in a feat of accomplishment (Oakley, 1980). In this way, it helps retain and improve the marriage (Yu and Liu, 1980). The importance of conception is apparent not only in the marital relationship but also in a woman's position in the home. Pregnancies experienced throughout the marriage allow her to reassert her position as a partner. Greater responsibilities, especially regarding financial matters, may thereby be given. Added to this, she has greater participation in decision-making. A pregnant woman may, therefore, be in a better position to bargain with the husband on major issues or to discuss problems that have plagued the marital relationship for quite sometime.

Despite the positive evaluation of pregnancy status, unwantedness of births increases as length of marriage increases. This finding held even among those from rural areas and who had less education. Women's reported unwantedness may be due to the fact that they, at this age and stage, may not necessarily want the added responsibilities of caring and rearing an additional child. Instead, the status they received from pregnancy, even at that late point in their lives, may be more beneficial than its outcome.

While the link to and influence of residence on unwanted births was significant, its relationship with pregnancy status was not. This may

be due to a prevalence of positive evaluations of pregnancy as status-enhancing both by rural and urban residents.

Findings from the analyses showed that two main groupings of women may be distinguished in their outlook towards pregnancy status. Women from urban areas tended to express perceived importance due to pregnancy on the basis of "self-oriented" evaluations such as "I am very happy whenever I am pregnant" or "I don't mind if strangers stare at me and become too friendly when I am pregnant." For these women, the question of whether or not pregnancy is perceived as enhancing their position may be based upon measures which are immediately "self-gratifying." This "self-oriented" evaluation of pregnancy as status-enhancing contrasts with the rural respondents' "others" oriented criterion for evaluating pregnancy.

Rural residents were more likely to perceive pregnancy as a means for status-enhancement based on their ability to fulfill the needs of their loved ones. Their sensitivity to the desire of immediate family members and parents-in-law for (more) children might have been rewarded by the extra care and attention women received. In fact, these women who were essentially housewives or agricultural workers took note of the role reversal experienced. Housewives reported that husbands took over the tedious task of preparing food for the family. Women in service and agricultural occupations emphasized pregnancy as a time when they are the ones now being served and looked after. For these women conception allows attention and care to flow not from them but towards them. As one housewife respondent in the study commented:

My husband gives in to my whims and tolerates my tantrums. He understands. I like the attention and the love that he pours to me when I am pregnant.

Since pregnancy fulfills the desires of family members, rural women may have felt that they deserved the special treatment from family members. Their "selflessness" may have enabled them to consider feeling much loved when pregnant. In such a case, receiving love and affection become essential symbols of increased importance.

Although pregnancy might be regarded by both rural and urban residents as status-enhancing, their reaction towards the outcome of pregnancy differ.

Among urban residents, presence of a child drew the attention away from the woman and towards the child. The "self" orientation, which was the basis for status, now has to shift from an "others" orientation. Aside from this, an urban woman has to grapple with the economic cost of another birth. In urban areas expenses involved in raising, feeding, and educating children might sway women to later regret the birth of a child (Bulatao, 1975). Meanwhile, the "others" orientation of rural women at the onset of pregnancy lessens the unwantedness of a child. Children are a fulfillment of family members' desires as well as their own. With the possibility of a birth, housewives could provide for themselves an extra companion and help around the house. Among agricultural workers, there would be the possibility of an additional farmhand. The feeling of having pleased loved ones and being loved in return might help explain why rural women continued to consider their children wanted even if their number of live births were already high relative to those from urban areas.

Varying perceptions of pregnancy as a means for status-enhancement were likewise presented when educational attainment was examined. Less educated women, like rural women, regarded pregnancy as status-enhancing primarily because of desires expressed by family members. Considerate treatment as well as their feelings of being loved were other aspects that might also have brought about higher evaluation of pregnancy as status-enhancing.

But while pregnancy was regarded highly by less educated women, the resulting birth may receive mixed receptions by the women. A child may be wanted precisely because women have carried out the wishes of their loved ones. But in doing so, they may have felt trapped in their roles as wives or homemakers. Such may also be the case for rural housewives who tended to be less educated. Housewives, who often hold the family pursestrings, know the financial burden involved in having an additional child and in delivering the child. Despite their concern, husbands may tell them not to worry about expenses and insist on the pregnancy. Possessing little education, she may continually submit to the husband's wishes precisely because she adheres to the roles she has been socialized in: a wife must give in to the desires of her mate in order not to alienate him and to preserve smooth marital relationships (Yu and Liu, 198).

Educated women's experience of pregnancy is not bereft of increased attention, love, and feelings of happiness. But for educated women, pregnancy may not necessarily change their status. On the statement "my husband follows my decisions more often," these respondents revealed that changes have not quite occurred in their participation. Such is the case

because these women, by virtue of their education, are often consulted on family affairs and finances (Castillo, 1979).

Knowledge of the family's financial situation may be instrumental in the respondents' dissatisfaction with family size. If additional expenses are of no importance, greater unwanted births may continue to be expressed since the attention centered on them during pregnancy is now shifted to the child. The "self" orientation that applies also to the highly educated sample is likewise manifested by their reported dislike for restrictions imposed during pregnancy. With another birth, care-taking responsibilities may further lessen their activities. On the other hand, their negative view towards birth may actually disguise a positive outlook. For instance, more educated women may have been brought up with an orientation that when children are born into the family they must be accepted because the family, anyway, can afford it. The woman's comfortable lifestyle and personal upbringing may help increase the acceptance of a child, even if it was unwanted for some prior reason. As one school teacher from Cagayan de Oro city reported:

In my last child (fifth child), I felt so ashamed because I am a teacher and I should be aware of Family Planning and this trend of having smaller families. But after the pregnancy, I felt alright. My child turned out very pretty. My neighbors tell me that if I did not have my fifth child, I would not have had such a pretty daughter.

In conclusion, the present study revealed the existence of a much discussed but relatively untested subject of reproduction: pregnancy as a means for status-enhancement. The study pointed out that pregnancy status is a relevant factor in the evaluation of wantedness or

unwantedness of births. Its influence reflected the degree to which pregnancy mediated unwantedness and the degree to which it established its own contribution in explaining the phenomenon.

Such a finding has implications on family planning programs in developing countries such as the Philippines. While planners push for changed fertility behavior, they have not placed as much emphasis as they should on traditional values that revolve around reproductive behavior itself. Planners talk about costs and rewards of having a child but have only hinted on the costs and rewards of carrying that child. And yet this latter perspective may have very real influences on the differential fertility between developing and developed countries. In the United States, the cost of pregnancy appears to be much higher than its rewards (Oakley, 1980). In the Philippines, the rewards during the pregnancy experience may justify the costs. While pregnancy is regarded negatively in the United States, in the Philippines pregnancy is associated with improved marital relationships and with reinforced family position. This being so, family planning programs may fall short of their expectations to push for smaller actual or desired family size because they fail to account for the relevance of pregnancy as a means for status-enhancement. With continued de-emphasis on pregnancy status, "accidental conceptions" may continue to occur and, consequently, births may occur whether they are wanted or not wanted.

6.4 RECOMMENDATIONS

The research utilized techniques to study the relationship between pregnancy status and unwanted births. Since pregnancy status may change over time as other life situations impinge on the woman, other research techniques are recommended.

In-depth interview and participant-observation may be useful for future exploration of pregnancy as a status. These techniques enable the researcher to gather information which otherwise may be lost in the use of closed-ended questions.

To capture changes in both a woman's perception of pregnancy and her present reported unwanted births, a longitudinal study would be useful. In fact, examination of pregnancy status for every phase of the pregnancy trimester, contrasted to feelings after delivery, may show the dynamic aspect of status due to pregnancy. The examination of attitudes during the pregnancy trimester and after delivery may also be useful in further delineating status accorded to motherhood and to pregnancy. The need for further research on pregnancy status separate from motherhood cannot be over-emphasized.

Pregnancy also may be examined as a period that involves a large social network. In order to tap the status attached to pregnancy, it may be important to interview not only the woman but a number of people close to her. By examining pregnancy status in a social context, interrelationships and societal views may become clear.

Usefulness of pregnancy status as a possible explanation for fertility behavior is not only confined to unwanted births. Pregnancy status also

may be an alternative explanation for another fertility behavior, specifically timing and/or the spacing of births. This research question may be expanded to include the examination of spacing of pregnancies with a woman's pregnancy status as a possible explanation.

The present research is an initial effort to provide guidelines on the study of pregnancy status. The recommendations offered underscore the usefulness of pregnancy status in understanding reproductive experience. More importantly, they emphasize the need to do more research and employ better measures to further specify the role of pregnancy status in a woman's fertility behavior.

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APPENDIX A

INTERVIEW SCHEDULES
IN
CEBUANO BINISAYA AND ENGLISH

English

PREGNANCY STATUS SURVEY

Identification

Code

1. Sample Household No. in Barangay _____

2. Sample Barangay No. _____

3. Stratum _____

4. Province _____

5. City / Municipality _____

6. Barangay _____

7. Respondent _____
Last First Middle Line #

8. Complete Address _____

9. Call Record

Interview Calls	:	1	:	2	:	3
Date :						
Time :						
Interviewer's Name:						
Result of Call:						
Next Appointment: Date						
Time						
Place						

Field Edited	Reinterviewed Spot checked	Office Edited	Coded
Name: _____ Date: _____	Name: _____ Date: _____	Name: _____ Date: _____	Name: _____ Date: _____

PREGNANCY STATUS SURVEY

BLOCK A: PREGNANCY PROFILE OF ALL MARRIED
WOMEN 15 - 45 YEARS OLD, AND
HOUSEHOLD QUESTIONNAIRE

A0. Good morning/afternoon, etc. I am working for the Research Institute for Mindanao Culture, Xavier University. This is one of the households that we have selected for this Pregnancy Survey. Can you spare a few minutes of your time to answer a few questions? We will keep confidential any information gathered.

A1. I would like to first ask you a few questions about your family and those who are currently living here. Would you tell me the names of all the currently married women living in this household, including yourself? Please include even those who are temporarily absent.

		<u>AGE OF WOMEN</u>
NAMES:	1. _____	_____
	2. _____	_____
	3. _____	_____
	4. _____	_____

A2. What was your age in your last Birthday? _____
EXACT AGE

A3. With regards to your family, I would like to find out if you have ever been pregnant?

1. _____ Yes (CONTINUE)
2. _____ No (TERMINATE INTERVIEW)
3. _____ Yes, currently pregnant

If #3 response Is this your first pregnancy?

1. _____ Yes (GO TO NEXT BLOCK)
2. _____ No (CONTINUE)

A4. How many live children do you have? _____
IF "0" OR ZERO (NO LIVE CHILDREN), GO TO A8.

A5. Please name them ENTER RESPONSE IN PREGNANCY RECORD.

A6. What are the ages of your children?

A7. Is _____ a boy or a girl?
ENTER RESPONSES FOR A6 and A7 IN PREGNANCY RECORD.

A8. Do you have any children who were born alive but are now dead? (ANY CHILD WHO GAVE EVEN ONE SIGN OF LIFE DURING OR AFTER DELIVERY LIKE A CRY WAS BORN ALIVE EVEN IF IT DIED RIGHT AWAY). Please include any infant deaths.

1. _____ Yes (CONTINUE)
2. _____ No (GO TO A10)

A9. How many children were born alive but are now dead?

ENTER RESPONSE IN PREGNANCY RECORD

A10. Do you have any pregnancies in which the child was not born alive because of miscarriage?

1. _____ Yes (CONTINUE)
2. _____ No (GO TO A12)

A11. How many such pregnancies have there been?

(ENTER RESPONSE IN PREGNANCY RECORD.)

A12. Now, let me be sure that I have everything right.
You have

_____ number of children who are living,
_____ number of children who have died, and
_____ number of pregnancies that did not result to live births.

A total of _____ number of pregnancies.

Is that correct?

A13. Is it still possible for you to get pregnant?

1. _____ Yes (GO TO NEXT BLOCK)
2. _____ No (CONTINUE)

A14. IF NO Why not? _____

GO TO NEXT BLOCK

PREGNANCY RECORD

NAME OF CHILD : LIVING : DECEASED : FETAL LOSS : TOTAL					
	<u>AGE</u>	<u>SEX</u>			
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
T O T A L :					

BLOCK B: PREGNANCY STATUS

BLOCK B1: PREGNANCY STATUS INDEX

B0. Now, I would like to ask you about your experiences when you were pregnant. (HAND CARD 1) To go about this, I will read several statements to you and I would like you to indicate how you feel about each of them. I want you to answer the statements by indicating:

1. agree very, very strongly
2. agree strongly
3. agree moderately
4. agree slightly
5. neutral
6. disagree slightly
7. disagree moderately
8. disagree strongly
9. disagree very, very strongly

To familiarize you and make you more comfortable with the card, let me give you some examples.

A. I feel good when I help others. How will you answer?

(MENTION POSSIBLE ANSWERS IN EXAMPLES)

B. The weather is beautiful outside.

C. I feel sad when my children get married.

Let us begin:

- _____ B1-1. I feel more attractive when I am pregnant.
- _____ B1-2. I don't mind the pains that I feel during my pregnancy.
- _____ B1-3. I like being pregnant because my husband helps me more with the chores around the house and/or the farm.
- _____ B1-4. My husband is attentive when I am pregnant.
- _____ B1-5. I especially like being pregnant because I want to have children.
- _____ B1-6. I find myself getting easily tired when I am pregnant.
- _____ B1-7. I like being pregnant because my neighbors become more friendly and helpful.
- _____ B1-8. I feel envious when I see a pregnant woman.
- _____ B1-9. My fear of giving birth can prevent a pregnancy.
- _____ B1-10. My relatives are more attentive and helpful when I am pregnant, and I like it.
- _____ B1-11. I become pregnant because I want my husband to be a father.
- _____ B1-12. I am very happy whenever I am pregnant.
- _____ B1-13. I like being pregnant because my husband consults me more often on family affairs.

- _____ B1-14. I feel everybody, even strangers, loves me when I am pregnant.
- _____ B1-15. I feel I am free to do whatever I want whenever I am pregnant.
- _____ B1-16. I like being pregnant because my husband follows my decision more often.
- _____ B1-17. I become cranky and irritable whenever I am pregnant.
- _____ B1-18. I get more invitations to parties when I am pregnant.
- _____ B1-19. I notice that my mother-in-law and I become closer to each other when I am pregnant, and I like it.
- _____ B1-20. I become pregnant because my husband and family want me to.
- _____ B1-21. I like being pregnant because my husband [and children] always make sure that I am comfortable.
- _____ B1-22. I feel that people treat me as if I am sick whenever I am pregnant.
- _____ B1-23. I feel I prove my femininity every time I am pregnant.
- _____ B1-24. When I am pregnant I get to meet and interact with my friends like I used to.
- _____ B1-25. I like being pregnant because my husband prepares special food for me.
- _____ B1-26. I don't mind if strangers stare at me and become too friendly because I am pregnant.
- _____ B1-27. I notice that many people come and talk to me when I am pregnant.
- _____ B1-28. I become pregnant because my husband's family wants me to.
- _____ B1-29. I like being pregnant because tradespeople always give me a bargain or free merchandise if they learn or know that I am pregnant.

(PROCEED TO NEXT PART OF SAME BLOCK)

BLOCK B2: SEMANTIC DIFFERENTIAL

B0. Following up on the issue of pregnancy, I will read to you a list of words. These words are opposite each other. As I read to you two opposite words at a time, I would like you to decide which number best describes how you feel about PREGNANCY.

(HAND CARD 2) The card that I just gave you is the one that we will be using. The numbers in the card show the degree of your feelings toward certain things.

To make you more comfortable with the card, let me read to you three sets of opposite words. In this example, I want you to think about your CHILDREN.

		CHILDREN								
		1	2	3	4	5	6	7		
(1) obedient	/ / / / / / / / /								disobedient	
(2) noisy	/ / / / / / / / /								quiet	
(3) happy	/ / / / / / / / /								sad	

Since you seem to be familiar with the card, I will begin to read to you the words. Please remember that you will have to decide the degree of your feelings toward PREGNANCY.

		PREGNANCY								
		VERY		SLIGHTLY	NEUTRAL	SLIGHTLY		VERY		
		1	2	3	4	5	6	7		
B2-1.	satisfying								frustrating	
B2-2.	hectic								calm	
B2-3.	sad								happy	
B2-4.	strong								weak	
B2-5.	dull								stimulating	
B2-6.	powerful								powerless	
B2-7.	stressful								relaxing	
B2-8.	good								bad	
B2-9.	ugly								beautiful	
B2-10.	young								old	
B2-11.	useless								useful	
B2-12.	unpleasant								pleasant	

B2-13.	needed	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	unnneeded
B2-14.	courageous	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	timid
B2-15.	rough	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	smooth
B2-16.	respectable	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	lowly
B2-17.	tender	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	tough
B2-18.	insignificant	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	significant
B2-19.	noisy	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	quiet
B2-20.	empty	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	full
B2-21.	difficult	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	easy
B2-22.	honorable	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	despicable
B2-23.	pleasant	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	boring
B2-24.	valuable	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	worthless
B2-25.	troublesome	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	troubleless
B2-26.	thankful	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	thankless
B2-27.	free	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	restrained
B2-28.	ordinary	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	important
B2-29.	poor	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	rich
B2-30.	responsible	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	irresponsible
B2-31.	ashamed	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	proud
B2-32.	loved	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	unloved

BLOCK C: MOTHERHOOD

BLOCK C1: MOTHERHOOD STATUS

C1-0. Having asked you about your experience while you were pregnant, now I would like you to think about your experience, thoughts, and concerns after giving birth to your every child. In other words, now I want you to think, not about pregnancy anymore, but about the idea of MOTHERHOOD.

As we have done just now, I will read out to you the very same set of opposite words. But this time, I want you to concentrate your mind on the word MOTHERHOOD. Then choose the number that best describes the degree of your feelings toward MOTHERHOOD.

		MOTHERHOOD						
		VERY		SLIGHTLY	NEUTRAL	SLIGHTLY		VERY
C1-1.	satisfying	----- ----- ----- ----- -----					frustrating	
C1-2.	hectic	----- ----- ----- ----- -----					calm	
C1-3.	sad	----- ----- ----- ----- -----					happy	
C1-4.	strong	----- ----- ----- ----- -----					weak	
C1-5.	dull	----- ----- ----- ----- -----					stimulating	
C1-6.	powerful	----- ----- ----- ----- -----					powerless	
C1-7.	stressful	----- ----- ----- ----- -----					relaxing	
C1-8.	good	----- ----- ----- ----- -----					bad	
C1-9.	ugly	----- ----- ----- ----- -----					beautiful	
C1-10.	young	----- ----- ----- ----- -----					old	
C1-11.	useless	----- ----- ----- ----- -----					useful	
C1-12.	unpleasant	----- ----- ----- ----- -----					pleasant	
C1-13.	needed	----- ----- ----- ----- -----					unneded	
C1-14.	courageous	----- ----- ----- ----- -----					timid	
C1-15.	rough	----- ----- ----- ----- -----					smooth	
C1-16.	respectable	----- ----- ----- ----- -----					lowly	
C1-17.	tender	----- ----- ----- ----- -----					tough	
C1-18.	insignificant	----- ----- ----- ----- -----					significant	
C1-19.	noisy	----- ----- ----- ----- -----					quiet	
C1-20.	empty	----- ----- ----- ----- -----					full	

C1-21.	difficult	_____	easy
C1-22.	honorable	_____	despicable
C1-23.	pleasant	_____	unpleasant
C1-24.	valuable	_____	worthless
C1-25.	troublesome	_____	troubleless
C1-26.	thankful	_____	thankless
C1-27.	free	_____	restrained
C1-28.	ordinary	_____	important
C1-29.	poor	_____	rich
C1-30.	responsible	_____	irresponsible
C1-31.	ashamed	_____	proud
C1-32.	loved	_____	unloved

C2: MOTHERHOOD AND PREGNANCY

C2-0. I have asked you to describe your experiences as a pregnant woman and as a mother. At this point, I would like you to contrast your experiences and thoughts as a pregnant woman with those thoughts and experiences you have as a mother.

(HAND CARD 1) You will have to answer each statement by using the first card that we have given to you. To remind you, the numbers indicate:

1. agree very, very strongly
2. agree strongly
3. agree moderately
4. agree slightly
5. NEUTRAL
6. disagree slightly
7. disagree moderately
8. disagree strongly
9. disagree very, very strongly
0. not applicable

Do you want me to give you the examples again? (READ PREVIOUS EXAMPLES.)

Let us begin.

ANSWER

- _____ C2-1. I would not mind getting pregnant but my husband and I have as many children as we want.
- _____ C2-2. My husband and I want to bear a child even if it means that I have to stop working or that he has to work harder.
- _____ C2-3. I feel I am different from everyone else when I am pregnant but so ordinary and unimportant after having a child.
- _____ C2-4. I tolerate the pains and discomforts of pregnancy because I know I will have a child.
- _____ C2-5. People pay more attention to me when I am pregnant but after I have given birth, my child takes all the attention.
- _____ C2-6. I don't mind the restrictions imposed on my activities during my pregnancy because the birth of my child gives me much satisfaction.
- _____ C2-7. I want to be pregnant because I am able to make my husband change his ways, which I can no longer do after the birth of our child.
- _____ C2-8. I don't mind the health risks and restrictions involved in pregnancy as long as I know that I have children who will take care of my husband and me in our old age.

- _____ C2-9. When asked, I would rather have a pregnancy than a child because there are more responsibilities involved with motherhood.
- _____ C2-10. I feel my husband and I have a closer relationship during my pregnancy than after the child is born or has grown up.
- _____ C2-11. I want to be pregnant because I want a child to nurture and take care of.
- _____ C2-12. I want to be pregnant because I am able to win in most marital arguments. After the birth of the child I no longer enjoy this privilege.

(PROCEED TO NEXT BLOCK)

BLOCK D: FAMILY PLANNING

- D1. Some couples do something to delay or prevent a pregnancy so that they have just the number of children they want or have them when they want them. Have you heard about this or of the term "Family Planning"?
1. _____ Yes (CONTINUE)
2. _____ No (GO TO D6)

-
- D2. What methods or combination of methods have you ever used?
[READ TRADITIONAL-FOLK METHODS ALOUD]
0. _____ None
1. - Traditional-Folk
_____ Abstinence or
_____ Sleeping separately
_____ rhythm (safe period)
_____ withdrawal
_____ douche
_____ breast feeding
_____ others (SPECIFY: _____)
2. - Mechanical-Chemical
_____ condom
_____ diaphragm
_____ foam tables
_____ jelly or cream
_____ suppositories
_____ tampon or sponge
3. - IUD-Physiologic
_____ IUD
_____ Injection
_____ pills
4. - Sterilization
_____ Male
_____ Female
[IF STERILIZATION, GO TO D7]
5. - Others (SPECIFY) _____

-
- D3. Are you currently using Family Planning method/s?
1. _____ Yes (CONTINUE)
2. _____ No (GO TO D5)
-

D4. What method/s or combination of methods are you currently using?

List:

[IF STERILIZATION METHOD IS CHOSEN, GO TO D7]

D5. Do you and your husband still plan to have a/another child? 1. _____ Yes
2. _____ No

D6. Do you still want a/another child? 1. _____ Yes
2. _____ No

D7. If you were to start your family all over again, how many children would you like to have? _____
Number

BLOCK E: TRADITIONAL ROLE ORIENTATION

EO. (HAND CARD 1). Now, I would like to ask you a few questions concerning your outlook towards the woman's role.

We shall use the same card. Again, your responses will range from:

1. agree very, very strongly
2. agree strongly
3. agree moderately
4. agree slightly
5. NEUTRAL
6. disagree slightly
7. disagree moderately
8. disagree strongly
9. disagree very, very strongly
0. not applicable

(PROCEED)

Let me read the statements.

ANSWER

- _____ E-1. It is much better for everyone involved if the man is the achiever outside the home and the woman takes care of the home and family.
- _____ E-2. Men and women should be paid the same if they do the same work.
- _____ E-3. If anything happened to one of the children while the mother is working, she should never forgive herself.
- _____ E-4. On the job, men should not refuse to work under women.
- _____ E-5. A working mother can establish just as warm and secure a relationship with her children as a mother who does not work.
- _____ E-6. A woman should have the same job opportunities as a man.
- _____ E-7. A preschool child is likely to suffer if his/her mother works.
- _____ E-8. Women should be considered as seriously as men for jobs as politicians or even as presidents.
- _____ E-9. Women are much happier if they stay home and take care of their children.
- _____ E-10. Women should have the same job opportunities and receive the same pay for the same work as do men.
- _____ E-11. If a married woman has a job, her husband should help equally in the household chores and duties.
- _____ E-12. For a woman there can be no greater joy than that which comes from being a mother.

(PROCEED TO NEXT BLOCK)

BLOCK F: SOCIAL ACTIVITY

F0. In this part of the interview, I would like to ask you about the activities you do and how much time you spend on these activities.

The main areas that I will ask you concern:

- (1) home and family
- (2) studies
- (3) work
- (4) community service

I. Let me elaborate on these areas.

STUDIES: This area refers to taking courses, going to school (day or night classes, lectures or laboratory work), preparing for class, studying in a library or at home, also independent studying, formally or informally.

WORK: Refers to a job or employment that is for pay or for profit. You may be working for someone or may be self-employed.

COMMUNITY SERVICE: Are activities with community organizations such as recreational groups, Boys and Girls Scouts, Red Cross, social service agencies, PTA, neighborhood associations, and Church-oriented activities (CWL, etc.)

HOME AND FAMILY: This refers to activities like taking care of your home and family, household chores, shopping, caring for children and aging parents.

II. I will also ask you about the time spent on each of these activities, if any. (HAND CARD 3). This card, as you see, is made up of numbers also. Let me explain them.

- CODE:**
- (0) - NONE
 - (1) little
 - (2) some
 - (3) quite a lot
 - (4) a great deal

Let me read the questions:

F1.	Since you got married have you taken part in <u>activities</u> related to:		YES	NO
	(1) home and family	_____	_____	_____
	(2) studies	_____	_____	_____
	(3) work	_____	_____	_____
	(4) community service	_____	_____	_____

F2.	How much time do you spend in these activities related to:	(1) home and family	_____	
		(2) studies	_____	
		(3) work	_____	
		(4) community service	_____	

F3.	Since you got married have you been a member of <u>organizations</u> that have something to do with:		YES	NO
	(1) studies	_____	_____	_____
	(2) work	_____	_____	_____
	(3) community service	_____	_____	_____

F4.	How much time do you spend with these organizations?	(1) studies	_____	
		(2) work	_____	
		(3) community service	_____	

F5.	How do you spend your leisure time? Do you spend it through activities related to:		YES	NO
	(1) home and family	_____	_____	_____
	(2) studies	_____	_____	_____
	(3) work	_____	_____	_____
	(4) community service	_____	_____	_____

F6.	How much of your leisure time do you spend on activities related to:	(1) home and family	_____	
		(2) studies	_____	
		(3) work	_____	
		(4) community service	_____	

(PROCEED TO NEXT BLOCK)

BLOCK G: OCCUPATION AND EDUCATION OF HOUSEHOLD
HEAD AND HOUSING CHARACTERISTICS

G1. Is (HOUSEHOLD HEAD) working at present? 1. Yes (GO TO G3)
2. No (CONTINUE)

G2. Has (HOUSEHOLD HEAD) ever worked since January 1, 1980? 1. Yes (CONTINUE)
2. No (GO TO G4)

G3. Would you please describe what he does (did) in his main work (employment) activity? For example, if he is/was a farmer, how large (ha.) is/was his farm and is/was he a owner, part-owner, tenant, or agricultural laborer? If he is/was working in a business, what kind of work or job does/he did he do?

DETAILS OF OCCUPATION _____

G4. Has (HOUSEHOLD HEAD) ever attended school? 1. Yes (CONTINUE)
2. No (GO TO G6)

G5. [If Yes] what was the highest grade or year of school he has completed? _____

G6. Excluding the bathroom and toilet, how many rooms do you have in the house?

EXACT NUMBER _____

G7. Do you have a private toilet? 0. None
2. Yes, outside the house
3. Yes, inside the house

- G8. Do you own any of the following appliances? (READ OUT)
0. none
 1. radio
 2. sewing machine
 3. electric iron
 4. electric fan
 5. stereo/tape recorder/
cassette
 6. refrigerator
 7. electric/gas stove
 8. television
 9. air conditioner
 10. motorcycle
 11. car

FOR G9 AND G10 ASK ONLY IF NECESSARY BUT WRITE DOWN YOUR OBSERVATIONS. IF MORE THAN ONE, CHECK THE MATERIAL WHICH PREDOMINATES. IN HOUSE WHERE DIFFERENT MATERIALS ARE USED IN EQUAL QUANTITIES, CHECK THE BETTER MATERIAL.

- G9. What is the material of which the walls of the house are made?
1. scrap materials
 2. nipa, other thatch
 3. sawali, bamboo
 4. rough-hewn timber and/or poorly-fitted planks
 5. painted and/or well-fitted boards
 6. hollow-blocks, cement and other expensive materials
 7. others (SPECIFY) _____

- G10. What is the material of which the floors are made?
1. linoleum
 2. wood
 3. cement
 4. bamboo
 5. earth
 6. others (SPECIFY) _____

- G11. Approximately what is your total monthly family income in cash? Please include contributions and payments from members of the family and income from other sources like investments on land.
0. 0
 1. 1 - 399
 2. 400 - 799
 3. 800 - 1199
 4. 1200 - 1599
 5. 1600 - 1999
 6. 2000 - 2399
 7. 2400 - 2799
 8. 2800 & over

- G12. Have you (RSP) ever attended school? 1. Yes (CONTINUE)
2. No (GO TO G14)
-
- G13. What was the highest grade or year of school you have completed? _____
-
- G14. What was your age when you [first] got married? _____ AGE
-
- G15. Did you work at any time before were married? 1. Yes (CONTINUE)
2. No (GO TO G17)
-
- G16. How many months did you work until you got married? _____ EXACT MONTHS
-
- G17. Did you work at any time after you were married? 1. Yes (CONTINUE)
2. No (GO TO G19)
-
- G18. How many months have you been working then or until now. _____ EXACT NUMBER
-
- G19. Are you presently doing something to earn money? 1. Yes, at home
2. Yes, away from home
3. Yes, both at home and away from home
4. No (TERMINATE INTERVIEW)

G20. Would you please describe what you do in your main work (EMPLOYMENT)? For example, if a factory worker, what kind of work do you do and what kind of factory is it? (e.g., packer in a candy factory or cigarette roller in a cigarette factory). If an office employee what is your specific work (e.g., filing clerk, receptionist, etc.) If you are in business, what kind of work do you do (e.g., proprietor of a gasoline station, owner of a sari-sari store, etc.).

DETAILS OF THE OCCUPATION _____

- THANK YOU VERY MUCH -

Visayan

PREGNANCY STATUS SURVEY

Identification

- Code
1. Sample Household No. in Barangay _____
 2. Sample Barangay No. _____
 3. Stratum _____
 4. Province _____
 5. City / Municipality _____
 6. Barangay _____
 7. Respondent _____
Last First Middle Line #
 8. Complete Address _____

 9. Call Record

Interview Calls	:	1	:	2	:	3
Date :						
Time :						
Interviewer's Name:						
Result of Call:						
Next Appointment: Date						
Time						
Place						

Field Edited	Reinterviewed Spot checked	Office Edited	Coded
Name: _____ Date: _____	Name: _____ Date: _____	Name: _____ Date: _____	Name: _____ Date: _____

PREGNANCY STATUS SURVEY

BLOCK A: PREGNANCY PROFILE OF ALL CURRENTLY MARRIED WOMEN
15-45 YEARS OLD

A0. Maayong buntag/hapon. Guikan ako sa Research Institute for Mindanao Culture sa Xavier University. Aduna kamiy pagtuon mahitungod sa pagmabdus sa mga kababayan-an. Mahimo bang gahinan mo ako sa imong panahon aron pagtubag niining akong mga pangutana? Among tagoon ang bisan unsang inpormasyon nga inyong ihangyo nga among tagoon.

A1. Palihug nganli ang tanang mga babayeng minyo sa pagkakaran nga nagpuyo dinhi sa inyong panimalay lakip na ang imong kaugalingon. Palihug ilakip usab kadtong temporaryo nga wala karon dinhi.

NAMES: 1. _____ 3. _____
2. _____ 4. _____

A2. Pila ang imong panuigon sa ulahi nimong pag-adlaw?

Exact Age _____

A3. Namabdus ka ba sukad?

1. Yes _____ (CONTINUE) 2. No _____ (TERMINATE INTERVIEW)

A4. Pila tanan ang imong mga anak nga buhi sa pagkakaran? _____

A5. Palihug nganli ang imong mga anak nga buhi sa pagkakaran.

[ENTER NAMES IN PREGNANCY TABLE]

A6. Pila ang ilang mga idad?

A7. Kini ba si _____ babaye o lalaki?

[ENTER RESPONSES IN PREG. RECORD]

A8. Nakapanganak ka ba sukad sa batang natawong buhi apan karon patay na? (Kini nga mga bata nagpakita sa mga tmailhan sa kinabuhi sa panahon o human sila gianak sama pananglitan sa paghilak bisan kung kini sila namatay ra dayon.)

1. Yes _____ (CONTINUE)

2. No _____ (GO TO A10)

PREGNANCY RECORD

NAME OF CHILD : LIVING : DECEASED : FETAL LOSS : TOTAL					
	<u>AGE</u>	<u>SEX</u>			
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
TOTAL:					

A9. Pila sa imong mga anak ang natawo nga buhi apan karon patay na?

_____ [ENTER NAMES IN PREGNANCY RECORD FORM]

A10. Namabdus ka ba sukad diin ang bata wala matawo nga buhi tungod kay nakuha ang bata samtang gimabdus o natawo nga patay nang daan? 1. _____ Yes (CONTINUE)
2. _____ No (GO TO A12)

A11. Pila ka pagmabdus kini? _____

[ENTER RESPONSES IN PREGNANCY RECORD FORM]

A12. Aron akong masiguro ang akong lista adunay imong

_____ ka bata nga buhi sa pagkakaran

_____ ang namatay

_____ ka pagmabdus ang nakuha o wala matawo nga buhi.

Tanan-tanan adunay imong _____ ka pagmabdus. Insakto ba kini?

A13. Posible ka pa ba mamabdus? 1. _____ Yes (GO TO NEXT BLOCK)

2. _____ No (CONTINUE)

A14. [IF NOT] Ngano man? _____

[GO TO NEXT BLOCK]

BLOCK B: PREGNANCY STATUS

BLOCK B1: PREGNANCY STATUS INDEX

B0. Karon gusto akong mangutana mahitungod sa imong mga eksperyensya o kaagi sa diha nga namabdus ka (HAND CARD 1). Ang atong buhaton niini nga card mao kining musunod: Aduna akoy pagabasahon. Gusto nako nga imong isulti kung unsa ang imong gibati sa matag usa niini. Palihog tubaga ang akong mga pangutana niining mosunod:

1. mouyon gayod kaayo
2. mouyon kaayo
3. mouyon
4. mouyon gamay
5. neutral
6. mosupak gamay
7. mosupak
8. mosupak gayod
9. hugot nga mosupak gayod
0. not applicable

Aron imong masinati unsaon paggamit ang cards hatagan ko ikaw sa pananglit: _____

A. Maayo ang akong gabation kung motabang ako sa uban. Unsa may imong itubag niini?

[MENTION POSSIBLE ANSWERS IN Q. B0]

B. Ang panahon sa gawas maayo kaayo.

C. Bation ko ang kasubo kung maminyo and akong mga anak.

Mosugod na kita

- _____ B1-1. Akong gibati nga mas maanyag ako kung magmabdus.
- _____ B1-2. Dili ko igsapayan ang sakit-sakit nga akong pagabation kung ako mabdus.
- _____ B1-3. Gusto ko mamabdus kay mas tabangan ako sa akong bana sa mga buluhaton sa balay/uma.
- _____ B1-4. Ang akong bana matinagdanon kung ako mabdus.
- _____ B1-5. Gusto ko gayod mamabdus kay gusto ko man makaangkon sa mga anak.
- _____ B1-6. Akong nakita nga mas dali akong kapuyon kung ako mabdus.
- _____ B1-7. Gusto ko nga mamabdus kay ang akong mga silingan nahimong mas mahigalaon ug matinabangon.
- _____ B1-8. Mobati ako sa kaibog kung makakita sa mabdus nga babaye.
- _____ B1-9. Ang akong kahadlok nga manganak mao ang nakababag kanako nga magmabdus.
- _____ B1-10. Gusto nako nga mamabdus kay ang akong mga paryente mati-nagdanon ug matinabangon kung mabdus ako.

- _____ B1-11. Ako magmabdus kay gusto nako nga ang akong bana mahimong amahan.
- _____ B1-12. Malipayon kaayo ako kung ako mabdus.
- _____ B1-13. Gusto ko nga mamabdus kay ang akong bana nag-sigi pag-consulta kanako mahitungod sa mga kalihukan sa panimalay.
- _____ B1-14. Akong gibati nga tanan nagmahal kanako lakip na ang mga dili naku-kaila kung ako mabdus.
- _____ B1-15. Akong gibati nga ako may kagawasan o libre mobuhat sa bisag unsay akong buhaton kung ako mabdus.
- _____ B1-16. Gusto ko nga mamabdus kay sa makadaghan gasundon sa akong bana ang akong desisyon.
- _____ B1-17. Mahimo akong ulitan ug saputon kong ako mabdus.
- _____ B1-18. Kung mabdus ako daghan ang akong madawat nga imbitasyon nga motampo sa mga party.
- _____ B1-19. Akong namatikdan nga mas duol ang among pagbati sa akong ugangan nga babaye kung mabdus ako.
- _____ B1-20. Namabdus ako kay gusto sa akong bana ug pamilya.
- _____ B1-21. Gusto kong mamabdus kay siguroon gayod sa akong bana [ug mga anak] nga ako comfortable sa kanunay.
- _____ B1-22. Akong gibati nga ang pagtratar kanako sa mga tao mao nga mura akong nasakit kung ako mabdus.
- _____ B1-23. Akong gibati nga nakapamatuod ako sa akong pagkababaye kung ako magmabdus.
- _____ B1-24. Kung ako mabdus gusto ko nga makighinabi sa akong mga amiga sama sa akong naandan.
- _____ B1-25. Gusto ko nga mamabdus kay gapreparahan/gaandaman ako sa akong bana sa espesyal nga pagkaon.
- _____ B1-26. Dili ko igsapayan nga tan-awon sa mga tawo nga dili naku kaila lakip na kadtong mahigalaon kaayo kanako tungod kay mabdus ako.
- _____ B1-27. Akong namatikdan nga ang mga tawo bisag dili ko ila moduol ug makig-estorya kanako kung ako mabdus.
- _____ B1-28. Namabdus ako kay gusto sa pamilya sa akong bana.
- _____ B1-29. Gusto ko nga mamabdus kay hatagan ako sa mga negosyante sa higayon nga makahangyo o wala ba hinuoy bayad kung ilang mahibaw-an nga mabdus ako.

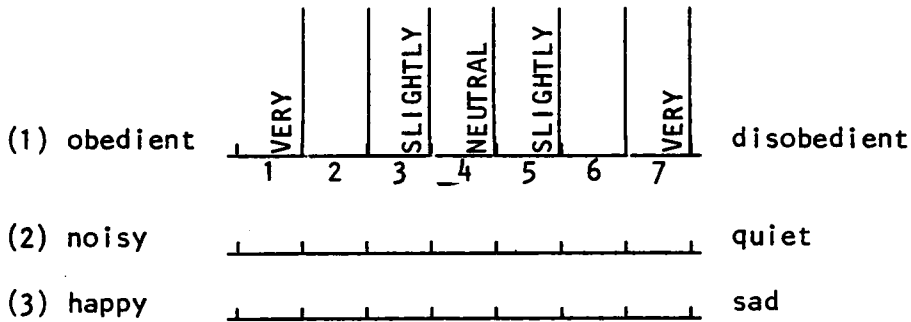
BLOCK B2: SEMANTIC DIFFERENTIAL

B0. Kini mahitungod gihapon sa atong nahisgutan sa unahan nga pagmabdus. Gusto kung basahon kanimo ang mga pulong nga nag-hulagway. Kini nga mga pulong nagkasukwahi ang kahulugan. Gusto naku nga isulti nimo ang numero nga mohulagway kung unsa ang imong gibati mahitungod sa pag-mabdus.

(HAND CARD 2) Ang card nga akong gihatag kanimo mao ang atong gamiton. Ang numero sa card nagpakita kung unsa nga matang sa imong gibati ngadto sa pulong nga akong ibasa kanimo.

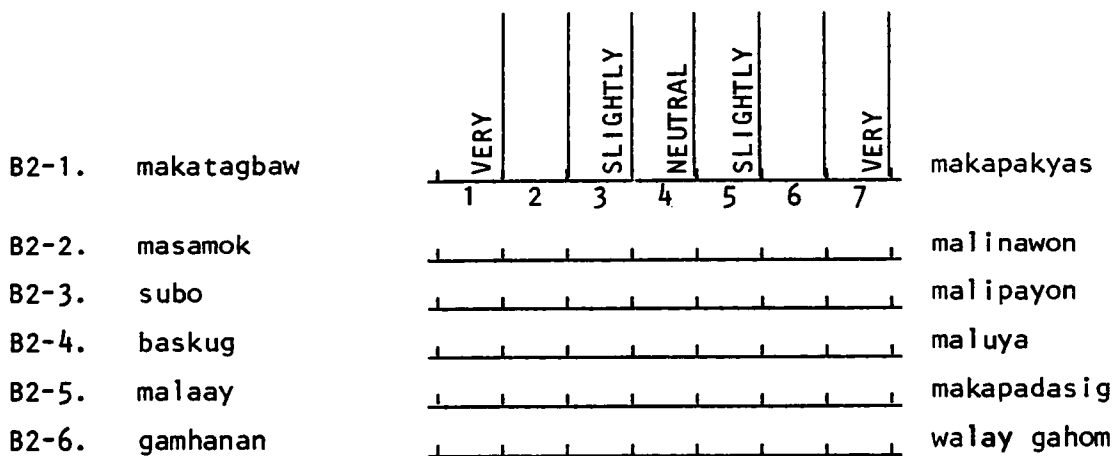
Aron akong masiguro nga imo akong nasabtan, akong basahon ang tulo ka mga pulong niini nga pananglit, gusto naku nga ang imong hunahunaon nga pulong ang 'mga bata'.

CHILDREN



Kay nahibaw-an naman nimo ang paggamit niini nga card, magsugod na kita. Palihog hinumdumi nga mohatag ka sa matang sa imong gibati ngadto sa pulong nga pagmabdus (PREGNANCY).

PREGNANCY



BLOCK C: MOTHERHOOD

BLOCK C1: MOTHERHOOD STATUS

C0. Human ko na ikaw mapangutana sa imong eksperyensiya o kaagi kani-adtong namabdus ka. Karon ang ako na usab ipangutana kanimo mao ang mahitungod sa imong panghunahuna ug kalabutan human sa imong matag panganak. Sa usa ka pagsulti ang akong pangutana dili na mahitungod sa pagmabdus kung dili makitungod sa pagka-inahan.

Ako gihapong basahon ang nagsukwahi nga mga pulong apan karong panahuna gusto nako nga imong itingub ang imong hunahuna ngadto sa pulong nga Pagkainahan. Dayon pilia ang pulong nga mohulagway sa matang sa imong gibati mahitungod sa pagkainahan.

MOTHERHOOD

		VERY		SLIGHTLY	NEUTRAL	SLIGHTLY		VERY	
		1	2	3	4	5	6	7	
C1-1.	makatagbaw								makapakyas
C1-2.	masamok								malinawon
C1-3.	subo								malipayon
C1-4.	baskug								maluya
C1-5.	malaay								makapadasig
C1-6.	gamhanan								walay gahom
C1-7.	makakapoy								makapahulay
C1-8.	maayo								dautan
C1-9.	ngil-ad								maanyag
C1-10.	batan-on								tigulang
C1-11.	dili mahinungdan								mahinungdanon
C1-12.	dili makapahimuot								makapahimuot
C1-13.	gikinahanglan								wala gikinahanglan/wala nakaa-ngay
C1-14.	maisog								maulawon
C1-15.	gubot								mahapsay
C1-16.	talahunon								talamayon

C1-17.	malumo	_____	malig-on
C1-18.	walay bili	_____	bilinhon
C1-19.	masaba	_____	mahilom
C1-20.	haw-ang	_____	hingpit
C1-21.	malisud	_____	masayon
C1-22.	dungganon	_____	talamayon
C1-23.	makapahimuot	_____	malaay
C1-24.	mapuslanon	_____	walay bili
C1-25.	masamok	_____	mahusay
C1-26.	mapasalamaton	_____	walay pagbalos
C1-27.	may kagawasan	_____	pinugngan
C1-28.	ordinaryo	_____	importante
C1-29.	pobre	_____	datu/adunahan
C1-30.	kasaligan	_____	dili kasaligan
C1-31.	manggiulawon	_____	mapagarbuhon
C1-32.	gipangga	_____	wala gipangga

C2: MOTHERHOOD AND PREGNANCY

C2-0. Gipahulagway ko ikaw sa imong mga naagian o eksperyensiya isip usa ka mabdu nga babaye ug isip usa ka inahan. Ug karon gasto ko nga imong ihulagway ang kalainan sa imong mga eksperyensiya ug panghunahuna isip usa ka mabdu nga babaye ug isip usa ka inahan.

(HAND CARD 1) Imong tubagon ang pangutana pinaagi sa paggamit sa card nga akong ihatag kanimo. Aron pagpahinumdom kanimo ang mga numero nagpasabot nga:

1. mouyon gayud kaayo
2. mouyon kaayo
3. mouyon
4. mouyon gamay
5. neutral
6. mosupak gamay
7. mosupak
8. mosupak gayod
9. hogut nga mosupak gayod
0. not applicable

Gusto ba nimo nga mohatag ako pag-usab sa mga panaglitan?
Mogsugod kita.

- _____ C2-1. Dili ko igsapayan nga mamabdu apan kaming mag-tiayon aduna nay igo nga gidaghanong sa anak o mga anak nga nga among gusto.
- _____ C2-2. Kaming mag-tiayon gusto nga manganak bisan kung kini makapaundang kanako pagtrabaho o mas maningkamot pa ang akong bana pagtrabaho.
- _____ C2-3. Akong gibati nga ako lahi ra gayud sa uban kung ako mabdu, apan mahimong ordinaryo ug dili importante inighuman naku pag-panganak.
- _____ C2-4. Akong giantos ang kasakit ug ang kasagabal sa pagmabdu kay nahibaw-an naku nga ako makaangkon ug anak.
- _____ C2-5. Ang mga tawo mohatag kanako sa maayong pagtagad kung ako mabdu apan kung ako manganak na ang ilang pagtagad mabalhin na ngadto sa akong anak.
- _____ C2-6. Dili ko igsapayan ang mga ginadili kanako nga mga buluhaton kung ako mabdu kay ang akong pag-anak naghatag kanako sa katagbawan.
- _____ C2-7. Gusto naku nga mamabdu kay mahimo nako nga mabalhin ang kinaiya sa akong bana ug kini dili naku mahimo inighuman nako'g anak.
- _____ C2-8. Dili ko igsapayan ang mga katalagman nga mahiagoman sa akong panglawas tungod sa pagmabdu, basta akong mahibaw-an nga aduna ako'y mga anak nga moatiman kanako ug sa akong bana inigkatigulang namo.

- _____ C2-9. Kung ako pangutan-on, mas gusto ko pa nga mamabdus kay sa adunay bata tungod kay adunay daghang responsabilidad ang pagka-inahan.
- _____ C2-10. Akong gibati nga haduol ang among relasyon nga magtiayon kung ako mabdus kaysa panahon nga human na ako manganak o dagku na ang mga bata.
- _____ C2-11. Gusto ako mamabdus kay gusto ako'g bata nga alimahan ug atimanon.
- _____ C2-12. Gusto akong mamabdus kay modaug ako permi sa among magtiayong pagbingkil-bingkil. Paghuman pagpanganak, dili na ako makatagamtam niini nga pribilihiyo.

[GO TO NEXT BLOCK]

BLOCK D: FAMILY PLANNING

- D1. Ang ubang magtiayon maghimo sa paagi aron malangan o mapugngan ang pagmabdu sa katuyuan nga makaangkon sila sa in-sakto nga gidaghanon sa mga anak nga ilang gustong maangkon o ayha na ba hinoon sila manganak kung ila nang gusto. Nakadungog ka na ba sukad sa bisan unsang paagi sa family planning?
1. Yes (CONTINUE)
2. No (GO TO D5)

-
- D2. Unsa nga paagi o mga paagi sa Family planning ang inyong nagamit sukad?
[READ ALOUD TRADITIONAL-FOLK METHODS]
0. None
1. - Traditional-Folk
 Abstinence or sleeping separately
 rhythm (safe period)
 withdrawal
 douche
 breastfeeding
 others (specify: _____)
2. - Mechanical chemical
 condom
 diaphragm
 foam tables
 jelly or cream
 suppositories
 tampon or sponge
3. - IUD - Physiologic
 IUD
 injection
 pill
4. - Sterilization
 male
 female
[IF STERILIZATION, GO TO D7]
5. - Others (Specify) _____

-
- D3. Naggamit ka ba karon sa paagi o mga paagi sa family planning?
1. Yes (CONTINUE)
2. No (GO TO D5)

D4. Unsa man nga paagi/mga paagi sa family planning ang imong gigamit karon?

[IF ANSWERED "STERILIZATION", GO TO D7]

D5. Kamo bang magtiayon nagplano nga makaangkon pa sa dugang anak? 1. _____ Yes
2. _____ No

D6. Gusto ka pa ba sa dugang anak? 1. _____ Yes
2. _____ No

D7. Ibutang ta nga magsugod ka pag-usab sa imong pamilya, pila ba ka bata ang imong gustong maangkon?

Number _____

[GO TO NEXT BLOCK]

BLOCK E: TRADITIONAL ROLE ORIENTATION

E0. (HAND CARD 1) Karon gusto kong mangutana niining pipila ka mga pangutana mahitungod sa imong panglantaw sa katungdanan sa usa ka babaye.

Atong gamiton ang mao ra nga card. Ang imong tubag mao ang:

1. mouyon gayud kaayo
2. mouyon kaayo
3. mouyon
4. mouyon gamay
5. neutral
6. mosupak gamay
7. mosupak
8. mosupak gayod
9. hugot nga mosupak gayod
0. not applicable

Akong basahon ang mosunod:

- _____ E-1. Mas maayo gayud alang sa tanang nahilambigit nga ang bana ang mangita gawas sa panimalay ug ang asawa mao ang mabilin ug moatiman sa panimalay.
- _____ E-2. Kinahanglan nga ang babaye ug lalake magdawat sa pareha nga suhulan sa pagpanarbaho kung sila motrabaho sa parehas nga buluhaton.
- _____ E-3. Kung adunay mahitabo sa bisan kinsa nga anak samtang ang inahan nagtrabaho, kini dili gayud niya mapasaylo ang iyang kaugalingon.
- _____ E-4. Sa pagpanarbaho ang kalalaken-an dili angay nga mobalibad pagpanarbaho ubos sa kababayen-an.
- _____ E-5. Ang nagtrabaho nga inahan adunay pareho nga mainiton ug maykasiguradong relasyon ngadto sa ilang mga anak parehas sa inahan nga wala nagtrabaho.
- _____ E-6. Ang kababayen-an kinahanglan adunay pareha ang oportunidad sa kalalaken-an sa pagpanarbaho.
- _____ E-7. Ang bata nga wala pa mag-escuela adunay puruhan nga dili makatagamtan sa pagmahal ug ensakto nga pag-amoma kung ang inahan nagtrabaho.
- _____ E-8. Ang kababayen-an kinahanglan nga iconsidirar ang ilang kakayahan sa pagpanarbaho parehas sa mga kalalaken-an.
- _____ E-9. Ang kababayen-an mas malipayon kung mopuyo lang sila sa balay ug mag-atiman sa mga bata.
- _____ E-10. Ang kababayen-an kinahanglan adunay parehas nga oportunidad sa pagpanarbaho ug pagdawat sa parehas nga suhulan alang sa parehas usab nga trabaho tali sa mga kalalaken-an.
- _____ E-11. Kung ang minyo nga babaye adunay trabaho kinahanglan nga ang bana motabang sa parehas nga buluhaton sa panimalay.
- _____ E-12. Alang sa usa ka babaye, wala'y laing tinubdan sa hingpit nga kalipay kung dili ang kalipay nga nagagikan sa pagka-inahan.

BLOCK F: SOCIAL ACTIVITY

F0. Gusto akong mangutana sa mga kalihukan nga imong gabuhaton. Lakip usab niini ang gidugayon sa matag usa niini.

Ang akong mga pangutana mao kining mosunod:

1. ang bahin sa panimalay
2. pagtuon
3. pagpanarbaho
4. katilingbanong pagserbisyo o kalihukan

(Studies) Pagtuon: Kini mao ang pagkuha sa kurso o pag-eskwela, pagtuon sa library, bisan ang pagtuon sa balay.

(Work) Pagtrabaho: Kini naglakip sa pagpanarbaho nga sinuhulan o pagtrabaho ba hinoon aron makakita sa ginansiya. Puede ka motrabaho para sa uban o kinaugalingon (self-employed) sama panang-litan sa pagnegosyo.

Community Service: Kini mga kalihukan alang sa katilingban sama sa Boys & Girls Scout, Red Cross, PTA, CWL, etc.

Home & Family : Naglakip sa mga kalihukan nga alang sa panimalay ug sa miembro sa pamilya sama sa pagbuhat sa buluhaton sa panimalay, pagbantay sa bata ug pag-alima sa tigulang na nga ginikanan.

II. Aduna akoy mga pangutana kanimo mahitungod sa panahon nga imong nagamit sa matag usa sa mga kalihukan. Kung aduna man ugaling, kini nga card adunay mga numero. Akong ipahayag kanimo ang paggamit niini [EXPLAIN EACH CODE NUMBER]

- 0 - wala
- 1 - gamay ra
- 2 - adunay gamay
- 3 - daku-daku
- 4 - daku gayud kaayo

Akong basahon kanimo ang mga pangutana:

F1. Sukad ka naminyonakaapil-apil ka ba sa mga kalihukan mga may kalabutan niining mosunod:

	YES	NO
1. home and family	_____	_____
2. studies	_____	_____
3. work	_____	_____
4. community service	_____	_____

F2. Unsa ang gidugayon sa imong panahon ang imong nagamit alang sa kalihukan sa:

1. home and family	_____
2. studies	_____
3. work	_____
4. community service	_____

F3. Sukad ka naminyo namiembro ka ba sa mga organization o pundok nga adunay kalabutan niining mosunod.

	YES	NO
1. studies	_____	_____
2. work	_____	_____
3. community service	_____	_____

F4. Unsa ang gidugayon sa imong panahon ang imong nagamit alang sa:

1. studies	_____
2. work	_____
3. community service	_____

F5. Unsaon nimo paggamit ang imong panahon kung wala kay gabuhaton? 0 panahon sa tingpahulay. Imo ba kining nagamit alang sa mga kalihukan nga may kalabutan sa:

	YES	NO
1. home and family	_____	_____
2. studies	_____	_____
3. work	_____	_____
4. community service	_____	_____

F6. Unsa ang gidugayon sa imong panahon ang imong nagamit alang sa:

1. home and family	_____
2. studies	_____
3. work	_____
4. community service	_____

BLOCK G: OCCUPATION AND EDUCATION OF HOUSEHOLD HEAD
AND HOUSING CHARACTERISTICS

G1. Ang pangulo ba sa panimalay nagtrabaho sa pagkakaran? 1. _____ Yes (GO TO G3)
2. _____ No (CONTINUE)

G2. Kini ba si _____ nakatrabaho
(HOUSEHOLD HEAD)
sukad sa Enero 1, 1980? 1. _____ Yes (CONTINUE)
2. _____ No (GO TO G4)

G3. Palihog ihulagway kung unsa ang iyang gabuhaton sa iyang trabaho. Pananglitan kung siya mag-uuma, unsa ka daku ang yuta, tag-iya ba o saop, o laborer. Pananglitan nagtrabaho sa negosyo, unsa ang iyang gitrabaho.

Details of Occupation _____

G4. Nakaeskuela ba sukad si _____ (HHH) 1. _____ Yes (CONTINUE)
2. _____ No (GO TO G6)

G5. If yes, unsa ang kinatas-ang grado nga iyang nahuman? _____

G6. Walay labot ang banyo ug kaselyas, pila ka kuarto kining inyong balay? _____

EXACT NUMBER

G7. Aduna ba kamo'y kaugalingong kaselyas? 0. _____ None
1. _____ Yes, outside the house
2. _____ Yes, inside the house

G8. Aduna ba kamo niining mosunod? 0. _____ None
1. _____ radio
2. _____ sewing machine
3. _____ electric iron
4. _____ electric fan
5. _____ stereo/tape recorder/
cassette
6. _____ refrigerator
7. _____ electric/gas stove
8. _____ television
9. _____ air conditioner
10. _____ motorcycle
11. _____ car

FOR G9 AND G10 ASK ONLY IF NECESSARY BUT WRITE DOWN YOUR OBSERVATIONS. IF MORE THAN ONE, CHECK THE MATERIAL WHICH PREDOMINATES. IN HOUSE WHERE DIFFERENT MATERIALS ARE USED IN EQUAL QUANTITIES, CHECK THE BETTER MATERIAL.

-
- G9. Unsa man nga materyales kining inyong dingding?
1. _____ scrap materials
 2. _____ nipa, other thatch
 3. _____ sawali, bamboo
 4. _____ rough-hewn timber and/or poorly-fitted planks
 5. _____ painted and/or well-fitted boards
 6. _____ hollow blocks, cemented and other expensive materials
 7. _____ others (SPECIFY)
-

- G10. Unsa nga materyales kining inyong salog?
1. _____ linoleum
 2. _____ wood
 3. _____ cement
 4. _____ bamboo
 5. _____ earth
 6. _____ others (SPECIFY)
-

- G11. Sa imong banabana, pila ang inyong kinatibuk-ang binulang cash [or in kind crops] nga kita sa inyong pamilya? Pali-hog ilakip ang mga contri-busyon guikan sa miembro sa pamilya ug guikan sa ubang gigikanan sama sa income guikan sa inyong yuta.
0. _____ 0
 1. _____ 1- 399
 2. _____ 400 - 799
 3. _____ 800 - 1199
 4. _____ 1200 - 1599
 5. _____ 1600 - 1999
 6. _____ 2000 - 2399
 7. _____ 2400 - 2799
 8. _____ 2800 & over
-

- G12. Nakaeskuela ka ba sukad? (RESPONDENT)
1. _____ Yes
 2. _____ No (GO TO G14)
-

- G13. Unsa ang kinatas-ang grado nga imong nahuman? _____
-

- G14. Pila man ang imong edad sa una nimong kaminyoon? _____
-

- G15. Nagtrabaho ka ba bisag kanus-a sa wala ka pa maminyo?
1. _____ Yes
 2. _____ No (GO TO G17)
-

G16. Pila ka bulan ang imong pagtrabaho sa wala ka pa maminyo?

_____ Exact months

G17. Nagtrabaho ka ba bisag kanus-a sa dihang minyo ka na? 1. _____ Yes (CONTINUE)
2. _____ No (GO TO G19)

G18. Unsa ang gidugayon sa imong pagtrabaho?

_____ Exact number

G19. Nagtrabaho ka ba karon aron makakita sa kuarta? 1. _____ Yes, at home
2. _____ Yes, away from home
3. _____ Yes, both at home and away from home
4. _____ No (TERMINATE INTERVIEW)

G20. Palihug ihulagway ang imong trabaho. Pananglitan, nagtrabaho sa factory, unsa nga trabaho ang imong gahimoon, ug unsa kini nga factory. Kung nagtrabaho sa opisina, unsa ang imong trabaho. Kung nagtrabaho ka sa negosyo, unsa man usab kini nga trabaho, tag-iya ba sa sari-sari store, gasoline station ug uban pa.

DETAILS OF THE OCCUPATION _____

END OF INTERVIEW

APPENDIX B

PROFILE OF RESPONDENTS
FROM
MISAMIS ORIENTAL, PHILIPPINES

PROFILE OF RESPONDENTS FROM MISAMIS ORIENTAL

	PERCENT	NUMBER OF CASES
RESIDENCE		
Rural	61.0	590
Urban	39.0	377
	-----	-----
	100.0	967
SOCIO-ECONOMIC STATUS		
Low	39.7	384
Middle	57.1	552
High	3.2	31
	-----	-----
	100.0	967
AGE		
15-20	4.3	42
21-25	18.7	181
26-30	29.2	282
31-35	20.3	196
36-40	14.7	142
41-45	12.8	124
	-----	-----
	100.0	967
EDUCATIONAL ATTAINMENT		
None	.1	1
Grade School	32.8	317
Some High School	22.4	217
High School Graduate, Vocational Training	20.0	193
Some College	13.8	133
College Graduate	9.9	96
More than College	1.0	10
	-----	-----
	100.0	967
OCCUPATIONAL CATEGORY		
Housewife	59.3	579
Agricultural	13.5	131
Service	7.1	69
Blue-collar	14.1	136
Professional	5.5	53
	-----	-----
	100.0	967

	PERCENT	NUMBER OF CASES
NUMBER OF LIVE BIRTHS		
1-3	59.9	579
4-6	30.2	292
7-9	8.4	81
10-13	1.6	15
	-----	-----
	100.0	967
 NUMBER OF DEATHS		
None	78.6	760
1	15.4	149
2	4.2	41
3	1.4	14
4	.1	1
5	.1	1
6	.1	1
	-----	-----
	100.0	967
 NUMBER OF FETAL LOSSES		
None	72.6	702
1	19.6	190
2	5.4	52
3	1.7	16
4	.2	2
5	.5	5
	-----	-----
	100.0	967
 NUMBER OF PREGNANCIES		
1-3	50.3	486
4-6	33.1	320
7-9	11.1	107
10-12	4.9	47
13-16	.7	7
	-----	-----
	100.0	967

	PERCENT	NUMBER OF CASES
AGE AT 1ST MARRIAGE		
10-15	4.6	44
16-20	51.2	495
21-25	34.9	337
26-30	7.9	76
31-41	1.6	15
	-----	-----
	100.0	967
WOMAN EVER WORKED BEFORE MARRIAGE		
Yes	57.4	555
No	42.6	412
	-----	-----
	100.0	967
WOMAN WORKED AFTER MARRIAGE		
Yes	49.7	481
No	50.3	486
	-----	-----
	100.0	967
PRESENTLY WORKING		
Yes, at home	16.3	158
Yes, away from home	21.1	204
Yes, both	2.8	27
No	59.8	578
	-----	-----
	100.0	967

APPENDIX C

SAMPLE BARANGAYS

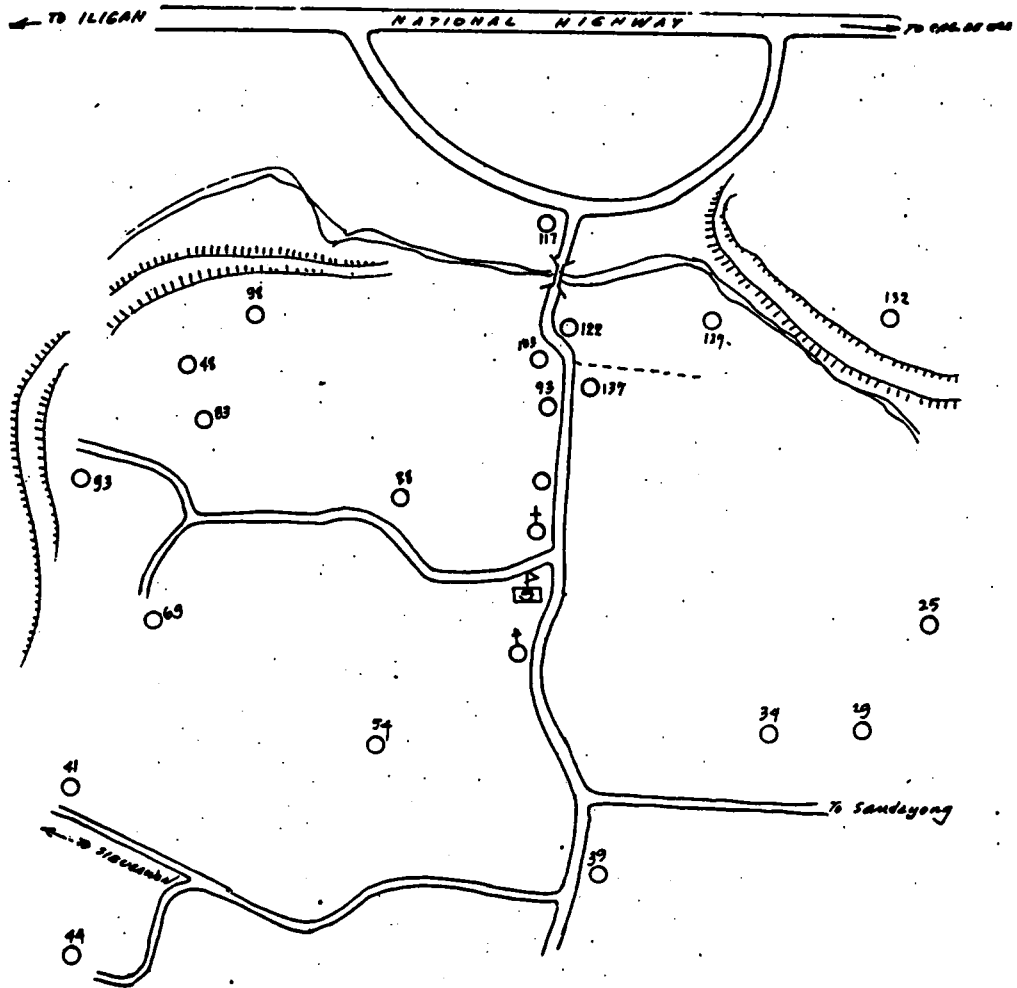
SAMPLE BARANGAYS

1. Lanao, Alubijid	Rural
2. Calatcat, Alubijid	Rural
3. Binitinan, Balingasag	Rural
4. Mandangua, Balingasag	Rural
5. G.E. Antonio, Balingoan	Urban
6. Mabini, Binuangan	Rural
7. Barangay 15 (Poblacion), Cagayan de Oro ..	Urban
8. Bugo, Cagayan de Oro	Urban
9. Camaman-an, Cagayan de Oro	Urban
10. Cugman, Cagayan de Oro	Urban
11. Kauswagan, Cagayan de Oro	Urban
12. Lapasan, Cagayan de Oro	Urban
13. Macasandig, Cagayan de Oro	Urban
14. Barangay 19, Cagayan de Oro	Urban
15. Macabalan, Cagayan de Oro	Urban
16. Patag, Cagayan de Oro	Urban
17. Barangay 25, Cagayan de Oro	Urban
18. Poblacion, Claveria	Urban
19. Bolo-bolo, El Salvador	Rural
20. Anakan, Gingoog	Rural
21. Poblacion 20, Gingoog	Urban
22. Talisay, Gingoog	Rural
23. Pangasihon, Gingoog	Rural
24. San Pedro, Initao	Rural
25. Poblacio, Initao	Urban
26. Lower Jasaan, Jasaan	Urban
27. Buko, Kinoguitan	Rural
28. Liberty, Languindingan	Rural
29. Sambulawan, Languindingan	Rural
30. Cabalantian, Manticao	Rural
31. Cabug, Medina	Rural
32. Linangcayan, Naawan	Rural
33. Baluarte, Tagoloan	Rural
34. Santa Ana, Tagoloan	Rural
35. Sugbongcogon, Tagoloan	Rural
36. Santa Ines, Talisayan	Rural

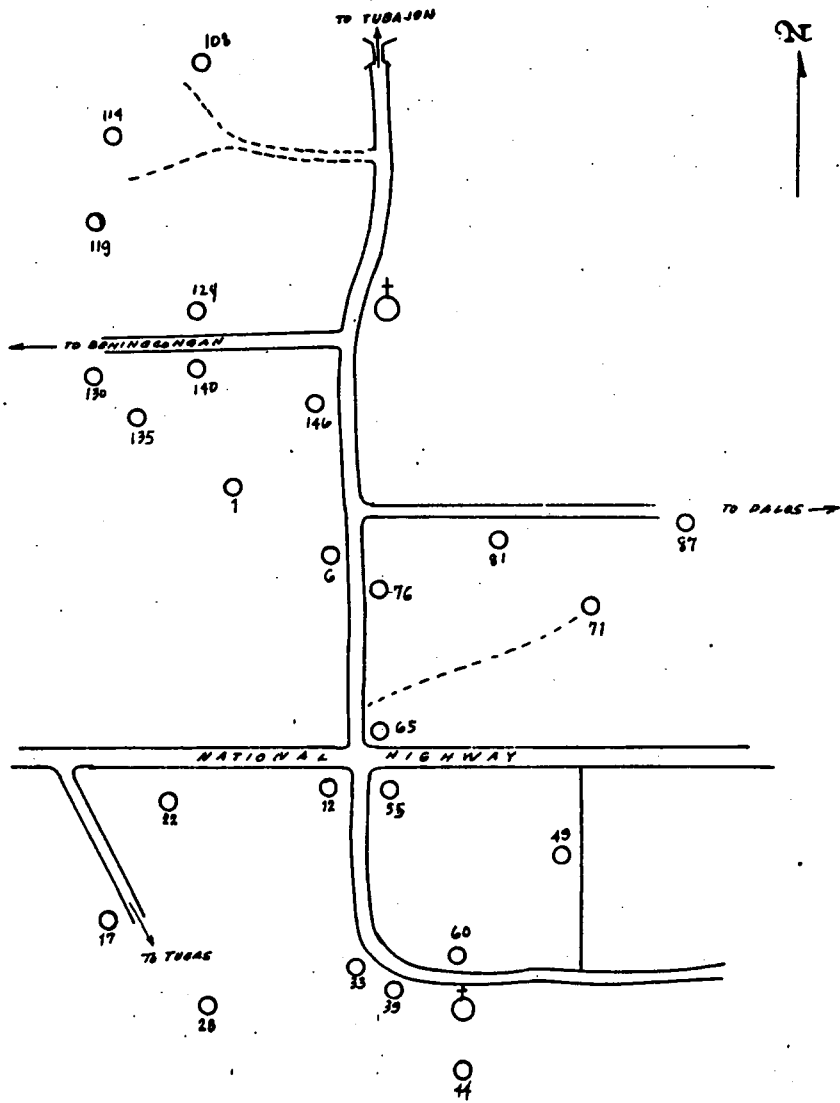
APPENDIX D

SKETCH MAPS

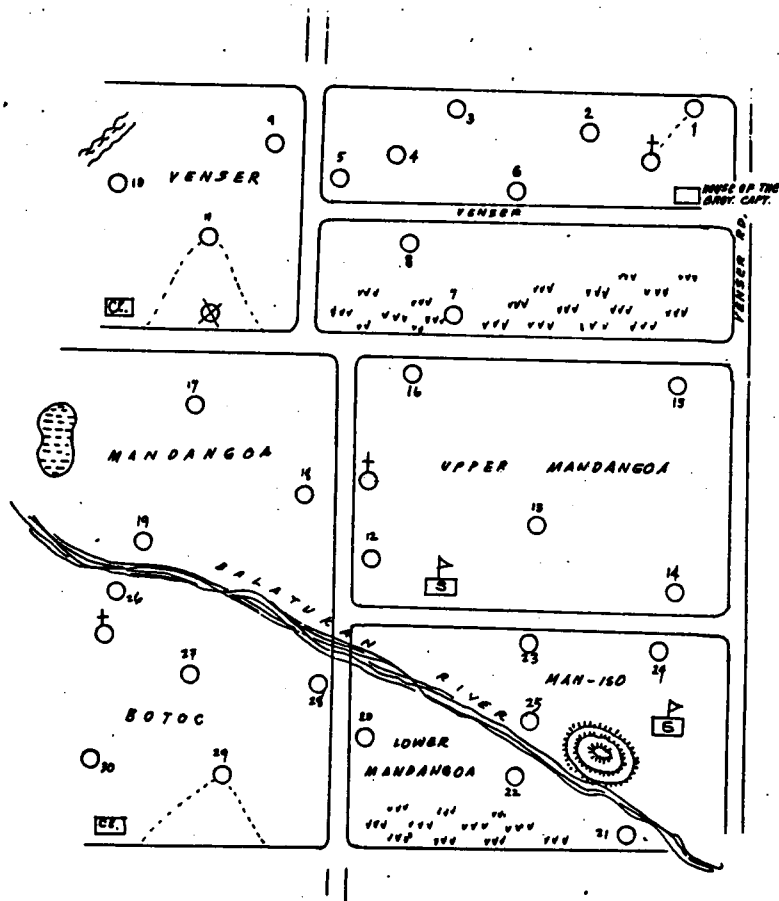
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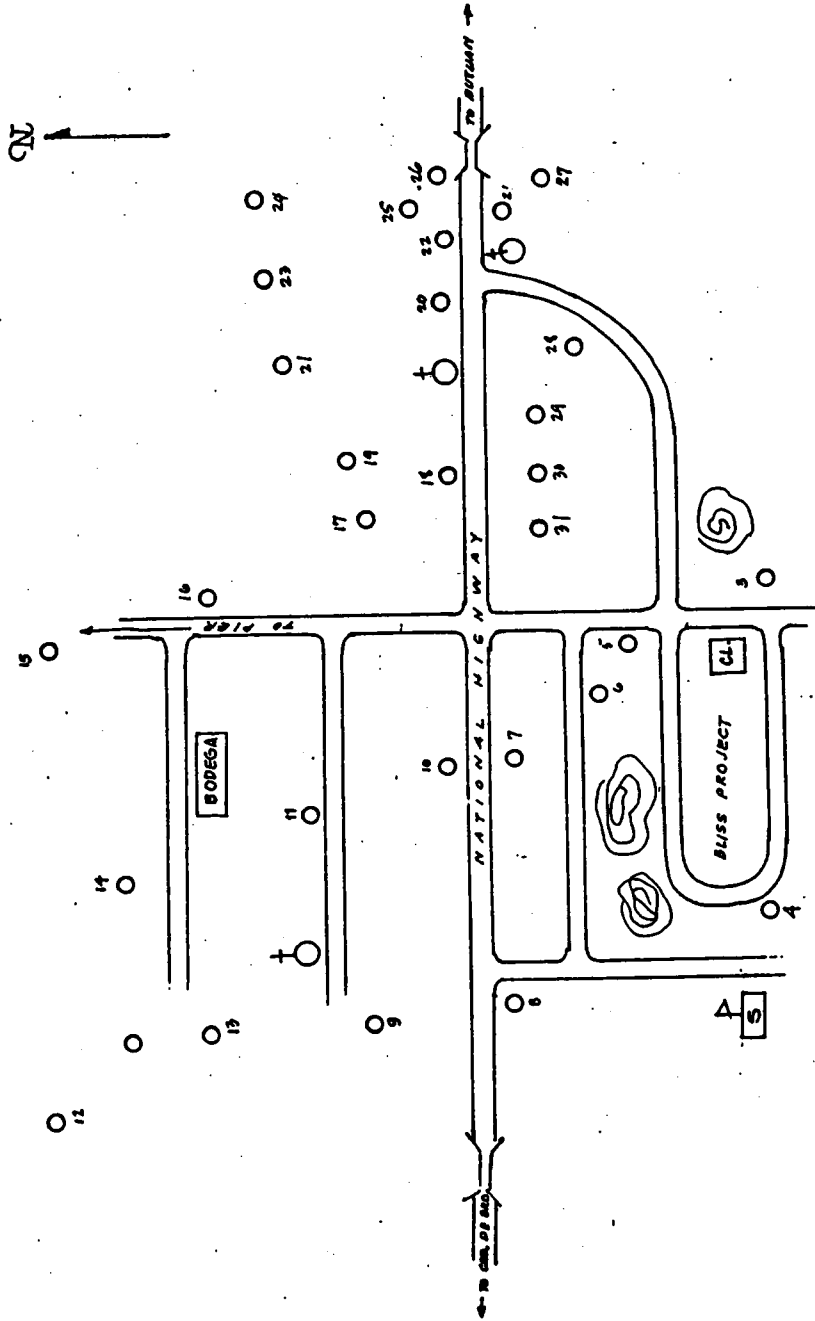
SKETCH MAP OF BRGY CALATCAT, ALUBIJID, MISAMIS OR.



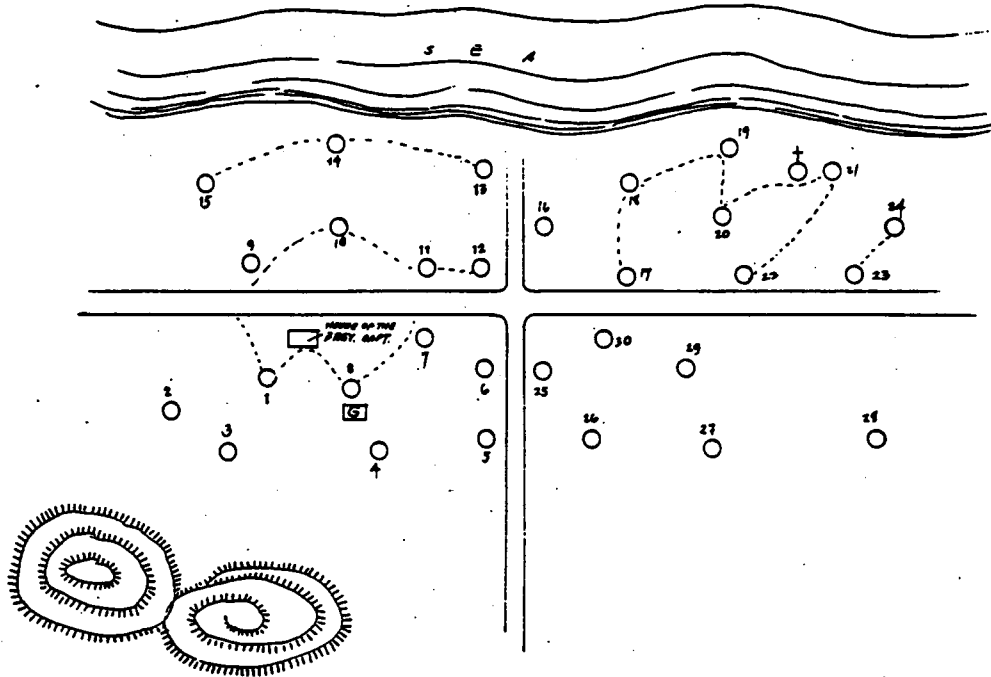
SKETCH MAP OF BRGY. LANA O, ALUBIJID, MIS. OR.



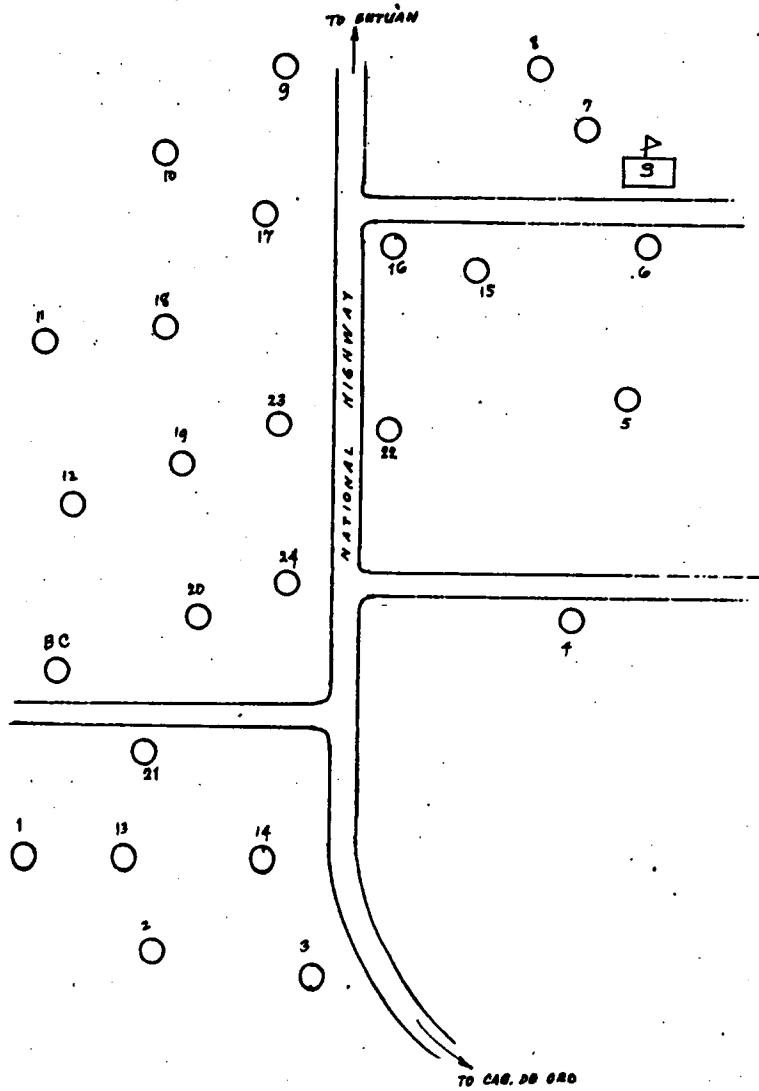
SKETCH MAP OF MANDANGOA



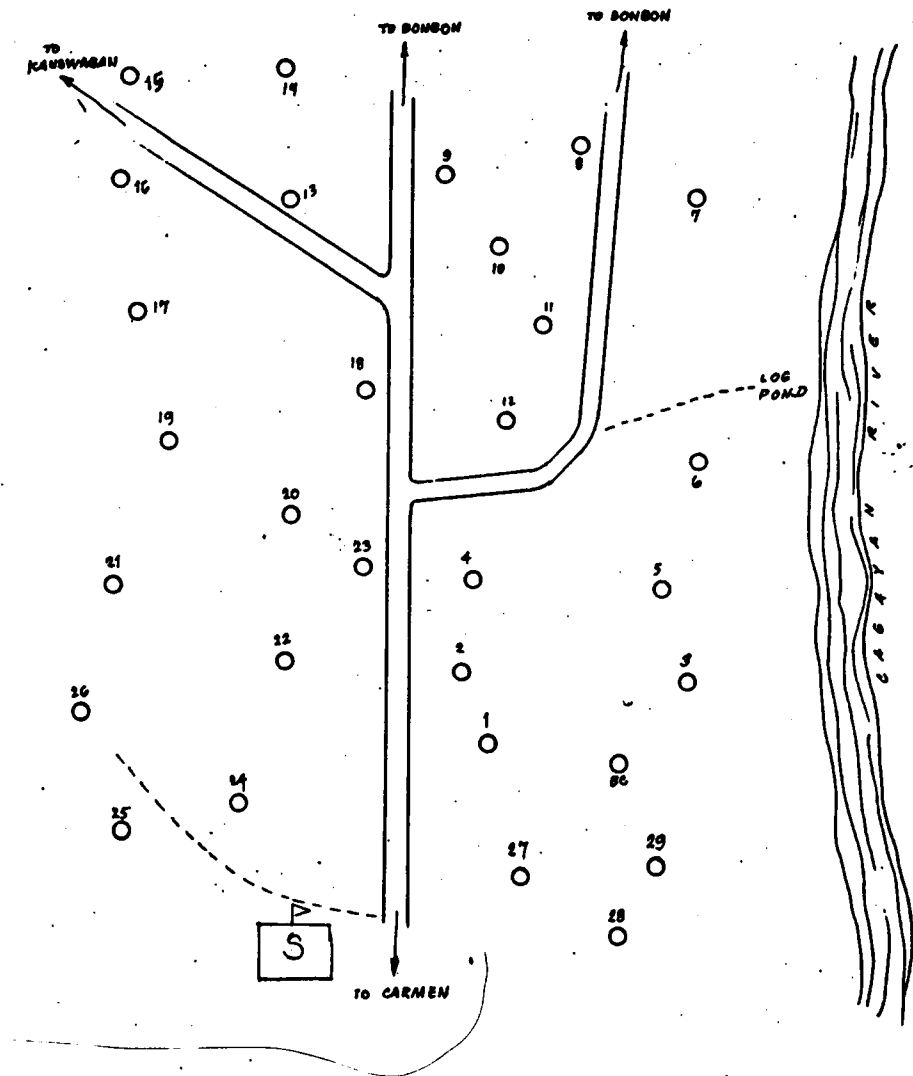
SKETCH MAP OF BRGY. BAUKBAUK, BALINGOAN, MIS. OR.



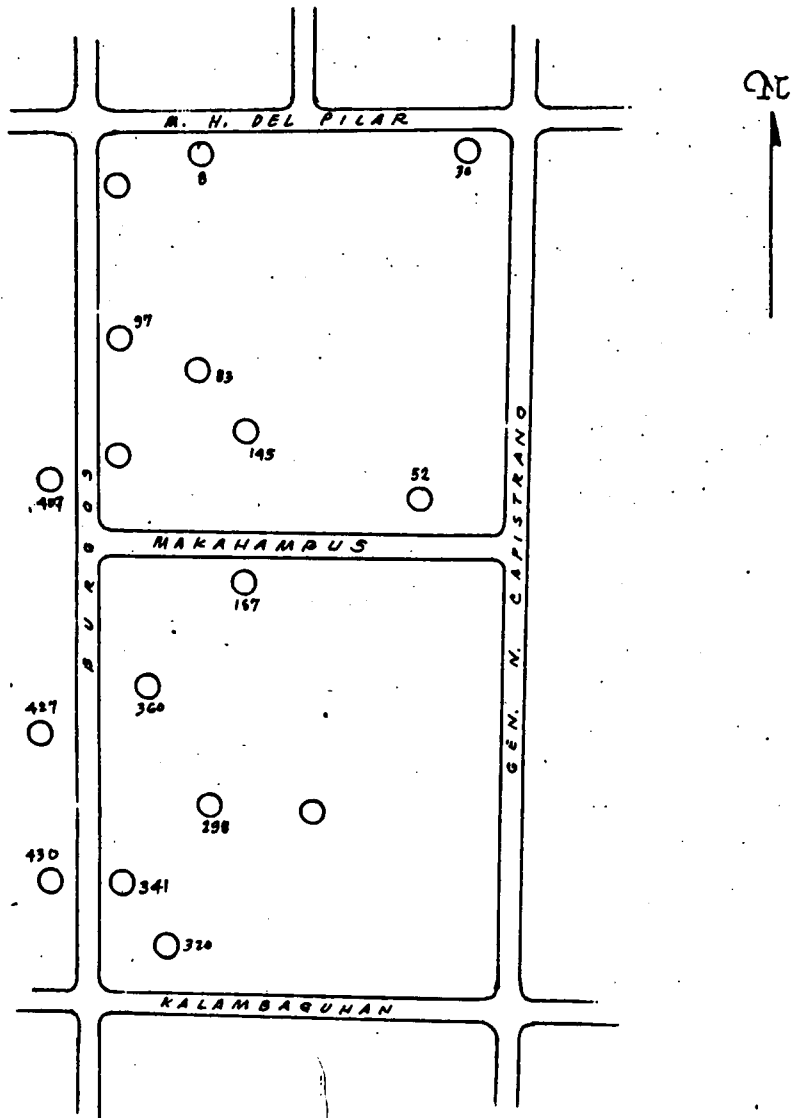
SKETCH MAP OF BINITINAN



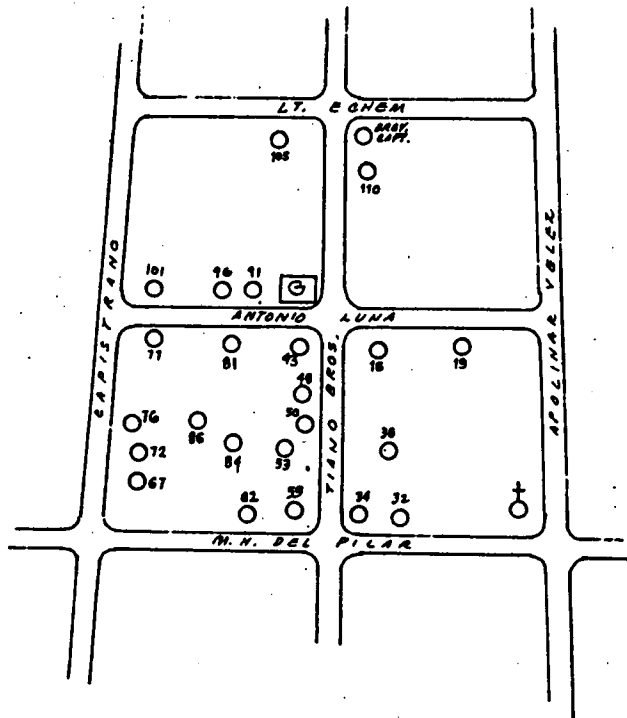
SKETCH MAP OF BRGY. MABINI, BINUANGAN, MIS. OR.



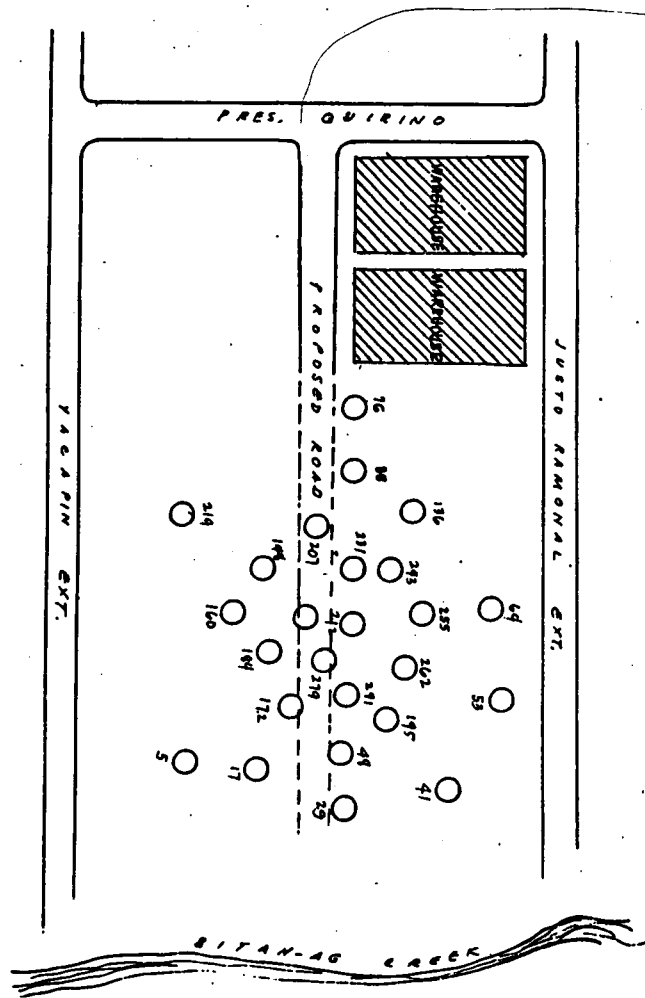
SKETCH MAP OF BRGY. KAUSWAGAN,
CAGAYAN DE ORO CITY



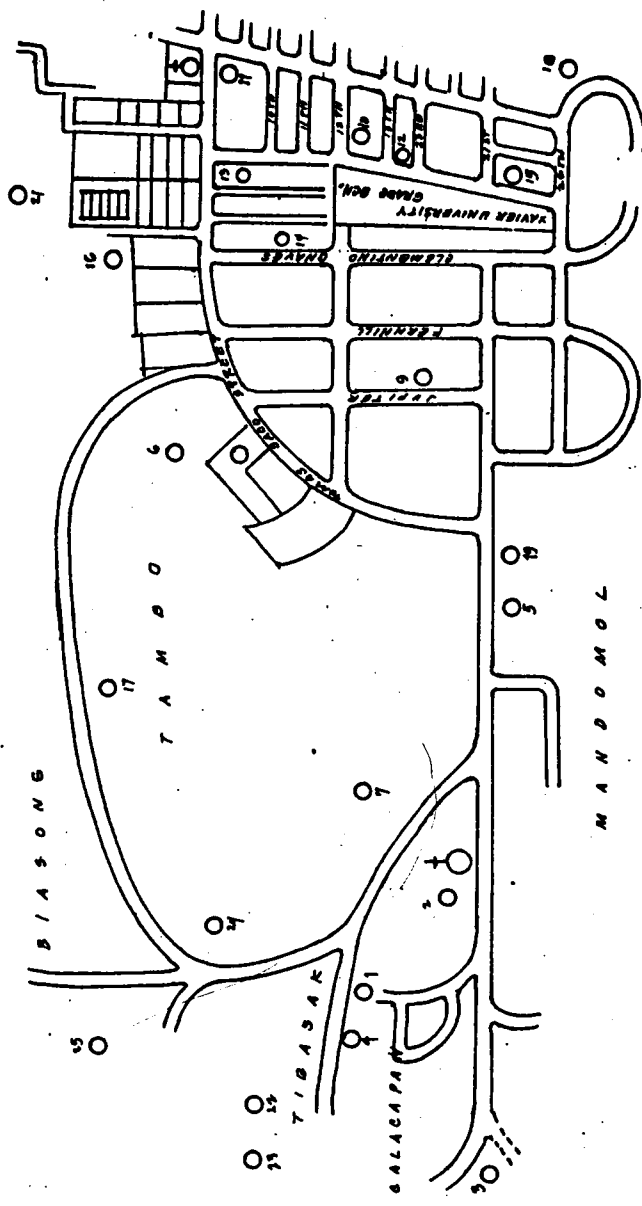
SKETCH MAP OF BRGY. 15, CAGAYAN DE ORO CITY



SKETCH MAP OF BRGY. 19, CAGAYAN DE ORO CITY.

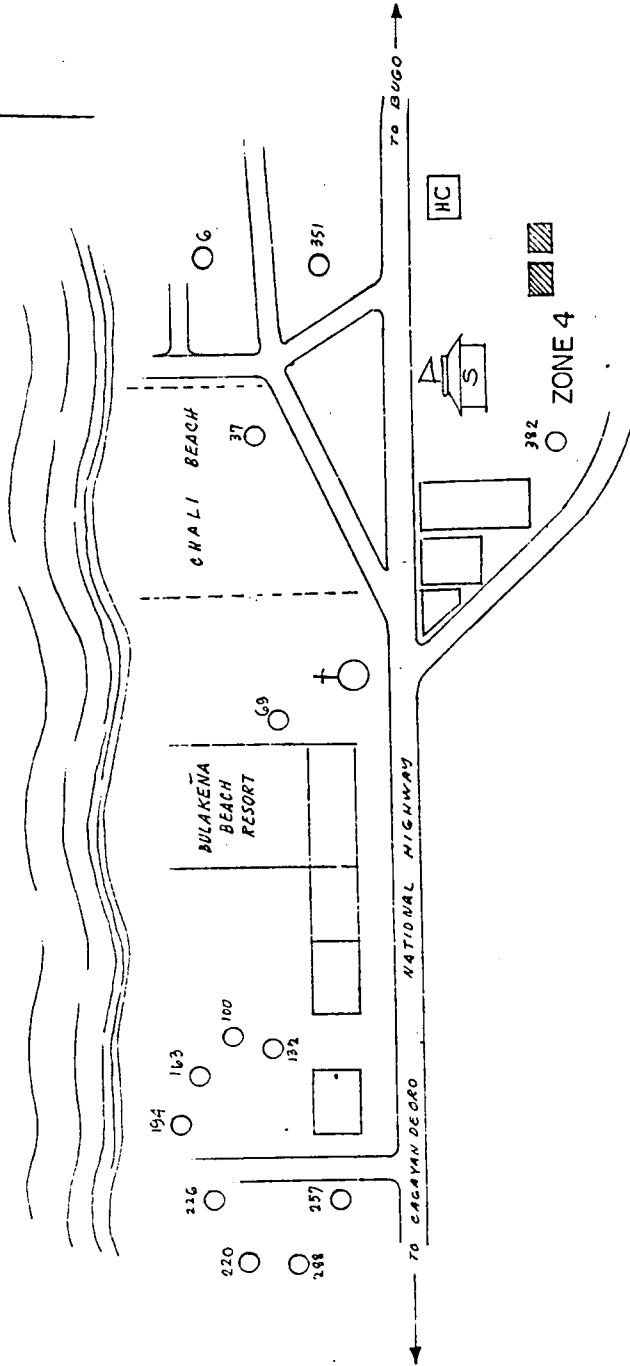
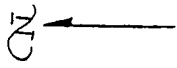


SKETCH MAP OF BARANGAY 35, CAGAYAN DE ORO CITY.

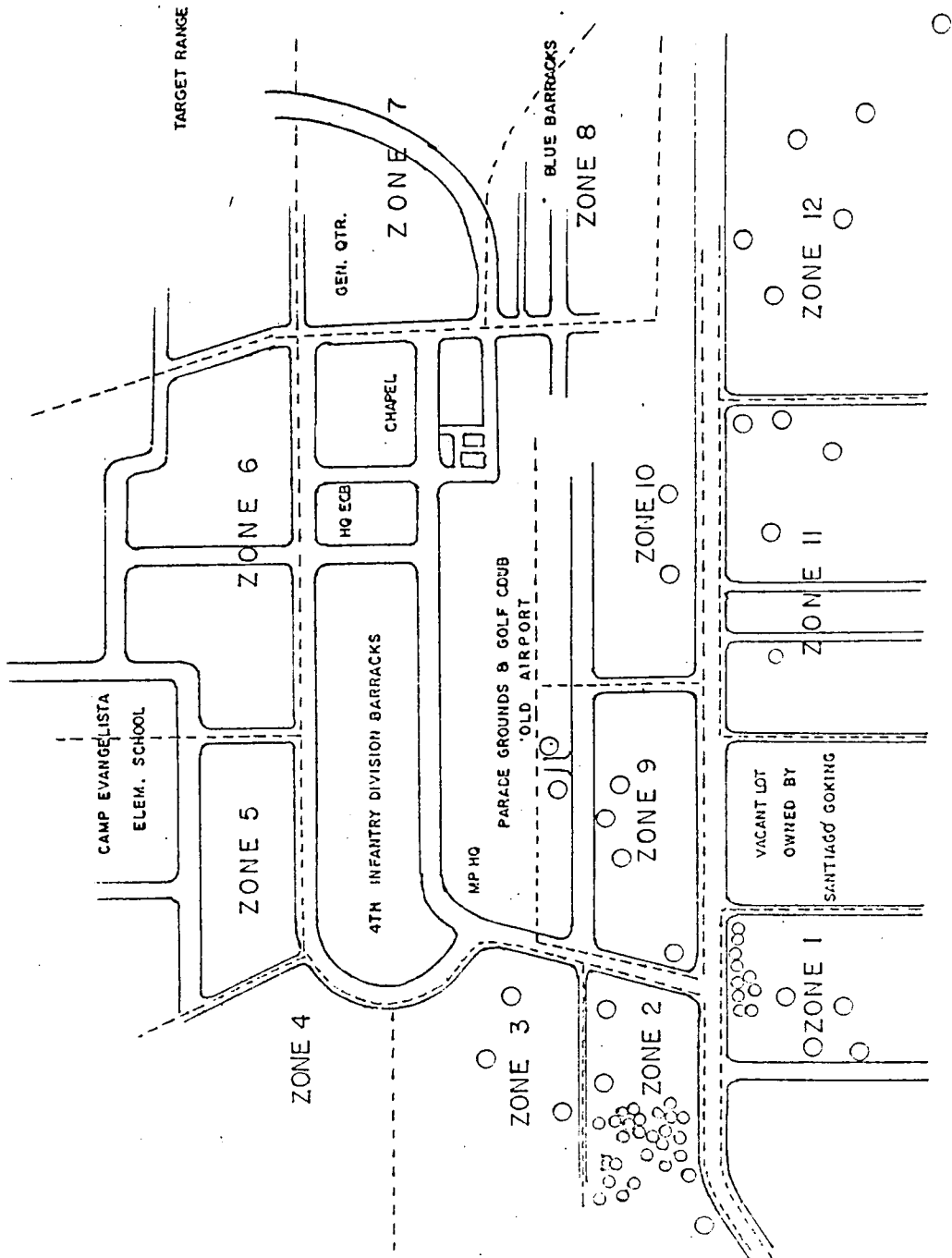


SKETCH MAP OF BRGY. MACASANDIG, CAGAYAN DE ORO CITY.

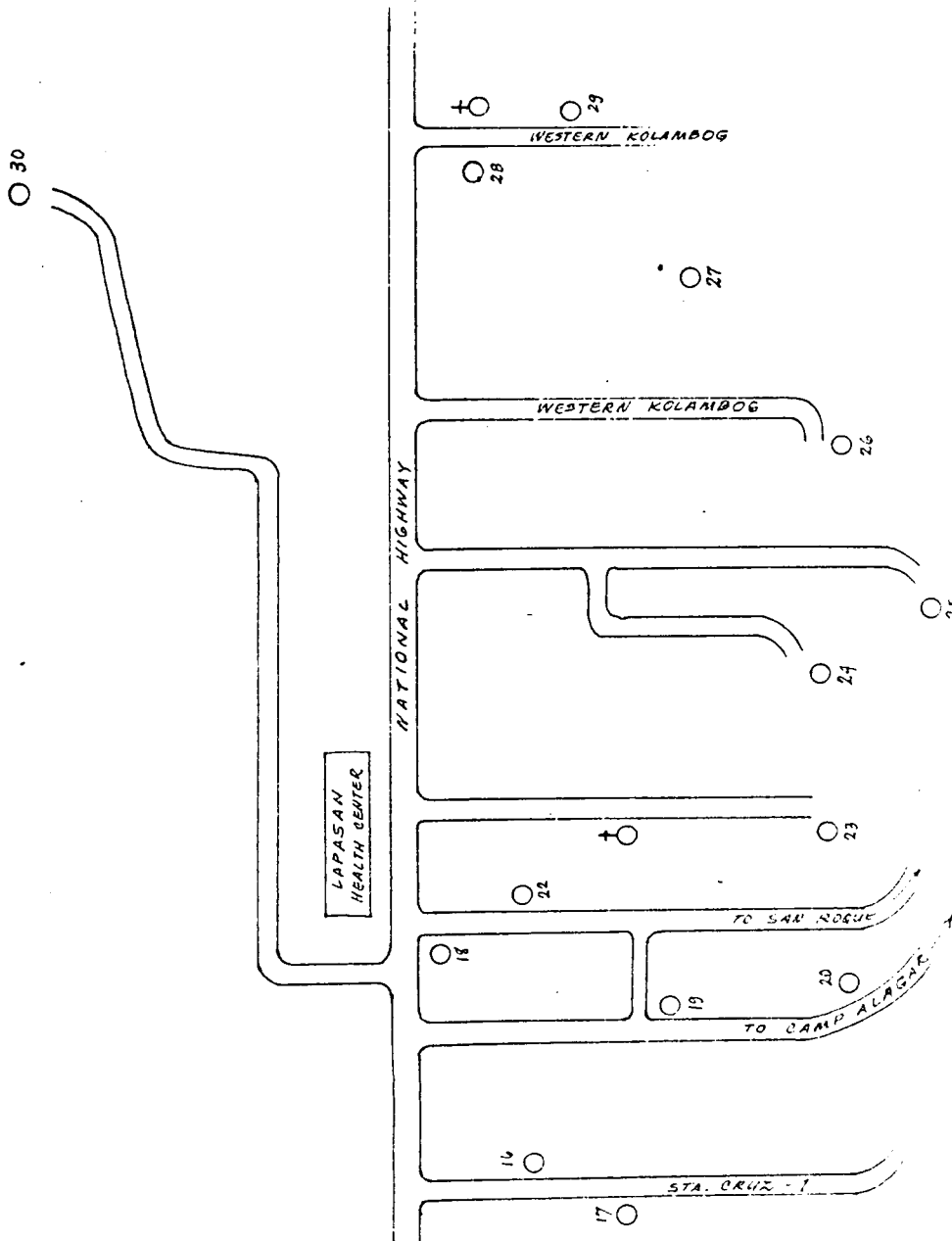
M A C A J A L A R B A Y



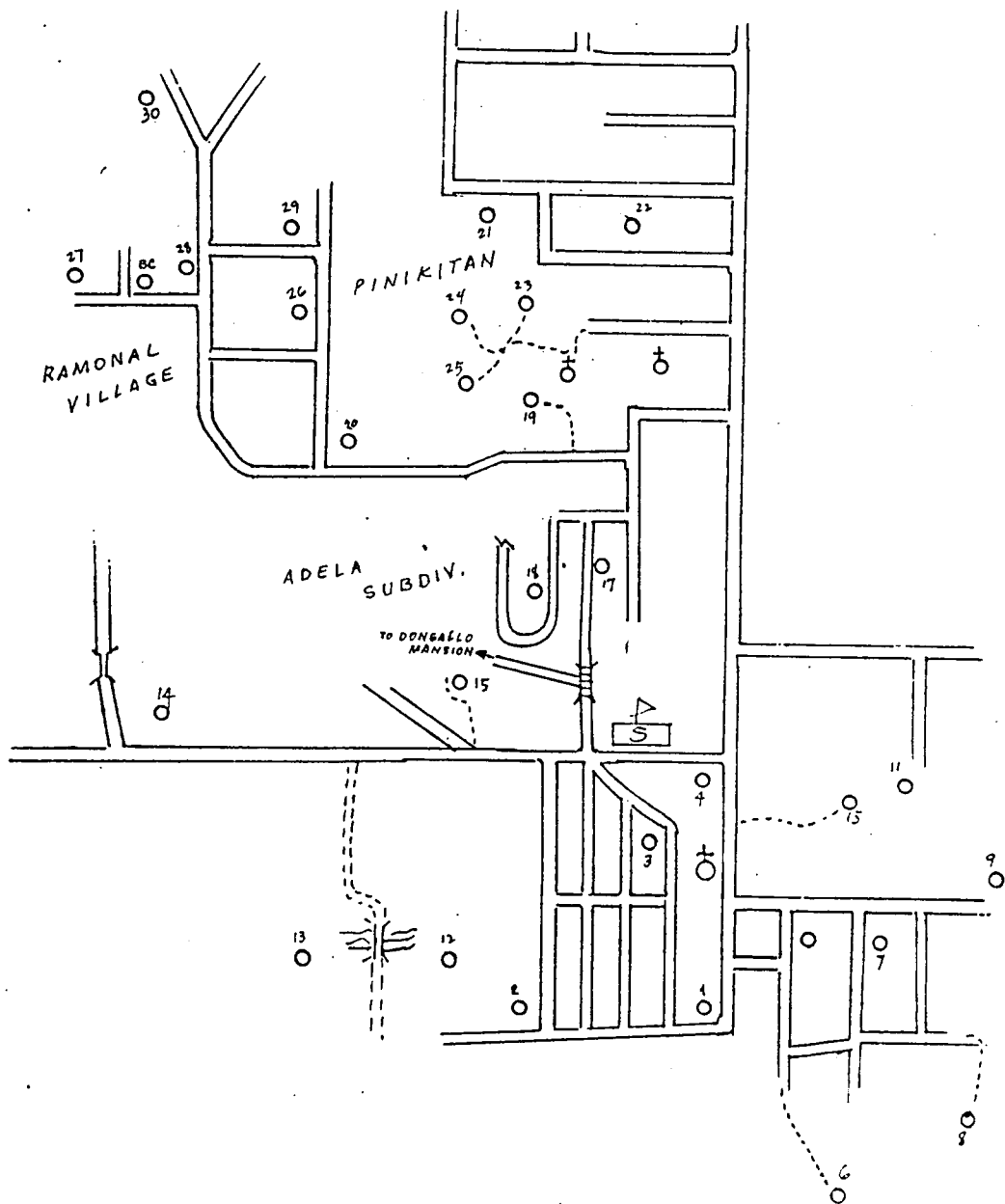
BRGY CUGMAN



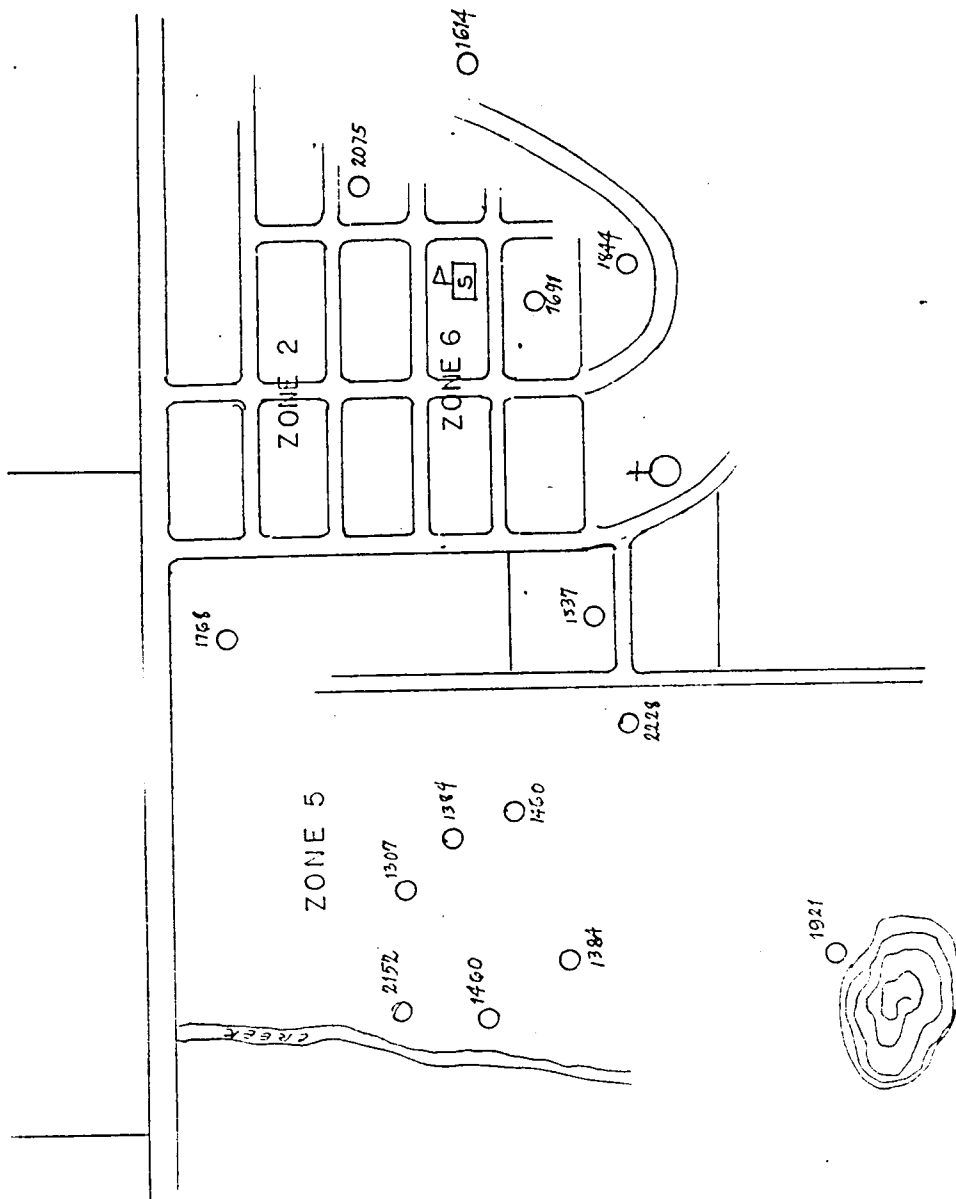
PATAG, CAGAYAN DE ORO



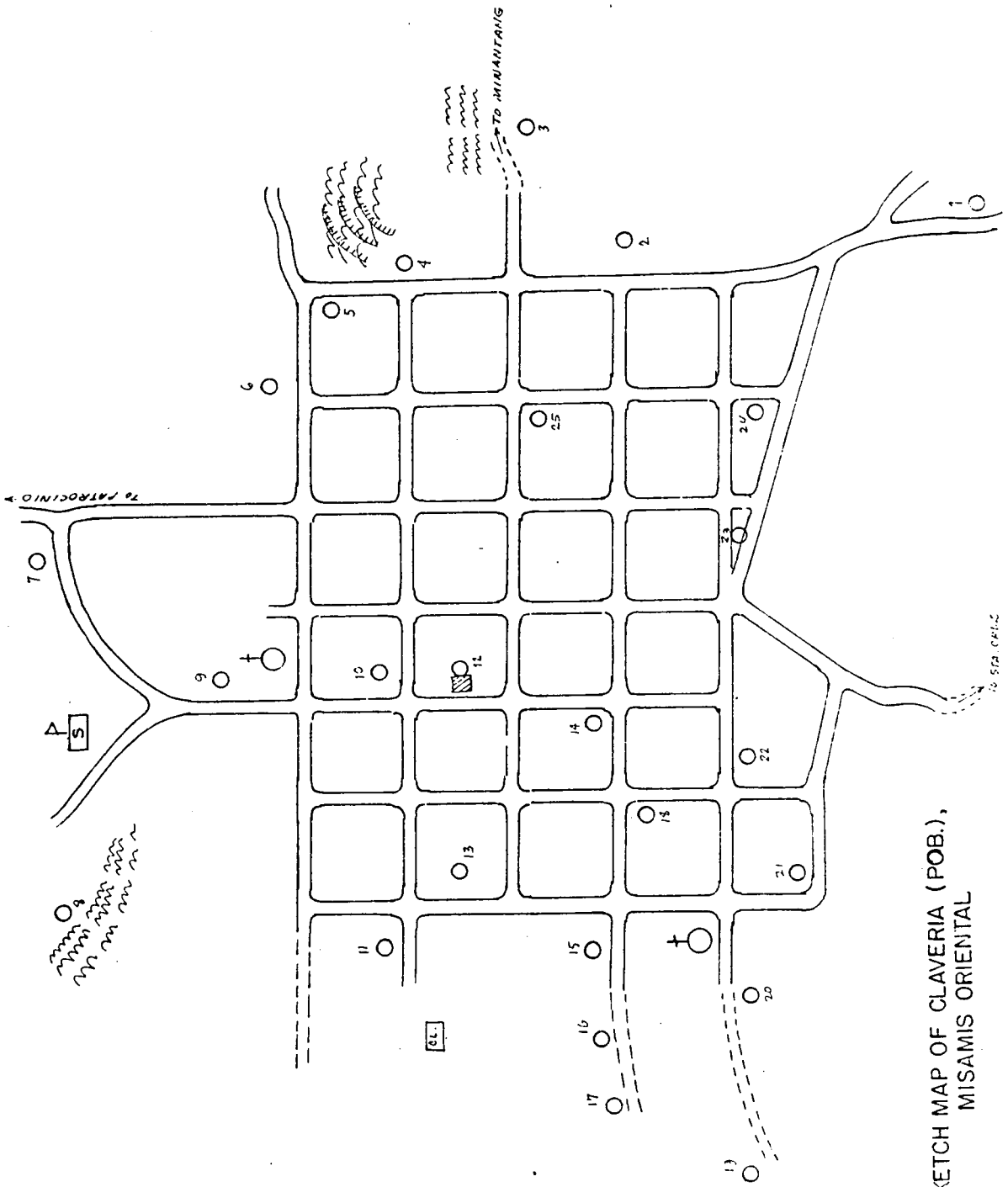
I APASAN



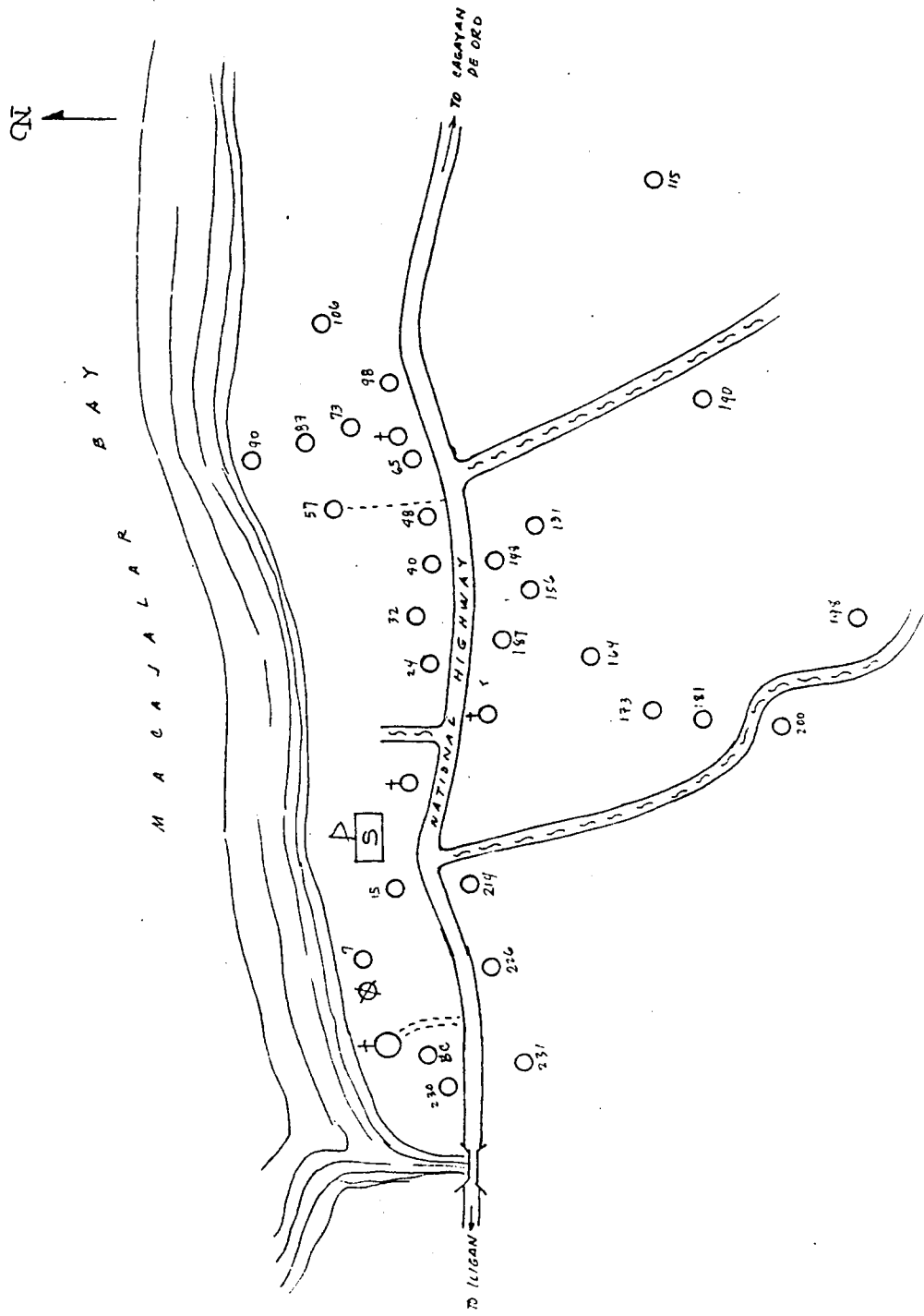
SKETCH MAP OF BRGY. CAMAMAN-AN, CAGAYAN DE ORO CITY.



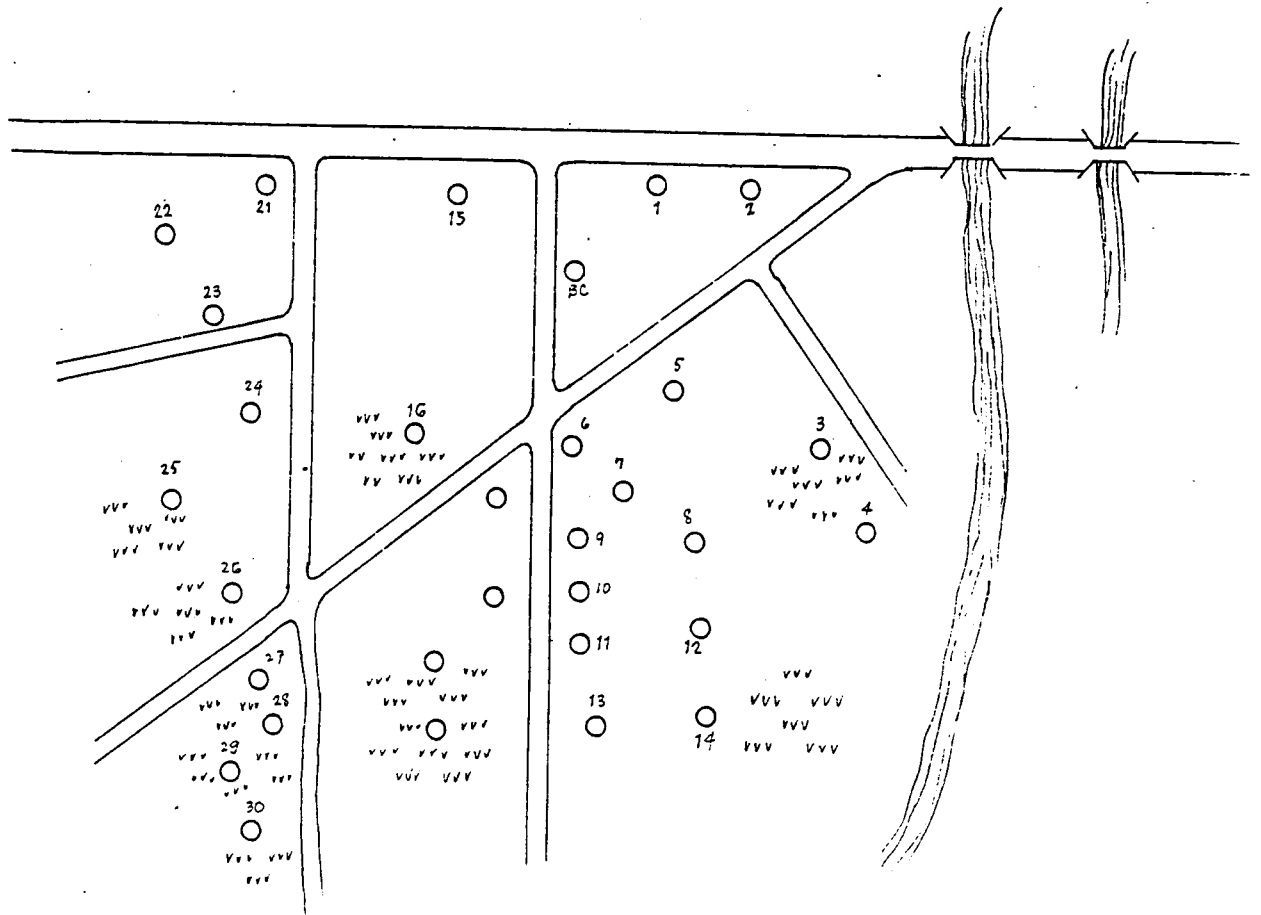
PHILIPPINE PACKING CORPORATION -
B U G O



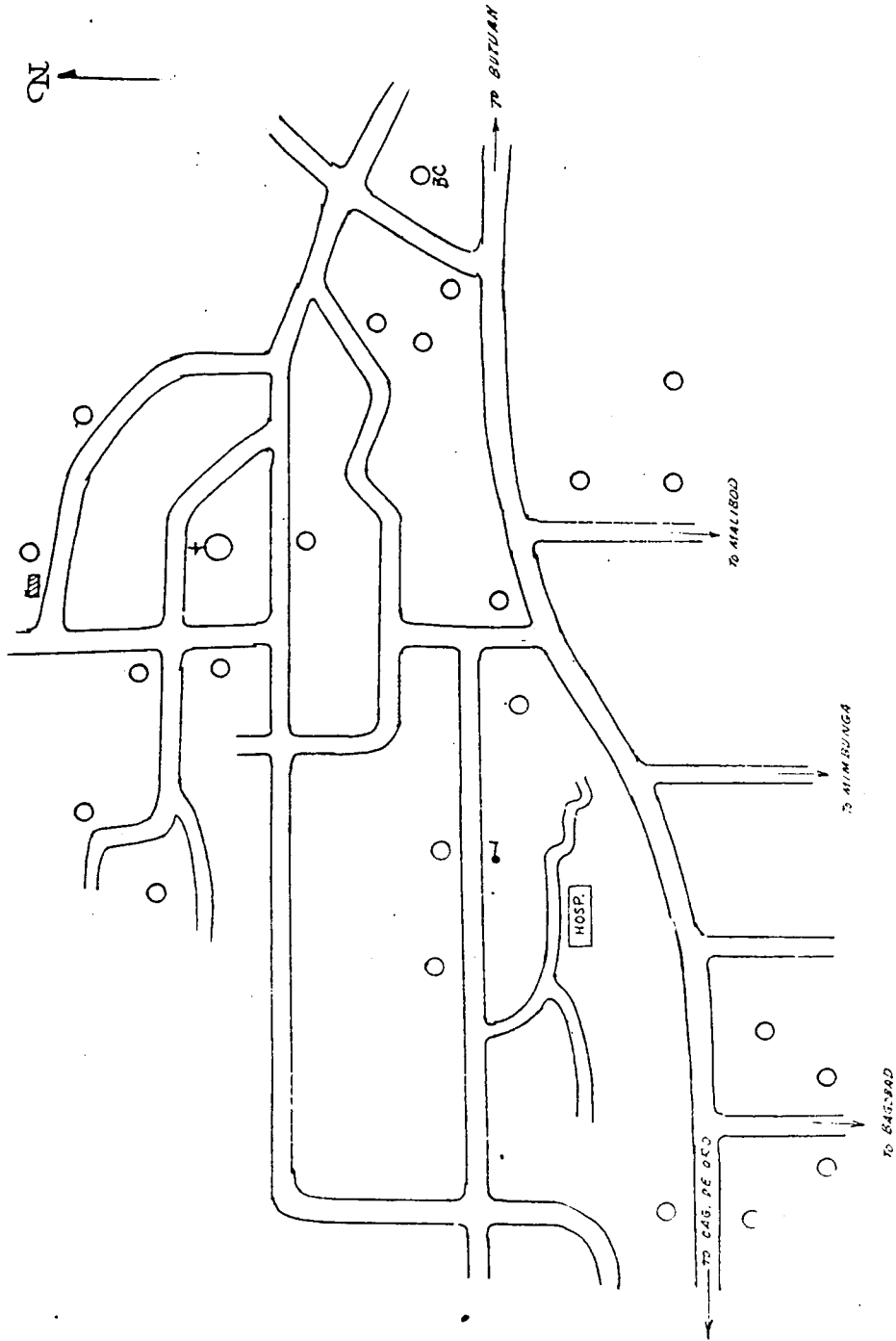
SKETCH MAP OF CLAVERIA (POB.),
MISAMIS ORIENTAL



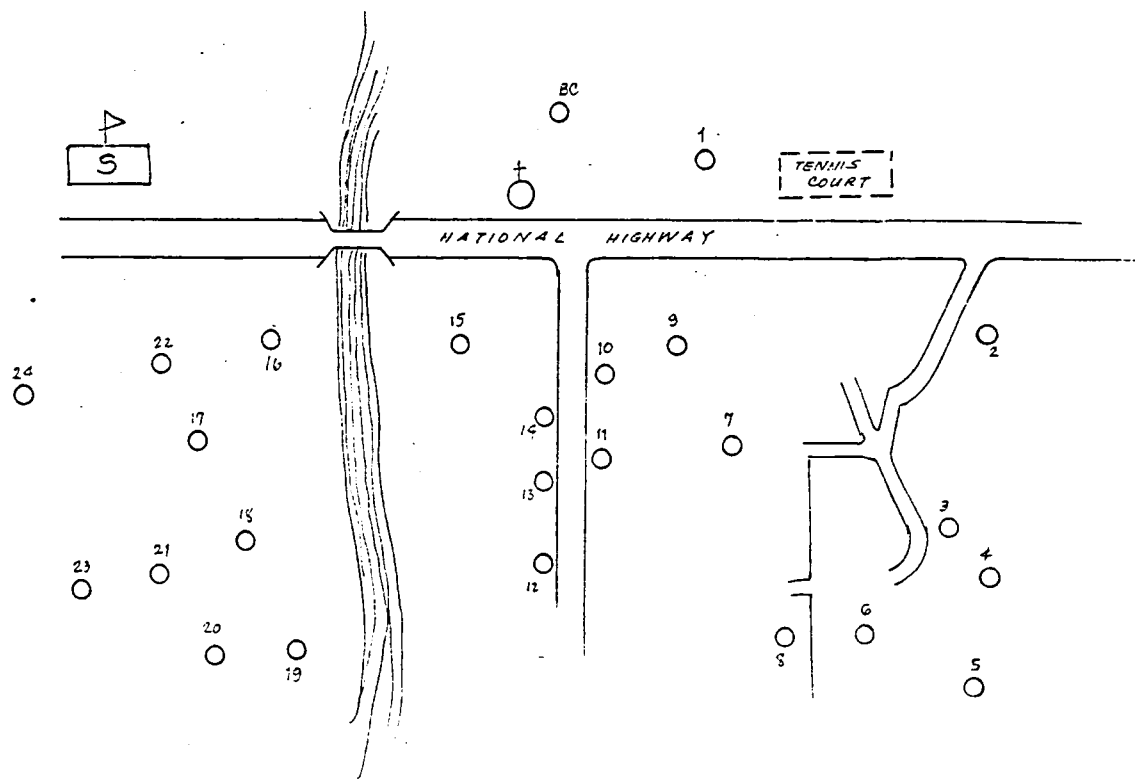
SKETCH MAP OF BRGY. BOLOBOLO, EL SALVADOR, MIS. OR.



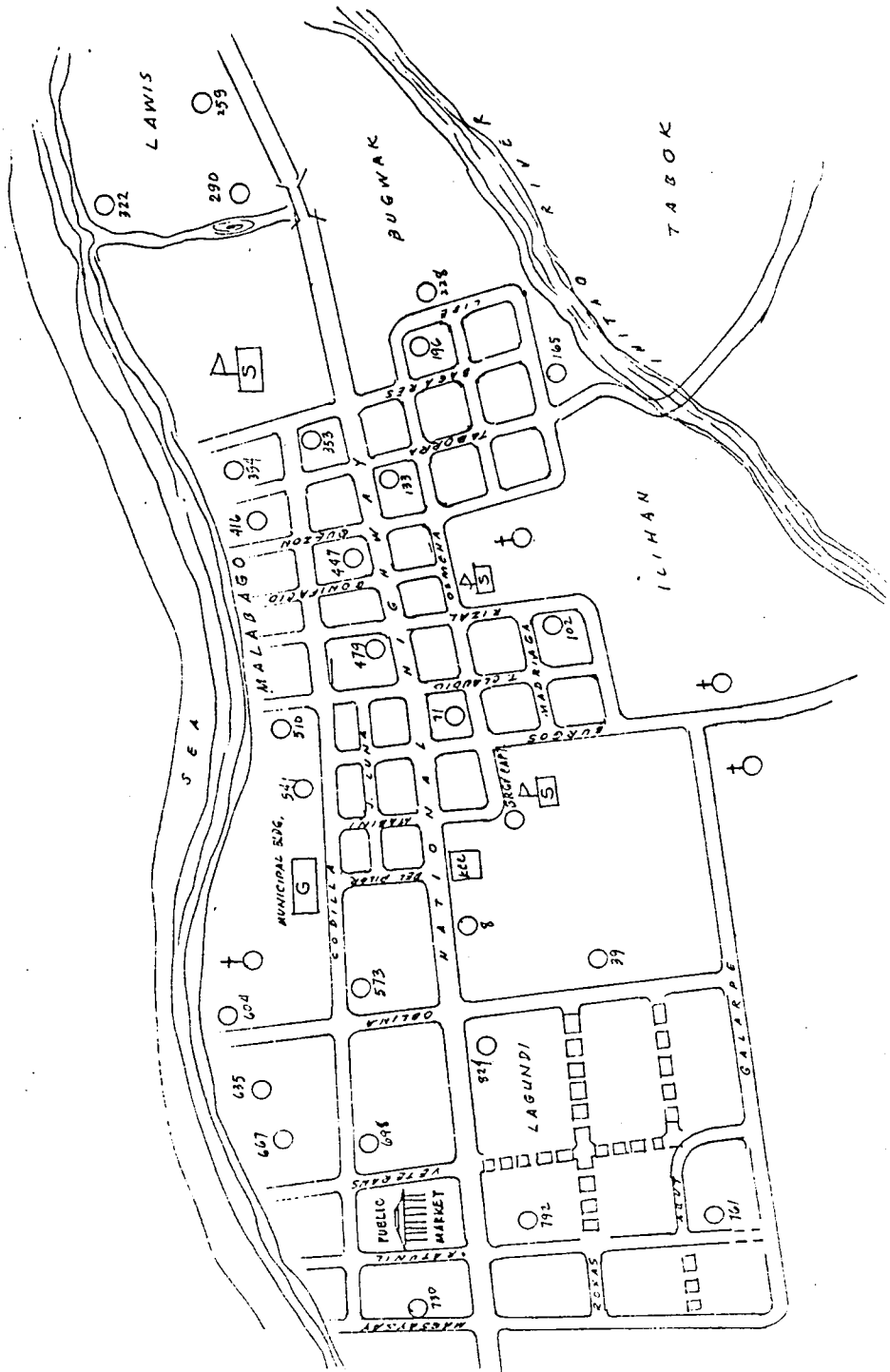
SKETCH MAP OF BRGY 20 (POB.)
 GINGOOG CITY



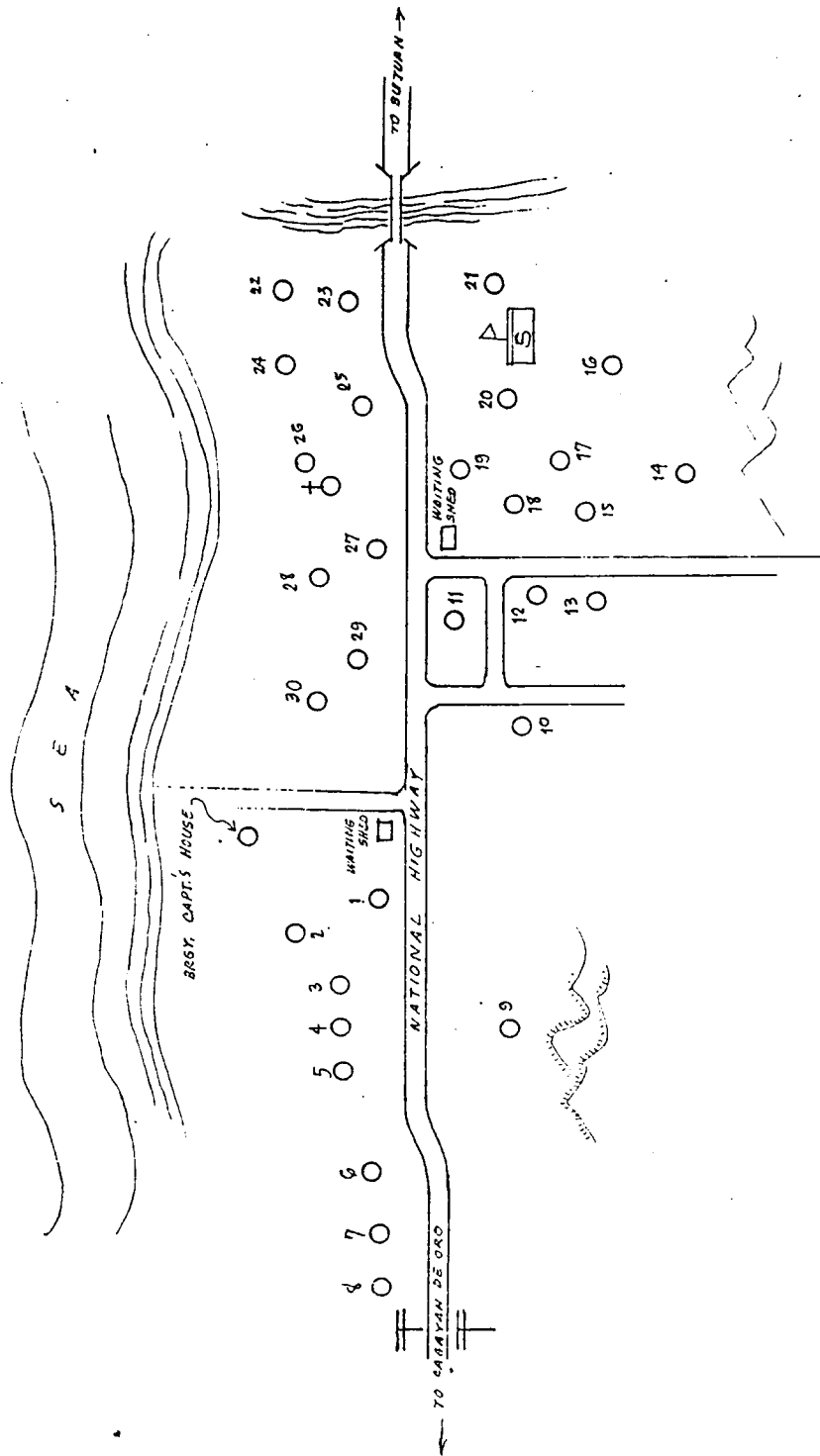
SKETCH MAP OF BRGY. ANAKAN, GINGOOC CITY, MIS. OR.



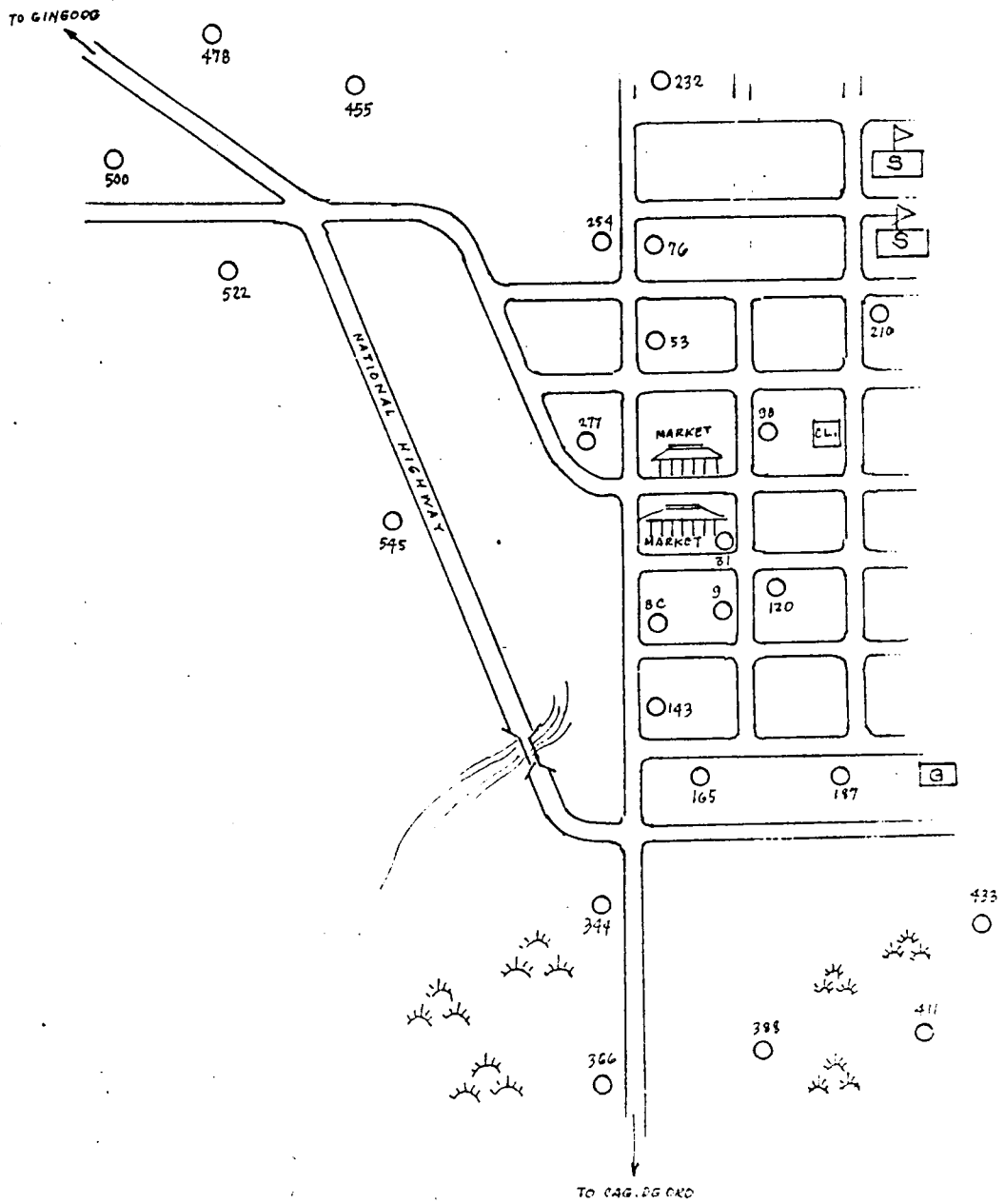
SKETCH MAP OF BRGY PANGASIHAN, GINGOOG CITY.



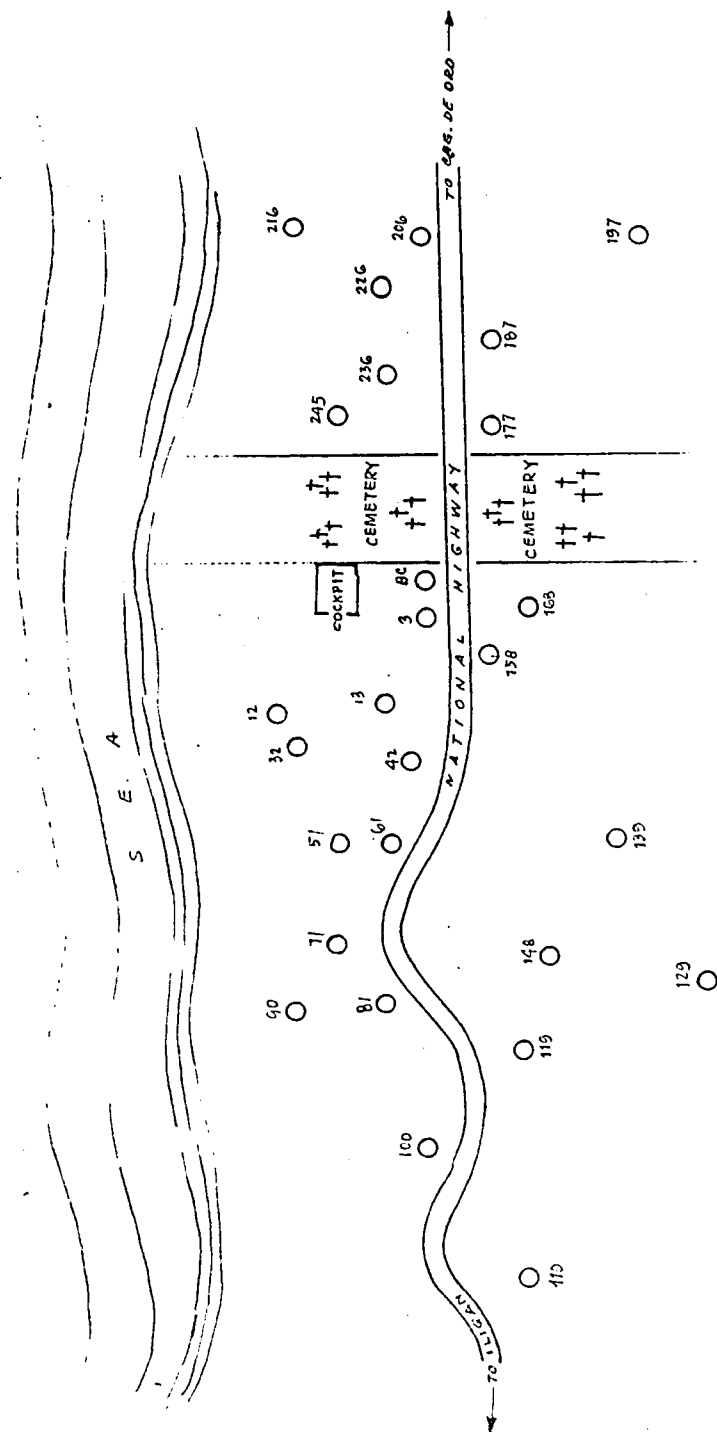
INITAO POBLACION MAP



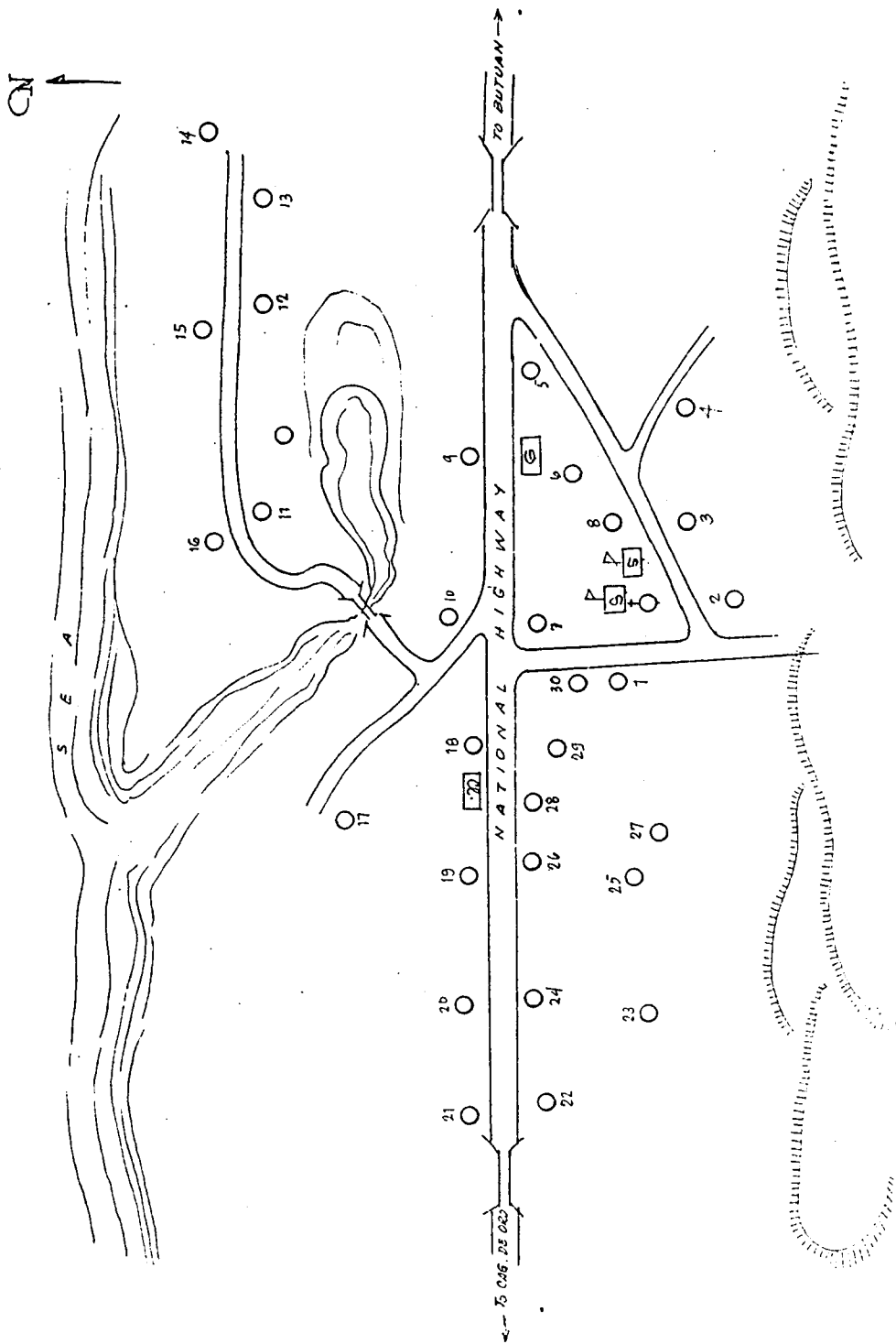
SKETCH MAP OF TALISAY, GINGOOG CITY



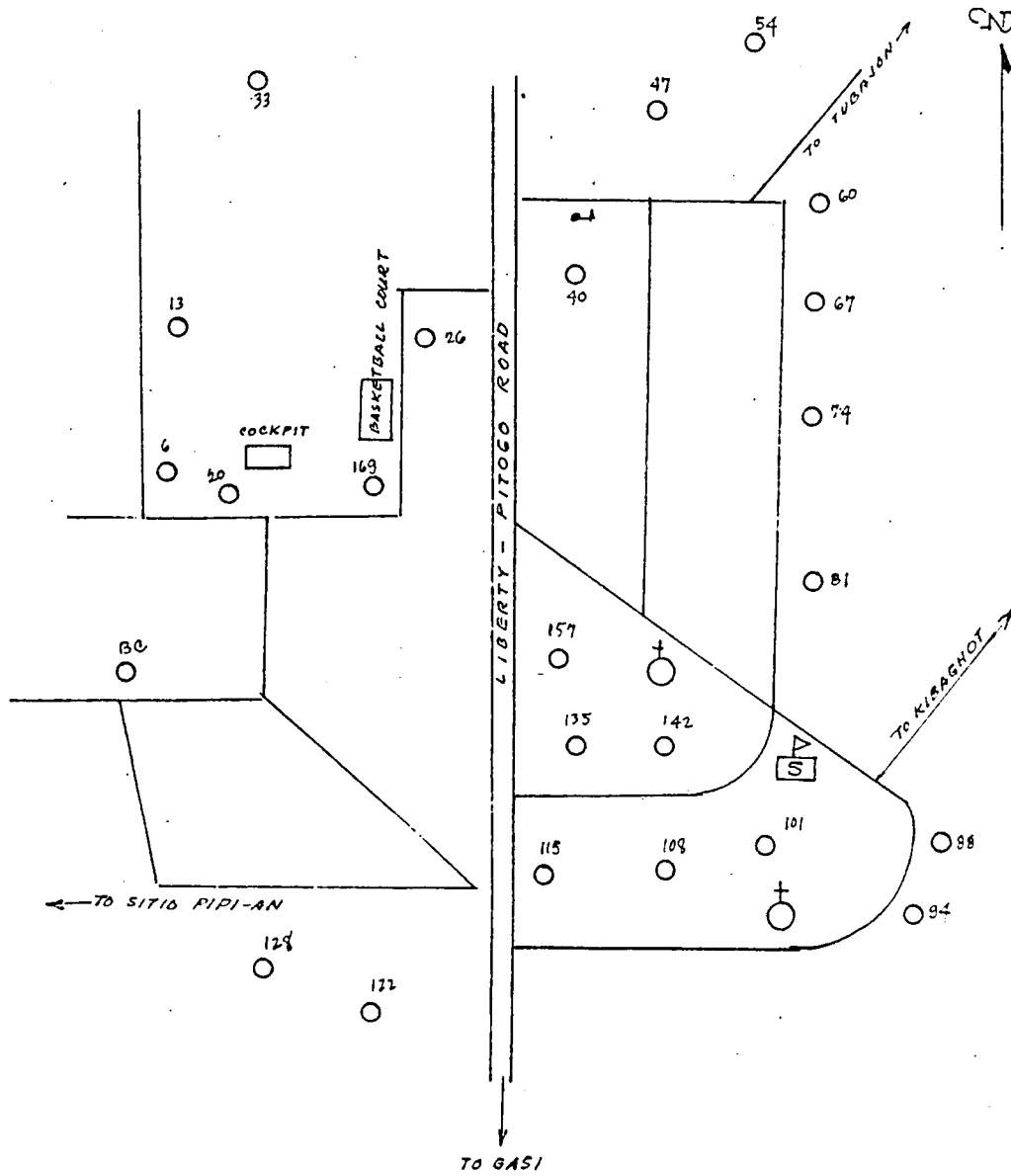
SKETCH MAP OF LOWER JASAAN (POB.), MIS. OR.



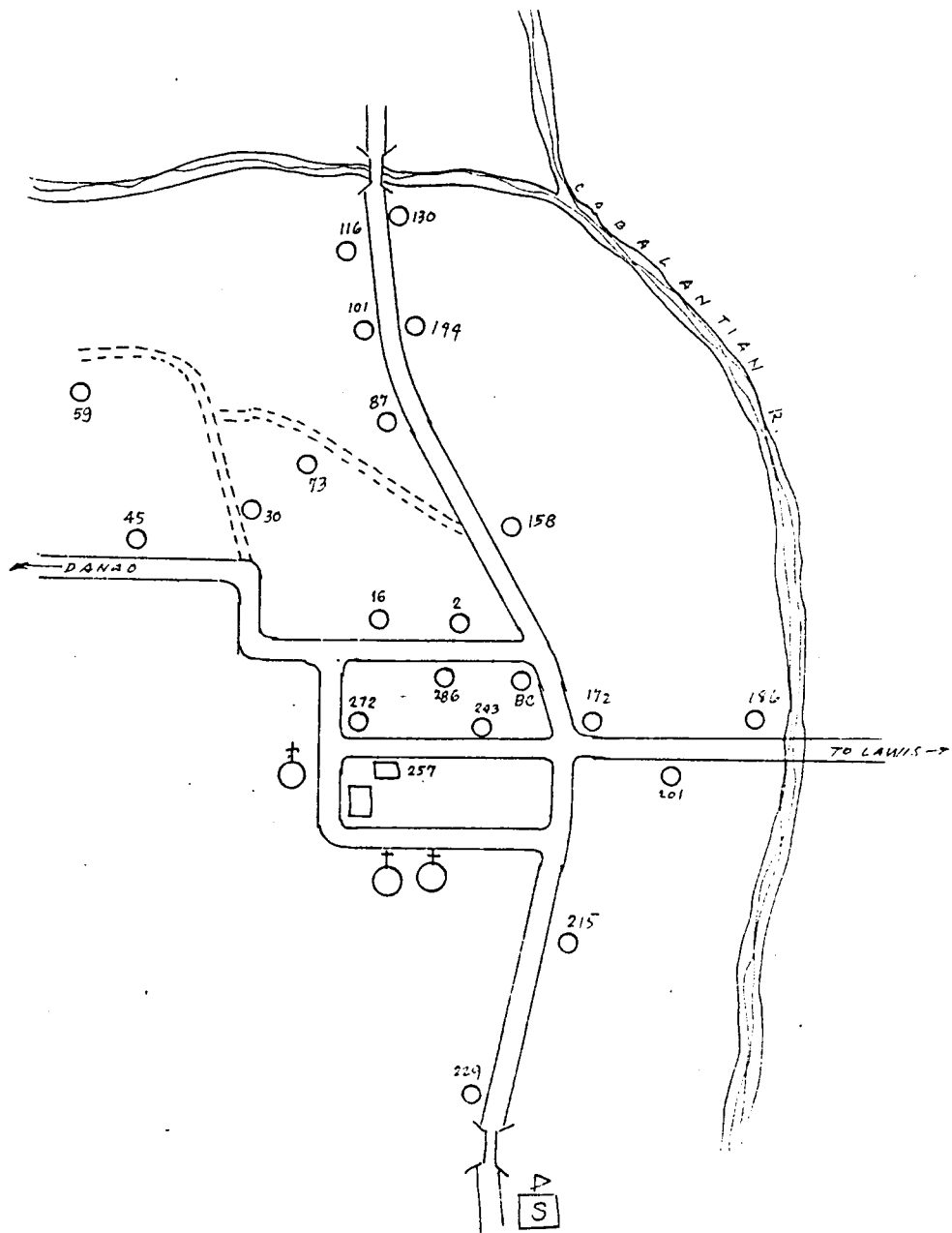
SKETCH MAP OF HRGY. SAN PEDRO, INITAO, MIS. OR



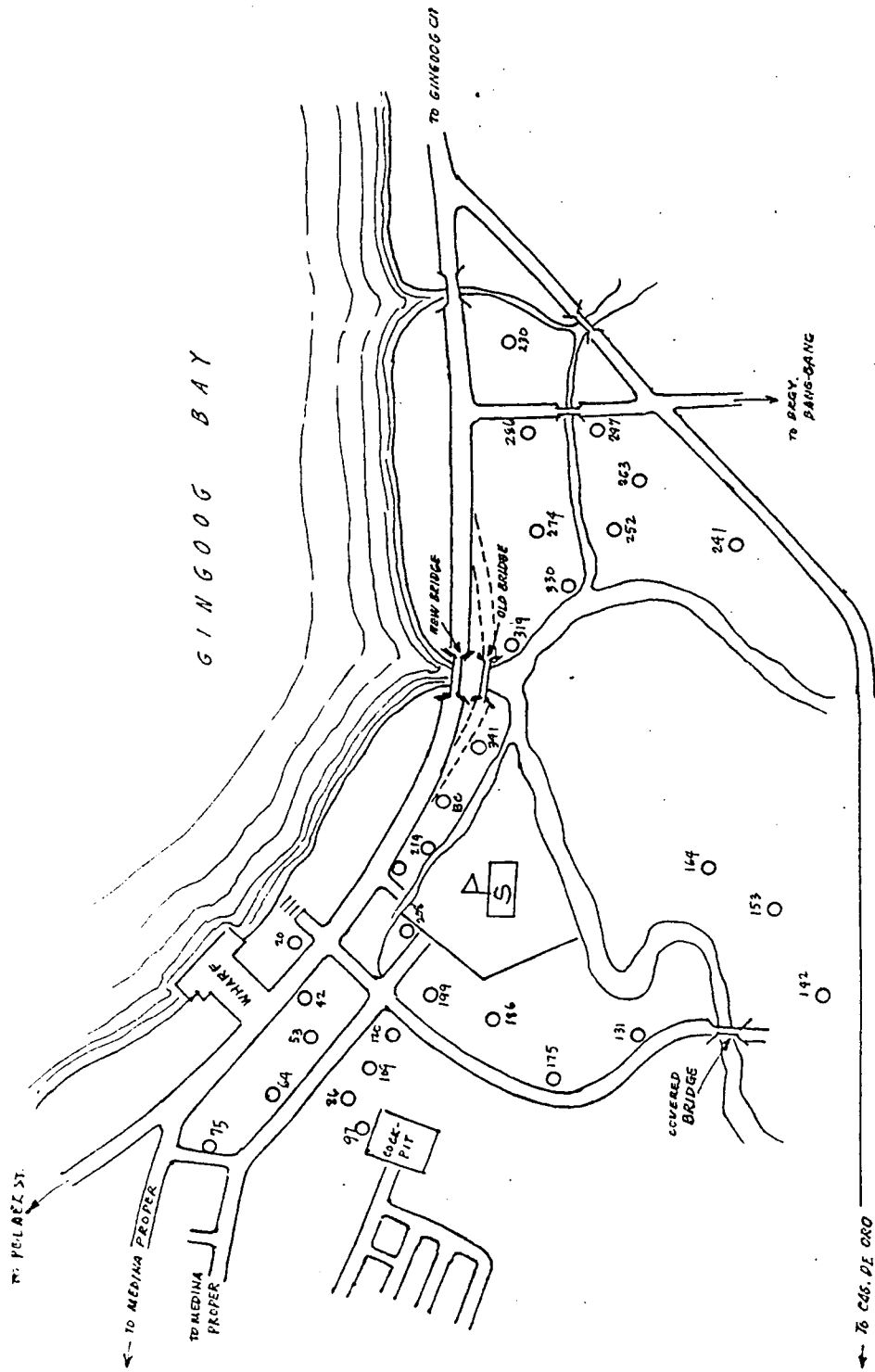
SKETCH MAP OF BRGY. BUKO, KINGOGUITAN, MIS. OR.



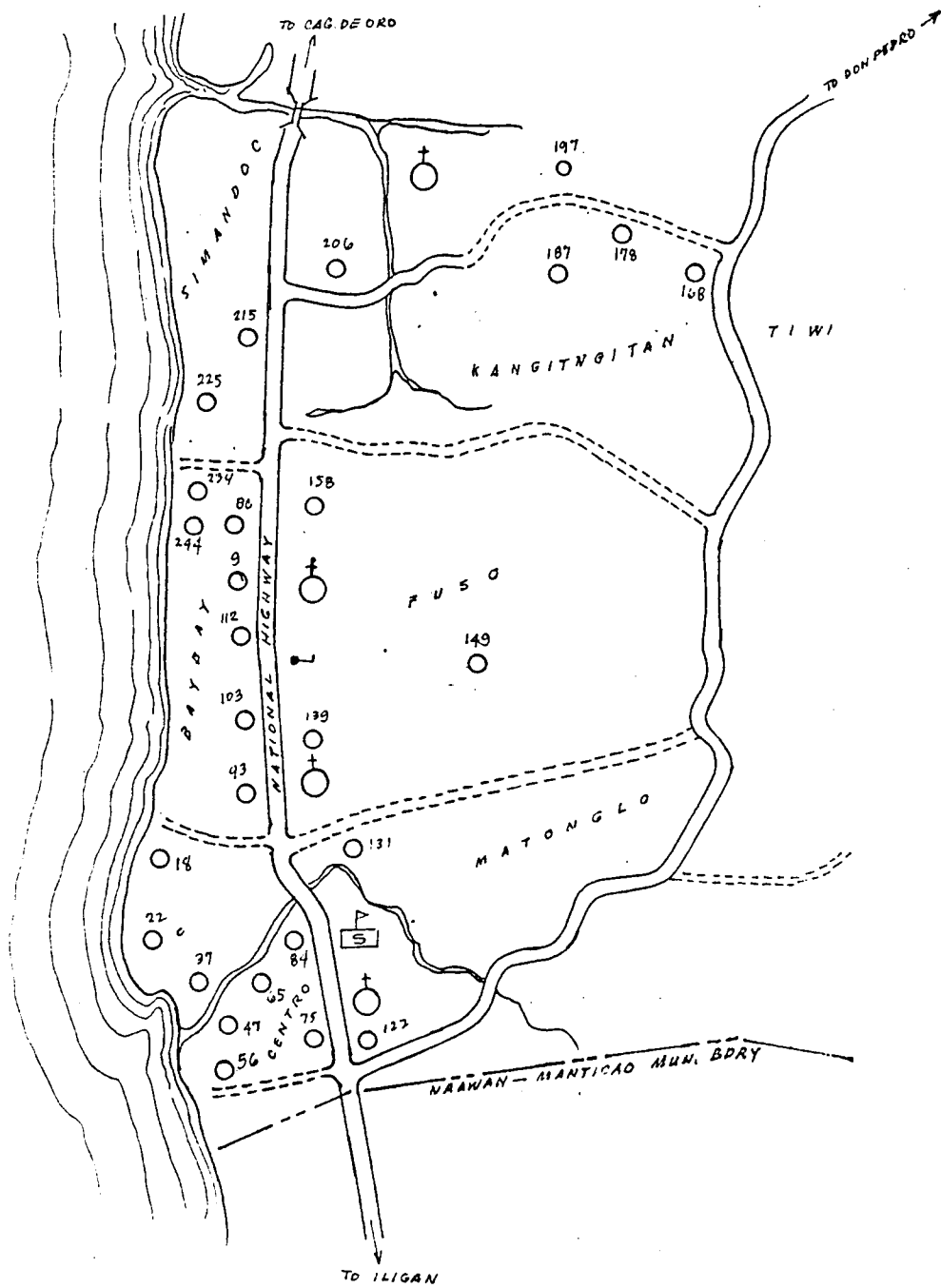
SKETCH MAP OF BRGY. LIBERTY, LAGUINDINGAN, MIS. OR.



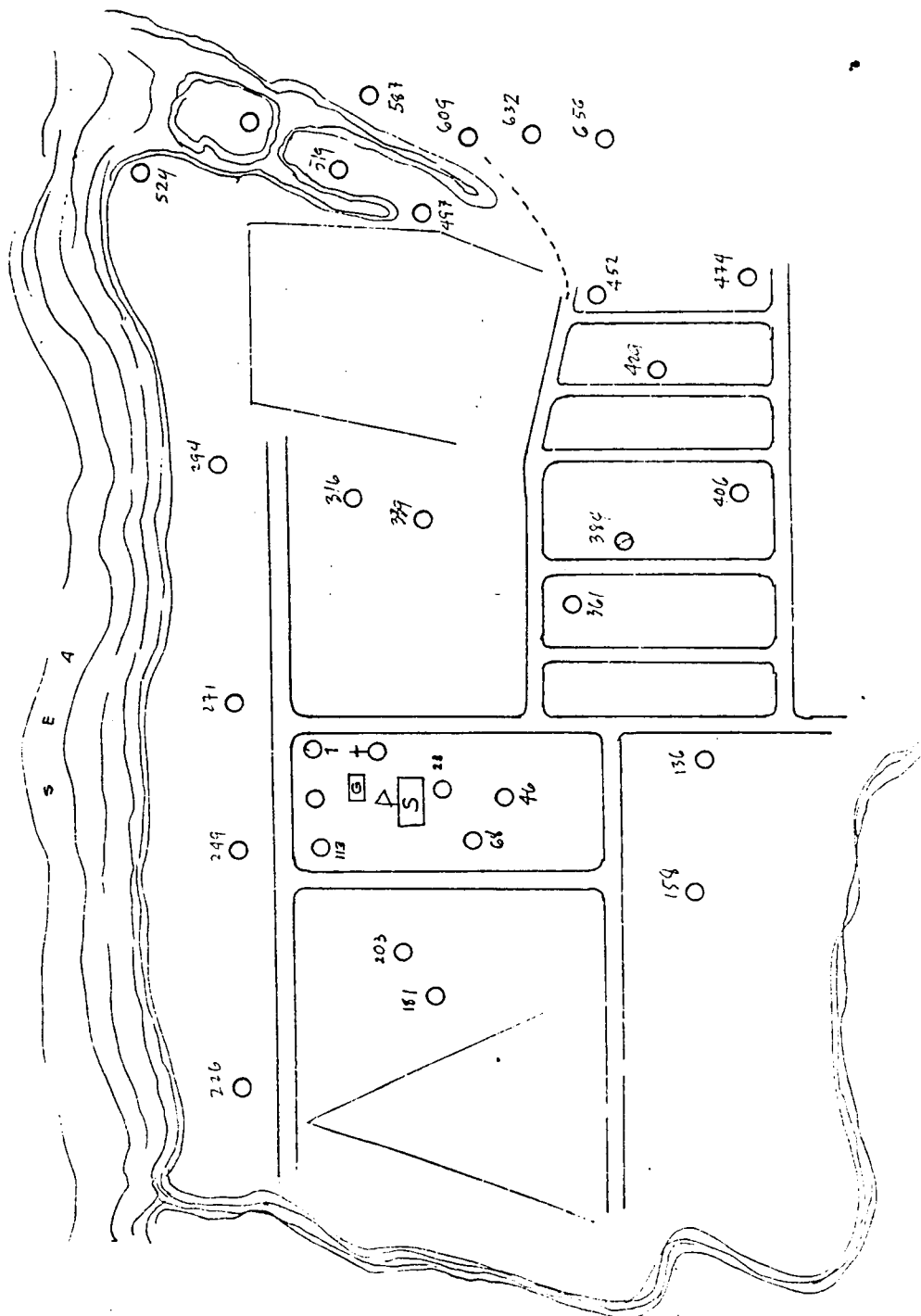
SKETCH MAP OF CABALANTIAN, MANTICADO, MIS. OR.



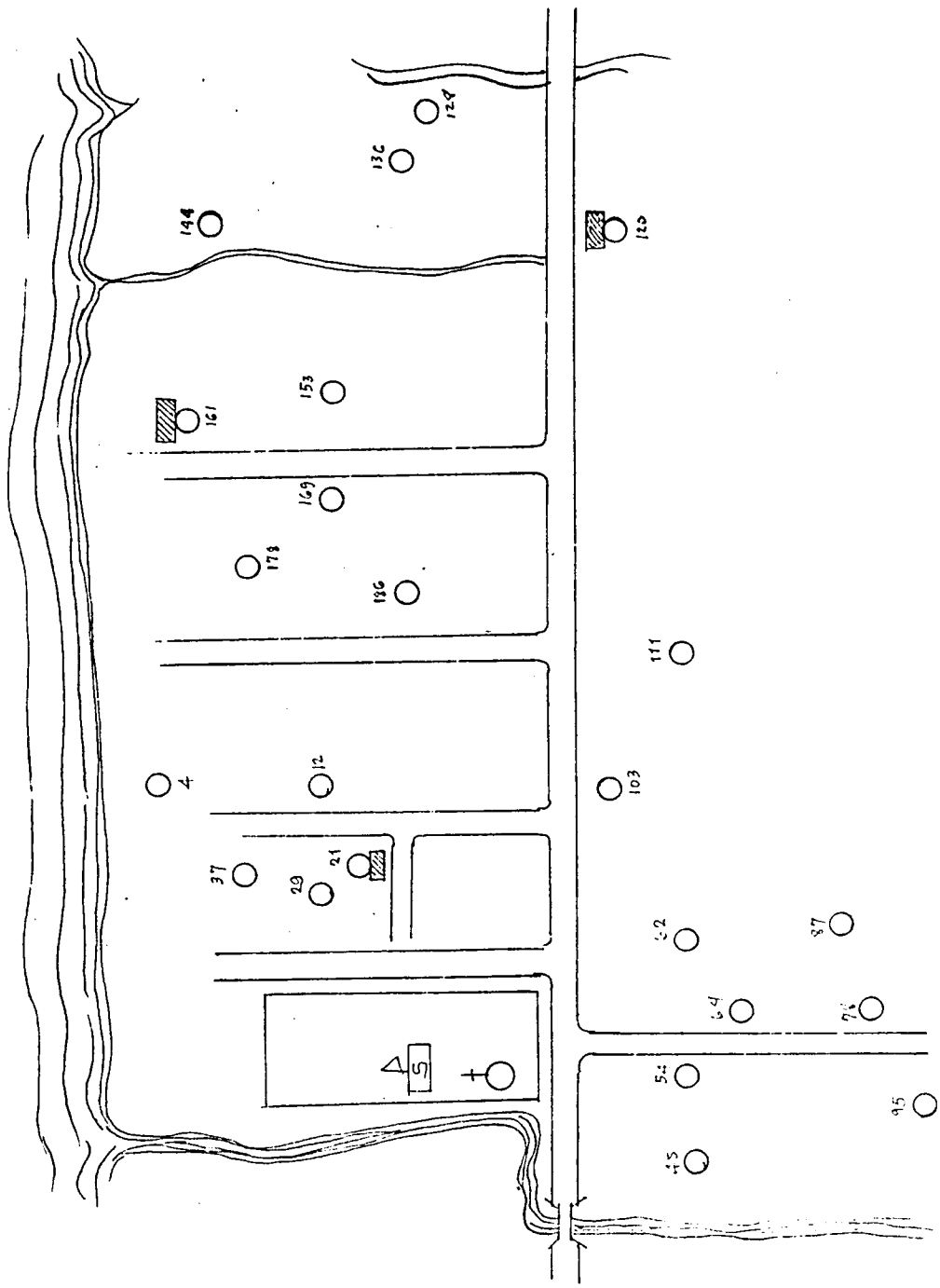
SKETCH MAP OF BRGY. CABUG
MEDINA, MIS. OR.



SKETCH MAP OF LINANGCAYAN, NAAWAN, MIS. OR.



SKETCH MAP OF BRGY. BALUARTE, TAGOLOAN



SKETCH MAP OF STA. INES, TALISAYAN, MIS. OR.

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