

Recognizing the complexity of fertility decision-making in the Philippines

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Abstract

Measurements of fertility desires and subsequent outcomes are essential in determining the degree to which individuals and couples are achieving their desired fertility, a key objective of global reproductive health policies and programs, yet advances in the measurement of fertility preferences continue to be challenged by its inherent complexity. This paper describes key constructs of the Theory of Conjunctural Action (TCA), a newly-developed sociological theory, and applies these constructs to qualitative data from young adults in the Philippines regarding the formation of fertility preferences and reactions to an unexpected pregnancy. I discuss the utility and applicability of the TCA in understanding fertility preferences and “pregnancy ambivalence” in this setting. I end the paper with a call for further development and integration of diverse theoretical perspectives, methods and measures to better assess this complex phenomenon, particularly within adolescent and young adult populations in dynamic social settings.

Introduction

One of the most important and complex decisions that people make in their lives is if and when to have children. Ideally, pregnancy occurs if and when it is desired. However, reproductive outcomes commonly occur that are contrary to desires. Infertility affects an estimated 15-25% of couples worldwide, while approximately 41% of pregnancies that occur globally are considered to be unintended (i.e., wanted later or not wanted at all) (Inhorn, 2009; Singh et al., 2010).

Measurements of fertility desires and subsequent outcomes are essential in determining the degree to which individuals and couples are achieving their desired fertility, a basic human right as stipulated by the United Nations (International Conference on Population and Development, 1994). Moreover, these measurements allow us to assess the extent to which existing programs and policies are facilitating the achievement of global development goals, such as Millenium Development Goal 5, which calls for universal access to reproductive health services as a means of achieving greater economic and social development (United Nations, 2010). Discrepancies between the desired number of children and the actual number of children – either due to infertility or to ‘excess’ or undesired fertility - are also the cause of significant health and social consequences in some societies (Gipson JD et al., 2008; Inhorn, 2009).

Given the significance of this issue from both a health and human rights perspective, the measurement of fertility desires and reproductive outcomes has been a focal point for demographers, health researchers and programmers, and policymakers. Despite these programmatic and research efforts, however, advances in the measurement of fertility preferences have been incremental, and continue to be challenged by the inherent complexity of this phenomenon. Recent measurement advances include, for example, representing pregnancy intentions as a continuum rather than a discrete, categorical construct (Bachrach CA & Newcomer S, 1999), probing specifically on the dissonance between stated

intentions and actions (e.g., not contracepting when a pregnancy is not desired) (Abma et al., 2008), and acknowledging the related, but distinct pathways in the development and expression of attitudes and behaviors surrounding sex, use of contraception, and pregnancy desire (Higgins & Hirsch, 2008; Miller WB, 1986). There is also increased recognition and examination of “pregnancy ambivalence”, and the need to capture the multiple and often conflicting feelings regarding pregnancy and fertility (Agadjanian V, 2005; Kavanaugh ML & Schwarz EB, 2009; Schwarz et al., 2007; Speizer IS et al., 2009).

An ongoing question for researchers and policymakers in this area is whether the term ‘pregnancy ambivalence’ does justice to the complexity of this issue? What are the reasons for pregnancy ambivalence and can we better theorize or frame these reasons to facilitate the examination of this phenomenon within and across settings? Although much of the public health and medical literature has focused on the causes and consequences of unintended pregnancy (the author included), there has been limited integration of theory to explain pregnancy ambivalence. Existing public health theories mostly frame health behavior as a rational choice even though many studies have illustrated the **lack** of rational choice and planning involved in fertility decision-making, the disconnect or “slippage” between stated reproductive intentions, reproductive outcomes and behaviors (Bachrach CA & Morgan SP, 2012; Trussell TJ et al., 1999), and the need for explanations and theories that acknowledge and account for the broader, structural influences on the perspectives and behaviors of individuals (Agadjanian V, 2005). Recent theoretical developments in the field of family sociology, in particular, the Theory of Conjunctural Action (Johnson-Hanks JA et al., 2011b) provide a useful framework to describe the occurrence of and reaction to unexpected pregnancies among young, Filipino adults as a means of better understanding and identifying ways to measure pregnancy intention.

This paper has three aims: 1) To briefly review the Theory of Conjunctural Action (TCA) and its application to the study of fertility preferences, 2) To use theoretical constructs from the TCA and narratives from young adults in the Philippines to describe the dominant forces influencing the formation and expression of fertility preferences and reactions to an unexpected pregnancy among young adults in this setting, 3) To discuss the utility and applicability of the TCA in facilitating the understanding of fertility preferences and “pregnancy ambivalence” in this setting. I end the paper with a call for further development and integration of diverse theoretical perspectives, methods and measures to better assess this complex phenomenon, particularly within adolescent and young adult populations in dynamic social settings.

Background

A Primer on the Theory of Conjunctural Action

The Theory of Conjunctural Action (TCA) is a multidisciplinary theory recently developed (and adapted from Sewell (1992)) to situate and to explain social and demographic phenomenon of the family, namely family change and variation (Johnson-Hanks JA et al., 2011c). An in-depth description and discussion of the TCA can be found elsewhere (Johnson-Hanks JA et al., 2011c); however, key components of the theory are defined here for the purpose of framing the following analysis and discussion.

A central component of the TCA is the element of *structure*. Structures are fairly synonymous with culture, in that they are “durable forms of organization, patterns of behavior, or systems of social relations” that exist in a society (pg 1) (Johnson-Hanks JA et al., 2011b). It is possible for multiple, and even contradictory, structures to overlap or coexist within particular domains. In fact, this coexistence is most likely to occur within domains that are particularly rich or “culturally dense”, such as fertility,

wherein multiple structures (e.g., religious, legal, and economic) may intersect, overlay or even contradict one another.

A second, important element of the TCA – *schema* – is a way in which we perceive the world that reflects our values and beliefs about a certain issue. Rather than being directly taught schemas, we often learn schemas through multiple exposures throughout our lifetimes and enact these schemas through our behaviors and actions, as well as to evaluate the actions of others. Schemas regarding reproduction, for example, often involve the intersection or integrations of multiple domains, including schemas about sex, marriage, and employment. Schemas may be transformed or developed with the occurrence of new phenomena that don't fit within existing schemas. Schemas are often reflected in or embodied by *materials*. Materials can be tangible or intangible, essentially “any perceptible thing that instantiates one or more schemas (p.39) (Johnson-Hanks JA et al., 2011a).” As an embodiment of existing schemas, materials shape behavior “by serving as constraints or incentives and by inculcating and reinforcing particular values, meanings, and habits of mind.” (p.39) *Identity* is a psychological structure or system that organizes diverse schemas about the self and its relations to others. Individuals shape their own identities out of the schemas and materials available to them through their choices about courses of action.

Lastly, a *conjuncture* is a temporary and specific configuration of structures in which an action can occur (e.g., occurrence of an unintended pregnancy, decision to seek new work, decision to move). Conjunctures involve the coming together or the ‘conjoining’ of multiple, and often mutually dependent, domains. We employ, or look through the ‘lenses’ of our existing schemas, to assess available options and possible actions to take to resolve such a conjuncture, a process known as *construal* in the TCA. A conjuncture is resolved through *events*; events may either be reinforcing by substantiating or adhering to existing schemas, or they can be transformative, in that they may alter the existing schemas or develop new ones to accommodate these transformative events.

Application of the TCA to the Study of Fertility

Though new, the TCA has proven useful in its application to investigations of fertility change (Morgan SP & Kohler HP, 2011) and social class variations in the timing of childbearing in the United States (Bachrach CA et al., 2011). The TCA builds on existing theoretical and empirical work to advance the framing of fertility and fertility change in three, main ways. First, it builds on previous frameworks emphasizing proximate determinants of fertility (e.g., age at marriage and breastfeeding behavior) to focus more broadly on the distal or social influences on fertility. Second, the TCA's use of schemas, or ‘mental frameworks’, serve as indications of how these proximal and distal influences manifest in individuals' and societies' beliefs and behaviors regarding fertility. Third, it allows for the incorporation of complex causal webs, which may be contradictory, and emphasizes the mutual dependence and interaction between individuals and their environments.

In a recent paper and one particularly relevant to my focus on young adults in this paper, Bachrach and Morgan (2012) used elements of the TCA to describe the development of fertility intentions across three stages of the lifecourse. They describe the formation of fertility intentions as an iterative, developmental process in which one first absorbs lessons and experiences about childbearing and parenting and from “one's own experience of being parented”. During adolescence this information is organized and reconciled in relation to “mental models of the self and self-to-be”, wherein individuals may identify ways in which fertility intentions align with or shape their identity. The third and final stage consists of the “conscious development of intentions, often in response to specific conjunctures in the

transition to, or during adulthood “. I will refer back to these stages in a subsequent section of the paper.

Empirical setting, methods and data

‘Structures’ and Schemas of Sex, Marriage, and Childbearing in the Philippines

As indicated in the TCA, structures are the product of schemas and materials interacting over time. There is considerable inertia in structures, in that they are engrained in the attitudes and behaviors of individuals and groups, as well as reinforced by other actors, structures, and materials. In the Philippines, the schemas supporting the structures of sex, marriage and childbearing reflect both the persistence of traditional norms and cultural values, as well as more recent shifts in some of the broader, social forces that affect fertility-related values and behaviors.

The patterns of sexual initiation, marriage, and childbearing have shifted dramatically over the past few decades in the Philippines. Young Filipinos are marrying later and, as compared to previous generations, are more likely to live with their partners before marriage, to forego formal marriage altogether, and to engage in sex before marriage (Kabamalan, 2004; National Statistics Office: Philippines, 2009; Upadhyay et al., 2006; Xenos & Kabamalan, 2007). Despite this shift in behaviors, however, the prevailing attitudes surrounding these practices reflect more traditional views. Only 31% of men and 15% of women approve of women having premarital sex while 46% of men and 24% of women approve of men having premarital sex (Ventura & Cabigon, 2004). Pregnancy outside of marriage is also viewed negatively - only 18% of young men and 12% of young women approve of a woman getting pregnant if she is not married to the father (Ventura & Cabigon, 2004).

These statistics indicate disconnects between sexual attitudes and behaviors, as well as differences in the acceptability of these behaviors for young men, as compared to young women. These differentiated gender norms are well-cited, indicating a ‘double standard’ in which young men are granted more leniency in sexual expression and engagement in sexual behaviors, as compared to young women (Upadhyay et al., 2006; Ventura & Cabigon, 2004). Whereas premarital sexual experiences among young men may be tolerated or even promoted, young women should be modest and chaste, “untouched” at the time of marriage, and should not express knowledge of sex or contraception, especially before marriage (Medina, 2001).

These structures are now shifting, however, in response to local and global sociopolitical forces. Many areas of the Philippines have, or are now undergoing, rapid urbanization and industrialization, forces which are associated with a shift towards more liberal norms for females sexuality (Medina, 2001), higher educational attainment (National Statistics Office: Philippines, 2009), and increased employment opportunities for women in some sectors (Orbeta Jr., 2002). The proliferation of technology and global communications is also transforming the ways in which young people meet and communicate, such that formal courtship and matchmaking are now being replaced by sharing cell phone numbers and text messaging (Ellwood-Clayton B, 2003).

‘Materials’ associated with Sex, Marriage and Childbearing in the Philippines

Despite evidence of recent shifts in young adults’ views and behaviors regarding sexuality, numerous institutions, laws, and policies in the Philippines (*materials* as indicated in the TCA) embody more

conservative schemas and serve to reinforce existing structures and schemas regarding reproduction in the Philippines.

In the Philippines, the Catholic Church exerts an important and pervasive influence on public discourse and political action surrounding sexuality and reproduction in the Philippines. Approximately, 80% of the population is Catholic, with higher proportions within certain provinces of the country (National Statistics Office: Philippines & ICF Macro, 2009). The Catholic Church is actively engaged in the public and political discourse on fertility-related issues such as contraception and abortion, and strongly encourages local and national government officials to align with church doctrine in denouncing any form of contraception other than 'natural' methods (i.e., abstinence, rhythm method) as "artificial contraception" and equivalent to abortion (David et al., 2012; Mello et al., 2006; Ruiz Austria, 2004).

Most recently, the Catholic Church, along with other religious groups and anti-contraception politicians engaged in a national campaign to prevent the passage of the Reproductive Health and Population Development bill, a bill which would ensure governmental support for sexuality education and universal access to contraceptive methods (Senate Economic Planning Office, 2009). Although the majority of Filipinos were in support of this bill, the bill stalled in the Philippines Congress for the past 14 years, an indication of the contentious and controversial nature of contraception in the country, and the reluctance on the part of politicians to voice public support for contraception. In December 2012 the bill was finally signed in to law by current president, Benigno Aquino. These debates also play out at the regional and local levels and serve to restrict the provision of reproductive health information and services (Center for Reproductive Rights, 2006; Mello MM et al., 2006).

Amidst these restrictions, levels of contraceptive use and fertility decline lag behind other, neighboring nations. In an analysis of predicted fertility across countries by Bryant (2007), the Philippines is the only country in which the *predicted* total fertility rate (based on gross domestic product, life expectancy, and secondary enrollment) is consistently less than the *actual* total fertility rate. A key barrier to fertility decline is the perception of and use of contraception. According to the most recent Demographic and Health Survey, 51% of currently married women reported use of contraception with a large proportion consisting of traditional method use and 22% of women reported an unmet need for family planning (National Statistics Office: Philippines & ICF Macro, 2009). Among sexually active young adults, the use of contraceptives is even lower, with only 15% of young women and 28% of young men who participated in the most recent, nationally-representative Young Adult Fertility and Sexuality Study reporting using contraception during their first premarital sexual encounter, 40% of whom used withdrawal (Natividad JN & Marquez MPN, 2004).

In addition to restrictions on contraception, family and workplace laws further embody dominant schemas regarding marriage and childbearing. In 2006, the United Nations Committee on Discrimination Against Women cited the lack of a law on divorce in the Philippines (United Nations Committee on the Elimination of Discrimination against Women (CEDAW), 2006a). Although the Family Code does allow for legal separation on some grounds, the couple remains married in name (United Nations Committee on the Elimination of Discrimination against Women (CEDAW), 2006b). Laws also reflect greater permissibility for male adultery and harsher penalties for women who commit adultery, as compared to men (United Nations Committee on the Elimination of Discrimination against Women (CEDAW), 2004). Historically, children born out of wedlock "illegitimate children" were not entitled to the same rights as other children, though "Filipino[s] recognize that illegitimate children are not responsible for the acts of these parents" (Medina, 2001). However, in 2000, the government responded to the rise in female-headed household by enacting the Solo Parents Welfare Act which

provides for social development and welfare services for sole parents and their children (United Nations Committee on the Elimination of Discrimination against Women (CEDAW), 2004).

Methods

Prompted by the desire to explore young adults' pregnancy decision-making amidst these restrictive political and social policies, I designed and implemented an in-depth study in 2007-08 in a metropolitan area of the Philippines¹. I worked with a team of locally trained researchers to collect qualitative data via focus group discussions (FGDs) and in-depth interviews (IDIs) among a sample of urban young adults. We conducted role-playing exercises and pretested and refined the field guides prior to study initiation. All research protocols and instruments were approved by the Philippines collaborators, the Institutional Review Board of the Johns Hopkins Bloomberg School of Public Health, and the Office for the Protection of Research Subjects of the University of California, Los Angeles.

In total, we conducted nine (4 female; 5 male) FGDs with single and in-union/married young men and women aged 21–29 from four urban communities (barangays).² The FGD participants were selected with the help of community leaders and health clinic staff. Each FGD ranged in size from 6 to 11 participants, for a total of 75 FGD participants: 32 women and 43 men. In addition to eliciting group feedback on a set of research questions, the FGD participants were also asked to respond to a set of three locally-developed vignettes to explore the situational acceptance of abortion, a method that has shown to be effective in other settings (Whittaker, 2002).

The IDIs were also conducted with urban, young adults (ages 21-29), though these young adults were selected based on their reports of a negative reaction to a past pregnancy that they characterized as being “unplanned or unintended”. Negative reactions were spontaneously reported by the respondents in a local survey and later coded in to two, broad categories: “afraid and troubled” or “afraid and planned to terminate the pregnancy”. For IDI participants who were in a partnership at the time of the interview, we asked for permission to interview their partners (even if the past pregnancy did not necessarily occur with that partner). Due to the sensitivity of the topic and the need to establish rapport with the IDI participants, each participant was interviewed twice. This design also provided an opportunity to follow up on inconsistencies and to probe further on issues mentioned in the first interview. Inconsistencies within or between interviews were noted and included as part of the data analysis. In total, 66 IDIs were conducted with 20 young adults and 13 partners.

Each IDI and FGD lasted 60-90 minutes, was digitally recorded after consent, and was conducted in the local language. After the completion of each IDI and FGD, I reviewed the transcripts with the study team to ensure sufficient coverage of the research questions, to provide constructive feedback to the interviewers and moderators, and to inform subsequent data collection. The audio recordings were transcribed, translated into English, and uploaded into NVivo 8 for coding and analysis. Each transcript was coded by at least two coders, and these codes were merged and compared to assure consistency. Any inconsistencies in coding were discussed and used to revise the coding scheme. Coding was conducted using the constant comparative method (Glaser, 1965) in which similar pieces of text from each transcript are coded and grouped together, then are further refined and explored to identify the

¹ The specific study site is masked, as requested by my Philippine colleagues, due to the sensitivity of reproductive health issues (particularly abortion) in this setting.

² Due to unexpected weather conditions, we were forced to repeat one of the male FGDs.

range of situations and develop theories about the interrelationships of the dominant themes through the review of transcripts, research team discussions, and development of research memos.

Results

Schemas Regarding Reproduction

Narratives from both the young adult FGD and IDI participants indicated dominant schemas regarding reproduction that influence the formation of fertility desires and the ways in which a pregnancy occurring to young adults may be characterized given these prevailing schemas.

Desiring children and proving fertility

Nearly all study participants felt that having children and forming a family was or would be an important part of their life at some point. Some of the participants indicated that they “envied” their friends and peers who had children. While only one male IDI participant indicated that he wanted to have a child as a way to prevent teasing or presumptions that he was gay, several male and female participants felt that proving fecundity was an essential component in choosing a suitable partner for a long-term partnership or marriage, and that they would end a relationship if they discovered that their partner was infertile:

One of the reasons to get married is to have children. Most men get married to see their offspring. Even if they loved their wife, if she cannot bear him a child it is possible that he will look for another woman who can give him one.

Focus Group Discussion, Single Females

‘What is our purpose, then, for getting married... isn’t it to make a family? What if we can’t have children? It’s the same, we will look for another.’

Focus Group Discussion, Married Females

This notion was further illustrated by one of the female IDI participants who described the inability to become pregnant as the reason for the dissolution of her first, serious relationship with her live-in boyfriend:

That was one of the reasons why we separated, because either I could not get pregnant, or he couldn’t make me pregnant. It might be that either one of us was not capable of producing offspring.

Unmarried young adults shouldn’t be having sex

Study participants consistently reported the belief that, although many young adults engage in premarital sex, it is considered to be a “sin”. Not only does premarital sex go against the dominant teachings of the Catholic Church, but it also problematic in that it challenges the notion of the ‘ideal’ or ‘proper’ timing of sex, marriage, and childbearing, from a moral and aspirational viewpoint.

Whereas the ideal path was considered to be one in which a young adult is both financially stable and psychological “mature” before marriage and having children, study participants acknowledged that the reality is much different. As reflected in the majority of the male and female FGDs, “nowadays it is rare” that a couple gets married before they are pregnant. This shift in practices was noted several times by participants and reflected in a local colloquialism:

“If in the past one awaited a full moon to marry, now it is the roundness of the tummy that is awaited.”

Despite the acknowledgement of this change in young adult behaviors, however, a pregnancy that occurred outside of this ‘ideal’ timing was still considered a cause of shame and embarrassment, and served as a marker of the transgression of dominant ideals (for further discussion see (Hirz AE & Gipson JD, 2012)):

Before, when I was studying, I never thought of having a baby. What I really wanted was, if possible, to finish my studies and work. And then we’ll marry. That’s what I really wanted. We’d marry so that we could make a child without bringing a sin. Because of course, we know what we did is a sin because it’s premarital sex.
- IDI, cohabiting female

A premarital pregnancy was particularly stigmatizing for the woman and her family if the male partner refused to ‘own up’ or take responsibility for the pregnancy, thus forcing the woman to become a single mother.

Unmarried young adults and “proper” women shouldn’t know about contraception

Participants also indicated dominant notions about *who* should know about and be able to access and use contraception. Many participants indicated that seeking out contraception, especially when unmarried, was embarrassing and stigmatizing in that it was public confirmation that they were engaging in socially undesirable behavior. As such, obtaining contraceptives from a healthcare provider was generally perceived as easier and more acceptable after a first pregnancy and after a formalized union (either cohabiting or formal marriage). Although other barriers to contraceptive use were mentioned (e.g., fear of side effects, cost), as illustrated by this male IDI participant, the embarrassment of seeking out or buying contraceptive methods was cited most commonly:

I: What about the health center staff? Did they recommend any method?

R: They recommended some methods, I think. But we are embarrassed to go there just to ask about these methods. We cannot just open up to them and ask...it’s so embarrassing.

I: Embarrassing?

R: Yes, because we also do not know what they’re thinking. They might say that you’re always having sex. We just don’t know.

-IDI, married male

Male and female study participants also voiced the commonly-held notion that women who demonstrated knowledge of contraceptive methods or had a contraceptive method readily available during a sexual encounter may be perceived as “loose” or sexually promiscuous:

I: Yes, it’s not usual [for single women to use contraceptive pills] but with her...That girl...had a lot of boyfriends. I guess that was why she decided on [using pills]. She was a sort of a flirt. That was maybe the reason.
-IDI, married male

Rejection of abortion as an option

Although several participants indicated prior attempts to terminate one or more pregnancies in the past, abortion was viewed as a “sin”, or as a “double sin” in the case the pregnancy resulted from premarital sex (see (Gipson JD et al., 2011) for further discussion). Participants often referred to the fetus, regardless of gestational age, as *bata* (child), or as an “innocent angel”, equating abortion to “murder”. Though participants noted certain circumstances in which abortion was more acceptable (e.g., when the life of the woman was at risk), most people believed that desperate financial circumstances were not a sufficient reason for abortion, and that the couple could ‘persevere’ by finding another job or by getting (additional) support from their families. These material supports were also mentioned when discussing the acceptability of abortion among single women. Although there were participants who disagreed, it was generally perceived that abortion was a greater sin than single motherhood and that the woman’s family would eventually accept the pregnancy and provide for her and the child if a male partner refused to take responsibility for the pregnancy, or if the couple was unable to care for the child themselves.

Fatalism and Religion

Male and female participants consistently and frequently voiced fatalistic views regarding if and when sex would happen and if a pregnancy might ensue. Most participants described a sense of fatalism surrounding sexual behavior and pregnancy, endorsing the belief that any sexual activity would inevitably lead to pregnancy. Fatalism also stemmed from a lack of confidence in the ability to prevent a pregnancy, either due to barriers in obtaining and effectively using contraception, or for women in particular, in being able to control the circumstances under which sex occurred. For some, the lack of control was attributed to temptation and sexual desire, particularly in the use of the withdrawal method, which was the most commonly used method among our participants.

At other times, and specifically when talking about the possibility of or reaction to a pregnancy, fatalism was much more closely linked with religion. Participants often referred to God’s role in determining if and when a pregnancy would occur and how family members and partners would react to a pregnancy. For those participants who reported attempts to abort an undesired pregnancy, a failed attempt was often attributed to divine interference:

R: We attempted [the abortion with herbs] twice every month.

I –Then?

R –That’s all. Nothing happened to her. It seems God felt pity for the child and he did not allow it.

I –When she told you that she’s going to abort it, what did you feel about it?

R –At first I did not agree with her decision, but later on I realized that maybe she was right. I just took the risk [of aborting the pregnancy] because I was afraid they [her parents] would scold me. I was really confused at that time. It’s what you get when you think only of pleasure. Then after that I told her we must just face it [continue the pregnancy]. Despite our attempts, it was never aborted.

-IDI, cohabiting male

Pregnancies among Filipino young adults as a conjuncture

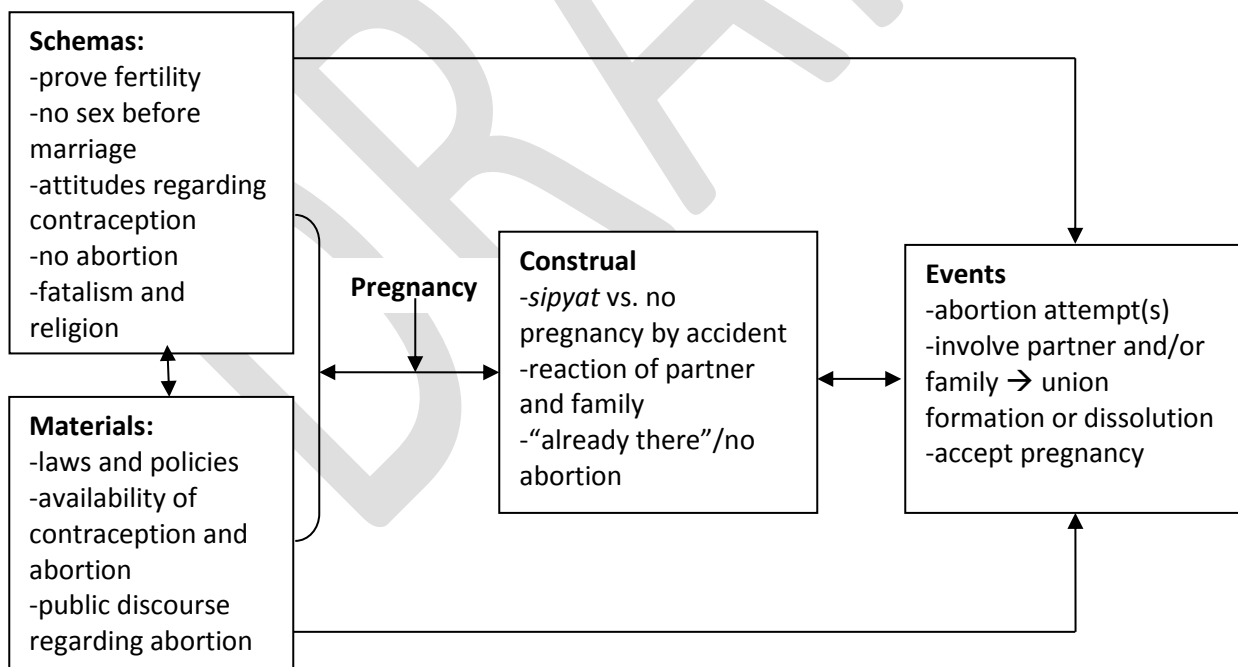
In their application of the TCA to the developmental stages of fertility intentions, Bachrach and Morgan (2012) describe the likelihood that, “[at] any given point in time, an individual may or may not have formed an intention regarding a particular outcome, and ...[may] form intentions only when motivated

to do so.” Essentially, it is not until the actual ‘conjuncture’ (i.e., pregnancy) that abstract notions regarding fertility are crystallized in to actual preferences. Furthermore, how this *conjuncture* is *construed* sets the course of subsequent events with respect to the pregnancy. *Construal* is the process through which “the actor tries to make sense of what is going on in a conjuncture, identifies what actions could be appropriate, and considers what is salient to any decision to act (Bachrach CA et al., 2011) (pg100).” During this process, actors may consciously and/or subconsciously draw on material and schematic elements of their structure in construing these conjunctures. In the case of pregnancy, a woman may act upon her own *construal* of the unexpected pregnancy, or may, by choice or necessity, involve others upon recognition of the pregnancy (Johnson-Hanks JA et al., 2011b).

Construals of pregnancy and subsequent events among Filipino young adults

In Figure 1, I present the findings from this study structured according to the components of the TCA. As illustrated in Figure 1, the characterizations or *construals* of a pregnancy were highly contingent on prevailing schemas, as well as events subsequent to the pregnancy (indicated by the bidirectional arrow). The resolution of these events influenced the characterization of the pregnancy, as well as how the pregnancy was resolved. It should be noted that although study participants spontaneously mentioned the social and legal constraints on contraception and abortion, their perceived and direct effects (*materials*) were not purposefully explored within this study. They are indicated in this figure, however, to illustrate their presence and influence on schemas, construal, and events.

Figure 1: Application of Theory of Conjunctural Action to Pregnancies among Filipino Young Adults



In the following section, I will discuss how these components of the TCA intersect and affect the way in which young adults talk about their pregnancies – that is, how do schemas and materials affect construal? And how do these combine to affect subsequent events? And, as indicated by the

bidirectional arrow in Figure 1, the construal of a pregnancy may be altered in response to subsequent events (e.g., a failed abortion attempt).

Sipyat and “no such thing as pregnancy by accident”

Study participants readily acknowledged that some pregnancies occur at inopportune times or in unstable partnerships. These pregnancies were referred to by a variety of terms: *wala sa plano nako* (not planned), *disgrasya* (accident), and *sipyat* (a pregnancy that occurred despite use of natural family planning or modern contraceptive methods)(Gipson JD et al., 2011).

At the same time, a dominant notion from the FGDs and IDIs was the belief that any pregnancy resulting from consensual sex must be intended. Although some differentiated between the desire to have sex and the desire to become pregnant, many indicated that the decision to have sex was, essentially, a decision to take responsibility for a child. Study participants seemed to indicate an exaggerated perception of the risk of pregnancy, such that sex and pregnancy were often poorly differentiated.

There is no such thing as pregnancy by accident because you are the ones who do it. You are aware that you have sex then it must be planned.

- Focus Group Discussion, Single Males

According to her, by having sex, you already know the consequences; so if you do that, face the consequences and be responsible enough.

When you think of it, it is really intended by both the woman and his partner. It is intended once a woman agreed to have sex.

Focus Group Discussions, Single Females

As indicated in the above excerpts, participants’ discussions were also imbued with notions of morality and responsibility. Taking responsibility, or ‘stepping up’ to the obligations of caring for a child were often framed as one way in which a young adult could attempt to redeem themselves for committing the immoral act of premarital sex. Moreover, since many young adults indicated an overall desire for children at some point in their lives, the occurrence of a pregnancy was often viewed as the occurrence of something that was inherently desired, though may have occurred at an inopportune time or with a partner that wasn’t ideal.

Influence of Male Partner and Family

Findings indicated that if a couple disagreed regarding their desires for a pregnancy, an individual partner was hesitant to consider a pregnancy as unintended. Several female participants described situations in which their male partners alone wished to have a child and would take action to exert their individual desires, including verbal pressure, unprotected forced sex, or contraceptive sabotage. Because most study participants were not using modern contraceptive methods, contraceptive sabotage usually focused on disrupting the withdrawal method. The inability to effectively use withdrawal or other methods of contraception appeared to be a well-known cause of unintended pregnancy, as reflected by use of a specific term for unintended pregnancies, *sipyat*, which was defined by study participants as a pregnancy that occurred despite use of contraception. Although one male participant described being pressured by his wife, contraceptive sabotage was most commonly mentioned by women about their male partners:

R: Yes, [my second child] was 'sipyat', but this one I think he [her partner] did this intentionally...he mentioned before that he doesn't like that we are away from each other and so he got me pregnant so that I will stay put...I was working then and he didn't like the idea because I could no longer take care of our daughter. But I was also stubborn. I wanted to have my way, so I really think he did it [did not withdraw] intentionally. He never told me that he wanted to have another child already. It's just what I suspect.

In the second interview with this woman, she indicated that her husband's reaction to the pregnancy confirmed her suspicions:

I: What was his reaction when you told him that you didn't have your period?

R: He wasn't angry. He only said, 'Well, it is already there, so we will just accept it.' That's all he said, so I got more suspicious. I told him, 'You brute! You really did it on purpose!'

- IDI, Cohabiting Female

Participants' recounting of the events following pregnancy recognition also revealed that the construal of the pregnancy was often contingent on the reactions of the partner and/or families of the young woman or the couple. Although three of the female IDI participants indicated that they attempted an abortion on their own and without telling anyone, the majority of women told their partners upon recognition of the pregnancy. In our sample, all of the female IDI participants remained in their partnerships after the pregnancy; however, two male IDI participants indicated that they had left past girlfriends upon recognition of a pregnancy. Data from both the IDIs and FGDs indicated that if the male partner abandoned the woman and did not 'own' the pregnancy, the pregnancy was often regarded as 'unintended'. At that point, the woman was once again faced with the pregnancy as a 'conjuncture'; that is, whether to terminate the pregnancy, or to disclose to her family in the hopes that they would support her and the child.³

It is disgrasya especially when the guy denies being the father of the child, for example the single mothers; but when the partner or guy is there, it is intended.

Focus Group Discussion, Single Females

Alternately, if the male partner took responsibility for the pregnancy, a cascade of events ensued to 'legitimize' the pregnancy and to formalize the relationship. The families of the young man and woman would often initiate the 'pamalaye' or marriage process immediately and before the pregnancy became obvious to others. The rapidity of this process was seen as a means of reducing gossip in the communities and protecting the family's honor, particularly if there was any doubt about the young woman's partner taking responsibility for the pregnancy. In these cases, participants often indicated that although the pregnancy was not initially intended, that young adults would move in together or marry out of "pity" for the child and so as not to "punish" the child for the "sins" of the parents:

It's difficult when you have an unwanted pregnancy. It's so sudden... suddenly you make a family. The time is not right. No preparation, no engagement, nothing. It would be better if you're engaged, and then you prepare for your wedding the way you wanted it, then you marry.

³In the IDIs, there were no mentions of rejection of the woman or families' encouraging the woman to undergo an abortion; however, these situations were mentioned more generally within the FGDs.

That is the proper [marriage]... Ours is not like that. We lived together because of our child. We were forced to marry because we already had a child. But I don't want to be married.

24 year old woman, separated, with 2-year old daughter

I never realized that I was already married because it was so sudden. I was 22 and had a girlfriend for 6 months. Sometimes what motivates a man to marry a pregnant woman even in the absence of love is that you pity the child. You are forced into marriage.

Focus Group Discussion, Married Males

"It's already there": Rejection of abortion as a resolution

Although six female and six male IDI participants reported an abortion attempt during the current or a past relationship, for many of the IDI participants who had experienced an unexpected pregnancy, abortion was not considered as an option due to their strong moral opposition to abortion. Their beliefs, as well as stigma and fear of divine retribution (see Hirz) influenced the characterization of the pregnancy and the continuation of the pregnancy. (See further discussion in Gipson, et al. 2011.) As indicated by this IDI participant, even though some participants adamantly expressed that they did not want to have a(nother) child, their strong opposition to abortion on moral and religious grounds determined their characterization and continuation of the pregnancy:

It [the pregnancy] was really unexpected. I thought of aborting it. But he [her partner] didn't want to...that he would really it as his own. He said, 'Why are you afraid? Don't worry, I will never leave you.' He was the one who [influenced] me not to do it. But it [abortion] was in my thoughts. I really didn't have plans to do it because I'm afraid of God. I know it's a big sin...I only talked about it, but I never did it. It wouldn't matter if my father would hit me [for becoming pregnant]. I'm old enough. So what if I don't marry? I'd just become a single mother.

- IDI, married female

Discussion and Conclusions

The Applicability of the TCA to the Study of Fertility and Pregnancy Intention in the Philippines

Overall, findings from this study indicate six, overarching concepts pertinent to the measurement of pregnancy intentions and to the characterization of pregnancy ambivalence within this setting. Four of these appear to be well-described within the TCA framework, whereas the last, two are areas in which the TCA could be further explicated or expanded: 1) the acknowledgement of fertility intentions as a developmental and dynamic process, 2) the incorporation of multiple, competing schemas regarding sex, contraception, and childbearing that affect the formation and expression of fertility preferences, 3) the difference in temporal frames of these schemas, and 4) the presence of new, transformative events indicate that the schemas regarding sexuality and childbearing appear to be changing in the Philippines in response to individuals' lived experiences, 5) the characterization of a pregnancy was often contingent on the reactions of important others' reactions, as well as events subsequent to the occurrence of the pregnancy, and 6) the influence of sexual pleasure on the occurrence of an unplanned pregnancy and subsequent characterizations of the pregnancy.

Perhaps the first example of the utility of this model is the acknowledgment of fertility intentions as a developmental and dynamic process (Bachrach CA & Morgan SP, 2012). This point is especially important when understanding fertility preferences among adolescent and young adult populations, and was clearly reflected in these data. These young adults appeared to be in the second developmental stage, and catapulted in to the third developmental stage of quickly developing or crystallizing their fertility intentions in response to a pregnancy. The occurrence of an unexpected pregnancy challenged notions of themselves and their 'selves-to-be', as 'good' or 'responsible' men/women at the same time that these young adults were likely first defining themselves during their adolescence and young adulthood.

A second useful application of the TCA is the allowance for, and even encouragement of, multiple and competing schemas regarding the multiple facets of reproduction, family, and contraception. One example of the influence of competing schemas on the construal or characterization of a pregnancy is the notion of 'proving fecundity'.⁴ Young adults appeared to be caught between notions of propriety and expected behavior, and rational concerns related to infertility and forming a long-standing partnership, especially in a country in which divorce is illegal and stigmatized. This notion is particularly interesting given that premarital sex is broadly denounced even among younger generations (Ventura & Cabigon, 2004). However, given the illegality and stigma surrounding divorce in the Philippines and the dominant schemas promoting the importance of children, generally, and in the construction of a 'family', it seems only rational for young adults to emphasize proving fertility prior to a marriage/union so as to ensure that one's (ideally, life-long) partner is capable of having children. The issue, of course, is that the schemas of ensuring the ability to have a family by proving fertility, and the schemas regarding the "proper" order and timing of marriage and childbearing are in conflict with the schema denouncing premarital sex and premarital fertility. It is exactly these conflicts between schemas that are the cause of and sources of pregnancy 'ambivalence'.

Competing and conflicting schemas were also evident in the reliance on readily accessible, though less effective methods of contraception (e.g., rhythm, withdrawal), even in the face of strong social sanctions against premarital pregnancy. Due to the practical and psychic costs young adults' associated with modern contraceptive use, most of our participants reported no contraceptive use, or the use of withdrawal, thereby increasing the risk of an unexpected and/or premarital pregnancy due to reliance on less efficacious methods. This finding is not unique to this sample, as withdrawal is the second most common method (after the pill) across all age groups (National Statistics Office: Philippines & ICF Macro, 2009) and has been shown to have the highest 12-month discontinuation rates in the Philippines (Laguna et al., 2000). One may also question whether the existence of a local term (*sipyat*) to specifically describe a pregnancy that results from contraceptive failure reflects the perceived commonality of this occurrence.

A third element is the notion that schemas may have different temporal frames, in that some schemas, such as those underlying fertility intentions, may "draw on broader structures related to parenthood and family, whereas those that inform intentions about sex, contraception and abortion may be more

⁴ Dissimilar to other settings, the concern regarding fecundity was raised by both male and female participants, indicating that this concern appears to be less about reproduction as a marker of women's status, such as has been noted in South Asia (e.g., (Gipson JD & Hindin MJ, 2007)), but rather a rational reaction by both male and female young adults to existing structures and to maximize their status and well-being in society and with their families.

closely associated with structures related to relationships, pregnancy, morality, and risk”.⁵ This aspect was reflected in our data in that young adults often voiced positive feelings and notions about having children and being parents “one day”, though also noted difficulties and reticence to use contraception, and the conflicts between childbearing and their educational and employment aspirations. These contradictions are already well-noted in the literature; however, the TCA allows the disaggregation and explication of each of these “dense” domains according to dominant schemas and structures.

The TCA also describes the notion of ‘transformative events’ as “new phenomena require us either to stretch and transform available schemas or to develop new ones” (Johnson-Hanks JA et al., 2011b). National data from YAFS indicate that only 18% of young men and 12% of young women approve of a woman getting pregnant if she is not married to the father (Ventura & Cabigon, 2004); however, our participants’ narratives suggested a greater acceptance of single motherhood. It is possible that our select sample may be more lenient towards single motherhood, that participants are more likely to report this acceptance in an in-depth interview rather than a survey, or societal perceptions may actually be changing (a “transformative event”). Ideally, the next YAFS survey (now underway) will provide new and valuable insight in to the occurrence and acceptability of single motherhood at a national level.

Challenges to the application of the TCA to pregnancy ambivalence in Filipino young adults

While the above components served to contextualize pregnancy ambivalence among this population and to illustrate the ways in which pregnancy ambivalence was expressed by our study participants, two additional domains emerged from this study and were central to characterizations of pregnancies.

First, the characterizations of pregnancies were contingent on the results of an action(s) by the woman (e.g., an abortion attempt), as well as the reactions of others. A key finding of this study is that these young adults appear to have expanded the definition of intended pregnancy to include pregnancies that are followed by marriage or union formation. Even for women who had attempted an abortion (with or without the knowledge of their partners), an unsuccessful abortion attempt caused the subsequent reconstruction or reconstrual of the pregnancy as ‘intended’ with the continuation of the pregnancy, despite willful action to terminate, considered to be due to divine intervention or predestination. Moreover, although power and inequality are mentioned in the discussions and applications of the TCA (Bachrach CA & Morgan SP, 2012; Bachrach CA et al., 2011), our data highlight the potential need for further explication of the ways in which schemas are shared, negotiated, and potentially reshaped in the context of partnerships. As illustrated by our participants, unique behaviors (e.g., covert contraceptive use and abortion attempts, contraceptive sabotage) emerge when schemas don’t align.

Second, as illustrated by this IDI participant, sexual pleasure often played a role in the occurrence of an unexpected pregnancy and the subsequent characterizations of this pregnancy:

Why I got pregnant? We did not intend to make a baby. [laughed] It was purely temptation and you get carried away. But when we did it he said that we would withdraw. But it was always withdrawal with my

⁵ I focus on the dominant schemas, as they relate to the construal of an unexpected pregnancy and subsequent events; however, it should be noted that many more schemas regarding reproduction were present within this data

children. We never said that 'okay let us have one more'. It was sort of an 'aksidente'(accident) [laughed] because we planned. We sort of planned. In-Depth Interview, Cohabiting Female

Although the TCA includes the characterization of schemas as “more or less visceral” and “imbued with sensation and feeling” (p.3)(Bachrach CA & Morgan SP, 2012), findings from this study highlight the importance of examining the intersection of physical sensation, how schemas inform the way in which this physical sensation is interpreted (e.g., an unmarried woman should not be enjoying sex if she is not supposed to be *having* sex), and how these interpretations influence the occurrence, type, and effective use of contraception. Moreover, existing schemas regarding sex in the Philippines may also indicate *whose* pleasure should be prioritized; however, these schemas are also likely to be in flux (Serquina-Ramiro, 2005). This notion coincides with previous suggestions to more broadly incorporate sexuality and pleasure in to the investigation of reproductive health outcomes (e.g., (Dixon-Mueller, 2008; Higgins & Hirsch, 2008).

Overall, the TCA and its components provide a useful application for understanding and contextualizing pregnancy ambivalence, especially in a young adult population located in a dynamic social setting such as the Philippines. The ability to discuss simultaneous and conflicting schemas is particularly salient in this setting wherein more traditional structures are being challenged by new ones, and the development and expression of dominant schemas is likely becoming increasingly individualistic (Johnson-Hanks JA et al., 2011c; Medina, 2001). I should, however, mention a few, key limitations in the collection and application of this data. First, given the selection of participants for a smaller, qualitative study, I am not able to discuss differences in social class that may affect the development or enactment of these schemas. Second, I only focus on the dominant schemas expressed by our participants. Additional schemas were mentioned by some of our participants (e.g., numeracy and ideal sex composition of children); however, those discussed in the paper were the most influential in participants’ descriptions of their construals and the events following an unexpected pregnancy. Lastly, as the selection criteria for the IDI participants were young adults who reported a negative reaction to a past pregnancy, these IDI participants may be even more select in that they voiced (indicated in a survey) a negative ‘construal’ of the pregnancy.

Lastly, it is hoped that some of the aspects indicated in this study from one, rapidly changing urban environment might illuminate issues to continue to consider, or to newly consider, in thinking about new data collection efforts on fertility preferences in various populations around the world. First, and especially given rapid demographic and social shifts between adolescent/young adult populations and previous generations, the assessment of how schemas are persisting or transforming in these settings are integral to our understandings of underlying fertility motivations, the proximate determinants of fertility, and shifts in the desire for parenthood given broader, contextual shifts in employment and educational opportunities (see, for example, (Barber, 2001; Jennings et al., 2012)). Second, although researchers have focused on examining relationship- and partner-level influences on the motivational pathways to sex, contraceptive use, and fertility, (see, for example, (Miller WB, 1986; Miller & Pasta, 2001), there has been minimal data collection and integration of couple-level measures into demographic surveys. Using the TCA framework, it would be especially important to assess the degree to which underlying schemas are communicated and negotiated in relationships, and how they may be negotiated given other, competing schemas and gender norms. Lastly, and also applying the TCA framework, further work could address the extent to which materials (e.g., the recent passage of the reproductive health bill in the Philippines) affect individuals’ perceptions and endorsement of schemas surrounding reproductive health.

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