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RELATIVE EMPOWERMENT: AN EXPLORATION ON THE EXERCISE OF AUTONOMY OF FILIPINO WOMEN IN UNIONS

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Abstract

Gender is the social construction of attributes based on the sexes. Those perceived differences are forged with reference to the other. With this in perspective, dominance is attributed to the masculinity of males; and subordination tends to be for the femininity of females. The focus of this study is based on the issue of political subordination in the private sphere of the household. Particularly autonomy status and contraception use is described. This will involve an analysis between women who are cohabiting with their partners and those who are married using the 2008 NDHS. For both types of unions among women, the variables that influence contraception use are education and number of children. For married women, it also includes employment and residence. Autonomy regarding decision making negatively influences contraception use among married women but justification against Intimate Partner Violence (IPV) is positively associated. But among those in consensual union, being less autonomous increases the likelihood of using contraceptive methods. There is an apparent difference between women who are formally married and those who are cohabiting with their partners. This is a social arrangement that is increasing in prevalence in the country and therefore should be further studied. Addressing the perceived needs of women and the particularities within this population is necessary to further attain development and for them to achieve autonomy.

Keywords: Autonomy, gender, political subordination, cohabiting and married women, contraception-use decision

Introduction

There has been interest in the factors that affect how couples make decisions about their reproductive lives. This is an arena where both sexes can assert their influence for them to improve their reproductive health and even their rights. Studies such as Becker's (1981) use an economic perspective to view the household functioning as a

unit with a single function in the couple's fertility. There is an assumption that those involved have the similar interests in their activities and therefore would consider their assets as conjugal. What this lacks is the aspect of disparity that is present between the wife and her partner based on the existing social structures of their society.

Section 14, Article II of the Philippine Constitution states, "The State recognizes the role of women in nation-building, and shall ensure the fundamental equality before the law of women and men." This part of the law has a clear undertaking of having both sexes viewed as co-equals especially in working toward the development of the country.

But what is presented in it is the acknowledgement of sexes; it does not directly cover the issue of "gender." Gender is the social construction of attributes based on the sexes (Butler, 1990; Webster, 1996; Marchand, 2000). Those perceived differences are forged with reference to the "other." With this in perspective, dominance is attributed to the masculinity of males and subordination tends to be for the femininity of females.

The Philippine government recognises this dilemma and considers it to be a hindrance on development as a whole. There have been orders and acts toward this goal. But what surfaced in relation to the adherence to the Fourth World Conferences on Women in Beijing, China; is the Executive Order No. 273 where the Philippine Plan for Gender-responsive Development, 1995-2025 is adapted. In its framework, gender inequalities are raised. And part of this is the political subordination of women. Women are viewed as the weaker sex and therefore their capabilities in making decisions whether in the household or the public sphere are undermined. Authority is assumed by the man of the household and the woman is to support whatever is decided.

The focus of this study is based on the issue of political subordination in the private sphere of the household. Particularly, the autonomy status and contraception use is described. What will be sought is the relation between the capacity of women to make household decision among other things and their capability to practice contraception.

It was mentioned above that this study would consider those who are in marital unions. The analysis will be between women who are cohabiting with their partners and those who are married. The term cohabiting describes a union that has yet to be officiated in a ceremony whether civil or religious in nature. There may be differences in their participation since their arrangements are different and are affected by various factors. The analysis of the relation will be conducted by checking if the factors affecting the indicator mentioned above and contraception use will be similar.

In the current study "autonomy" is used as a term that would reflect the capacity to participate in decision-making and be free from justifying intimate partner violence. Based on the literature with focus on population matters, "empowerment" and "autonomy" are interchanged. There are distinctions made (Dyson & Moore, 1983; Dixon-Mueller, 1998). Autonomy refers to the liberty or capacity of women to perform certain things including decision-making, while

empowerment is the capability to resist control over one's self and the subsequent loss of rights. For our purpose, autonomy is subsumed to be a form of empowerment. Household decision-making involves the couple. Both persons in a relation with this arrangement may participate in differing levels of this process. For this study, the 2008 National Demographic and Health Survey, the survey that was implemented on women, is utilised. The perspectives of the husband and the male partner are absent.

Aside from the question on decisions regarding daily purchases, every one lacks the aspect of frequency. The indication of how often the other measures are done is not mentioned, such as how often does a couple decide on making large purchases or go to a health facility. With this in perspective, the answers of the respondents are based on the notion of a general decision-making pattern that occurs.

Statement Of The Problem

This research aims to describe and analyse the exercise of empowerment between married and cohabiting women because of their contextual differences in the context of Philippine society.

Specific Objectives

As mentioned above, this paper intends to examine women in union and how their contexts in terms of marital arrangement cause their decisions in contraception use. Also a central part of this paper is to create a measure with reference to "autonomy." This will utilise household decision-making capacity and the opinion on intimate partner violence. This has not been employed in the literature and the author intends to make a multifaceted view on empowerment/autonomy based on nationally representative surveys.

Hypothesis

To complement the abovementioned objectives, it is viewed that women in cohabiting marital arrangements will have more circumstances of autonomy in the household. But this is based on socio-economic considerations. The autonomy of married women will increase due to a perceived historical pronatalist tradition which exhibits itself to the number of children in the household.

Theoretical Framework

Women in union in the Philippines

Marriage is a social institution that has legal and social bases. It is often conceived as the venue for sexual activity and childrearing. This has been the notion of marriage even in the Philippines. But as Kabamalan (2004) has argued, this has been changing.

Its prevalence in the country is increasing and as such, the perception of unions and the possibilities of those events are transforming. What has been bourn

of this change is that there is an inclination to believe that cohabiting is a stage where a couple would be in a marital arrangement without undergoing a formal ceremony, therefore would not be legal. That being said, the norm is still to go through such a ceremony because couples still aspire to be married in a religious context aside from the legal.

Kabamalan gives the characteristics of couples that are likely to undergo a cohabiting arrangement. These couples have less education, do not do productive work, are less religious, and have been raised by only one parent. Also, their circumstances may further differ. Economic constraints may be present to keep them from having a formal ceremony due to traditions of the reception, and even obtaining the necessary documents for marriage to take place is considered a hindrance.

What this profile of couples in cohabiting union entails is that there are particular experiences of people that have to be considered. There are differences between the types of unions and the people participating in either arrangement. As such, these differences may further influence household structures concerning decision-making, whether with regard to the household or reproduction-related decisions, particularly with contraception use.

Women's autonomy

As mentioned above, gender is the social construction of attributes based on the sexes. There lie particular expectations on women's characteristics and roles (Moser & Levy, 1986). There is an unequal attribution of duties which hamper personal and social development in varying degrees.

Relative to other developing countries, the Philippines has a high rate of empowerment among women (Mason 1998). According to Licuanan (1993):

> ...observing the highly visible women in Philippine society, including a woman president, women in Congress, in the Supreme Court, and in the Cabinet as well as in business and the private sector, most Filipino men (and women) sincerely believe that Filipino women enjoy equal status to men. (p. 259)

It appears that historically women in the Philippines have experienced this level of empowerment. As Medina (1991) states that compared with other Asian states, women held a high level of social status dating back to pre-Spanish period. They were at equal footing with males.

Although this is the likely state of social structure in Philippine society, there are still incidences of lack of autonomy and empowerment among women. As it will be mentioned later there are cases where women lack the decision-making capacity with regard to household affairs including their own healthcare and also women who justify violence by their partners. The figures may be seen as low, and it is rightly so but, in the rhetoric of rights-based perspective; the figures would be optimally '0.' On the international level, the Philippines has ratified various conventions and adopted them into concrete laws such as the PPGD 1995-2025.

This is in lieu with their recognition that the state of women's status can be improved further.

Bentley and Kavanagh (2008) view gender equity based on the UN's definition of "fairness and justice in the distribution of benefits and responsibilities between men and women."(United Nations) A manifestation of such inequality is female autonomy. As Caldwell and Caldwell state this is: "a woman's... ability to make decisions on her own and act upon these decisions" (1993, p. 123). When women lack autonomy they may experience shortcomings in various facets of their lives such as opportunities and ownership of certain properties as would be seen later. There is no definite set of factors that affect the general empowerment of women in terms of contraceptive use or non-use, household decision-making, and intimate partner violence.

According to Acharya, et.al. (2010) There is lack of study on the influence of socio-demographic factors on women's autonomy regarding decision-making. This serves as the exploration on the said field. Positive associations are with the variables of age, employment and number of living children. Women in urban areas also have more autonomy. Education exhibits a different outcome, it is only positively associated with health-care decision-making and shows no significance with other decisions regarding purchases and visits to people. Another outcome is that women on a higher wealth quintile are less likely to have autonomy on health-care decisions.

There are Few Studies that Focus on The Philippines

There is the Western feminist perspective that assumes that fertility lowers female status while economic models enhance such status. Alcantara aims to confirm such assumptions of this Western perspective if it were to hold with the Philippine experience on female status (1990.) Utilising the 1981 "Women in Development Survey in the Philippines," Alcantara examines married women vis-à-vis married men and their decision-making capacities. The power relations in the locus of political struggle and women's subordination in the household are given focus. Societal level variables are utilised: education, employment and income. Other variables considered include the number of children and the like. By using multinomial logit analyses, Alcantara shows that the economic model of Western experience does not apply to Philippine women, that power allocation is impervious to women's income. Whether or not a woman's income is higher, the wife predominates in decisions concerning subsistence and surplus resource allocation, and that she has equal power in fertility decisions. On the topic of fertility and status, what is found is that the Philippine pronatalist social structure prevails. If couples have no children, husbands have the power in the household. As the number of children increases, the wife gains such power.

Household decision-making autonomy can be seen as an aspect of empowerment of women. Another would be not allowing domestic violence. And by looking at the domain of empowerment, it can be said that the similar factors are the two aspects of empowerment.

In Hindin and Adair (2002), what is studied are the individual and household characteristics associated with Intimate Partner Violence, IPV, using data from the "Cebu Longitudinal Health and Nutrition Survey." To employ a blended method to the analysis, they had 56 interview respondents to explore the context of such violence. By using multinomial regression, they determined that earning level and employment does not predict IPV. What is associated with it are the factors of urban residence and household wealth. But an even stronger association is with household decision-making capacity of women.

What is curious about the household decision-making measure is that the pattern varies for differences in how decisions come about. If either sex dominates the decision-making process, there is increased violence. This circumstance is avoided when joint decision-making is involved. This exhibits a U-shaped pattern of violence where the extremes have higher likelihood of violence but is avoided when in the middle or in joint decisions.

Another manifestation of autonomy is that of the capacity to decide on the utilisation of contraception. The decisions on the previous section focused on health, economic, and movement decisions. Contraception-use is based on sexual autonomy. It may be related to health matters but it may be considered as a distinct mode of decision-making.

For the Philippines, Degraffe, Bilsborrow and Guilke (1997) used household and community data in the Philippines to perform a multilevel analysis on contraceptive use. The authors utilise a model of endogeneity and temporal ordering of variables that gauge community influences on fertility behaviour. Using the 1983 Bicol Multipurpose Survey, the study identifies individual characteristics of the female respondents, particularly age, education, number of living children, and also the husbands' education and employment. They also considered the women's visits to family planning service providers. The results show that community-level family planning services, labour-market conditions, and infrastructure development affect fertility behaviour, especially contraceptive use.

Mason and Smith (2000) compared the fertility decisions made by both husband and wife between five Asian countries including the Philippines. It was found as one component of the study that neither the wife's nor the husband's preference influences contraception use. What influences it more is the religious stance of the community and the actual availability of such service on reproductive health. Another interesting comparison made is that in the other four countries; Pakistan, India, Malaysia, and Thailand, in the study, the more autonomy a woman has with regard to being beaten or being afraid of arguing with her partner, the more likely her fertility preference would be equal or even dominate her husband's. This is not observed in the Philippines.

Olea's study (2004) tested a fertility model that focus on the background and proximate variables that would affect fertility, specifically with recent pregnancies. The author utilised the 1993 Unmet Need Survey, the purpose of which is on reproductive health risk considerations. 480 couples in Nueva Ecija and 300 in Metro Manila are taken as samples to view rural-urban differences. The

respondents are 25 to 44 year old women and their husbands. Background variables taken are duration of marriage, education, and employment, while proximate determinants are children ever born, ideal number of children, contraception use, and experience of foetal loss.

One antecedent factor Olea has looked into is women's autonomy. Autonomy is viewed as the ability to communicate between couples and the subsequent decision-making on household concerns. What was found is that it is not a direct predictor of recent pregnancies and that there is no significant difference between autonomous and non-autonomous women. It has to influence the background variables and proximate determinants of fertility in order to affect recent pregnancies.

This study's focus is on fertility and its determinants. Decision-making is but one aspect of the model therefore it can be studied further. This also exhibits the utilisation of married women and not of women in consensual unions since there may be differences between the two types.

Research Design

Demographic and Health Surveys are nationally representative, population-based household surveys which provide comparable data between countries on health indicators.

For this study, the 2008 National Demographic and Health Survey, NDHS, is utilised. This involved 13,594 women between the ages of 15 to 49 years from 12,469 households. 794 enumeration areas throughout the country were selected through cluster sampling. This particular NDHS covered information on fertility levels and preference, awareness and use of family planning, breastfeeding practices, marriage, nutrition status of women and children, maternal and child health, childhood mortality, knowledge and attitudes regarding HIV/AIDS and violence against women.

The aim of this study is to determine the relation of household decision autonomy and contraception-use decision autonomy. For this purpose, women who are in union and not currently pregnant are the unit of analysis. The number of women that is in this category is 7,868; 84% are married and 16% are in consensual arrangement. Socio-demographic variables are also viewed in relation to contraception-use decision making.

Method

Measure of the outcome variable

Contraception use or non-use is based on the question "Are you currently doing something or using any method to delay or avoid pregnancy?" (National Statistics Office & ICF Macro 2009, p.300). It is continued to identifying which method is being used, but for our purpose, there will be no distinction between modern or traditional methods of contracepting.

Socio-demographic variables

Age, education, the husband's education, employment, residence and the number of living children may affect household decision-making. There may be certain norms and behaviours that are attributed to women of certain ages especially when there are differences between their partners' ages. Education may affect this outcome because of the learning that the women underwent. And comparing to the partner's education level, there may be inequality in how they decide. They will have increased exposure to different perceptions that may lead to having relative autonomy in the household.

Number of children is an important aspect with regards to the autonomy of women in the household as indicated by Alcantara (1990). It presents the possibility of increasing this capacity of women due to the pronatalist social structure of the Philippines.

Employment, as is education, increases the likelihood that women will be exposed to other people therefore, other viewpoints. They will have experience in different settings. And being employed increases the resources that are produced by women, which allows them to contribute, to a particular extent, in the household.

Autonomy measures

Household decision-making

The respondent is asked who usually makes decisions in four domains: the respondent's own health care, major household purchases, purchasing daily household needs, and visits to family and relatives. For each domain, the responses are decisions done by the respondent alone, jointly with her partner, husband alone and someone else.

What was done first was to classify these into three categories. The response that the woman does the decision solely is retained to reflect full autonomy. This was also done with joint decision-making. The remaining categories are grouped into one category to reflect lack of autonomy of the respondent.

From this categorisation of responses, a scale of autonomy was created where the number of domains was counted where a woman has full autonomy. '0' is when a woman is not autonomous, 1 and 2 is when a woman is less autonomous.,and 3 and 4 is when a woman decides in 3 or 4 domains and therefore autonomous.

Justification of Intimate Partner Violence

In this study, attitudes toward Intimate Partner Violence (IPV) refer to the justification of women in the circumstance of a man beating his wife. Their opinion of this situation was asked in a hypothetical manner: "Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations" (NSO and ICF Macro, 2009). The situations were:

- If she goes out without telling him

- If she neglects the children
- If she argues with him
- If she refuses to have sex with him
- If she burns the food

An index was created for this variable where the responses are counted to reflect the lack of justification toward IPV. A dichotomous variable was created where 1 is the lack of justification for any scenario and 0 represents having justified at least one of them.

Statistical analysis

Descriptive and multivariate statistical methods are employed. First, the distribution of the outcome variable per characteristic is presented to show the prevalence of contraceptive usage between the two types of union among women. Binary logistic regression was used to identify the variables independently associated with the use or non-use of contraception. Separate sets of models with the socio-demographic and autonomy measures are presented to compare married women with those in consensual unions.

The first model for each includes the socio-demographic variables and another model that has the autonomy variables. This is to observe the effect of the latter components. The likelihood Ratio test, LR Test, is used to determine this effect on both sets of models.

Results

Most women have partners who are older, about 72% for married women and 71% for consensual arrangement as in Table 1. This results to having a mean age difference of 2.9 years for the former and 3.4 years for the latter. On their education, majority of women have at least reached secondary level although, there are more women in consensual union who are at this level than married women. But more married women have higher education at 31% compared with 20% for the other type of union. This pattern is similar with that of the partner's education level.

Fifty-six percent of married women have been working in the past year and about 41% of those living-in,; this is the term used commonly among Filipinos to describe cohabiting arrangement of union. There are fewer who have occasional employment for both types of union among them. But there are more unemployed women in consensual arrangement than married women.

Another difference is with their number of living children. Married women have a mean number of 3.2 and for the other, 2.1. Contraception use is more pronounced among the former type with 56% of them practising and 48% in the latter.

Consensual unions are more prevalent in the urban areas where 54% of women in union are engaged in this. This pattern of difference is not similar when it comes to their autonomy. The patterns of household decision-making and IPV justification are similar for both.

Table 1: Distribution of women by type of union and by selected characteristics and autonomy measures

	Married	Consensual
N	6609	1259
Spousal age difference		
Same age as partner	9.8	9.2
Partner is older	71.6	70.9
Partner is younger	18.6	19.9
Respondent's education level		
Primary and below	27.9	26.8
Secondary	41.2	53.0
Tertiary	30.9	20.3
Partner's education level		
Primary and below	33.4	30.0
Secondary	36.6	45.9
Tertiary	30.0	24.1
Employment status		
Not employed in past year	36.7	47.2
Worked in the past year	7.8	11.9
Working	55.5	40.9
Number of living children	3.2	2.1
Residence		
Rural	56.4	46.0
Urban	43.6	54.0
Women's autonomy		
Household decision making		
No autonomy	22.6	25.8
Less autonomy	56.1	53.0
Autonomous	21.3	21.2
Justification of IPV		
Justifies instances	17.7	15.5
Does not justify	82.3	84.5
Contraception practice		
Contraceptive user	56.2	47.7
Non-user	43.8	52.3
NDHS 2008		

Table 2: Distribution of women by type of union and contra aception use

	Married	Consensual
N	3716	601
Spousal age difference		
Same age as partner	55.1	51.7
Partner is older	56.9	47.8
Partner is younger	54.1	45.8
Respondent's education level		
Primary and below	47.4	40.7
Secondary	60.6	48.9
Tertiary	58.4	54.1
Partner's education level		
Primary and below	49.9	45.1
Secondary	60.6	47.8
Tertiary	57.9	51.0
Employment status		
Not employed in past year	51.7	47.8
Worked in the past year	54.7	48
Working	59.4	47.5
Mean number of living children	3.3	2.3
Residence		
Rural	53.4	44.6
Urban	59.9	50.4
Women's autonomy		
Household decision making		
No autonomy	56.7	44
Less autonomy	57	51.1
Autonomous	53.6	43.8
Justification of IPV		
Justifies instances	52	49.2
Does not justify	57.1	47.5

Across all characteristics as seen in Table 2, more married women use contraceptive regardless of being traditional or modern methods. And the mean number of children of married couples who use contraception is 3.3 and those living-in 2.3.

In the binary logit models, the partner's education variable was omitted due to collinearity with the respondent's education. This was tested with chi-squared test which yielded exceptionally high values for both sets of models.

As seen in model 1 in table 3, education influences contraception use. Those who have secondary and tertiary education are 83% and 64% respectively, and are more likely to use methods. Those with regular work also exhibit this with 1.3 likelihood. Also, being in the urban area and increasing number of living increases this likelihood.

Incorporating autonomy measures in model 2 for married women, enhances the model with 11.7 in the LR test being significant at p<.01. The determinants retain their significance. Autonomy of women on decision-making affects this by being 15% less likely to use contraception. And not justifying IPV increases it by 14%.

Table 3: Odds ratio of contra aception use among married women

	Model 1	*Model 2*
Spousal age difference		
Same age as partner (Ref)		
Partner is older	1.090	1.084
Partner is younger	0.938	0.936
Respondent's education level		
Primary and below (Ref)		
Secondary	1.831*	1.820*
Tertiary	1.643*	1.627*
Employment status		
Not employed in past year (Ref)		
Worked in the past year	1.115	1.116
Working	1.342*	1.343*
Number of living children	1.073*	1.076*
Residence		
Rural (Ref)		
Urban	1.216*	1.211*
Women's autonomy		
Household decision making		
No autonomy (Ref)		
Less autonomy		1.006
Autonomous		0.852+
Justification of IPV		
Justifies instances (Ref)		
Does not justify		1.149+
LR Test	11.67**	
** p<.001 **p<.01 +p<.1*		

As seen in Table 4, education also affects contraception use, having at least a secondary level of education increases likelihood by 1.58 and having tertiary level by 2.09. The factor that increases the likelihood is number of children who are living.

The autonomy of women measures also enhances the model but not to the level as those for married women's. Significant at p<0.1, the LR test has 7.75 on the chi-square with 3 degrees of freedom. And for the second model for women in consensual arrangement, being less autonomous increases the likelihood of contraception use by 31%.

Table 4: Odd ration of contraception use among married women

	Model 1	*Model 2*
Spousal age difference		
Same age as partner (Ref)		
Partner is older	0.894	0.904
Partner is younger	0.745	0.762
Respondent's education level		
Primary and below (Ref)		
Secondary	1.579**	1.578**
Tertiary	2.089*	2.116*
Employment status		
Not employed in past year (Ref)		
Worked in the past year	0.967	0.947
Working	0.887	0.888
Number of living children	1.161*	1.165*
Residence		
Rural (Ref)		
Urban	1.173	1.183
Women's autonomy		
Household decision making		
No autonomy (Ref)		
Less autonomy		1.313+
Autonomous		0.924
Justification of IPV		
Justifies instances (Ref)		
Does not justify		0.915
LR Test	7.75+	
** p<.001 **p<.01 +p<.1*		

Discussion

Majority of the women in our sample, whether formally married or are in a cohabiting arrangement, view that most decisions are done jointly by them and their respective partners. There are a few who do it solely and at an almost similar level who do not do it at all. To compare between the two types of union, married women are more likely to perform decision-making either solely or jointly with their partners in the aspects of large purchases, visits to family, and especially purchase of daily needs. Women in cohabiting arrangement may have less autonomy because of their perception of their circumstance. As Kabamalan had indicated, "[women in consensual union] are quite satisfied with their life now, although they believe their union will be happier, more stable and their bond stronger when they do marry"(2004, p.122).

For both types of unions among women, the variables that influence contraception use are education and number of children. For married women, it also includes employment and residence. These are dissimilar to what was found

by Alcantara regarding fertility decisions (1990). She indicated that such societal variables that may affect Western social structures concerning gender equality in terms of status do not fit the Philippine context.

The western perspective is concentrated on individual development particularly on social status and capital. If women are able to attain education at an equal footing with men, this may be affect employment and earnings, then they will somehow enjoy a relative equality within the social structure. But what was observed is that these factors positively influence contraception use, which may be because of gaining higher social status.

What Alcantara had argued is that the social structure in the Philippines is pre-dominated by a pronatalist perspective wherein the family size may have an effect on the status of the wife within the household. And as seen in this study, this is persistent for both married and cohabiting women.

There is a factor that is associated with the outcome for one group but not for the other. Full household autonomy is negatively associated with the outcome for married women. For women in consensual union, being less autonomous factor is positively associated.

There are contextual and circumstantial differences between the two types of union that women are part as mentioned previously (Kabamalan, 2004). As it has also been observed by the current study, the context of women regarding their composition characteristics is slightly different including age composition. Filipino couples are delaying formal marriage by cohabiting due to financial concerns among others. And this background has bearing for the differences.

Behavioural traits among women are exhibited through political subordination in the household as discussed previously. There are contrasting results for women in consensual union and their decision-making attitudes. Speizer, Whittle, and Carter (2005) found no association with being autonomous and union type. Others found that such women have less autonomy in the household (Parrado & Tienda, 1997; Desai, 1992). Women may think or perceive that they have less influence in reproductive matters such as contraception use than they actually do with reference to their marital arrangement. There may be different couple dynamics on bargaining on matters from being formally married.
For married women, having a final say on decisions on health care, resources, and mobility is associated with the outcome. As a married woman gains the capacity to decide for household matters, she has less say on using contraception. And this coincides with Mason and Smith's study (2000).

The previous study mentioned is similar to the argument of Hindin and Adair (2002). They found that there is an association between intimate partner violence and household decision-making. What they found was when household decision-making is dominated by either sex, the incidence of violence increases. The middle point which is when decisions are done jointly have the least likelihood of experiencing physical violence from the partner.

Being fully autonomous decreases the likelihood of using contraceptives between couples. This may be related to the extremes indicated by Hindin and Adair for Cebu. Gaining autonomy on one aspect decreases for other aspects of the

household. But the middle ground of being less autonomous and doing decisions jointly is reflected for women in consensual union. It increases their likelihood of practising contraception.

According to Speizer and others (2005), further studies are necessary to determine why there are differences between women in different types of union. Contextual information in the dynamics of couples in such an arrangement may be viewed especially in the Philippines.

Conclusion

Autonomy, as discussed here as being able to perform decisions in the household and having a mindset of non-justification of violence, is a strong determinant of a larger sphere of empowerment for women. And within this capacity of autonomy, it is somehow typically perceived in studies as in the domain of economic capacity and selected sociopolitical domain like visiting kins and being employed. There is another dimension, which is more intimate, and this is on the family particularly on using contraception or not.

The exercise of empowerment particularly on autonomy is exhibited differently in the Philippines. There are indications that it follows a history where women have power in the household sphere when certain conditions are optimal in their perception and also in turn in their partners'.

Reproduction-related decisions, particularly contraception use, can be seen as a complex social phenomenon and would have to be studied further. This is an aspect of couple relation where it is not limited to economic concerns of the household but also the health of women. This may be an arena where autonomy of women can be gauged.

Furthermore, there is an apparent difference between women who are formally married and those who are cohabiting with their partners. This is a social arrangement that is increasing in prevalence in the country and therefore be further studied. Addressing the perceived needs of women and the particularities within this population is necessary to further attain development and for them to achieve autonomy.

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