philippine studies

Ateneo de Manila University • Loyola Heights, Quezon City • 1108 Philippines

Family Planning and Community in the Philippines and Bali

Paul W. Mathews

Philippine Studies vol. 40, no. 4 (1992): 435–463

Family Planning and Community in the Philippines and Bali

Paul W. Mathews

During the time Family Planning Programs have been established in the Philippines much attention has gone into the demography of contraceptive knowledge and use, and research in this area has focussed on a determinate level of acceptors every year. The findings have been consistent: while the number of acceptors often looks encouraging, the dropout rates are also substantial. It is obvious that an over-emphasis on fertility control[1] methods alone has not been (and may not be) adequate in dealing with Philippine population growth (Yu and Liu 1980, 141). Moreover, holistic approaches to fertility highlight the importance of children to gender roles, and underscore the existence of competing folk paradigms of sexuality, reproduction, health and illness, which frequently subvert the effective utilization of modern contraceptives.

In particular, in disseminating contraceptive information, Family Planning staff and medical practitioners face competition from folk practitioners (*hilot*) and other influential members of a barrio-community,[2] who function best in a *gemeinschaft* environment by serving in multi-functional roles such as kin, neighbor, *kumpare/kumare*, healer, midwife and counsellor. Working within the cultural universe of ethnomedical aetiologies (including that of the natural and supernatural), they deal with spiritual, "psychiatric," medical, social, interpersonal and intrafamilial problems.

By virtue of their experience or knowledge, and often as the only source of advice or medical care in a barrio, such members hold a status which makes them potentially powerful influences and resources in the community. They are established members of the barrio, who are sympathetic to the problems of their peers, whilst many know from experience the frustrations of poverty. By tradition they have been the ones to whom people turn in times of illness and family crisis.

Many of them have a pronatalist orientation, seldom giving help or advice on pregnancy-avoidance or termination. On the contrary, most give instructions on how to conceive and counsel women on how to be good wives or control their husbands (Bailen 1976,131). In Ambiona pro-natal views are espoused at length, in particular by people who hold positions of relative status or respect and influence.[3]

Attempts by the Philippine State to utilize such influential figures in the role of Family Planning Motivators have been unsuccessful for various reasons: administrative incompetence and corruption; poor training; and most importantly, role conflict, and community resistance (Bailen 1976). Bailen points out that even such local and respected figures as hilot may encounter problems should they turn to advocating Family Planning: husbands' objections; popular beliefs espoused by kin or barrio-mates; as well as rumors of unfortunate incidents that allegedly followed the use of contraceptives. Less serious side-effects that actually follow the use of some contraceptives give credence to rumors and fears of more serious consequences. Nevertheless, attempts to utilize local, "grass-roots" leaders explicitly recognize the social standing and influence of such members in a community.

Part 1 of this article will outline how various people in a Philippine *sitio* may serve to reinforce existing pro-natal attitudes. I shall outline and utilize local notions of health, illness and medical practice, especially as they relate to fertility and the practice of Family Planning, and how such notions give legitimacy to indigenous pronatal views.

In contrast, Streatfield (1986) reports that the Balinese *banjar* (village council) operates as a "cultural mechanism" to successfully support and propagate Family Planning. According to Streatfield, decisions regarding innovations or affecting the village are often formulated at the village-community level and articulated in terms of the community.[4] The traditional existence and operation of the banjar enables a community to focus its collective identity and concerns, and thereby facilitate decisions concerning innovations such as Family Planning.

Part 2 of the article, then, will outline Streatfield's findings, and argue that community "leaders" may further State policies when such leaders and the views they espouse are given some legitimacy through a structured community organization.

A Philippine Barrio

Whether or not a people of a community accept or reject Family Planning is a matter of being able to formulate, articulate and work through views or problems, as well as perceive the issues in terms of the community; and in making a decision, bringing to bear certain social forces and cultural legitimations. A community without a village council—or with a weak one—may be unable to do this successfully.

In Ambiona there is no barrio council, although in former times such a council did exist, and in some places throughout the Philippines barrio councils do exist. A history of barrio councils shows, however, that they have been, since their inception, primarily political apparatuses of the central government (see Guzman, Reforma & Panganiban 1988, 207–40). The traditional barangay, as political institution, was transformed by the Spanish into a mainly geographic unit and its leader (*datu*) relegated to that of tax collector. During the American period (1900–46) this structure was essentially retained, and centralization of power enhanced under President Quezon.

After the Local Autonomy Act of 1959, Philippine municipalities were governed by an elected mayor and council. Though elected at large, municipal councillors (invariably men) were assigned a district—usually two or more barrios—in which they exercised some supervision. Before 1956 mayors also appointed the unpaid barrio lieutenant, but the emphasis on community development under President Magsaysay generated a law providing for the barrio leader's election.

As part of this move to decentralization the Barrio Charter of 1959 added an elected barrio council and gave that council the power, within narrow limits, to tax and spend. By the mid-1960s the barrio lieutenant or *kapitan* had become a political figure with whom bigger politicians dealt, and was often the backbone of the mayor's following. So significant was barrio-level political organization that under martial law (1972) and a new period of centralization President Marcos made it the focus of local government.

Although presidential patronage tried to reach down to the village level, the barangay council elections of May 1982 were potentially free of such influence because manipulation of results was difficult given nearly one million candidates for 289,444 positions (i.e., seven in each barrio). Nevertheless, reports indicate that Marcos

supporters won most positions, and it was evident that opposition villages would get little in government funds until they conformed with central ideology.

Provisions of 1983 made village officials more dependent on the central government than ever before, tending toward erosion of local autonomy and even the usurpation of local responsibilities by the central government. (See Wurfel 1988, 90-93; 256–57). In 1986, under the Aquino administration, all barrio councillors (and other local officials) were dismissed; OICs or *Kapitan* were appointed until the May 1988 barangay elections.

Hence, in Ambiona during my fieldwork, there was no barrio council; the appointed kapitan had died, and a temporary kapitan appointed. Many inhabitants of each barrio are unwilling to take on such a thankless role—although it is, as we shall see below, often a materially rewarding position. Duties of a councillor or kapitan revolve around settling barrio disputes, and through an elaborate patronage network, petitioning local or city government funds for infrastructure projects, e.g. roads, wells, electrification.

Barrio councils in the Philippines, therefore, were and largely still are political in orientation, with little or generally ineffectual social welfare and barrio representation. (See, for example, Jocano, 1973: 24–27). Under the Local Government Code decisions or views of barrio folk are only directive; they have no binding effect on the part of political leaders.

While democracy at the grassroots level has always been an ideal of Filipinos, dependency by rural inhabitants upon government officials for the provision of certain needs has not always been conducive to democracy or economic progress. Although the Barrio Charter (Republic Act No. 1408) made the barangay a quasi-autonomous political unit, the people have continued to look at their barrio needs and problems as the responsibility of the State or local government officials. Although rural barrio people have aspirations, they do not believe that they have the responsibility for obtaining them and, perhaps justifiably, believe they have little opportunity in obtaining them. Thus, while personal aspirations have priority, they do not perceive the fulfillment of the barrio's needs as a pre- or co-requisite in the attainment of their own personal needs (Pal 1963, 251–59).

Perhaps one of my younger and somewhat disillusioned informants best sums up this attitude. Alex was twenty-four years old and had considered running for barrio election—due in 1988. While

he yearned to "do things" (e.g. providing jobs) for the poor, he said that he first needed money to buy their votes. And should he win, he was adverse to the sip-sip from the poor and wealthy alike.[5] Although Alex seemed principled enough, he also realistically commented that "the Philippines is only a democracy if the President allows it."

In this vein the position of barrio kapitan has evolved from being only that of a central government's administrative tool in the barrio, to (in theory) a spokesperson of the people in the acquisition of benefits from government officials (and other outside agencies), but which in reality advantage particular personal aspirations rather than the community at large. Generally, barrio kapitan and councillors represent factions in a community; these factions commonly reflect similar but broader and kin-based factions in the larger society. Such factionalism often accentuates socio-economic cleavages rather than enhances communal unity. This situation differs from the Balinese banjar where, although leaders are elected, every village adult male has direct involvement in policy decisions.

While all this recognizes the political significance of barrios, the structure and centralized control of government has failed to take advantage of the potential which barrio culture holds. Without a mechanism for the articulation of normative values into strategic action for the community as a whole, people may orientate their behavior in accordance with what they believe to be general social values. As we shall soon see, while the Balinese banjar allows for strategic actions compatible with moral values, the absence of a Philippine barrio council—or one not properly constituted in terms of representation—cannot facilitate collective action, and thus normative values and personal strategies compatible with such values hold sway. Thus without a truly representative council, as is the case in Ambiona—and thus the possibility to focus and reflect community-will—a generalized view that Family Planning, in practice, is unacceptable prevails.

Morals and Medicine

Anthropologists have often described cultural conceptions and practices relating to health/illness and medicine in non-western societies. Turner (1967), for example, has shown how the Ndembu (Zambia) conceive of disease as independent forces brought on by

disturbances of social relations, which include not only the living but also the ancestors. Personal illness is disorder in a social cosmos. To restore order obscure forces need to be revealed and facilitated. Often a healer or diviner is called upon to reveal the obscure forces at work; he/she facilitates healing by indicating ways in which social order can be restored.

This is also true of the Philippines as Jocano (1973), Hart (1979; 1980), Lieban (1966; 1967; 1983) and Pertierra, (1988), among others, exemplify.

Fertility is a part of this social cosmos, and therefore it is usual in Ambiona, as elsewhere in the Philippines, for a woman to encounter moral and divine censure should she attempt to limit her fertility, particularly by the use of "pills." Such censure may act in three areas. Women or couples who simply try to limit their fertility may be looked upon as promiscuous (*manyak*), selfish (*dawo*), or ambitious (*ambisiyoso/a*). Women who attempt to abort a foetus, particularly by the use of contraceptive pills, are censured. Finally, the power of "pills" (and other contraceptives and abortifacients), as local knowledge would suggest, may have generally deleterious effects on mothers and their fecundity.

Focusing on the Edera kin group in Ambiona, I will demonstrate how these perceptions are formulated and publicized, and how censure may be generated with respect to fertility and children, by means of gossip and rumor. The position of women who already have a large number of children, shows by example that children are a "blessing" in one way or another and convey a pro-natal message. This is exemplified by Day (1982, 159), who reports that non-users of Family Planning tend to be older, longer-married women with many children. Similarly, barrio women who have reached menopause, and usually because of their age-status hold relative authority, also convey a pronatalist message to younger women, particularly their own offspring and their spouses.

Such is the case of Lucena Edera, a woman in her early seventies, who owns a few hectares of rice land in Ambiona. Lucena had seven children, four of whom are still living, and one of whom, Emily Navarette, is the offspring of a previous but unacknowledged "marriage."

All of Lucena's children are married, have children of their own, and live close at hand in the same *purok* (unofficial subsection of a barrio). One of Lucena's sons and his wife have only one child, but recently "adopted" a four-year-old girl, Chona. Chona was aban-

doned when her mother obtained employment as an "entertainer" in Japan, although none of my informants seemed to know exactly who the mother was. Another child of Lucena is Lani. She and her husband had four children, and upon the recent death of Lani, two children went to live with Lucena, and the other two with Lene Nunez, the youngest daughter of Lucena.

Lene herself has only one child, Felin, who has a cleft palate. Residents of Ambiona tell how Lene became pregnant before she was married. Concerned about community opinion, she attempted to abort the foetus by having her abdomen thoroughly massaged by a hilot and, some say, by also taking contraceptive pills. The abortion, however, was not wholly successful, in that eventually Lene gave "birth" to a still-born and deformed child. Subsequently she married her current husband and bore him a child, Felin, who is facially deformed. It is widely believed by Ambionians that this deformity is Divine punishment for Lene's previous sin.

I had encountered similar views and notions about health and illness, and in particular the use of "pills," in the case of Estelle Rivera and her spastic son, Francis. About three years previously Estelle had gone to Manila; whilst unmarried, she had a sexual relationship there, and fell pregnant. The man left Estelle, who, in shame and desperation, attempted an abortion by taking "pills"—which many Ambionians believe to have affected the foetus. Three days after birth, the baby boy, Francis, contracted a "fever" and turned yellow; this was diagnosed by Doctors in Manila as "fever and poor nutrition," and from which it took almost one year to recover. The version proffered by Estelle suggests that she was ill with swollen legs and fever during pregnancy—symptoms not uncommon in pregnancy. The end result is that Francis is a spastic.[6] By the age of two, Francis could neither walk or crawl, nor see properly; he does not talk or babble, but tends to moan, scream and dribble, although he does recognize some things, especially food and particular relatives.

Two points are notable here: Firstly, according to some informants, "pills" are believed to be able to reverse a pregnancy. That is, if contraceptive pills are able to stop a woman from getting pregnant, then by extension they should be able to "un-pregnate" a woman already pregnant.[7] That pills do not do this, but rather are believed to cause deformities, affirms rumors that pills do not work in their supposed contraceptive aims and/or that they are dangerous.

Similar stories and justifications are often encountered in Ambiona. These stories suggest that moral integrity is very important in ensuring good health. Gossip about deviant actions, as in Estelle's case, clearly reinforces notions of normative behavior.

It is clear that many people in Ambiona have little faith in pills, including contraceptive pills. Some informants claim that some pills are mixed with (and thereby diluted by) yeast; or the improper medicine, pill or dosage is frequently given—perhaps to ensure a return of the patient to Doctor or pharmacy (cf. Tan 1988). Consequently, some informants said that contraceptive pills did not work, for it was known that a number of women had become pregnant while taking them.

Estelle's story also seems to suggest a folk-notion of cause and effect in medical matters: she had a fever, just like Francis had; and she had swollen legs, i.e., legs affected by her illness, just as Francis has emaciated legs affected by his condition.

Throughout my enquiries I waited for a supernatural-based version of Francis' condition, perhaps something to do with witchcraft. Certainly witches were known to have previously inhabited Ambiona, and at least one family in an adjacent barrio was thought to have powers of witchcraft. But although I later heard of "divine retribution," and of "spiritual intervention" in some cases of illness, my expectations of witchcraft on this occasion were unfulfilled.

Rather, two models of health and illness—western and folk, which tended to complement rather than contradict one another—were employed by Ambionians. In the case of Francis the emphasis was on a more Western type of model: in terms of chemo-mechanical cause and effect. Whilst this may indicate that Ambionians (as with perhaps most Filipinos) are cognizant of "germ theory," we must also take account of Ambionians' understanding of "how" an illness occurs, and "why" such an illness should happen to this particular person at this particular time.

Throughout the period of fieldwork, I persistently heard explanations of illness, fertility and/or side-effects in terms of folk medicine and "Divine Will." Thus the second point arising out of these cases is that of Divine retribution. Lene's experience suggests a notion of folk-Christianity in Ambiona, whereby children are perceived as gifts from God, and that to reject or tamper with such Holy presentations invites various Divine retributions.

In another case, the eldest son of the Llano family had a deformed hand; this, some locals claim, is Divine retribution for two first-

cousins marrying. Grace Estera suffered a worse fate: she married her (distant) nephew, Alvin Martinez, who died within a short time. Grace's spinster aunts had been opposed to the marriage as it contravened Divine Providence.[8] Thus "God" may punish any moral transgression, even by tarnishing the very "gifts" He bestows.

A supreme deity, however, plays a relatively insignificant and indirect role in Ambiona (as in other parts of the Philippines [cf. Pertierra, 1988]). Although God is recognized as the ultimate source of well-being, and His power is called upon in healing rites, supplications are often made to an intermediate Saint or ancestral spirit, and punishment of wrong-doers is usually left to the appropriate offended spirit. Where no such spirit is evident, as in the preceding examples, a kind of general principle of retribution (*gaba*) is attributed directly to God.

Philippine literature is full of references to taboo violations that result in punishment by a supernatural being in the form of illness or other misfortune—not only upon the transgressor but also against his/her family, community or even descendants. Closer analysis, however, shows that this relationship is often more mystical in its nature, where a human act or transgression "logically" brings about negative consequences without intervention of a specific supernatural being. This is the concept of mystical retribution (see Murdock 1980, 18).[9]

Mystical theories of illness causation are based on the premise that impairment of health results as an automatic consequence of some act or experience of the victim (Murdock 1980, 17). This belief in mystical retribution draws on principles of contagious magic, where there is an assumption of continuity between events or things and people. There are diverse mystical theories of illness causation among Philippine groups. These pertain to overlapping categories of contagion and pollution, fate, mystical retribution, and soul loss. The theories are not completely metaphysical; they have an inner logic reflective of material and social reality. Many convey the connotation of "separation" from the body politic or social fabric. Strong elements of social control thus appear in these theories.

In Ambiona, the Visayan-Christian concept of gaba, translated simply as a "curse from God" or as "Divine retribution" (cf. Mercado 1976), is commonly used to refer to the consequences resulting from what can be seen objectively as the violation of social norms. Gaba does not necessarily refer to retribution for a sacrilegious act, but also commonly refers to a form of redress for an of-

fence committed against a human, and against some animals; in this sense gaba parallels the western notion of immanent justice.

Thus the notion of mystical retribution is related to a sense of social propriety. What is important to consider, suggests Tan (1987), is that violation of a social code may result in social cleavage, and that this separation is perceived as carrying the potential for illness and misfortune.

Although Sechrest (1970: 8) suggests the notion of sin, and hence Divine retribution, "does not seem especially salient in the Philippines, and a disease theory (or an account of illness) based on such a concept might not be a very powerful one," Garcia (1976) reports that the gaba belief system supports the idea that certain actions of a person will bring about, as a natural (ie. logical) consequence, punishment and suffering. Both Garcia (1976) and Hart (1980) make similar observations to my own; for example, we saw how people or whole families have incurred gaba through marrying kin; and how gaba may have affected Estelle and Francis; and a number of my informants suggested the use of contraceptives could incur gaba.

Although gaba seems to imply a certain inevitability of consequences, there are in practice ways to prevent or amend those consequences: by means of propitiatory rituals and healing rites, and calling on God Himself, usually via an intermediating spirit such as a Saint or one's ancestors.

A similar principle applies to good fortune (*suwerte*), or Divine blessing. For example, children are "gifts from God" in the sense that God, as ultimate adjudicator, dispenses good fortune. Although one may have children as a natural consequence of marriage, it is only by God's blessing that such a consequence will result. (Perhaps it might be said that a large, poor family is not blessed by the addition of yet another child; but Filipinos see their poverty, not their children, as a result of gaba).

What may appear to emerge from this discussion of retribution and inevitability (or fate) is a view of the Filipino as passive or resistant to change, because he/she is fatalistic, leaving everything to the "Will of God" or other supra-natural forces. The most common manifestation of this attitude is said to be *bahala na* (never mind; let things be), which attributes events to the Will of God. But as Lieban (1966) has pointed out in his study of fatalism and illness among Cebuanos, the Will of God may be used to rationalize or explain "experienced incapacities." In other words, such explanations of Divine or supernatural interventions and gaba are coping mecha-

nisms for what has already happened, and are not necessarily part of the cognitive factors that discourage action.

Thus, to view traditional beliefs as deflecting responsibility into a realm of fantasy is myopic. Although illness is often attributed to external factors such as spirits, traditional beliefs situate the individual within a broader social framework, where social responsibility is important in the prevention and treatment of illness. Reflected in supernatural beliefs, then, is communal welfare. This can be seen in the communal nature of many healing rituals, and the public concern for disrupted pregnancies.

I suspect that Lene, at least, had learnt from her experience. She was an intelligent and articulate young woman who, responding to my questions about high levels of Filipino fertility, replied pointedly: "We would rather take a chance with what we know than with what we don't know."

Many of these beliefs and stories are acceded to and promulgated by the Edera kin group. In particular, Lucena and her husband, Angelo, are a respected elderly couple. Having raised seven children, yet modestly comfortable economically, they have a firm belief in God and espouse the notion that children are gifts from God and that "pills" (etc.) are sinful.

Here, then, in this cluster of both affines and consanguines, consisting of five households, one encounters a pronatal influence, legitimated by a belief in the Divine and, for them at least, clearly manifested in the case of Lene's experience. On the basis of this legitimation and their social status, the Ederas are able to intercede in the construction and enforcement of moral values in Ambiona. These beliefs and the Edera's sway are affirmed and passed on to their children, borne out by the comments of Pablo and Francine Fero (nee: Edera): that Family Planning is a sin, that the Bible preaches "go forth and multiply," and that if one does not follow God one does not receive Holy Grace.

Such beliefs and their propagation may be unfortunate for Family Planning Programs, but are further compounded by a lack of counter-action from such Programs. For Ambionians this means that pronatalist values and traditional beliefs about reproduction can more easily proliferate in the absence of a social context in which scientific information could be shared. However, even where a Program does attempt to present alternative views through a local Family Planning Motivator, particular problems arise which in fact highlight the role and influence local inhabitants may hold.

For example, Josefa was the thirty-two-year old unmarried (*matandang dalaga* = spinster) Motivator in Ambiona. Once I observed Josefa giving nutrition advice to a small group of young mothers and immunizing their babies. On the surface such occasions would appear to be good opportunities to disseminate information directly related to spacing and prevention of pregnancies; but since these occasions are open forums some women could be equally persuaded by others of the adversities of Family Planning, unless there is a concerted and strong leadership on the part of the Family Planning staff.

This raises a particular problem, not only in Josefa's case—given her unmarried status—but also for other Family Planning Staff. Many Family Planning staff whom I met were unmarried or had no children, and/or were not using artificial contraceptives themselves. One Motivator I met in a City meeting was embarrassed to continue her work because she had fallen pregnant!

I do not want to suggest that one necessarily has to be a mother in order to be a good Family Planning officer; however, account must be taken that some rural folk may well have a tendency to make more categorical distinctions for those who are eligible or not eligible to speak with authority. Judith Justice (1984), for example, describes the difficulties faced by young women paramedics, and the ways in which age, marital status, parity and the social roles of women have affected their efforts in rural areas of Nepal. Similarly, Reid (1984) notes the limitations of the role of young, unmarried urban women posted to rural areas and given the responsibility of offering older married women advice regarding ante-natal care, childcare, and fertility control (cf. Manderson 1989, 83–84). Pal and Polson (1973, 199) similarly note for the Philippines that many registered (State) midwives-motivators are young with little local status. Their efforts at advising couples to practice family planning are often pitted against views held by other members of the household or kin group, and may be resented as unwarranted meddling in a household's affairs.

In contrast, Robinson (1989, 155) notes the relative success of a private company's Family Planning program with the use of local women as assistants to field staff. Similarly Fawcett and Samboonsuk (1969) report that local women who have already adopted family planning commonly communicate their experiences to co-villagers and kin, and therefore may be a valuable resource for publicity and recruitment of new acceptors.

In an extensive review of Family Planning strategies, Day (1982) cites a number of successful projects in Southeast Asia which have

utilized the network of villagers—storekeepers, healers, farmers, village headmen, etc.—to inexpensively and reliably distribute contraceptives and motivate villagers. The argument for this kind of strategy is that locally based distribution and motivation most significantly generates grass-roots involvement, localizing and normalizing contraceptive delivery. The focus is on decentralization and the selection of "natural" leaders or respected persons, consisting of teachers, community leaders, primary health workers, local midwives, etc., to volunteer for and be trained in the propagation of Family Planning.

Such projects generally rely on Rogers' (1973) homophily-heterophily argument, which suggests that success in communication and interaction, and by extension, provision of Family Planning, is greater when there is greater sociocultural similarity between, in this instance, Motivator and acceptor. In general, studies by Rogers and others have found that older married women with a few children, and trained to technical competence, performed better as Family Planning workers, while formal education was of little importance (cf. Day 1982, 135–36; 258–59).

A partial flaw with this methodology is that an individual's characteristics are often compared to aggregate group statistics of potential users, and may overlook a greater complexity in salient factors. Nevertheless, this methodology, and subsequent studies, implicitly acknowledge that married, mature, fecund, local, or other influential people may make good Family Planning Motivators—just as they may make equally good pronatalists!

Such is the case also for traditional birth attendants or healers—as we shall see in the following section with respect to the local *hilot* of Ambiona.

Underpinning the utilization of traditional birth attendants or healers as Family Planning Motivators is, again, communications theory (eg. Rogers, 1973). These indigenous practitioners, in particular, often have widespread popularity within a community, as cases cited by Day (1982, 60–71) testify. For example, the Ministry of Public Health in Thailand recognized the value of local healers and initiated a program to train and equip them as well as indigenous midwives.

The failure in the Philippines to co-opt *hilot* and *mananabang* (midwives)—partly because of resistance by the medical profession who see such "paramedics" as unqualified and of low status—means not only to forfeit an inexpensive source of labor-power, but also to

possibly turn these paramedics against Family Planning, if only by default.

"Chickens and Chalices"

In Ambiona pro-natal views are espoused by Sancho, the local hilot,[10] who has a very firm belief in God and the words of the Bible; these words, or talismans, says Sancho, in fact have power in their own right. To understand this concept it is important to realize that in the medical-religious context of Ambiona, a word is not a simple unit of language. It is through words that the divine or supernatural reveal meaning. Lallana (n.d) suggests that through a kind of folk etymology the inspiration for this power is the opening lines of the Gospel according to John: "In the beginning was the Word, and the Word was with God, and the Word was God." It was thus that Sancho used a Bible-and-key apparatus in divination and curing rights. His Bible contained the words of God and hence the power of God. The binding tape (holding fast an ordinary key inserted into the pages) represented the Holy Cross; and the key itself, Sancho variously explained, was the key to Heaven or as opening the way to the truth.

According to Sancho most illnesses are caused by spirits of relatives. Although ancestral spirits are likely to be benevolent and are often asked for assistance, retaliation by them is possible if an offence is committed against the social or supernatural order. Some of these offences involve a breach of the moral code, as in the case of descendants failing to meet their ritual obligations to ancestors; disrespect to elders; physical violence; and incestuous marriages (cf. Hart, 1979). One way to prevent or end this retaliation is to admit fault and to offer compensation. "Such an offer acknowledges membership of a common moral universe and mitigates the fury of the offended." (Pertierra 1988, 132).

Treatment prescribed by Sancho, then, is only effective if it is God's Will, since ultimately it is God who adjudicates over and controls the supernatural. In effect Sancho acts only as a mediator. If the illness is "natural" then generally it will be cured by his treatment; but if it is not "natural" the illness will return. According to Sancho, a "natural" illness is one caused by a generally benevolent spirit that has been offended. Such a spirit causes illness by affecting the pulse, which in turn causes a defect in blood circulation at certain bodily points, (i.e., causes a certain "roundness" and thus ill-

ness. Sancho's cure is natural medicine, including the use of herbs ingested or rubbed on the body, massage, incantations and prayers, to "flatten" the points of blood coagulation and return circulation to normal; he also prays to placate the spirits.

Thus for Sancho, blood plays a central role in health and illness: it absorbs and transmits evil and malaise. This particular focus on blood is not unusual, for as Tan (1987) indicates, concepts of blood and the circulatory system form a core concept in folk physiology. Because blood is known to be distributed throughout the body, it is perceived as a carrier of "vitality and will," and thus blood loss or disruption is correlated with weakness and death.

Using this system of diagnosis and treatment Sancho claimed many successes, such as the following: a baker in the nearby *poblacion* felt tired and fought with his wife. Sancho diagnosed "poor blood" (circulation) caused by the evil of a woman who loved the baker, plus over-work and exhaustion. The cure was simply to take a holiday, have a massage, and to confront the evil-doer.

Summary

By way of summary, in presenting some of the people in Ambiona I sketched their attitudes toward, and their possible influence on, the Family Planning Program in that *sitio*. I also presented views on medical matters, both generally and in regard to Family Planning or contraceptives as perceived by Ambionians. Clearly there is evidence in the traditional view of Philippine society of a great pressure for marriage and subsequent early childbearing. And although personal aspirations may offset some of this pressure, Pal and Polson (1973, 45–47), for example, cite numerous reasons for Filipinos marrying in their teens or early twenties and bearing (many) children soon after.

It is evident that, apart from any influence from "Right to Life" movements, Charismatics, Church or clergy, respected men and women in Ambiona echo and support a pronatalist view. Ambionians are subjected to this preference in every day discourse and generally accept it.

This, I suggest, underscores the influence that various members of a community may hold. While some innovations may be incorporated into and given legitimation within the traditional system, others may not be supported. In fact, such support or rejection may be used to further one's own authority. In this respect, Lucena,

Sancho and others were well respected in Ambiona, and very much against Family Planning.

Sancho, for example, had many successes, which encouraged people to seek his help and advice. Although he used herbal medications and various devices, his exhortations were generally based on local religious and/or psychological notions, thereby tapping a ready source of traditional belief, morality and guilt. He thus placed the burden of well-being onto the patient and his/her social relationships.

Thus the significance of locally influential people lies in their contextualizing the individual or family within a broader social framework and accentuating collective social responsibility. In so acting, they manifest a form of social control in the reproduction of the social order. Hilot in particular, as representatives of indigenous medical knowledge, portray health and illness as functions of interactions among individuals, society, nature, and the supernatural. Whilst the body may be interpreted as a microcosm of nature, the indigenous medical ideology reflects and interprets that reality, integrating and shaping human forces and relationships to maintain social equilibrium.

By operating within the traditional or local discourse, such influential people tap into already existing beliefs, hopes, fears, etc. In this way exhortations are given substance and credibility. Often they are legitimated by reference to the Divine; commonly people rejected Family Planning, saying it was a sin, it was evil, and against the Will of God, and that the Bible explicitly says to go forth and multiply. Abortion was the worst evil of all. Ambionians resisted notions of "responsible parenthood," small families and "quality of life" as espoused by the Family Planning Program, asserting that one has to struggle hard, "sacrifice" (ie. forfeit pleasures and luxuries), and that life is determined by God's Will.

To take the pill was a sin because it goes against the natural purpose of God. If one has no children then one is succumbing to temptations, or, one need not work hard to support a family and thus one may easily succumb to temptations and laziness.

Balinese Banjar

Streatfield's (1986) study of Family Planning in Bali is instructive about the decisionmaking process at the community level, suggest-

ing that it is communities as collectivities which, facilitated by certain apparatuses, can make their views more coherently articulate; and that in the absence of mechanisms which collate, focus and express communal views, village inhabitants may—if only by default—perpetuate normative structures and behaviours.

Streatfield (1986) reports that in some of the Balinese villages of his research area there has been a significant decline in fertility since the early 1970s, (a period in which Family Planning was introduced into both Bali and the Philippines). In exploring such a dramatic decline, Streatfield hypothesizes this change to be a result of the introduction of Family Planning rather than any significant loss in the value of children.

Streatfield suggests that, while various socioeconomic conditions (e.g., land fragmentation, new rice strains, technologies and a market economy) that favored Family Planning may have already existed, these various conditions or factors are difficult to separate out from one another. He thus suggests that, taken together, these variables are not affecting simply one area of life: they affect economic relations, employment, kinship and family structure, agriculture and land, values, etc, concertedly and simultaneously.

In other words, there can be no assumption that each factor or point of change affects only one area of life, for all aspects of Balinese life are closely interrelated if not wholly interdependent: each factor is embedded in the wider system of generalized socioeconomic relations. Thus all these factors of change, taken together, affect the village-community in its totality.

To facilitate adaptation to this generalized change for the community, Streatfield notes the character and organization of the village "council," the *banjar*, which acts as focal point for community affairs, decisions and life generally, as well as community, family and individual identity. As an authoritative administration[11] of and for the community, the banjar was a logical—and key—component in the Family Planning Program's aim to change attitudes.

I suggest that the village-community is represented in and epitomized by the banjar, the most important social unit among Balinese. A banjar decision is a community decision. In effect Family Planning has made a concerted effort to change the views of the community, rather than those of individuals or families. It is my contention, therefore, that ultimately the village-community as a whole either accepts or rejects such profound changes, and in the interests of the community.

In reviewing Streatfield's study we can discern how the banjar works, and how the Family Planning Program has been able to utilize this epitome of community cohesion (cf. Manderson 1988):

It is compulsory for a married couple to be members and engage in the activities of the banjar, both membership and marriage raising one's social standing; and for the conjugal couple to be considered an essential unit for most social purposes in Bali. But it is also fertility which confers social status on the couple, as the custom of teknonymy exemplifies (see Geertz 1966). Thus to be a "proper" member of the banjar, and thus a full member of the community, a person not only has to marry but also be a parent. There is thus a great cultural incentive for a married couple to bear a child, and the social functioning of the couple and the continuance of the community ("the preservation of the community's ability to perpetuate itself just as it is" [Geertz 1966, 25]) is strongly dependent on this.

This identification with and needing to belong to a community is strong in Bali, for as Lansing (1974: 1) notes, "the Balinese are 'tied' from birth to a bewildering variety of obligations, duties, organizations, temples, places, people and things," providing reference points for defining oneself, emphasizing a sense of the self as a social being (Streatfield 1986, 143).

The village headman, a leading member of the banjar, too, is similarly tied to his community, whilst also a fulltime government employee. As the former, however, he is not automatically in a position to implement government edicts, although he may be in a position of strong influence since he is commonly a member of the once-ruling elite.

Overall, the central Indonesian government has penetrated and largely incorporated the system of traditional authority in Bali. This is effectively underpinned by the traditional obedience to four types of authority, one of which is the government, now blurred into traditional authority, i.e. the banjar.

Again this is not to say that unbridled authority was imposed. Considerable latitude was given to—and a considerable degree of enthusiasm as a consequence felt by—the banjar in the organization and presentation of the Family Planning Program. Had any particular banjar, as representative of the community's collective conscience, not wished to accept Family Planning, stiff resistance could have been mounted (if only subtle in form, as Streatfield [1986, 149] exemplifies [cf. Scott 1985, for example]).

Importantly, too, was that the Program was presented as Balinese (ie. parochial, or community-based), rather than as a national Program, and thus forestalling negative reaction from those who might perceive the Program as external interference. Positive incentives, too, were awarded, tapping into and fostering intercommunity competitiveness.

In other words, Family Planning became a community affair, channeled by consensus through the community's key social institution, the banjar—a principle vehicle not only for government edicts, but also for the expression of community will. Moving out of a clinic-based orientation, Family Planning became integrated into the ways of village life and culture. Cultural factors (e.g. the four birth-order name cycle) were, in fact, emphasized and utilized to give legitimation to a new, small-family norm.

Banjar leaders were particularly singled out for education and training in birth control issues and Family Planning tactics, and through direct community pressure nonusers were encouraged to accept Family Planning. One such means was the registration, mapping and prominent display of users, perhaps thereby tapping into a notion of status or conformity.

What seemed to be most pertinent in this educative exercise was the presentation of a viable, small-family norm, and the presentation of a clear and practical argument of the benefits to be had by the community as a whole—rather than merely any individual, couple or family. Practical benefits were to be gained without disturbing or appearing to threaten other fundamental community institutions or relations. And given various existing factors—rising costs, a possible decrease in the economic value of children, fragmentation of land, etc.—these benefits could appear lucrative.

Apart from this orientation of the Program to involve the community as a unit, there were numerous practical and technical factors or innovations that distinguished the Program, and increased its efficiency vis-à-vis other Third World Programs, particularly that of the Philippines.

Despite these numerous technical and policy factors, Streatfield (1986, 47–48, citing Khoo 1981, 15) indicates that "there is no strong relation between contraceptive use and program input as measured by the number of clinics and workers. . . ."

That is, Program infrastructure, although significant, was of secondary importance to placing that infrastructure within a commu-

nity setting. Or to put it another way, the community as a basic unit—with respect to economic, political and kinship relations—was structurally incorporated into the Program, in such a way that the community made the Program, made it work, and in effect "became" the Program.

That it was in fact a sense of community—a unitary notion held by members of a village—that prevailed is supported by a number of observations. Very few substantial fertility differentials emerged in an examination of education, occupation, economic status, land ownership and caste when correlated with Family Planning acceptance: "this suggests that whatever forces were at work to reduce fertility operated across all sections of the community simultaneously, and to a similar extent" (Streatfield 1986, 96–97).

Also important is that responses to questions regarding a couple's decision to accept Family Planning de-emphasized a nationalistic motivation; rather, as Streatfield (1986, Chapter 8) argues, respondents tended to follow the guidance of banjar authorities to accept Family Planning on the grounds that such action was considered beneficial to the community (Streatfield 1986, 116; my emphasis). and that respondents' information came from local sources (Streatfield 1986, 117).

That broad social-community pressures are significant is also indicated by the fact that 68.8 percent of respondents' husbands were involved in the decision to accept Family Planning.[12] Streatfield (1986, 119) thus suggests that, for the Balinese, "there were very powerful influences bearing on the husbands to encourage them and their wives to accept Family Planning and limit their child-bearing."

Overall, Streatfield's study suggests that "family planning acceptance is being heavily influenced by social forces outside the individual couples concerned" (ibid, 125). I suggest that these "social forces" are the various personal and institutional relationships, the social interactions and interdependencies that constitute a village.

It is not simply that the banjar, as an institutionalized authoritative body per se, imposes acceptance or rejection of innovations such as Family Planning, but that the banjar as a focal point for community cohesion, meaning and political decisions, reflects strong communal identity and consensus.

Where there is an issue to be addressed, a banjar or council, particularly a strong one—strong in the sense of being able to formulate, articulate and act upon the issue and consider different views with clarity, commitment and consensus—is able to deal with the

issue effectively, making a decision which in its collective view is best for the community. In short, what a banjar is able to do is focus divergent perceptions of an issue, problem or innovation, and affirm or create a consensus.

Streatfield (1986, 148) perhaps best illustrates this ability and process, and is thus worth quoting at length:

> . . . . the behaviour of individual Balinese must be in accordance with the traditional scheme which operates to ensure the maintenance of order in the community. . . . In times of difficulty or uncertainty advice will be sought, discussed at the village or banjar council level and, if accepted, acted upon with total commitment by community members. . . . the process of decision-making is primarily at the level of the community, not at the level of the individual couple (cf. Covarrubias ([1937] 1974). This includes decisions about fertility.
>
> Such a mechanism permits quite rapid adaptation to new circumstances (contrary to what might be expected in a traditional society), and allows for acceptance (or rejection) of innovative ideas or programs whilst the society continues to function in a traditional way. *This is with the proviso that the innovations do not conflict with traditional values and endanger the community.* (My emphasis).

According to Streatfield, the banjar facilitated awareness among villagers for the need to reduce fertility, which would otherwise affect an existing shortage of agricultural land and would compromise their strong desire to remain in the natal village.

Complementary to such motivation, the Family Planning Program was presented through the banjar in such a way that was not seen as a threat, and the community could remain "largely traditional in terms of social arrangements for living, for family relationships, for community cooperation, economic distribution and social control." (Streatfield 1986, 153).

Conclusion

The foregoing observations suggest three key points. The fact that Bali has such a community-focusing mechanism differentiates it from the situation in Ambiona, and thus leads to a tentative view that fertility decline in Bali was largely a result of this banjar process being able to deal with the issue in a generally systematic and concerted manner.

Secondly, these observations do not suggest that the banjar would inevitably make a decision in favor of fertility control, for as Streat-

field notes, decisions may go against change, innovation or external impositions. These observations, however, do suggest that decisions are made at the community level, and that a focusing mechanism such as the banjar facilitates a clearer formulation and articulation of whatever underlying views are held and of whatever decisions are made.

The data do not suggest that a decision would be made one way or another in regard to fertility in Ambiona, only that the absence of a council may hinder the open expression, consensus or legitimation of divergent views; and that this absence of a council implicitly condones or nurtures views contrary to Family Planning.

It is of course possible that setting up village councils in the Philippine context may lead simply to their domination and control by the articulate or influential pronatalists—and thus incentives or education may need to be directed toward such community members. Nevertheless, without some systematic and culturally-contextualized rationale by which to focus issues and views, there can be little collective or concerted consideration of the welfare of the community as a whole, nor collective attempt to deal with normative structures and their possible change. By default people are forced back onto what they have known to be in the past as the norm, to pick up distorted information piecemeal, and to continue to believe and act in a manner commensurate with what they think others believe in.

The third point is that, in Bali, there was a generally conceived undercurrent view that external and internal changes were occurring. Perhaps this knowledge itself was brought to light more readily through the banjar, subsequently facilitating the formation of the perception that high fertility could pose a threat to community stability and cohesion. Conversely, fewer children would not detract from traditional values and custom, but in fact enhance the continuity of the community.

This may be contrasted to the situation in Ambiona. Although changes (other than Family Planning) were occurring in Ambiona, they were not perceived as threatening. Family Planning, however, was perceived as a threat, the response to which could not be articulated coherently and in a collective, focused way. Consequently, change was resisted through subtle means or (indigenous) idioms. In short, high fertility, and problems possibly associated with it for the community as a whole, have not forced a coherent and village-wide awareness upon the consciousness of Ambionians.

But even if such awareness or concern were to occur, one might predict that communities such as Ambiona may mal-adapt to change or dramatically and structurally disintegrate (should forms of resistance fail). This may be due to the absence of a ready-made structural mechanism equivalent to the Balinese banjar with which to focus consciousness and deal with change. This contrasts with Balinese communities, which may more readily adapt to externally imposed change whilst retaining community cohesion, custom and identity.

What my argument ultimately suggests is that normative behavior and beliefs, built up over generations, embedded in, imbibed and articulated through, daily generalized social relations which constitute community and identity, create and maintain those normative behaviors homeostatised through custom. Unless an external force or innovation is clearly seen as non-threatening and perhaps needed, or can tap into and utilize the indigenous rationale, it could well meet with resistance, overt or covert.

In other words, what I have argued with regard to Bali is that a banjar can say "yes" or "no" to Family Planning; it is problematic that any banjar will determine a negative or positive response. However, it appears more likely that the existence of such a banjar-type council, particularly a strong one, could best work through an issue systematically, and more thoroughly focus a community's views. Where such a council is absent or weak an issue cannot even be formulated clearly, nor any decision contrary to accepted beliefs be given social and cultural legitimation, and hence people may continue to legitimate past normative behavior through diverse and informal channels.

Policy Implications

Notions of health, illness, the supernatural, reproduction and social roles provide some legitimacy for pro-natal views in Ambiona, and the moral enforcement of social standards in that community. Whilst Balinese culture may also have a diverse array of indigenous beliefs regarding health/illness and the supernatural, the Balinese nevertheless obtain some legitimacy for their collective representations through a more structured or formal organization.

Although this is suggestive for policy formation, the organization of strong barrio councils in the Philippines would by no means as-

sure a dramatic fertility decline or the achievement of other goals; for it is evident in Streatfield's paper, that numerous other factors are significant.

However, the existence and successful operation of such councils indicates that a variety of views and experiences—including innovative or "dissident" ideas—within a community can be more readily focused upon; whilst decisions reached by an informed consensus may engender greater commitment to goals and legitimacy to innovation.

This questions the dichotomous view that developing countries face a dilemma as to whether centralization or decentralization is the most appropriate institutional arrangement to adopt (Guzman et al. 1988, 236). A possible third arrangement could involve largely centralized planning and long-term goals, whilst providing opportunity for grass-roots formulation and implementation, utilizing indigenous structures and values. While this may entail appealing to selective aspects of traditional ideologies to revitalize the co-operative spirit, opportunities for the exercise of local decisionmaking powers should not be pre-empted.

It is evident that, despite the illiteracy and poverty of "peasants" they do have some power, and often through cultural mechanisms they are able to exercise it, either for or against innovations. In this context, Family Planning raises the following questions: to what extent do peasants control their own lives vis-à-vis external forces such as the State, and to what extent should they? In view of peasants possessing sufficient power to delay or undermine State policy viz. Family Planning, it is often necessary to allay such resistance by reconciling national and local interests.

Such an outcome appears to have been achieved in Bali vis-à-vis Ambiona—where particular local views and social or divine legitimations in the Philippine context continue to be given unquestioned credence.

Notes

1. Family Planning, as the administrative and bureaucratic organization or Program imposed by the centralized State, is distinguished from fertility control (i.e., family planning, or planning one's family generally) as may be practiced by any family.

2. A *barrio* (or *barangay*) is the smallest political and administrative unit in the Philippines. A *sitio* is a locally recognized section of a *barrio*, whilst a *purok* is a locally recognized and generally small section of a *sitio*, commonly consisting of a small cluster of houses.

3. Ambiona (pseudonym) is a large sitio of Barrio Chavez, Surigao City, located at the northeast tip of Mindanao. Surigao City had a population of 100,000 in 1987-88—the period in which field work for my Ph.D. thesis (Gawin ng Gabi [Working in the Night] 1990) was undertaken, and from which the data for this paper is extracted. Chavez had a population of almost 3,000, whilst Ambiona had a population of 513, or about 100 households, in 1987-88.

4. The locally recognized identity of a village or barrio/sitio as a community refers to a set (or structure) of primary social relationships, greater than a nuclear family, operative generally on a daily basis and within a generally definable locality, that evoke sentiments of attachment and memorable experience, as subjectively felt, and imbued with a collective homogenizing socio-cultural definition of proper behavior (i.e., morality). Thus I use "community" in the sense of structured social relations, culturally and symbolically constructed, having some element of subjectivity and arbitrary or flexible territorial encompassment.

Entwined in this notion of community is the moral authority derived from the total collectivity. It is the generic authority of tradition, which may be loosely defined as the repository of the whole gamut of the culture's values, norms, attitudes, sentiments, and relationships (Turner 1969). Thus community is a symbolically constructed system of values, norms, and moral codes which provide for its members a sense of identity within a bounded whole (Cohen 1985, 9). In other words, community is a system consisting of significant others with whom one recognizes a dialogical relationship (see Pertierra 1989: 36–37).

I shall thus use "community" in this composite sense. I shall arbitrarily limit the physical boundary of "community" to the geographical boundaries of a village, emphasizing the social relations within that territory and the moral concensus that emanates from both the close physical and social proximity of inhabitants. (See also: Bell and Newby 1971; Hillery 1955; Tonnies [1897] 1957; Sjoberg 1965).

5. *Sip-sip* refers to being kind, generous or complimentary to someone in expectation of a (return) favor.

6. Francis appears to have sustained some brain damage following acute untreated jaundice. Explanations offered by Estelle and others seem implausible; there is no evidence that contraceptive pills or "fever" lead to jaundice, although in local explanatory models there may be a relationship. (Prof. Lenore Manderson, private communication).

7. Hart (1980) and Lieban (1966), for example, report the same principle of reciprocation in reference to the curing and causation of illness by *hilots*, sorcerers, saints or other supernatural elements.

8. Specifically, marriage is exogamous; ineligible marriage partners range from immediate kin to all descendants of ego's great-grandparents, generally up to second cousins. Marriage between first cousins, between second cousins, and between intergenerational kin (especially if one spouse is significantly older than the other), although disapproved, is known to occur [cf. Pertierra 1988, 79]).

A common belief in Ambiona was that, if there had been a close-kin marriage in one generation, then there would inevitably be another such marriage in a later generation, (although not necessarily among the direct descendants of the close-kin parents), the view being that the latter, subsequent generation marriage was "inherited" (*sic*).

Thus in the case of Alvin marrying his aunt Grace, it was said (primarily by Grace's aunt who opposed the marriage) that the marriage was "inherited" (i.e.,

destined) because of previous close-kin marriages among related family groups. And because such marriages were not wholly normative, "Divine retribution" played its hand.

9. Various schemes have been suggested for analyzing traditional theories of illness causation. Rivers (1924), for example, proposed three such categories: magical beliefs, religious beliefs, and naturalistic theories. Foster (1976), building on Rivers' work, divided medical systems into the personalistic and the naturalistic, whilst Murdock (1980) categorized systems as supernatural and natural. A third possible theory of illness causation is the mystical, which forms an important basis for the personalistic and naturalistic explanations of health and illness. These theories of illness causation can be sketched as follows (Tan 1987, 17):

I. Mystical Theories:
   A. Contagion/Pollution
   B. Mystical Retribution
   C. Fate
   D. Soul Loss

II. Personalistic Theories:
   A. Animate
      1. Ghosts
      2. Supernatural Entities
   B. Magical
      1. Sorcerers
      2. Witches

III. Naturalistic Theories:
   A. Natural Phenomena
   B. Humoral Pathology
   C. Diet
   D. Infections
   E. Natural Processes
   F. Stress

I should emphasize that traditional theories are rarely monocausal, and that the above categories are not discrete or distinctly separate; the classifactory scheme above is primarily heuristic.

Personalistic theories of illness causation can be subdivided into: 1. The magical, where the causative agent is believed to be human; 2. the animist, where the causative agent is believed to be a supernatural entity; this involves a belief in a life-stuff or life-force found among animate and inanimate objects. However, I shall use the term in a narrower sense to refer to ghosts and other supernatural entities.

Besides ghosts, there are many other supernatural entities believed to be possible causes of illness; eg. *anito, diwata, engkanto, duwende,* and numerous spirits living in natural habitats—rocks, trees, caves and rivers, etc. In Ambiona I only "encountered" the *duwende* (dwarf) and *wak-wak* (witch). Little was mentioned of them during my field work, other than both were known to cause illness or death and may consume foetuses or newborn children.

10. The role of "hilot," as it refers to Sancho, incorporates that of *manghihilot* (masseur) and *mananambal* (general practitioner), but excludes the role of *mananabang* (*kumadrona*: traditional midwife—which itself must be distinguished from the Government-registered or western-trained midwife). These three or four major terms and roles in their various configurations differ throughout the regions of the Philippines; and like elsewhere, in Surigao some *hilots* specialize in particular roles, while others perform a combination of functions (see Yu and Liu 1980, 121–42; Pal and Polson 1973, 199].

11. I do not want to suggest that Family Planning was imposed in a legalistic, mechanistic or functional sense on the *banjar*, and subsequently imposed upon the

village people as a whole. Incidents of blatant pressure were few, and what "external" pressures were put on couples were not perceived as coming directly from the government (Streatfield 1986, 118).

For a detailed discussion of the importance of the *banjar* (which goes to support Streatfield's argument), and of government influence on or manipulation of local sociopolitical units, see Warren, 1986 and 1990.

Further, I am not suggesting that the Balinese experience of Family Planning was an unqualified success; undoubtedly there were some failures or setbacks, and in some instances the *banjar* may have been overly coercive or dominated by *men* who perhaps had little regard for the sexual rights of women, or dominated by members who held an elitist view.

12. A similar figure occurred in my own data for Ambiona (Mathews 1990), where some 65 percent of husbands were involved in the decision-making process but resulting in a major rejection of Family Planning.

References

Bailen, J. B. 1976. The reluctant motivators: Traditional midwives and modern family planning in Marinduque. In *Philippine population research. Papers and proceedings of an experts' meeting*, ed. R.A. Bulatao, 37–404. Manila: Population Centre Foundation. .

Bell, C. & Newby, H. 1971. *Community studies*. London: Allen & Unwin.

Bulatao, R. A. ed. 1976. *Philippine population research. Papers and proceedings of an experts' meeting*. Manila: Population Centre Foundation.

Cohen, A. P. 1985. *The symbolic construction of community*. London: Tavistock.

Cohen, P. T. & Purcal, J. T. eds. 1989. *The political economy of primary health care in Southeast Asia*. Canberra: A. N. U.

Covarrubias, M. 1974. *The island of Bali*. Kuala Lumpur: Oxford University Press/Indira. (First published by Alfred A. Knopf, 1937).

Day, F. A. 1982. Family planning in the third world: Conceptual considerations and an application to rural Thailand. Ph.D Thesis. Graduate School, Ohio State University.

Fawcett, J. T. & Somboonsuk, A. 1969. Thailand: Using family planning acceptors to recruit new cases. *Studies in Family Planning* 39: 1–4.

Foster, G. M. 1976. Disease etiologies in non-Western medical systems. *American Anthropologist* 78: 773–82.

Garcia, L. C. 1976. Some observations on the Gaba phenomenon. *Philippine Quarterly of Culture and Society* 4: 31–36.

Geertz, C. 1966. *Person, time and conduct in Bali: An essay in cultural analysis*. Cultural Report Series #4. New Haven, Connecticut: Southeast Asian Studies, Yale University.

Gould, J. & Kolb, W. L. eds. 1965. *Dictionary of sociology*. London: Tavistock.

Guzman, de R. P. & Reforma, M. A. eds. 1988. *Government and politics in the Philippines*. Oxford: Oxford University Press.

Guzman, de R. P., Reforma, M. A. & Panganiban, E. M. 1988. Local government. In *Government and politics in the Philippines*, eds. Guzman and Reforma, 207–40. Oxford: Oxford University Press.

Hart, D. V. 1979. Disease etiologies of Samaran Filipino peasants. In *Culture and curing*, eds. Morley and Wallis, 57–98. Pittsburg: University of Pittsburg Press.

Hart, D. V. 1980. Ethnomedicine and social control in the Bisayas, Philippines. *Philippine Quarterly of Culture and Society* 8: 60–72.

Hillery, G. A. 1955. Definitions of community: Areas of agreement. *Rural Sociology* 20: 111–23.

Jocano, F. L. 1973. *Folk medicine in a Philippine municipality*. Manila: National Museum Publication.

Justice, J. 1984. Can socio-cultural information improve health planning? A case study of Nepal's assistant nurse midwife. *Social Science and Medicine* 19 (3): 193–98.

Khoo, S-E. 1981. The determinants of modern contraceptive use in Indonesia: Further analysis of individual and aggregate level data. Unpublished paper. Honolulu, Hawaii: East-West Population Institute.

Lallana, E. C. [n.d]. Discipline, democracy and popular empowerment. Unpublished paper, circa 1987.

Lansing, J. S. 1974. *Evil in the morning of the world: Phenomenological approaches to a Balinese community*. Ann Arbor Centre for Southeast Asian Studies, University of Michigan.

Lieban, R. W. 1966. Fatalism and medicine in Cebuano areas of the Philippines. *Anthropological Quarterly* 39: 171–79.

_____. 1967. *Cebuano sorcery. Malign magic in the Philippines*. Berkeley: University of California Press.

_____. 1983. Gender aspects of illness and practitioner use among Filipinos. *Social Science and Medicine* 17 (3): 853–59.

Manderson, L. 1988. Review of *Fertility decline in a traditional society*, by Streatfield. In ASAA *Review* 11(3): 152–54.

_____. 1989. Political economy and the politics of Gender: maternal and child health in colonial Malaya. In *The Political economy of primary health care in Southeast Asia*, eds. Cohen and Purcal, pp. 79–85. Canberra: A.N.U.

Mathews, P. W. 1990. Gawin ng gabi (Working in the night). Ph. D. Thesis, University of N.S.W.

Mercado, L. N. (1974) 1976. *Elements of Filipino philosophy*. Tacloban: Divine Word University Publications.

Morley, P. & Wallis, R. eds. 1979. *Culture and Curing*. Pittsburg: University of Pittsburg Press.

Murdock, G. P. 1980. *Theories of illness: A world survey*. Pittsburg: University of Pittsburg Press.

Pal, A. P. 1963. *The resources, levels of living and aspirations of rural households: Negros Oriental*. Quezon City: CDRC, University of the Philippines.

Pal, A. P. & Polson, R. A. 1973. *Rural people's responses to change: Dumaguete Trade Area, Philippines*. Quezon City: New Day Publishers.

Pertierra, R. 1988. *Religion, politics, and rationality in a Philippine community*. Quezon City: Ateneo de Manila University Press.

Pertierra, R. 1989. Political consciousness versus cultural identity: Community, society and the Philippine state. *Anthropological Forum* 6(1): 27–48.

Reid, J. 1984. The Role of maternal and child health clinics in education and prevention: A case study from Papua New Guinea. *Social Science and Medicine* 19(3): 291–303.

Rivers, W. H. R. 1924. *Medicine, magic and religion*. New York: Harcourt Brace.

Robinson, K. M. 1989. Village health services and the Indonesian family planning program. In *The political economy of primary health care in Southeast Asia*, eds. Cohen and Purcal, 149–58. Canberra: A.N.U.

Rogers, E. M. 1973. *Communications strategies for family planning*. New York: Free Press.

Scott, J. C. 1985. *Weapons of the weak*. New Haven: Yale University Press.

Sechrest, L. 1970. Conceptions and management of mental disorder in some Negros Occidental barrios. *Philippine Sociological Review* 18: 8–15.

Sjoberg, G. 1965. Community. In *Dictionary of sociology*, eds. Gould and Kolb, 115. London: Tavistock.

Streatfield, K. 1986. *Fertility decline in a traditional society: The case of Bali*. Indonesian Population Monograph Series #4. Department of Demography, Australian National University.

Tan, M. L. 1987. *Traditional concepts of health and illness in the Philippines*. Quezon City: AKAP.

Tan, M. L. 1988. *Dying for drugs. Pill power and politics in the Philippines*. Quezon City: Health Action Information Network.

Turner, V. 1967. *The forest of symbols*. Ithaca, New York: Cornell University Press.

Turner, V. 1969. *The ritual process*. Chicago: Aldine.

Tönnies, F. (1887) 1957. *Gemeinschaft und gesellschaft*. Michigan: Michigan State University Press.

Warren, C. 1986. Indonesian development policy and community organization in Bali. *Contemporary Southeast Asia* 8(3): 213–30.

Warren, C. 1990. The bureaucratization of local government in Indonesia: The impact of the village government law (UU #5 1979) in Bali. Paper presented at the Asian Studies Assoc. Conference, Brisbane.

Wurfel, D. 1988. *Filipino politics. Development and decay*. Quezon City: Ateneo de Manila University Press.

Yu, E. & Liu, W. T. 1980. *Fertility and kinship in the Philippines*. Notre Dame: University of Notre Dame Press.