Chapter 4

Hiyang or Not? Bodily Effects, Speculation, and Strategies Related to Contraceptive Methods

This chapter examines participants' bodily experiences with using temporary pharmaceutical contraceptive methods and their speculation on the effects of the various methods. Husbands of the women also participated in speculation on the effects of the methods and the decisions to discontinue or continue a method, and their comments are interspersed throughout the chapter as well. The temporary contraceptive methods promoted through the government-run family planning clinics in Quirino Province included one oral combined contraceptive pill (Lo-gentrol), Depo-Provera (DMPA), the Copper-T intrauterine device, and condoms. This chapter will focus on these methods, although other methods are also used in Quirino Province. Of the 81 women we interviewed for this study in the 3 districts, 56 had used pills, 44 had used DMPA, 29 had had an IUD, and 11 had used condoms with their husband at some point in their reproductive career. Some of these had used the methods more than once and/or used multiple methods over time.

4.1 *Hiyang* or Not? Effectiveness versus Suitability

When we asked participants "was X contraceptive method effective?" women tended to respond with a general assessment that contrasted the negative effects with those considered positive. For example, in a direct question about whether the pill is effective, Joy from Saguday responded,

> *"No, [the pills were not effective] because of the side effects . . . I had headache, dizziness, and I'm hot-tempered . . . But in a way yes, because I never got pregnant."*

Most of the time either the wife or the husband summarized their responses to the question of efficacy or side effects with a judgment of whether the method was *hiyang* for the woman. When a couple from Saguday was asked, for example, why Aurora had stopped using the pills, she said,

> *"My skin dried up and I grew thinner. I'm even hotheaded during the time I use the pills."*

Joe, her husband, added clarification, saying,

> *"She's not hiyang with it."*

According to the Tagalog-English dictionary *hiyang* means

> *"good, agreeable: suitable; compatible"* (Hardon, 1992).

Hardon explains the use of this concept in the Philippines as follows:

> *"It is traditionally used in relation to food, company, and medicines. If a drug has no effect, then people tend to conclude that the drug is 'not hiyang' (not suitable) for the patient." (Hardon, 1992).*[9]

Indonesians, Malaysians, and Hmong all use similar concepts (Hardon, 1992; Henry, 1996).

The *"hiyang*-ness," or suitability, of a particular method to a person is not based on a shared understanding of a standardized humoral or biological female body or a fixed body of any other kind. Rather, the assessment is related to a fluid set of circumstances and bodily responses that can change over time.

Paula from Debibi used DMPA for a year and a half. When telling her story, she first told us that the method was *hiyang* for her:

> *"None [had no side effects]. I think it is hiyang for me because I did not feel uncomfortable unlike other people who had so many stories to tell regarding its side effects."*

Later in the interview, Paula told us that after a year and a half of use, she was not *hiyang* to the method because she had become amenorrheic.

Several women used the western concepts of resistance and immunity to translate the concept of *hiyang* to interviewers. Mary, for example, explained why she was more resistant than others to the methods:

> *"According to other mothers, they felt dizziness, headache, and had high blood pressure. I only felt those for the first month of using pills. After the first month, there was no more pain. So it was hiyang for me. Another mother said it was not hiyang for her because she has low body resistance towards side effects. For those who have high blood pressure, taking pills will aggravate their sickness. But for me, I have high body resistance regarding side effects."*

Mary is more naturally resistant to the methods' side effects than are others including people with chronic conditions. She, being more resistant, was able to adapt to the pill after a month, whereas other women could not. She used the concept of immunity to explain how the body's response to the hormonal methods can change over time, saying,

> *"Also, your body becomes immune with pills if you use them for a long time. Thus, you won't feel the side effects. If you stop using pills, give birth, and take the pills again, then they will be alright for you."*

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[9] Although the terms are not equivalent, for the purposes of this paper "suitability" will be used as an English substitute for *hiyang*.

Immunity was also used by Betty (and others) to explain not only how a person could be *hiyang* at one point and not *hiyang* at another to the same method but also why women who liked a particular method stopped using it periodically or alternated it with another method. When asked,

> *"Do you plan to go back to the pills?"*

She responded,

> *"Yes, but I want to rest first in taking the medicine because I might get immune to it."*

Although an appraisal of *hiyang* was a complex matter involving a general sense of well-being, including the absence of unpleasant bodily sensations and the presence of normal bodily functions, some general observations can be made about what effects will result in a *hiyang* assessment in relation to the contraceptive methods in particular.

4.2 Growing Stout or Thin

A major reason cited by couples for why a method was or was not *hiyang* was whether a woman grew stout or thin while using the method.[10] For example, Ann from Zamora said,

> *"I heard that if you're going to use pills, you will become fat if you were hiyang with the method, but if its not, then you will become thin."*

Other women speculated along similar lines about the use of DMPA. For example, Mercy from Saguday said,

> *"Yes, and it [DMPA] was good for them because they were having their menstruation and they grew stouter."*

Weight gain, in other words, is a common-sense bodily sign of the suitability of a contraceptive method to a woman. Among the study participants, 15 of the 44 who had used DMPA and 10 of the 56 who had used pills said their weight changed with method use; most had gained.

This common sense about weight change seems to be shared on some level by at least some of the midwives we interviewed, indicated by speculation about method effects. For example, observing that some women gain and others lose weight while on the hormonal methods, one midwife speculated about whether weight gain or loss might be attributed to the IUD as well.

> *"For those who have depo, I notice many of them gain weight, but there are also some who have depo and they get thin. There are also some who have pills who became fat and*

[10] In the report from the 1980s study of a low income Metro Manila neighborhood from which the above quote is drawn, Anita Hardon writes that family planning methods in general were considered not *hiyang*, in other words, not suitable for use by the entire group (Hardon, 1992). It is interesting to note that in the current study (conducted in a different location and years later), *hiyang* was used to describe the suitability of a family planning method to a particular individual rather than the unsuitability of family planning to the group as a whole. This suggests a relative change in the acceptability of family planning over this period.

some thin. It's the same way with the IUD. I had one patient who had an IUD, and she was thin for two years, but after two years, she became very stout. I don't know if it's related to the IUD . . . The patients attribute the weight gain to pills but not to the IUD."

Observations about growing stout or thin were also mentioned in relation to using withdrawal and condoms as a way of assessing the suitability of the method to the person.

A significant number of participants said they chose a particular method precisely because they wanted to gain weight. For example, when asked why she chose DMPA, Rose from Zamora said,

"I first had pills, but when I saw a relative who used depo and became stout, I envied her, so I said, I'd also like to try depo so that I will gain weight also."

Women sometimes voiced an expectation that the method should promote weight gain and thus good health. For example, when Edith from Saguday was asked what the side effects of the IUD were, she said,

"I felt dizziness, and I didn't grow stouter."

Although weight gain generally was considered a sign that a method was likely *hiyang*, it did not mean that the weight gain was always desirable. Florida from Diffun said,

"My problem [with the pill] is that I'm gaining weight, and I'm afraid I might even grow bigger"

When asked whether she planned to use another method, she responded,

"No, because in my use of pills, I got back my menstruation and I'm having it every month. So I don't think I would like to try another method."

Although it did not change their assessment of suitability, at least four women we interviewed felt they had gained too much weight while on their hormonal method and wanted to loose some of it.

Although weight was an important consideration, the most common reason given by women for the unsuitability of a hormonal method (or for a hormonal method not being *hiyang*) was the effect the method had on menstruation.

4.3 Hormonal Methods, Side Effects, and Interpretations

Among our study participants, 18 of 56 pill users and 34 of 44 DMPA users said they experienced significant changes in menstruation; most experienced a decrease in the amount of menstruation. These changes in menstruation were said to result in the accumulation of blood that in turn caused the other common side effects reported by women using hormonal methods,

such as dizziness, headache, hotheadedness, and high or low blood pressure (see Tables 4 and 5). Women's experiences in this regard followed the social constructions of high and low blood.

Table 4. Side effects reported by pill users in Quirino Province

Number of women who reported:				
Headache	Dizziness	Menstrual change	Hotheaded	Blood pressure change
25	19	18	16	8
N=56				

Table 5. Side effects reported by DMPA users in Quirino Province

Number of women who reported:					
Menstrual change	Amenorrhea	Headache	Dizziness	Hotheaded	Blood pressure change
34	24	22	17	11	5
N=44					

High Blood

Several women we interviewed found a connection between experiences of "high blood" and the effects of hormonal contraceptives, specifically the decrease or loss of menstruation. In a conversation about why she stopped taking DMPA, which she said was her favorite method, Eve commented as follows:

> *"It's the lack of period. That's the main reason. Because there's a rumor that when you don't have your period, the blood accumulates and goes to your head, and it can make you go crazy. Though I don't actually believe it, I'm just intimidated by it."*

The retention or accumulation of dirty menstrual blood in the body and the symptoms women attribute to the methods seem consistent with the high blood illness as described by Laderman:

> *"Some people develop abnormally hot blood, either because of an illness that causes the blood to become dirty (for instance sembap, characterized by edema) or because of drah*

tinggi (literally, high blood). Since overheated blood is thought to rush to the head, considered normally hotter than the rest of the body, causing dimmed vision, headache, dizziness, and faintness."

The symptoms of high blood were said by Quirino residents to include anger, headache, dizziness, blurry vision, pain in the nape of the neck, and fainting. If left unchecked, high blood could lead to passing out and bleeding from the nose and mouth.

Most participants thought of the illnesses "high blood" and "high blood pressure" and their consequences as basically the same. For example, Mary used the two terms almost interchangeably when describing the causes of high blood:

"Maybe because of the food they eat, like salty and fatty food. And also because of the weather or our climate. If it is hot, many are suffering from high blood because their blood pressure tends to rise."

When asked the cause of high blood, women responded that being hot-tempered, being angry, the hot climate, eating fatty and salty food, getting no exercise, being overworked, inheritance, and emotions can cause high blood. It is interesting to note that salty and fatty foods are both considered hot in the humoral system according to Laderman, and thus, there is a strong convergence between the causes (or prevention) of hypertension and high blood.

The issue of whether the hormonal method actually causes high blood was a matter of dispute and speculation. For example, when Eve was asked whether her experience of high blood while on DMPA was due to the injectable contraceptive, she said,

"I think so. But I guess my high blood was probably due to the lack of period. Though in a lot of instances it [lack of period] doesn't imply that. Also, perhaps because of my diet. But sometimes I believe that it's because of depo because I don't menstruate so I'm wondering where those blood are going."

Other women said that taking the pill also caused headaches and perhaps high blood. For example, when we asked Rose from Zamora why she stopped using the pill, she explained it like this:

"I was having a headache and feeling dizzy. I was having high blood pressure . . . My menstruation—I usually had my menstruation for about seven days, and then when I was using pills, I just had it for two days. I even considered it as the cause of my headache . . . Others [also] say their menstruation is very little [with pill use], and they suffer from headache."

Rose's family planning clinical record showed she had an average blood pressure reading of 110/70 for 9 months. A reading of 140/100 was also recorded, and that was when she was advised by the midwife to stop the method. Although she did not say directly that the pills caused her hypertension, she did say that she was "more *hiyang* with the IUD" because "she felt better" and did not experience high blood pressure.

Mercy from Debibi reasoned that pills caused her high blood pressure because

> *"[before I started pills] they checked the beating of my heart, and my blood pressure. Since I had a normal heartbeat and blood pressure, they gave me pills."*

She, like Rose from Zamora, said that other women had had the same experience:

> *"Yes, my friends and neighbors, they feel the same with what I feel only they don't like to withdraw from it [pills] just so they don't get pregnant. They also feel that their blood pressure is getting higher when they use pills."*

Low blood was also raised in the context of discussions about hormonal and IUD methods.

Low Blood

Although the risk of anemia, or "low blood" as it is often called, is routinely discussed with patients using the IUD, more speculation about the incidence of low blood occurred in relation to using the hormonal methods than the IUD. When Rose was asked whether she became dizzy after menstruating for 16 days, a question perhaps inspired by biomedical common sense, she responded,

> *"No, but actually, I felt dizzy when I didn't have my menstruation [using DMPA]."*

One woman described the experience of low blood as follows.

> *"Until now, I felt cramps all over my feet. There are times when my blood pressure becomes low, then I can't move my whole body . . . I became anemic. It is true that I gained weight, but I became anemic. Actually when I had my depo, that's the only time I became very stout."*

The idea that one could grow stout at the same time as having ill health in the form of low blood seemed to be a bit of a surprise or contradiction to many women.

"Vitamins" or ferrous sulfate tablets were prescribed to treat anemia and several women who had experienced excessive bleeding while using the IUD took ferrous sulfate tablets for it. Because of confusion between low blood, low blood pressure, and anemia, however, some women wondered whether the "brown pills" or the ferrous sulfate tablets in the Lo-gentrol pack could raise the blood pressure.

Accumulation and Tumors

Accumulation or excess was raised in various ways by hormonal method users, in relation to accumulated menstrual blood as was illustrated above but sometimes in relation to pill residue or

the pills themselves. For example, Purie from Saguday said that some women in her neighborhood speculated that

> *"After three months [of using the pills], you have to have cleansing."*

She is referring to the uterus that is in need of cleansing after one takes the pills. It is conceivable that because women menstruate less when on the pill, they are in need of cleansing every so often. Or, for some women, perhaps those unused to theorizing about the functioning of the body, the cleansing might involve ridding the body of the pills themselves that have accumulated in the uterus.

For example, during a pill resupply visit at a clinic after the midwife asked,

> *"What are your experiences in using pills?*

The following exchange took place:

> *C: I felt that my hypogastrium has become hard and painful.*
> *P: Is it always like this or only when you are about to have your menstruation?*
> *C: When I'm about to have my menstruation.*
> *MW: That is normal; we all feel that before we have our menstruation.*
> *C: But the pain is different. It is as if I were pregnant. It became hard here, and I feel a lot of clots.*
> *MW: What else have you felt?*
> *C: Sometimes I become irritable and experience headache.*

She goes on to explain that she started experiencing this a year after beginning the pill. The midwife then recommends that the client undergo a pap smear, and the client said,

> *C: Really, my problem is my hypogastrium . . . Somebody asked me if I crushed the pill before taking it, but I told her that I just take the tablet; I never crush it. She told me that it was the reason why I suffered hypogastric pain.*
> *MW: Maybe you were thinking that the pills were accumulated already?*
> *C: Yes, ma'am.*

The midwife tries a physiological explanation of the impossibility of this, and then says,

> *"If you want to prove that the pills will be dissolved, try to put one in water or chew it and take it with water."*

At least six women taking pills told interviewers that they crushed or dissolved pills before taking them for the reason that they wanted to avoid accumulations in the body. Another five based their schedule for taking the pill on whether they were having sex with their husband. For example, Georgia from Saguday said,

"When we don't have sexual contact, I don't take the pills. If we don't have contact for one week, then for a week, I don't take the pills"

It is common practice for husbands and wives to separate for periods of time for work purposes. To avoid overuse of pills and perhaps to prevent things such as accumulation, women stop taking the medicine when they are not in danger of getting pregnant.

Men's Speculation and Influence on Method Use

The majority of men said that it was generally the woman who decides what contraceptive method to use; however, most of the women in the study did say that they consulted their husband on the method before going to the clinic. The husband's influence on method most often occurred after his wife was using a method through lobbying her on issues related to the side effects of method use. For example, Elsie, a BHW from Diffun, and her husband Joe discussed their use of the methods as follows during a couple of interviews:

"I heard that a woman who used pills for a long period of time had a tumor. They removed her uterus because of the tumor and said it was because of her use of pills."

Elsie answered,

"When he told me about that issue, I just ignored it because I don't think it was the cause of her tumor. There was no basis, so I just pursued my plan to use pills. I used it for six months until I decided to stop using it . . . because my husband keeps on telling me to stop because it might be dangerous."

Later, she told us that she was also at times hot-tempered on the pills:

"I'm always hot-tempered and have headache oftentimes. I also felt like I'm conceiving; I'm dizzy and weak. But later on, I learned to adjust."

To which her husband responded,

"Well, when I observed her being hot-tempered, I told her about it, and she said it was because of the pills. So when I noticed that she's hot-tempered, I just go out. I just ignore her. I even told her to stop using it, but she didn't like it because she might get pregnant. I just let her use it until I heard that issue about the pill-user. I kept on telling her about it until she decided to stop already . . . Because of the issue about the pill user."

She said,

"He keeps on telling me about it so I got frightened and decided to stop it already."

Some of the effects of the methods, whether they would exist with or without using the method, are obviously shared between couples. Through dialogue about the long-term health consequences of the methods, husbands are able to influence the contraceptive practices of wives as Joe did Elsie.

Women also reported changes in menstruation with the use of the IUD; however, this did not generate the same amount of concern or speculation as a decrease in menstruation.

4.4 IUD

Women who used the IUD, on the whole, experienced fewer side effects and speculated far less about the method. In addition, the interviewers did not record any dramatic stories related to the IUD as they did for the use of pills. However, the nature of the uterus, rather than the qualities of the blood, appeared to be the major common-sense reason for not choosing the IUD on the part of Quirino women. The nature of the uterus and to some extent the side effects of the IUD were cause for speculation. Menstrual changes, specifically an increase in menstrual flow were reported by 10 of 28 women who had used the IUD (see Table 6). Dizziness and abdominal pain and cramps were other side effects that occurred in 6 and 7 of the 28 women using the method, respectively. The sexual side effects, as mentioned earlier, were short lived for the majority of the women using the IUD. Headache, the most commonly reported side effect of the pill, said to be a widespread generalized complaint of women using contraception in the Philippines, was nearly absent in IUD users.

Table 6. Side effects reported by IUD users in Quirino Province

Number of women who reported:		
Menstrual change	Dizziness	Abdominal pain and/or cramps
10	6	7

N=28

Impractical Method for Farming Women

Because of the state of the uterus during menstruation as open, cold, and slippery, it was said to be unsuitable and impractical for farmers, who must work hard on a daily basis for survival. First, it would prevent a woman from working in the wet rice paddies. For example, Morie said,

> *"[With] the IUD, I can't stay in water for too long because I always go to our rice field before. The uterus is open, and you can easily be cold on it . . . I can't carry heavy things when I was using the IUD."*

The other reason for not choosing the IUD was that for hardworking women, it might be expelled during menstruation.

> *"Yes, I went there for checkup and they found out that my IUD had been lower than its normal place . . . Because even during menstruation, I carry heavy things, which were not supposed to be, but they taught me to place it back to its correct position."*

Two women reported losing their IUD during their period and attributed it to the hard work. In Debibi, hard work does not simply entail carrying heavy buckets of water but also manipulating 70 pound sacks of bananas. Not everyone experienced this, however.

Emma from Debibi said she experienced no such problem:

> *"None [no side effects]. Some say that you must not lift anything heavy to prevent the occurrence of side effects. For me, I still lift heavy things but until now, I did not feel any side effect . . . The side effect would be that it would come out."*

Women often had no choice about when to work or not work because the planting season is dependent on when the rain falls. Women spoke of other reasons for not getting an IUD.

For example, Georgie reflected on the drawbacks of getting an IUD as follows:

> *"I heard from others that they were saying they were ashamed to have the IUD placed, and they were saying the IUD might hurt the penis of the husband. But I still tried it because I don't like to be pregnant every year."*

Other women also said they were hesitant to have an IUD put it because it might hurt or because they were ashamed.

Increased Menstrual Blood Flow

The most common side effect mentioned by women using an IUD, was an increase in menstruation. Mori from Saguday, for example, explained her experience using the method as follows:

> *"What I observed is that the blood that comes out from me is greater in amount. Although I'm still spending the same number of days menstruating."*

These problems generally occurred during the normal menstrual period. Some women said they had more cramping at those times while the IUD was in place. In some cases, the IUD increased the normal signs of menstruation as well. For example, Evy reported increased premenstrual signs with an IUD in place. When asked,

> *"How do you know when your period is coming?"*

"I'm hot-tempered and easy to get nervous. It is only now that I experience this since I used IUD."

Rather than inhibiting the flow of menstruation, the method was actually said by some to increase or promote blood flow. The increased blood flow was often said to occur because the uterus was held open by the IUD. For a few women, increased menstruation caused them to stop using the method. For others, this was seen as a positive effect. For example, Nancy from Saguday said,

"According to some who are using the same method, the IUD keeps the uterus open. That's why there is more blood coming out from the one using it."

A BHW added that the IUD also promoted circulation of blood to the uterus,

"The IUD is inside the uterus, so it opens the uterus well. And it also helps in the circulation of the blood inside the uterus."

It would seem that having increased menstrual flow, in the long run, is more acceptable to Quirino women than having no menstruation at all.

4.5 Sexuality, Condoms, and Other Shared Effects of the Contraceptive Methods

In conversations with both the wife and husband, the most frequently discussed side effects of the methods were the lack of menstruation, sexual dysfunction, and hotheadedness. Men also showed quite a bit of concern when their wife did not have menstruation over a period of time and might recommend that the wife stop a method. However, they were not often willing to prevent the discomfort and health effects of less-than-perfect methods for their wife by using condoms.

Out of the 81 women participating in the study, 11 said their husband had used a condom at least once. Only 1 of these 11 said he used condoms as an ongoing method of contraception. Various side effects were mentioned, and most were related to the degree of satisfaction the couple, usually the man, felt with use. They described it as "not feeling at ease" or "relaxed," "not excited" or "unable to reach orgasm" when using condoms. There were also a number who said they became irritable using withdrawal. One woman said she was uncomfortable with the method for fear the condom might have a hole. Another said she had pain with intercourse when her husband used a condom. Couples did not comment on condoms much more than to say they did not want to use them on an ongoing basis as a contraceptive method. Condoms were not the only methods to cause problems in couples' sexual life.

Sexual Changes

With some probing, slightly more than half of the couples were willing to discuss issues of sexuality as they related to using contraceptive methods. Many women, however, were hesitant

to discuss sexual issues and thus the numbers could be underreported. As many as 14 of 44 women who had used DMPA said that they experienced ongoing changes in their sexuality as a result of using the method, including lack of interest or urge, decreased aggressiveness, and vaginal dryness during sexual intercourse, which was reported by eight of the women. For example, Louise from Debibi described her experience on DMPA as follows:

> *"I was dry during sexual contact. I had no desire to have sex . . . I experienced it the first time I was injected but I tried to ignore it . . . but then after some time, this dryness did not stop, and after discontinuing with DMPA, I did not feel this anymore . . . That's why I concluded that this dryness is caused by depo."*

Another woman, Aurora, explained why she felt less aggressive sexually:

> *"Well, for me, when I used pills I felt that I was less aggressive in sex because the pills control the egg cells and the sperm cell . . . maybe because both the egg and sperm cells of man and woman will be controlled. It will kill the living cells so that the egg cell will not be fertilized and thus prevents pregnancy."*

Rather than describing the decrease in sexual interest and capacity as a side effect some women, through their explanations of the effects of the method on the egg and sperm cells, seemed to be saying that the *intended* effects of the methods caused them to lose sexual interest.

Regarding the sexual side effects of DMPA, Hatcher quotes the findings from a clinical trial conducted among American women.

> *"In one of the largest studies of Depo-Provera users, 17 percent of the 3,875 women complained of headaches, 11 percent of nervousness, 5 percent of decreased libido, 3 percent of breast discomfort, and 2 percent of depression."*

It is interesting to note that while this study is not a prospective clinical trials study, it found sexual side effects from DMPA to be much more common among Filipinos. Fourteen of 44 women who used DMPA upon reflection said they had experienced changes in their sexuality with DMPA, and these are likely underreported due to women's hesitancy to speak about this type of side effect. Eight or 18 percent specifically described an objective sign, vaginal dryness during intercourse, as a side effect of the method. This is a much larger percentage than found in the American study (Schwallie and Assenzo, 1972).

The changes in sexuality affected both the wife and the husband in various ways. Nori, for example, reported the following with DMPA use:

> *N: I had no more sexual urge . . . He noticed the change in me like I had no more sexual urges. He feels that I don't enjoy our contacts.*
> *I: Did he get angry?*
> *N: No, he feels depressed.*

Changes in sexual interest can be interpreted as a lack of love rather than a hormonal change and can cause additional marital problems. Other manifestations of the medication caused sexual problems.

For women who had an ongoing menstruation on DMPA, husbands did not like the effects because it hampered their sexual relationship. Abraham from Saguday discussed this problem as follows:

> *"Yes, she told me about it. I told her it's not good that there were times she had her menstruation and then it will stop again. I was also afraid because a woman should have her menstruation every month, and there was a time that she was having her period continuously for three months so I told her to stop using DMPA because it wasn't good anymore."*

When the interviewer asked, "did that affect your sexual relationship?" He said,

> *"A lot because she was always hot-tempered, and there was a time that she had her menstruation continuously for three months. So we couldn't have sex because it's very unsanitary to have sex during her period."*

His wife said,

> *"I accepted it [DMPA] though I had my menstruation continuously . . . the only problem with it is I continuously menstruate, which my husband complains about. But for me, it is OK as long as it protects me [from pregnancy]. When it comes to breastfeeding, it is also OK because I can still breastfeed my child, unlike with pills. Depo is convenient for me but not for my husband."*

Jane was willing to accept the side effects of the medications; however, her husband was not happy about them. Although no participant actually said they stopped because of sexual side effects, these effects likely played a role in the kinds of speculations made about the long-term effects of the methods discussed between husband and wife, for example, lobbying of the wife by the husband to stop or switch to another method. Some women using the IUD also reported sexual changes with use of the method.

About five of the women using the IUD experienced sexual changes; however, all but one woman who experienced these changes said that the sexual effects lasted less than a month. During the first month after use, some women said they felt pain and some men said they felt the IUD or string during intercourse. This had a short-term effect on their sexual relations.

For example, in a discussion about the IUD, he said,

> *"It [sexual relationship] was affected because she felt pain during sexual contact, so I'm not enjoying it."*

One woman did report ongoing abdominal pain that made life and sex unpleasant.

"I experienced the negative effects after one year of using it [IUD]. I felt hypogastric pain for one month. The pain became severe during sexual intercourse and when I go to our rice field."

This problem was attributed to the fact that the IUD caused exposure of the uterus to cold, causing abdominal pain. She eventually had the IUD removed.

An appraisal of *hiyang* in relation to contraceptive methods is a complex matter involving a general sense of well-being, including the absence of unpleasant bodily sensations, the presence of normal bodily functions, and sometimes even improved health evidenced by an increased appetite and/or weight gain. The concept of *hiyang* is not derived from an understanding of the body as a fixed thing, such as the biological body used in biomedical science, but rather a dynamic body that changes over time. Thus, a woman may find she is *hiyang* to a method the first time she uses it, but not the second time. The western terms resistance and immunity were used to translate the concept of *hiyang* in western biomedical terms for and by the study interviewers. In relation to contraception in general, the physical signs most likely to result in *hiyang* were continuation of normal menstruation; weight gain; and absence of symptoms of high blood such as headache, dizziness, or hotheadedness. Women who used the IUD, on the whole, experienced fewer side effects and speculated far less about the methods. The nature of the uterus, rather than the qualities of blood, appeared to be the major common-sense reason for not choosing the IUD. An increase in menstruation appeared to be more acceptable than a decrease such as was caused by the hormonal methods. In the absence of signs of overexposure of the uterus to cold and ability to work hard without dislodging the IUD, women did not seek the removal of the IUD.

Although women usually chose the methods, husbands participated in speculation about the negative effects of the contraceptive methods, especially when they suffered the consequences. This sometimes lead to the discontinuation of a method by a woman against her better judgment. Speculation at home about DMPA and the pill was often related to the method's effects on menstruation; DMPA generally causes amenorrhea, and the pill decreases menstruation. The menstrual changes and subsequent accumulation, lead specifically to speculation about high blood and to a lesser extent, low blood and other chronic conditions such as tumors or cancer. Clinical practices contributed to these interpretations through the taking of blood pressure and screening for it prior to prescribing methods. The DMPA method was found to have a much more widespread effect on women's sexual interest than is documented in the literature and to cause coital dryness. The hormonal effect in turn had a negative impact on the couple's sexual life and relationship. Men, however, were generally not willing to prevent the discomfort and health effects of contraceptive use for their wife by using condoms. The next chapter explores the strategies used by women to achieve their contraceptive goals given their experiences, speculation, and the service provision circumstances in the region.