



Executive Summary

This study provides an **in-depth qualitative analysis of social and gender norms influencing reproductive health (RH), family planning (FP), early marriage, and violence against women and children (VAWC)** among Bangsamoro men, women, and adolescents in the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM). The findings highlight **cultural and religious factors, gender norms, access to services, and decision-making dynamics** that shape individuals' knowledge, attitudes, and practices (KAP) on these critical issues. The study also provides **recommendations for gender-transformative and culturally sensitive interventions** to improve reproductive health and social outcomes in the region.

Objectives of the Study

- 1. Describe the knowledge, attitudes, and practices** of youth, men, and women related to reproductive health and family planning.
- 2. Understand the perceptions of early marriage** and its relationship with reproductive health and family planning.
- 3. Identify prevailing social and gender norms** that influence behaviors and decision-making regarding RH, FP, and early marriage.
- 4. Assess the role of peers, healthcare workers, and community leaders** in shaping KAP on RH and FP.

Methodology

The study employed a **qualitative research approach**, using the **Social and Ecological Model (SEM)** to examine **individual, interpersonal/community, and societal/organizational factors** influencing KAP on RH, FP, early marriage, and VAWC. The methods included:

- **Focus Group Discussions (FGDs):** Conducted with **355 participants** (168 men, 96 women, and 91 adolescents).
- **Key Informant Interviews (KIIs):** Conducted with **36 individuals**, including healthcare workers, local government officials, and religious leaders.
- **Document Review:** Analyzed policy frameworks, health service data, and previous research on RH, FP, early marriage, and gender-based violence in BARMM.

Executive Summary

Limitations

- **Cultural sensitivity and social norms** made some respondents hesitant to discuss personal experiences related to RH, FP, early marriage, and VAWC.
- **Limited geographic scope**, covering only selected municipalities and barangays in BARMM, may limit the generalizability of findings.
- **COVID-19 restrictions** impacted data collection, requiring adaptations such as smaller FGD group sizes and remote coordination.

Key Findings

1) Reproductive Health and Family Planning

- **High awareness but low adoption of FP:** While respondents recognized the benefits of FP, only a small percentage actively used contraceptive methods.
- **Men dominate decision-making:** Women had limited autonomy in FP choices, often deferring to their husbands or elders.
- **Health workers are trusted sources of information:** However, **low accessibility to services in remote areas** hindered uptake.
- **Religious influences:** Misconceptions persist about the permissibility of FP in Islam, despite recent fatwas supporting RH services.

2) Early Marriage

- **Cultural and economic drivers:** Early marriage was seen as a strategy to strengthen family ties, avoid social stigma, or improve financial security.
- **Religious acceptance:** Some Muslim and indigenous communities consider early marriage acceptable and legally permissible under the Code of Muslim Personal Laws.
- **Impact on young women:** Many adolescent brides experienced **early pregnancies, disrupted education, and limited decision-making power** in their households.

3) Violence Against Women and Children (VAWC)

- **Social acceptance of some forms of domestic violence:** Some women and men considered **physical discipline or control by husbands as justified** under certain circumstances.
- **Low awareness of legal protections:** Many women were **unaware of laws protecting them against domestic violence** and had limited access to support services.
- **Non-reporting culture:** Fear of social stigma and **pressure to maintain family honor** discouraged victims from seeking help.

Executive Summary

Recommendations

1) Strengthen Demand Generation & Community Engagement

- **Develop culturally appropriate RH and FP awareness campaigns** tailored for Muslim and indigenous communities.
- **Engage religious and community leaders** as advocates for FP and gender equality.
- **Integrate RH and FP education in schools**, targeting both young men and women.

2) Improve Access to Health Services

- **Expand RH and FP services in GIDA areas** through mobile clinics and community outreach.
- **Increase the number of trained health workers** specializing in gender-sensitive counseling.
- **Establish youth-friendly health centers** to improve adolescent access to RH services.

3) Address Gender and Social Norms

- **Promote gender-transformative programs** that empower women and youth in decision-making.
- **Advocate for legal reforms** to align early marriage policies with national and international standards.
- **Strengthen enforcement of VAWC laws** and improve support systems for survivors.

4) Enhance Monitoring & Policy Implementation

- **Improve data collection and tracking systems** for RH and FP service utilization.
- **Ensure sustainable funding and program continuity** for gender-sensitive health initiatives.
- **Establish feedback mechanisms** to assess the impact of gender and social norm interventions.

Conclusion

The findings highlight **the strong influence of social, cultural, and religious norms on reproductive health, family planning, and gender-related behaviors** in BARMM. While awareness of RH and FP is relatively high, **deep-rooted gender norms, religious perceptions, and structural barriers continue to hinder progress** in improving health outcomes. Addressing these issues requires **multi-sectoral collaboration, gender-transformative approaches, and culturally sensitive interventions** to empower Bangsamoro youth, women, and men in making informed reproductive health choices.