



*ACF staff supervises individual interview test for the gender analysis*

# **GENDER ANALYSIS REPORT: THE PHILIPPINES**

**DECEMBER 2019**



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# ACRONYMS

<b>AAH / ACF</b>	Action Against Hunger
<b>ASEAN</b>	Association of South East Asian Nations
<b>ARMM</b>	Autonomous Region of Muslim Mindanao
<b>CEDAW</b>	Convention against all forms of Discrimination Against Women
<b>DRR</b>	Disaster Risk Reduction
<b>FGD</b>	Focus Group Discussion
<b>GBV</b>	Gender-Based Violence
<b>IDP</b>	Internally Displaced Person
<b>PWD</b>	People with Disability
<b>SHSR</b>	Sexual Health and Sexual Rights
<b>WASH</b>	Water, Sanitation and Hygiene

# INTRODUCTION

## CONTEXT, STATISTICS AND GEOGRAPHY

Philippines is an archipelago country of South East Asia, in the Western Pacific Ocean, with a coast line of 36,290 km. The climate in The Philippines is tropical and strongly monsoonal, with temperatures relatively constant from north to south and seasons consisting of periods of wet and dry. From June to December typhoons often strike The Philippines, with their frequency generally increasing from south to north.

The Philippines is very diverse on ethnic groups, with seven main subgroups (Tagalog 24.4%, Visaya 11.4%, Cebuano 9.9%, Ilocano 8.8%, Hiligaynon 8.5%, Bicol 6.8%, Waray Waray 4%, other 26.2%). The total population is 104.9 million with a median age of 24.1 years old. 46,7% of Filipino are urban population<sup>1</sup>.

The Philippines was colonized by Spain during 333 years since the 16<sup>th</sup> century, and under USA tutelage for 48 years<sup>2</sup>.

Regarding religion, The Philippines is mainly catholic (79.5% of total population), followed by Muslims (6%), Iglesia ni Cristo (2.6%), Evangelical (2.4%), and other (9.5%).

Philippines Human Development Index in 2018 was 0.699, placing the country in the medium human development category, positioning it at 113 out of 189 countries and territories (medium human development category)<sup>3</sup>.

Some development indicators included within this index are for example life expectancy at birth, 72.8 for women and 65.9 for men. Under 5 child malnutrition, including severe and moderate, reach 33.4%. The percentage of Filipino living below income poverty line (USD 1,90 a day) is 8.3%.

Although there are many advances on terms of development indicators, there are also some backlashes, as the so-called “war against drugs” initiated by President Rodrigo Duterte. According to Human Rights Watch this campaign has led to the deaths of over 12,000 Filipinos to date<sup>4</sup>, with at least 2,555 of these deaths being directly attributed to the National Police. Large-scale extrajudicial violence against crime was one of his common practices as mayor of Davao City, and one of his promises on the eve of the presidential election.

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**“IF I MAKE IT TO THE PRESIDENTIAL PALACE I WILL DO JUST WHAT I DID AS MAYOR. YOU DRUG PUSHERS, HOLDUP MEN, AND DO-**

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<sup>1</sup> <http://hdr.undp.org/en/countries/profiles/PHL>

<sup>2</sup> <https://www.britannica.com/place/Philippines>

<sup>3</sup> <http://hdr.undp.org/en/countries/profiles/PHL>

<sup>4</sup> <https://www.hrw.org/tag/philippines-war-drugs>



## **NOTHINGS, YOU BETTER GET OUT BECAUSE I'LL KILL YOU" – PRESIDENT DUTERTE ON THE EVE OF HIS ELECTION**

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Equally concerning for the full enjoyment of human rights, the government declared the state of martial law and suspending the right of Habeas Corpus in the whole region of Mindanao back in 2017<sup>5</sup>; in alluding the series of violent acts committed by the Maute terrorist group, for a period not exceeding 60 days; though this measure is in force up to date.

Mindanao, and particularly areas within the Autonomous Region of Muslim Mindanao (ARMM), continues to see ongoing armed conflict leading to the destruction of assets and causing population displacement among civilian populations in areas with high poverty incidents and a lack of basic services. In 2017, the Marawi Conflict forced nearly 360,000 people to flee their homes and take shelter in nearby cities and municipalities (OCHA). Following the declaration of victory by the government, government troops have cleared some of the battle zones and the Marawi City Local Government began a phased IDP Return Plan on December 1, 2017. This plan was coordinated and initiated by the Task Force Bangon Marawi (TFBM), which was established by the national government to oversee the return process and rehabilitation of IDPs. Despite this, many of the IDPs, especially from the 24 Barangays that make up the most affected areas of Marawi, remain displaced. This is mainly because the place of origin of these IDPs is totally destroyed and is still a no-go area controlled by the military. According to the OCHA a total of 73,000 individuals are still displaced from Marawi Conflict.

The majority of these families are staying with their extended family, friends or in evacuation centers in the municipalities located on the Eastern and Western side of Lanao Lake and in transitional and transfer sites within Marawi City.

## **Gender related laws, practices and customs**

### **International conventions**

The Philippines is one of the most advanced Asian countries when it comes to gender equality international conventions ratification. The Philippines signed the CEDAW (convention against all forms of discrimination against women) back in 1980, and ratified it in 1981; the first ASEAN (Association of South East Asian Nations) country to do so. The Philippines also ratified the optional protocol to the CEDAW in 2003.

### **National context**

The Magna Carta of women was ratified in 2009. It protects women from discrimination and violence, together with other legal instruments as<sup>6</sup>:

- Anti-Sexual Harassment Act

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<sup>5</sup> <https://www.officialgazette.gov.ph/2017/05/23/proclamation-no-216-s-2017/>

<sup>6</sup> <https://pcw.gov.ph/international-commitments/cedaw/philippine-participation>

- Anti-Rape Law
- Rape Victim Assistance and Protection Act
- Anti-Trafficking in Persons Act
- Anti-Violence against Women and their Children Act
- Family Code
- Women's and Children's Desks and Services (Philippine National Police, Department of Health, Department of Social Welfare and Development, National Bureau of Investigations, Commission on Human Rights, local government units, etc.)

The Magna Carta of women is a very comprehensive legal framework that “seeks to eliminate discrimination against women by recognizing, protecting, fulfilling and promoting the rights of Filipina women, especially those in marginalized sector<sup>7</sup>.” It includes intersectionality principles, as discrimination based on other grounds, status, or condition, such as ethnicity, age, poverty, or religion. It spells out women's right to be protected from all forms of violence, including those committed by the State; equal access and participation in education, sport, military, police and similar services, non-discriminatory or derogatory representation of women in films or media, comprehensive health services and health information (including family planning) equal rights in family and marriage relations, equal rights in the titling of the land, representation and participation in policy making and decision making bodies, social protection, cultural identity, among others.

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**THE MAGNA CARTA OF WOMEN DEFINES THE MARGINALIZED SECTORS AS THOSE WHO BELONG TO THE BASIC, DISADVANTAGED, OR VULNERABLE GROUPS WHO ARE MOSTLY LIVING IN POVERTY AND HAVE LITTLE OR NO ACCESS TO LAND AND OTHER RESOURCES, BASIC SOCIAL AND ECONOMIC SERVICES SUCH AS HEALTH CARE, EDUCATION, WATER AND SANITATION, EMPLOYMENT AND LIVELIHOOD OPPORTUNITIES, HOUSING SECURITY, PHYSICAL INFRASTRUCTURE AND THE JUSTICE SYSTEM. THESE INCLUDE, BUT ARE NOT LIMITED TO WOMEN IN THE FOLLOWING SECTORS OR GROUPS: SMALL FARMERS AND RURAL WORKERS, FISHERFOLK, URBAN POOR, WORKERS IN THE FORMAL ECONOMY, WORKERS IN THE INFORMAL ECONOMY, MIGRANT WORKERS, INDIGENOUS PEOPLES, MORO, CHILDREN, SENIOR CITIZENS, PERSONS WITH DISABILITIES, AND SOLO PARENTS.**

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Even though the legal framework exists and includes many advanced nuances, there are still some inconsistencies when it comes to the basics. For example, divorce is still prohibited in The Philippines, being the only country besides Vatican with no legal provision for divorce. Only Muslims are allowed to divorce under certain circumstances according to their religion<sup>8</sup>.

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<sup>7</sup> <https://psa.gov.ph/content/q-magna-carta-women-republic-act-no-9710>

<sup>8</sup> [https://en.wikipedia.org/wiki/Divorce\\_law\\_by\\_country](https://en.wikipedia.org/wiki/Divorce_law_by_country)

Abortion continues to be criminalized with no exceptions allowing it, including saving the life of the pregnant woman or protecting her health<sup>9</sup>. Doctors and midwives performing abortions in The Philippines with the consent of a pregnant woman may face up to six years in prison. This makes women risk their lives by looking for unsafe clandestine abortion or by continuing with life threatening pregnancies.

The Gender Development Index measures gaps in human development achievements by looking at differences between women and men in three aspects of human development: health, knowledge and living standards (same component indicators used by the Human Development Index). It is the ratio of human development index in women to human development index in men. In The Philippines, it has a value of 1<sup>10</sup>, with very similar development indexes for women (0.699) and men (0.698)<sup>11</sup>.

The Gender Inequality Index measures gender inequalities in three important aspects of human development—reproductive health, measured by maternal mortality ratio and adolescent birth rates; empowerment, measured by proportion of parliamentary seats occupied by females and proportion of adult females and males aged 25 years and older with at least some secondary education; and economic status, expressed as labor market participation and measured by labor force participation rate of female and male populations aged 15 years and older. It measures the human development costs of gender inequality. The higher the value, the more disparities between females and males and the more loss to human development. The Philippines has a gender inequality index of 0.427, ranking it 97 out of 160 countries in 2017 index. In The Philippines, 29.1 % of parliamentary seats are held by women, and 76.6 % of adult women have reached at least a secondary level of education compared to 72.4% of men. For every 100,000 live births, 114 women die from pregnancy related causes; and the adolescent birth rate is 60.5 births per 1,000 women of ages 15-19. Female participation in the labor market is 49.6 % compared to 75.1 % for men<sup>12</sup>.

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<sup>9</sup>[https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/pub\\_fac\\_philippines\\_1%2010.pdf](https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/pub_fac_philippines_1%2010.pdf)

<sup>10</sup> [http://hdr.undp.org/sites/all/themes/hdr\\_theme/country-notes/PHL.pdf](http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/PHL.pdf)

<sup>11</sup> [http://hdr.undp.org/sites/default/files/hdr2018\\_technical\\_notes.pdf](http://hdr.undp.org/sites/default/files/hdr2018_technical_notes.pdf)

<sup>12</sup> [http://hdr.undp.org/sites/all/themes/hdr\\_theme/country-notes/PHL.pdf](http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/PHL.pdf)



# OBJECTIVES

The main objectives of this gender analysis report are understanding, highlighting findings and define recommendation related to how do gender relations work in the areas of intervention of Action Against Hunger in Mindanao.

More specifically, it aims at understanding:

- State of the Law and normative frameworks
- Roles and responsibilities of the different gender and age groups
- Gender Relations and Decision Making
- Gender and Social norms
- Access and control over resources
- Gender Based Violence
- Gender in the different sectors of interventions/strategic priorities for ACF Philippines:
  - Nutrition and Food Security
  - Livelihoods
  - WASH
  - Health
  - Disaster Risk Reduction
  - Employability
  - Other

# METHODOLOGY AND APPROACH

## GENDER ANALYSIS APPROACH

### Methodology

This gender analysis has followed an intersectionality approach, meaning that gender is one of the key aspects constructing the identities of human beings, together with other characteristics as age, diverse capacities, ethnicity/religion and displacement related status. Ideally for this type of study individuals identify themselves as members of the different categories, rather than letting this task to the lead of the study. However, for this study there has been first a predefinition of the sample participants and then a confirmation of their identity and them belonging to the different categories. The main reason behind choosing this sampling method is the need to define a sample that is representative of the reality of the context, with minorities been equally heard and represented. A random choice of participants would have let those with less privileges out of the study.

Before launching the study, Action Against Hunger Philippines hired a mixed group of local enumerators to do the field work. The enumerators team was made up of 16 enumerators, all of them locals, 8 women and 8 men. They were trained during 4 days on the basic principles and concepts related to gender analysis, key tips related to the chosen methodologies; and they dedicated the last 2 days to translate the tools into local languages, to become familiar with the use of Kobo application and to test the tools in the field. During this training the key tools for the primary data collection (Informant Interviews and Focus Group Discussions guidelines) were revised to adapt them to the realities of the context.

The tools were created in English, using the mobile survey software KoBo Toolbox. This software allows to collect data in the field using mobile devices such as mobile phones or tablets and requires the installation of the android-based application KoBo Collect. Once installed, this application allows to collect the data which feeds into the Kobo Toolbox account being used for the study.

For the field work, enumerators were organized in pairs of the same gender. In each pair, one person was responsible for conducting the actual interview, while the other assisted and took notes on the reactions and attitudes of the respondents, as well as on the characteristic of the context where the interview was taking place. Each pair was instructed to interview person(s) of the same gender. Regarding the travelling arrangement, it was decided that the enumerator's team would travel together to each of the municipalities where the survey was conducted.

The sample is distributed between 12 municipalities belonging to the provinces of Lanao del Sur and Maguindanao, ARMM<sup>13</sup>. The selection of the municipalities was determined by AAH areas of intervention and interest, based on current and future projects plans. For each municipality, a convenience sample was considered and quotas were established based on gender, age, disability

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<sup>13</sup> For more details about the sample can be found at "annex 1 (data from individual interviews)"

status, and displacement related status of participants. The total number of participants is 147, of which 51% are women. All participants are aged 14 or over, and 18% of them live with a disability. The disability status was determined by using the Washington Group Short Set of Questions on Disability<sup>14</sup>. This framework considers whether the person has difficulty performing basic activities (walking, seeing, hearing, cognition, self-care and communication). The respondent is classified as a person with disability in case s/he responds having a lot of difficulty, or not being able to perform at least one of these activities.

More details on the sample composition can be checked at annex 1 (data from individual interviews).

The study coordinator aimed also at incorporating key informant interviews as part of the methodology. However, only one key informant interview could be conducted with UN OCHA humanitarian affairs analyst and gender focal person. Many organizations were not available for these discussions before the report was released due to the different natural disasters and related emergencies hitting the country at the end of 2019.

## SOURCES OF INFORMATION AND DATA

This gender analysis report has been drafted based on primary data from field exercises conducted during September 2019, and secondary data. The comprehensive list of secondary data used for this study can be consulted at the end of the document.

## CHALLENGES & LIMITATIONS

The main challenge identified during this process has been the validity to results for some groups that have a very small representation within the sample. This refers more specifically to Christian, with only 1 representative (man), Catholic and Cebuana, with 2 representatives each. Because of inconsistencies found in some answers, like the fact that girls are for Christian the sole decision makers in water committees, it has been decided that their answers will be considered for the main trends, but not isolated as valid answers for their religious/ethnic identity.

Challenges related to secondary sources are that these sources are not updated and/or refer to different geographical areas to those of the study, or to population with a status that is different from the one we are aiming at analyzing in this report (mainly home based IDP).

The main limitation of the study is how findings may vary soon after the study because Mindanao was hit by 3 major earthquakes in on 16, 29 and 31 October 2019, at 6.3, 6.6 and 6.5 magnitudes. It is recommended that there are gender related questions in every assessment conducted by the mission, so that the gender analysis is not a static document, but rather a work in progress.

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<sup>14</sup> See: <http://www.washingtongroup-disability.com/washington-group-question-sets/short-set-of-disability-questions/>.

Some margin of error should be considered (it has not been quantified), because of the nature of the work itself. We could expect few false or invented data, or some minor errors in the calculation of results. For example, some men answering questions on menstrual hygiene, although they were not expected to do so; which may be indicative of other inconsistencies throughout the exercise.

Finally, another limitation of the study is that findings are based on the filtering of one specific variable at a time: gender, age, disability or not, displacement status and ethnic/religious identity. However, these variables have not been crossed with each other, for example filtering gender, age and displacement status at the same time; as the data analysis would have lasted months and the study coordinator has not considered this to be relevant for the study. However, ACF Philippines can still consult these available data and make the necessary filtering arrangements to get further details or information.

# GENDER ANALYSIS RESULTS

## ROLES, RESPONSIBILITIES AND DIVISION OF WORK

The Philippines is a patriarchal society that assigns traditional gender roles to women and men, which dictate that women are in charge of homework and men are in charge of income generating activities and considered to be breadwinners of the household.

There are some factors, however, that have contributed to the shift of these roles: *ridos*, natural disasters, and the conflict itself. *Ridos* are a type of conflict characterized by retaliatory violence between families, kinship and communities. In Mindanao, it tends to interact with the separatist conflict. As explained in Start's Network's gender analysis<sup>15</sup>, *rido* have contributed to a shift in gender norms, as many women support their families due to the limited mobility of men who are victims of *ridos*. The conflict in ARMM has also contributed to shift some of these traditional gender roles. Due to the security situation and to limited mobility of men for fear of being forcibly enrolled in rebel armed groups, or taken as members of these groups, women have assumed more responsibilities as tending fields and livestock, bringing goods to market, escorting children to schools, seeking paid employment, and helping to identify and resolve community concerns. Women feel proud of these new roles, however they also feel exhausted for their "double role" and the lack of men support in their day to day activities.

Findings pointing at balanced results in roles and responsibilities in some areas of this gender analysis can be then explained by the shift in gender dynamics caused by the conflict, although the social norms dictate different assignments of who should do one thing or the other. However, this disturbance in social norms tends to disappear after the crisis and traditional gender norms usually come back when communities are resettling and rebuilding.

This study aims at analyzing roles and responsibilities of women and men from the different groups at three levels: reproductive, productive and community work.

In general, women are in charge of reproductive, productive and community work, whereas men are in charge of productive and community work. Reproductive work is often the less valued type of work, mainly because it is normally unpaid, and it is often associated with gender norms that consider taking care of others as women's natural tendency, who are expected to take on these tasks because of love and affection, rather than as a job that is needed for the functioning of societies.

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<sup>15</sup> A gender snapshot of the Marawi conflict – START NETWORK, UNYPHIL WOMEN, MUJADILAH DEVELOPMENT FOUNDATION, OXFAM - 2017

## Reproductive work

Looking at results from this study, gender norms remain traditional when it comes to **reproductive work** in Mindanao. Women are in charge of cleaning the house (followed by girls), of home care of family members (followed by men, mainly for male respondents, people over 60 and Muslims); doing the laundry (followed by girls); washing, dressing and bringing children to school.

The role of people over 60 in home care of family members is quite remarkable and should be considered for activities related to sensitization or behavior change related to nutrition or hygiene.

**Water collection, management and storage** appears to be a shared responsibility of women and men, involving also girls and boys. There are no main differences among the groups.

The **collection and transport of wood** is a shared responsibility of men and boys, followed closely by women as well, except for Maranaos and people living with a disability, as they consider men first, followed by women and finally boys. Girls do not seem to be involved at all in this task.

**Cooking** is a responsibility of women, followed by men and by girls. Muslims present the higher rates of men engagement in cooking (46.7%). Action Against Hunger in The Philippines should remember to target groups of men on food, nutrition or hygiene sessions, considering they have a key role in cooking. Boys are not involved at all, which can be also something to be considered by ACF as a vulnerability factor, in the eventual loss of adult family members.

Regarding knowledge in **food processing** extracted from focus groups discussions, women from 36 to 59 are those that know more, followed by women from 19 to 35 years old. Men from 19 to 35 and from 36 to 59 are in third position. Following with focus group discussions, results point again at women from 36 to 59 as those with more experience in **food preparation**, followed by women from 19 to 35. Men from the same age groups are in third position, and in the last position we find girls and boys. For **food gathering** women from 36 to 59 are in the first position in terms of experience, followed by men from the same age group. Women from 19 to 35 are in the third position and finally men from 19 to 35.

This points at how all family members have experience in food processing, preparation and gathering, including boys and girls in food preparation, which looks to be a contradiction of the finding pointing at boys not having knowledge on cooking. This can be explained by the fact that they are involved in some support activities, but not actually on cooking itself.

## Productive work

**Gardening and plots** are the responsibility of women mainly, followed by men, for all groups. Returnees present equal numbers for women and men for gardening and plots.

One possible explanation on why among Returnees both women and men are involved in gardening and plot may be to recuperate lands that have not been used for a long time. Further information should be collected at field level through interviews or direct observation.



Regarding **farming**, all groups have considered that men are the main responsible followed by women.

For the majority of respondents **fishing** is not applicable to their context, and the second most common answer is that men are responsible, with no main differences among the groups. This is also confirmed by focus group discussions, where the most repeated answer to the question who has experience in fishing is “not applicable”, followed by men from 19 to 35 years old.

**Trading** appears to be a men’s responsibility (42.9% of responses), followed closely by women (35.4%). The gender gap seems to be bigger for Muslims, Returnees and IDP in transitory sites (66.7, 66.7% and 77.1% for men and 40%, 33.3% and 47.6% for women respectively). This finding is corroborated by results from the focus group discussion, that point at men from 36 to 59 followed by men from 19 to 35 as having more experience in trading, followed closely by women from 36 to 59 and finally by women from 18 to 35.

This reflects that both women and men are responsible and have experience in trading, it would be great to find out more details about this gender gap, to know if it is due to men and women’s different involvement in trading steps, due to knowledge or skills gap or to other barriers.

As far as **tending for family animals** is concerned, men predominate this activity, followed by women and boys. Boys participation in tending for family animals was higher than women’s for Maguindanao, Muslims, Returnee and IDP in transitory sites.

According to focus group discussions, however, men from 36 to 59 are in the first position in terms of knowledge and skills related to animals, followed by men from 19 to 35. This may mean that women and boys support men in this activity, and do not take decisions or lead the activity.

Again, more details are needed to understand the types of skills related to animals that are lacking in women and boys, who are also in charge of this task. Girls are not at all involved in tending for family animals.

Answers from Individual Interviews point at women as main responsible for **marketing or grocery shopping** (80.3% of respondents), followed by men (45.6%). However, this differs among men respondents, who consider this to be a shared responsibility (68.1% considered men to be responsible, 65.3% considered women).

Focus group discussions results point at women from 36 to 59 first and then at women from 19 to 35, as those with more experience in **handicrafts**. They are followed by men of the same age group.

Knowledge on **shelter construction and restoration** is shared by men from 36 to 59 followed by men from 19 to 35. The rest of the group are almost absent from this experience. This can become a vulnerability factor for women and children in disaster prone Mindanao when it comes to shelter construction. With the loss of men in their families they could become dependent on the support of other men in the community, and may need to pay them or exchange livelihoods, services or even use transactional sex to have their shelters done.

The younger generations are those that appear stronger in **knowledge and experience with IT and computing**; the first position is shared between women and men from 19 to 35, followed men under 18 and women under 18.

For **technical work and expertise**, all gender and age groups seem to have knowledge and experience, men from 19 to 35 are at the top of the list, followed by men from 36 to 59, women from 19 to 35, men under 18 and women under 18.

## Work at community level

Women, men, boys and girls seem to be all involved in management committees, associations or groups on **education**, (women 51%, men 45.6%, girls 27.9%, boys 23.1%). However, female respondents point at girls in second place in this committees, men consider themselves to the first, as well as those in the group age 36-59, Muslims and Maguindanao. These differences do not seem significant, and the main conclusion that could be made is that education committees involvement are a shared responsibility of women and men, and that boys and girls are also involved at a smaller scale in secondary or support activities.

Women appear to be the main responsible for committees, associations or groups on **health**, followed by men; with the exception of Returnees who equate percentages of women and men responsibilities for these groups. One possible explanation again for Returnees is how efforts from everyone are needed to regain normality upon return in the use and coordination of groups.

Although the main trend points at men as the main responsible for **water** committees, followed by women, there are some differences that need to be considered. Women and men appear to be at the same level of responsibility for those respondents in the age group 14-18, Muslims, people living with a disability and Returnees.

According to results from the focus group discussion, men from 36 to 59, followed by men from 19 to 35 are those with more knowledge on **maintenance of water points**. However, women within the same age groups and men under 18 are also identified.

Women are the main responsible for **sanitation and hygiene committees**, followed by men. Some differences appear among Muslims, as they considered this to be a shared responsibility.

Following results from focus group discussions, women from 36 to 59 followed by women from 19 to 35 are in the first position when it comes to experience on **hygiene**, followed by men from the same age groups. Girls and boys under 18 have also experience.

Water management, sanitation and hygiene appears then as a shared responsibility of all members of society. Men are more experienced on maintenance of water points which may indicate that women replicate reproductive roles in these groups, as cleaning. This needs to be verified during field work, as women's empowering passes not only through being members of these groups, but also through their active participation in key roles as decision makers.

Men are in the first position when it comes to disaster risk reduction (**DRR**) management groups, followed by women, except for Muslims, where it is just the opposite.

This trend was also confirmed during focus group discussions, where men from 36 to 59 followed by men from 19 to 35 appear to be those with more experience and knowledge in DRR. Women are almost absent in this knowledge. This is a key finding for ACF in The Philippines. The fact that only men have knowledge on DRR, even though women participate in coordination groups is very worrying in Mindanao where natural disasters strike almost every year. This is also indicative of how including women on committees does not mean their active engagement, participation and awareness.

For management groups on **agriculture**, men are in the first position followed by women, with the exception of Returnees, who considered this to be a shared responsibility. A high percentage of Maguindanaos consider that this is not applicable (46.7%), which looks surprising as Maguindanaos are traditionally dedicated to agriculture. This can be explained by the fact that respondents were confused with the question on management groups, or that they do not use to work on associations/groups.

This coincides with the answer to the question who has skills in agriculture. The groups that appear to have more knowledge and experience in agriculture are men from 36 to 59, followed by men from 19-35, and finally women from 36 to 59.

For Barangay **peacekeeping** groups, a big majority of respondents pointed at men as responsible (80.3% men and 23.8% women).

For responsibilities on community **gardens and plots**, answers were balanced but slightly higher for women (64.6%) than for men (62.2%). However in terms of perception, men were considered to prevail over women in responsibilities on community gardens and plots among some groups: male respondents, the 36-59 age group, Maguindanaos, people not living with a disability and IDP in transitory sites.

This is confirmed by focus group discussion, where we find women from 36 to 59 as the first group in knowledge and skills related to gardening, followed by women from 19 to 35 and finally by men from 36 to 59 and by men from 19 to 35.

For **fields**, men are in the first position followed by women, except for PWD and Returnees, who consider this to be a shared responsibility.

**Associations and cooperatives** appear to be a role and responsibility of women and men for all groups.

For **Barangay council** men (72.1%) predominate over women (57.8%), except for the age group 14-18 who consider women are first, and for Returnees, who equate the number of women and men.

## Roles and skills

Findings of the gender analysis show the following trends in terms of educational level:

- 42% of participants have been instructed in a Madrasah<sup>16</sup>; with female participants presenting higher rates than male (49.3% versus 36.1%). There is a decrease in the number of respondents having received Madrasah education as age decreases also (65% in respondents over 65, 51.7% in 36-59 age group, 28.6% in respondents 19-35, and 29.6% in participants from 14 to 18). This preference for girls in Madrasah should be better explored, a possible reason could be a higher number of available female Madrasah school, or a preference for girls religious education
- Elementary school education is higher among female participants (36% versus 26.4% in men)
- The higher rates of high school level education appear among people on the 14-18 age range
- College level is higher among female respondents, however, postgraduate level is higher among men, and Muslims, who present the highest rate of postgraduate education level (13.3% versus 2.0% average)
- Regarding people not having received formal education, it is more prevalent among male respondents (12.5% versus 8% in women), and among PWD (34.6%)
- PWD present lower rates of all education level at all categories, except for the postgraduate level, where they reach 3.8%, overpassing in 1.8 point the average of the study

All the trends included in this section are, generally speaking, confirmed with findings from 24 hours clock<sup>17</sup> exercises at focus group discussion. Some striking findings of this exercise are the following:

During the dry season:

- Women sleep averagely a bit more than men (32.29% versus 31.60%), but they rest less during the day (8.68% versus 11.46%)
- It is confirmed that women dedicate more time to housework than men (36.81% versus 6.60 %). The amount of time dedicated to housework is much higher among senior female respondents (45.83%)
- Men dedicate more time to productive work than women, but the difference is not as high as for reproductive work (33.68% in men versus 25% in women)
- Men with disabilities dedicate 20.83% of their time to gardening
- Animals appear strongly as men's responsibility, especially of senior men (4.17% of their time during dry season and 12.50% during the wet season dedicated to animal tending)

During the wet season:

- During the wet season, men sleep less than women and less than in the dry season; women, on the other hand, sleep more than during the dry season
- Men, however, continue to rest more during the day, and more than during the dry season
- Both things coincide with a reduction in the number of hours dedicated to work for men (33,68 % during dry season, versus 11,81% during the wet season). Women work more than men during the wet season (14.58% versus 11.81%)
- Women and men dedicate less hours to pray during the wet season, while senior men dedicate more time and men with disabilities dedicate the same

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<sup>16</sup> School that teaches Islamic theology

<sup>17</sup> During this exercise participants are asked to design a 24 hours clock which includes the activities conducted per hour on an average day. Clocks for women and men are usually compared for different purposes, including to value care work that are usually invisible

## People's schedules

Considering that all groups are busier during the dry season if compared to the wet season, it is recommended to plan more project activities, assessments, evaluations and monitoring exercises during the wet season. The details for each group can be found out at annex 2 (data from focus groups discussion), but generally speaking, both women and men would be more available at home from 11 am to 1 pm during the dry season, and from 10 am to 4 pm during the wet season.

### KEY CONSIDERATIONS:

Roles in Mindanao seem to have changed from traditionally assigned gender roles and responsibilities to women being more involved in non reproductive activities. However, this does not seem to have reduced the amount of time dedicated to reproductive work, and has rather increased women's workload. It is recommended that all activities targeting women take this into account to find ways to reduce their working hours and responsibilities and not add on new things to their schedules.

Although there are balanced results in many roles and responsibilities between men and women, we cannot state that there is equality in those. More observation and analysis should be made to understand if there are different roles for each of them.

People over 60 have a key role in home care of family members and should be considered for assessments and activities related to nutrition or hygiene.

Men's involvement in cooking is not to be overlooked, as they can have a key role in passing nutrition messages, preparing healthy and nutritious food and keep adequate hygiene. It is recommended to include boys in cooking sessions or sensitizations, maybe supported by their fathers or other male members of the community, to ensure they also have basic knowledge on how to cook food, and to enhance their knowledge on food preparation.

More equality seems to appear among returnees, mainly in tasks and responsibilities traditionally undertaken by women, which can be interpreted as a positive sign of social norms evolution and more balanced relations. However more details need to be observed and explored, as this collaborative spirit could be just the result of the need to rearrange things that were left behind upon leave, and patriarchal social norms tend to reappear.

Farming looks as an activity that is accepted socially for women and men. However, agriculture and working on the fields seems to be mainly the role of men, who present also the highest percentages of agriculture knowledge. ACF should consider if it is a good strategy to support women's engagement in agriculture and support the building of capacities to younger generations of women and men, as there seems to be a generational gap for sustain agricultural practice. Agriculture does not seem to be applicable as an activity for Maguindanaos.

Trading seems to be mainly a men's business, though women also participate and both of them have experience and knowledge on this. The same trend is repeated for tending for family animals; where men predominate in both the social assigned role and the knowledge. Although women and boys participate also in this activity, they were not pointed as having experience or knowledge.

One identified vulnerability factor is the lack of knowledge in shelter construction among women, girls and boys, which can make them dependent on other male members of the community in cases of men absence from households.

Water management, sanitation and hygiene appears to be a shared responsibility of all members of society. This could be taken as a good opportunity to promote more balanced relations between women and men by supporting that women are not only members of working groups, but also members with an active role and power in decision making within these groups. One example could be building women's skills to ensure their active participation.

A key finding is the lack of participation, knowledge and experience of women, girls and boys in DRR. ACF should make efforts to ensure their DRR related skills and knowledge are identified, understood and enhanced, as well as supporting women's active participation in DRR working groups.

Same for Barangay's peacekeeping groups, women seem to be absent. ACF should consider supporting their participation and building their skills on peacekeeping to ensure their concerns and ideas are heard.

If PWD are targeted by ACF activities, it could be explored how to integrate them on highly skilled roles, as even though their education level in general is lower than average, they also present the higher rates in postgraduate education.

Men living with disabilities have experience in gardening. This could be a good option for income generating activities or Cash for Work, that be explored for women living with disabilities also.

A way of involving elderly men in income generating activities could be animals tending, as they have experience.

ACF should consider, for any consultation purpose, that women and men can be reachable at home from 11 am to 1 pm during the dry season and from 10 am to 4 pm during the wet season.



# GENDER RELATIONS AND DECISION MAKING

Results from this study seem to reveal that, generally speaking, decision making among women and men between 18 and 59 is balanced. For some groups the elderly, mainly elderly women, play a significant role in decision making, something that should be taken into account by ACF teams involved in designing projects in Mindanao.

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**WOMEN AND MEN DECIDE TOGETHER ABOUT BREASTFEEDING, TIME FOR PREGNANCIES, FOLLOW-UP OF PREGNANCIES AT HEALTH CENTERS, WHERE TO GIVE BIRTH, BRINGING CHILDREN OR OTHER FAMILY MEMBERS TO HEALTH CENTERS, AND WHAT AND WHERE TO EAT. WOMEN FROM 36 TO 59 ARE THE MAIN DECISION MAKERS. ELDERLY WOMEN SEEM TO HAVE A RELEVANT ROLE IN THESE DECISIONS, SPECIALLY AMONG SOME GROUPS**

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When asked about who decides about breastfeeding, participants of focus group discussion pointed first at women from 36 to 59 years old, followed by women from 19 to 35. The third and fourth positions are held by men from 36 to 59 and men from 19 to 35. Some differences are remarkable within senior respondents (over 60) and Muslims, as they gave a predominant importance to elderly women over 60 in deciding over breastfeeding.

The same trend appears for times of pregnancies, follow-up pregnancy at health center and where to give birth; with elderly women pointed out as decision makers among senior respondents, and Maguindanaos for all questions, among Returnees for time for pregnancies and where to give birth; and among Muslims for time for pregnancies.

Similarly, bringing children to health centers, bringing other family or household members to health centers and what and when to eat, has been chosen first as been a decision of women from 36 to 59, followed by women from 19 to 35; thirdly by men from 36 to 59 and finally by men from 19 to 35. For taking children to health center, Maguindanaos and people over 60 consider that elderly women are involved in decision making; whereas for bringing other family members to health centers, people over 60 and Muslims pointed again at elderly women, and among Returnees the second most prevalent response was men from 36 to 59. People over 60 and Returnees consider that elderly women have an important word to say about what and when to eat. Returnees also gave a special weight to elderly men in deciding about what and when to eat.

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**WOMEN AND MEN FROM 36 TO 59 ARE THE KEY DECISION MAKERS ON WAYS TO SPEND MONEY, THE USE OF WATER AND THE EDUCATION OF GIRLS AND BOYS; WITH WOMEN ON THE FIRST PLACE. FOR THE PAID WORK THAT EACH PERSON CAN DO**

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### **AND INDIVIDUAL MOBILITY THEY ALSO DECIDE TOGETHER BUT MEN DECIDE FIRST.**

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The main trend in decision making about ways to spend money, the use of water and the education of girls and boys, is that women from 36 to 59 decide in first place, followed by men from the same age group. They are followed by women from 19 to 35 years old and finally by men from the same age group. Some discrepancies or nuances from this trend is the decision making of elderly women and men, according to people over 60 in the three categories; the involvement of elderly women and men for decision around the use of water for Returnees, and of elderly women for Muslims; the involvement of women from 15 to 18 in decision making about the use of water (for Returnees), the involvement of boys from 15 to 18 in decision making about the use of water; and the sole involvement of girls from 15 to 18 and men from 19 to 35 in decision making around the education of boys and girls.

For the paid work that each person can do and the individual mobility men (first) followed by women from the 36 to 59 group age are in the first position, followed by men (third) and women from 19 to 35. Elderly women and men are also considered at these levels for both categories by senior respondents, and for paid work by Returnees. Maguindanaos give more predominant roles in decision making to men than to women for individual mobility; being men from 36 to 59 selected as their first category.

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### **THE USE OF FAMILY LAND IS DECIDED BY MEN IN THE FIRST PLACE AND WOMEN SECONDLY. SOME GROUPS POINTED ALSO AT ELDERLY MEN AND WOMEN AT THIS LEVEL.**

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For the use of family land, majority of respondents consider that men are the main decision makers (men from 36 to 59 in the first position, followed by men from 18 to 35); followed by women (same age hierarchy as among men). Some groups pointed also at elderly men (elderly respondents, Maguindanao, host community and Returnees) and at elderly women (elderly respondents).

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### **INHERITANCE APPEARS TO BE A SHARED RESPONSIBILITY, THOUGH MEN ARE THE MAIN DECISION MAKERS. THE ELDERLY, BOTH WOMEN AND MEN, ARE ALSO PRESENT IN THIS DECISION.**

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Regarding inheritance, it seems that there is a share of responsibility in decision making among adult women and men. Men (first) followed by women from the age group 36 to 59 come first; followed by men (first again) and women from 19 to 35. At this level, the elderly (both men and women, at the same level) are also present. Elderly respondents give more importance to the decision-making power of elderly women and men. For Maguindanaos, adult men of all ages are the key deciders about heritance (men from 36 to 59 in the first position, followed by men from 19 to 35, and finally by elderly men, who are for them at the same level as women). For Muslims respondents, men are also the key decision makers, with men from 36 to 59 on the first position,

followed by men from 19 to 35, and then by women from 19 to 35 and finally from women from 36 to 59.

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**ACCESS TO FOOD SUPPLIES AND CHOICE OF EDUCATION APPEARS TO BE SHARED BY WOMEN AND MEN, WITH WOMEN AS KEY DECISION MAKERS.**

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For access to food supplies and choice of education, there is a common general trend; first, there is an age hierarchy of the group 36 to 59 over the group 19 to 35; and second, women have more decision making power than men. As in other questions, elderly people consider themselves to back up decision making at this level, however, the only group supporting this is PWD for decision making on food supplies. PWD consider that all age groups are involved in decision making for food supplies, and Returnees consider that boys and girls under 18 participate in decision making for the choice of education.

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**DECISIONS ABOUT THE CHOICE OF PROFESSIONAL OCCUPATION AND INTERNAL DISPLACEMENT ARE SHARED BETWEEN WOMEN AND MEN, BUT MEN ARE ON THE FIRST POSITION.**

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For the choice of professional occupation, the age group 36 to 59 seems to be at the front, with men in the first position followed by women; and then the age group 19 to 35, with women in the first position followed closely by men. Elderly women and men give themselves much weight than the rest of the groups do at this level. Host communities and Returnees point also at 15-18 girls and boys as decision makers at this level.

Men from 36 to 59 are in front in deciding about internal displacement, followed by women of the same age group. In the third position we find men from 19 to 35, followed by women of the same age group. Again, the elderly consider themselves to have a weight in this decision making, but this is not corroborated by any other respondent group. Muslims consider that men on the 36 to 59 age group predominate, followed by women in the same age group and men from 19 to 35. For people from the host community and for Maguindanao, men are the key decision makers when it comes to displacement. More weight is provided to men in the 36 to 59 age group.

## KEY CONSIDERATIONS

Women and men decide together on breastfeeding, time and follow-up for pregnancies at health centers, where to give birth, and bringing children or family members to health centers, and what and where to eat. This has implication for our programmes, and both women and men should be targeted for sensitization sessions on malnutrition, and childcare. Elderly women are also key for these decisions so they should be also targeted for any action aiming at changing the behaviour related to health practices, specially among Muslim, Maguindanaos and Returnees.

Although decided jointly, women are the main decision makers for the ways to spend money, but men come first when it comes to the paid work that each person can do, the choice of professional occupation and individual mobility. This can have implications on women's access to works as men decide first about the type of work and the mobility that this implies.

The use of family land and inheritance is not granted for women living in The Philippines, as, although it is a shared decision, men are the key decision makers, together with the elder. Meaning that women are consulted but men make the decision ultimately. More details on the access to land should be contrasted for a better understanding of this phenomenon.

The elderly in Mindanao consider themselves to have a more predominant role in decision making to what they actually seem to have with some exceptions.

Women decide first about the choice of education; however, men decide first about the professional choices. Of everyone?

# GENDER AND SOCIAL NORMS

This section aims at getting into the details of the social norms related to the social construction of women and men of different ages and identities in BARMM. This includes the perception of safety and vulnerability in their villages and houses; the future they want for their sons and daughters, acceptance of LGBTQ people, average age of marriage for girls and boys and of the first child, freedom of movement and where do people go when they feel unsafe.

## Perception of safety and security

A great majority of respondents from individual interviews considered that they feel safe in their villages (89.8%, versus 10.2% who didn't). There are no major differences among the groups (more than 10 points), except for Maguindanaos, with the lowest rate of positive answers (66,7%).

Those that responded not feeling safe in their villages explained that it was because of robbery, conflict, family feuds and natural disasters.

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**“ANYTIME THERE IS A TENDENCY OF WAR CONFLICT” – HOME  
BASED IDP MAGUINDANAO WOMEN (36-59)**

**“VILLAGE IS NOT SAFE BECAUSE IT IS NEAR AT THE LAKE AND IT IS  
PRONE TO FLOOD” – MARANAO ADOLESCENT GIRL FROM HOST  
COMMUNITY**

**“WE LIVE IN A TENT AND IS NOT SAFE BECAUSE IT IS EASILY BE  
PENETRATED BY THIEVES” – MARANAO YOUNG WOMAN (19-35).  
IDP IN TRANSITORY SITE**

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Majority of respondents affirms that there are not people that are more at risk (89.8% versus 10.2%). Some differences with this result are that the perception among Returnees is more positive (100% considered that there are no people more at risk), whereas 23.8% of IDP in transitory sites consider that there are people that are more at risk. This can be explained by the fact that Returnees came back to their home-towns where they have a full understanding of how things work, as well as a robust social network; whereas for IDP in transitory sites it is just the opposite.

Those that responded affirmatively to the existence of people more at risk, mentioned the following population groups: young children, people living near the conflict affected areas, senior citizens, pregnant women and children, PWD, people from other community, close relatives of the Barangay chairman, youth and children (for early marriage) and everyone. No more details were provided on other reasons behind these groups more at risk with the exception of early marriage. Although the average age of marriage for girls and boys is over 20 (details will be explained

afterwards), early and forced marriage seems to be a reality in Mindanao. More details will be provided at the Gender Based Violence section afterwards.

A great majority of respondents (93.2%) consider that their home is a safe place; those that did not agree quoted reason as house physical condition (falling coconut, structure problems, prone to flood, lack of security for living in a tent, exposed to landslide), or the conflict.

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**“EVERY NIGHT THERE IS FEAR THAT ANYTIME A WAR CONFLICT MAY HAPPEN” –MUSLIM WOMAN (36-59) – IDP IN TRANSITORY SITE**

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## Future plans for daughters and sons

The majority of respondents point at education when asked about the future they want for their daughters and sons (17.36% for girls and 14.05% for boys). For daughters, the second option is becoming a teacher (17.36%), followed by getting a job<sup>18</sup> (13.22%) and being successful in life (7.44%). Finally becoming a doctor (5.79%) or a nurse (4.96%). For sons, the second option is becoming a policeman (19.83%), followed by getting a job (10.74%), been successful in life (8.26%), and becoming engineers (7.44%).

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**“I WANT MY SONS TO BECOME A POLICEMEN SOMEDAY TO DEFEND THEIR DIGNITY AND INNOCENT PEOPLE” – MAGUINDANAON MAN (36-59) – HOST COMMUNITY**

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## Perceptions and beliefs around LGBTQ people

As far as the acceptance of LGBTQ people is concerned, participants in the individual interviews gave a balanced response to the question “would you be the friend of an LGBTQ person?”. The most prevalent answer was no (55.1% versus 44.9% of yes).

The majority of groups followed this trend, with the following exceptions:

- Maguindanaos had equal answers from yes and for no
- People over 60 (85%), Muslims (73,3%), PWD (76.9%) and Returnees (100%) presented higher negative answers

People giving negative answers explained that they would not be friends with LGBTQ people because it is forbidden by Islam, it is forbidden by their tribal law, because of their possible misbehaviour, or because they may ruin their children's future.

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<sup>18</sup> The type of job is not specified for these respondents



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**"I HATE GAYS BECAUSE THEY TEND TO ABUSE GIRLS" –  
MARANAON MAN (19-35) – HOME BASED IDP**

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Some respondents presented reserves for positive answers, for example, they would accept the friendship but if they are not members of their family; if he is a good example, or as long as they don't copy what they are doing.

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**"I AM OPEN TO BEFRIEND A GAY, BUT I DON'T WANT LESBIANS, I  
DON'T FEEL COMFORTABLE" – MARANAON ADOLESCENT GIRL (14-  
18) – HOME BASED IDP**

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**"THERE IS NO MORE PROBLEM WITH GAY AS LONG AS THEY ACT  
PROPERLY, NOT DRESSING LIKE WOMEN" – MAGUINDANAON  
BOY (14-18) – HOME BASED IDP**

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For positive answers, few respondents presented respectful answers:

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**"I CONSIDER THEM AS A GOOD PEOPLE THAT SHOULD BE  
RESPECTED THE WAY ORDINARY PEOPLE WANT TO BE" –  
MARANAON WOMAN (19-35) – HOME BASED IDP**

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**"SIGN OF RESPECT BECAUSE THEY ARE ALSO HUMAN AND THEY  
ARE NOT DOING ANYTHING THAT HARMS OTHER PEOPLE IN THE  
COMMUNITY" – MAGUINDANAON WOMAN (36-59) – HOME  
BASED IDP**

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Other people confirmed that they had family members who are part of LGBTQ community, while others stated that they would be friend with them but nothing else.

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**"ONE OF MY SISTERS IS LESBIAN AND MY OTHER RELATIVES ARE  
ALSO LESBIAN, THERE IS NO PROBLEM WITH THEM" –  
MAGUINDANAON WOMAN (19-35) – HOST COMMUNITY**

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For some respondents LGBTQ people are depicted with the stereotype of being funny ("they are friendly and more fun to be with, they are funnier to be with, they make others happy"). Finally,

some respondents pointed at how LGBTQ people can help you if you have a problem or are the more talented members of the community.

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**“NO PROBLEM ABOUT BEING GAY, LESBIAN, EVEN IF IT IS FORBIDDEN IN THE ISLAMIC RELIGION, BUT WE ACCEPT THEM IN THE COMMUNITY. MORE TALENTED PEOPLE ARE FROM LGBTQ COMMUNITY” – MAGUINDANAON MAN (36-59) – HOST COMMUNITY**

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A key conclusion for acceptance of LGBTQ people is that there are still a lot of stereotypes (positive and negative) around the groups that should be worked on to ensure their full participation and enjoyment of rights.

## Average age for marriage and first child

The average age of marriage for women is 22.5 and 23.2 for men. The average age for the first child in girls is 23.6. Differences are the following:

- The lowest age is the average age stated by transitory site IDP (19.7 for women marriage, 20.3 for men's marriage and 20.4 for the first child)

## Mobility

The majority of participants in FGD considered that there is freedom of movement in 87.5% of cases. Negative responses were provided by 2 women groups (from 30 to 70) who stated that young girls, young boys, senior citizen, pregnant women, PWD and women do not have freedom of movement. When asked about the reasons, they stated that there are areas in the community that are not safe for them (no further details are provided), and because women have limited access outside due to norms that state that women should stay only inside the house to take care of the family.

This is an interesting finding if compared to results from decision making about mobility. Although mobility is a joined decision between women and men, norms dictate that women have limited mobility and freedom of movement and should rather stay inside the house. This means that even if women decide on mobility and movement, they do it based on social norms and finally may limit their movement because of that; or do it if there is an emergency.

However, according to Governance Social Development Humanitarian Conflict (GSDRC) conflict analysis of Muslim Mindanao<sup>19</sup>, one of the primary impacts of conflict in Mindanao is restriction mobility for men and enhanced mobility for women. Due to the risk of being mistaken by members of armed groups, or of being forced to join these groups, men in BARMM are forced to restrict their movements. As a result, women had to take on new responsibilities that implied mobility. So

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<sup>19</sup> <https://gsdrc.org/wp-content/uploads/2016/02/ConflictAnalysisARMM.pdf>

we have three different levels, decision making, social norms and real needs. Theory and practice seem to be opposite in this context then, as even though women decide about mobility, they are supposed to remain at home culturally, but they have to move because of the situation.

As far as where do people go when they feel unsafe, majority of respondents pointed at governmental authorities (66.67%), followed by nearby houses (8.33%) and finally by religious leaders, stay at home or go to relatives' homes (4.17%).

## KEY CONSIDERATIONS

The majority of respondents of the study stated feeling safe at home and in their villages. However, some women affirm that there are some areas in the community that are not safe for them, and for young girls and boys, senior citizens and PWD. Both findings look contradictory in a way, but one possible explanation can be that they feel safe in general, but there is a potential risk. Another possible explanation could be that their perception of safety is influenced by the social imaginary that alert women and girls on dangers and on being alert, which impedes them to move freely. Some of these perceptions are founded on real threats, others are not. It is recommended that ACF conducts or uses a safety audit to have a better understanding of risks and safety.

There is acceptance of LGBTQ people in half of the population, but the perceptions about this community are full of stereotypes, both among supporters and detractors. ACF has a good opportunity to contribute to the enjoyment of rights of members of this community, even in traditional Islamic Mindanao. It is recommended that ACF Philippines includes LGBTQ people in some of its discourses and messages, and targets them for specific field activities (if safe and accepted for them), to support the normalization of their presence and participation at community level.

Expectations for daughters and sons point again at traditional gender roles. Even though there is a sharing of responsibilities between women and men in many tasks, girls are expected to replicate traditional gender roles in their professional positions (teachers, doctors or nurses), as well as boys (policemen or engineers).

# GENDER BASED VIOLENCE (GBV)

All findings from this section are based on secondary data sources. The study coordinator has considered that ACF GBV expertise in the country was not robust enough, and that enumerators lacked the adequate technical skills, knowledge and attitudes to include very sensitive questions related to GBV within sources of primary data collection.

## Trafficking, early and forced marriage

The Philippines has ratified the Convention on the Rights of the Child in 1990, which sets 18 as the minimum age for marriage and the Convention on the Elimination of All forms of Discriminations against Women (CEDAW) which includes the free and full consent to marriage.

Although there are legal mechanisms for the protection from GBV which include legal provisions and punishment to perpetrators; the conflict context of disaster-prone Mindanao presents many contributing factors that exacerbate GBV.

According to Marawi's conflict gender snapshot<sup>20</sup>, one of the most common types of GBV is early and forced marriage.

The NGO Girls not Brides states that 15% of Filipino girls are married before the age of 18, and 2% before 15<sup>21</sup>. According to UNICEF, The Philippines has the 12<sup>th</sup> highest number of child brides in the world (726.000). Some of the drivers of early/forced marriage pointed by this NGO are trafficking and religion. Girls from poor regions, including Mindanao, are victims of trafficking for sexual exploitation purposes and for forced marriages. Another contributing factor to early marriage is the popular mail-order bride, where women and girls are included in catalogues targeting rich men abroad or from other regions in The Philippines. Some of the most demanded characteristics to choose a bride being youth and virginity<sup>22</sup>. The Muslim law on personal status allows boys to get married at the age of 15 and girls upon the arrival of puberty. Considering that divorce is forbidden in The Philippines, this places married girls at an irreversible situation if they could ever be supported to start a new life. Even though divorce is permitted under certain circumstances in Muslim marriages, it is easier for men than for women<sup>23</sup>.

The same study points at early marriage as an amicable way of solving disputes. Also, 20 % of respondents in this study said that because of difficulty in evacuation centers they had to resort to early marriage. This points at early marriage as a coping mechanism among conflict affected population in Mindanao. It has consequences for girls and young women, like sexual violence (unconsent sex), psychological abuse and denial of resources, like education. According to the

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<sup>20</sup> A gender snapshot of the Marawi conflict – START NETWORK, UNYPHIL WOMEN, MUJADILAH DEVELOPMENT FOUNDATION, OXFAM - 2017

<sup>21</sup> <https://www.girlsnotbrides.org/child-marriage/philippines/>

<sup>22</sup> [https://en.wikipedia.org/wiki/Mail-order\\_bride](https://en.wikipedia.org/wiki/Mail-order_bride)

<sup>23</sup> <https://preventforcedmarriage.org/forced-marriage-overseas-philippines/>

same study, Maranao culture allows arranged marriages, which has an impact on increasing this phenomenon.

## Rape and Physical violence

Other participants in this study point at other types of GBV in the evacuation centers of host homes and although the percentage is not high, further investigation needs to be done in this sense. Women participants gave examples of rape, peeping in toilets and tents and verbal abuse against them. This could be confirmed by a report from OCHA that states the lack of privacy partitions in the evacuation centers of Iligan city (OCHA 2017). There are also cases of physical violence reported by girls and women from fathers and husbands.

This points at the need of considering GBV to be a prevalent issue in this context and of putting into place measures for its prevention and mitigation, as well as making all front-line staff aware of referral mechanism to inform survivors identified during Action Against Hunger field activities. Important to note also that men survivors may be present as well, even though coming out of cases is less common.

## OTHER TYPES OF VIOLENCE

There have been some reported cases of violence among host community members and IDP. Service providers of Oxfam's study mentioned how host communities do not like the presence of the IDP because they have contributed to massive pollution and improper garbage disposal in their community.

### KEY CONSIDERATIONS

During the training to enumerators one ACF staff presented the referral mechanism in place for survivors of GBV in ARMM. It is recommended that this referral mechanism is confirmed through a discussion with the GBV or protection working group, and that all ACF staff is trained on Psychological First Aid and requested to refer GBV survivors to the available services.

Early marriage seems to be a coping mechanism for which alternatives need to be identified. One possible solution could be cash conditional activities for families with under 18 girls, where the condition could be keeping girls in school.

Even if not documented, GBV is happening in Mindanao. ACF should ensure the integration of measures for the prevention and mitigation of cases, such as:

- Ensuring safe access to latrines and water points
- For food distribution exercises, ensure they are done during day-time and on safe locations, especially for women and girls
- Including sensitization activities to men to avoid household tension and violence due to the shift in gender roles

# ACCES TO AND CONTROL OVER RESOURCES

Participants in focus group discussions pointed at the following trends in access, control and benefit from resources:

	Women	Men	Girls	Boys
<b>Access</b>	Credit Money Water Health Centre Transport Medicines Income generating activities Information at family level Information at community level Breeding	Credit Money Family Land Community Land Water Health Centre Transport Medicines Income generating activities Information at family level Information at community level Breeding	Water Health Centre Transport Medicines Primary education Secondary Education	Water Health Centre Transport Medicines Primary education Secondary Education
<b>Control /Decides about</b>	Credit Money Family Land Water Health Centre Transport Medicines Primary education Secondary Education Income generating activities Information at family level Information at community level	Credit Money Family Land Community Land Water Health Centre Transport Medicines Primary education Secondary Education Income generating activities Information at family level Information at community level Breeding		
<b>Benefits from</b>	Credit Money Family land Community Land	Credit Money Family Land Community Land	Credit Money Family Land Water Health Centre	Credit Money Family Land Water Health Centre



	Water	Water	Transport	Transport
	Health Centre	Health Centre	Medicines	Medicines
	Transport	Transport	Primary	Primary
	Medicines	Medicines	education	education
	Income	Income	Secondary	Secondary
	generating	generating	Education	Education
	activities	activities	Income	Income
	Information at	Information at	generating	generating
	family level	family level	activities	activities
	Information at	Information at	Information at	Information at
	community	community level	family level	family level
	level	Breeding	Information at	Information at
	Breeding		community level	community level

Only percentages over 50% are included in this table

The majority of respondents pointed at fishing as an activity that is not relevant for them.

Finding from this exercise depict quite a balanced picture of access and control over resources between women and men. One of the most striking findings from this table is that women do not have access nor control or decision making over community land, even though they benefit from it. As pointed in section Gender Relations and Decision Making, men are also the main deciders when it comes to land issues.

According to the focus group discussion, the main groups in knowledge and experience in dealing with money are women from 36 to 59, followed by men from 36 to 59 and women from 19 to 35, and in third position men from 19 to 35.

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**“IF THE LAND IS LOCATED NEAR THE CONFLICT AFFECTED AREA  
THERE IS THE TENDENCY THAT THE LAND MAY NOT BE USED AND  
THERE IS NO CONTROL OF BENEFITS ON THE LAND” WOMEN  
FOCUS GROUP DISCUSSION (35-69)**

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Some barriers for the access to primary education mentioned by participants in focus groups discussions is that sometimes schools are located near the conflict affected areas, that there are no assigned teachers, that teachers may decide to scan birth certificates before letting children enroll to the schools, or that they cannot afford tuition fees. Barriers highlighted for secondary education are early marriage and that adolescents choose to support the income generating activities of the family structure rather than going to school. For women, there are barriers to access income generating activities “due to conflict and availability of capital to be used, and the limitation of activities being a woman”. For information at family and community level, women consider that the elderly and the Barangay officials control its benefits.

## KEY CONSIDERATIONS

Access to land appears to be a men issue, who are also key decision makers on land and on heritage, together with the elderly.

It seems that women have limited access over income generating activities because of conflict and because of the social norms that restrict the works that a woman can do. If we compare results with findings from the former section on decision making, we can see that part of those social norms dictate that men decide about the professional work that each person can undertake and about mobility, which again, restricts options a lot. A good strategy to support women into a more diversified range of income generating activities is involving men into sensitization session on the advantages of women's contribution to the family's economy.

As pointed in the former section, early marriage is impeding girls' ability to study. ACF could contribute to reduce this pervasive form of discrimination by putting into place, for example, income generating/cash activities that are conditional to girls attendance to school.

# KEY SECTORAL INFORMATION

## NUTRITION AND FOOD SECURITY

Given the importance of Nutrition into Action Against Hunger work, nutrition related questions were included both at focus group discussions and at individual interviews level.

### Satisfaction with food

The majority of respondents appear to be satisfied with the quantity and the quality of food (87.8% and 91.2%). The main difference among the groups is Returnees, who consider that they do not have enough quantity and good quality in 33.3% of the cases. Those that responded negatively stated that they could improve the quality and quantity of the food they take by taking alternative food (as root crops or banana), through farming, by doing business, or finding a better job. Others pointed at lack of money to buy food and to lack of supplies due to the far distance to markets, and finally that what could help them is being free from conflict.

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**“I COOK ALTERNATIVES FOOD LIKE CASSAVA, BANANA AND VEGETABLES FOR [MY CHILDREN] TO FEEL FULL” – MAGUINDANAON YOUNG WOMEN – IDP IN TRANSITORY SITE**

**“IT'S DIFFICULT FOR US TO BECAUSE WE ARE JUST DEPENDING ON THE FOOD FROM RELIEFS. IF THEY WILL GAVE US RELIEF (...) ONLY SARDINES AND DRIED FISH AND IT IS A MESS BECAUSE IT IS ROUTINELY GIVEN” – MARANAON YOUNG WOMAN – IDP IN TRANSITORY SITE**

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### Nutrition knowledge, practices and beliefs

A great majority of participants (88.4%) have the knowledge to assess if a child is malnourished. The most significant differences appear among people living with disabilities (65.4%); and Returnees (33.3%). A possible explanation is that PWD had less access to sensitizations, information and knowledge on malnutrition, which should be addressed by ACF; and no clear explanation has been identified for Returnees and it should be explored.

According to focus group discussions women from 36 to 59, and women from 18 to 35 are those in the first position of knowledge about malnutrition. They are followed by men from the same age groups. The last positions are held by boys under 18 and girls under 18 respectively.

The majority of respondents said that they would take the child to a health center in case of malnutrition (81.6%), followed by traditional medicine (36.1%), I do not know (8.2%), nothing

(2.0%) and other (5.4%). For the answer “other”, respondents explained that they would deworm the child, let them eat and sleep more time or involve them in feeding programs. Significant differences appear among people living with disabilities regarding their lack of knowledge about malnutrition (15.4%), and among girls and boys from 15 to 18 (29.6%). For adolescent boys and girls it could be considered that they have not been targeted yet for sensitizations on nutrition due to their age, but it could be also a good strategy to design sessions targeting them as taking care of children in the family is part of their responsibilities, mainly of girls.

When asked about the length of breastfeeding, the most prevalent answer is from 7 to 12 months. However, considering that all participants of the study responded, regardless of their sex and age, looking at women’s in reproductive age answers can bring a better idea of the practices in the context. The most prevalent answer among women respondents is “not breastfeeding” (33,3%) followed by over 2 years (26.7%) and by 7 to 12 months (10.7%). A possible interpretation of this difference is that other respondents are talking about ideas, beliefs and social norms, whereas women are talking about the actual breastfeeding practice. Some of the reasons stated for not breastfeeding or for stop doing so is not having enough milk to feed babies, because mothers started to work, or because the baby is not satisfied with the mother’s milk. Some of these reasons seem to be objective, like having less time because of work or being separated from the baby; while other reasons seem to be more subjective and may be influenced by myths surrounding breastfeeding. The high percentage of not breastfeeding is quite alarming, a better analysis is recommended to identify some of the barriers to it.

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**“IN ISLAMIC PERSPECTIVE BREASTFEEDING SHOULD LIMIT UNTIL 2 YEARS OLD ONLY. IF BEYOND 2 YEARS IT IS ALREADY FORBIDDEN BECAUSE IT IS *HARAM*” – MARANAON WOMAN (36-59) – HOME BASED IDP**

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Regarding the start of complementary food to children, the majority of respondents answered from 4-6 months (32.7%), followed by “I do not know” (30.6%) and from 7 to 12 months (27.9%). Some remarkable differences appear in groups that do not know when to start complementary food to children (59.3% in adolescent boys and girls, 50% in PWD, and 41,9% among the host community). It is totally normal that adolescent boys and girls do not know this information, that they can get when they grow; but it is alarming among PWD and the host community. Important to know also, 33.3% of Returnees consider that complementary food should be started from 0 to 3 months. It is recommended that ACF targets these groups to ensure the information on the benefits of breastfeeding for women and children passes through, and on the importance to start complementary food when the baby is 6 months old. Some comments on complementary food from individual interviews are that they give the babies purées, smooth and fluffy food easy to digest, ground rice and a mix of soy bean and dried noodles, just milk, cereals, mashed banana, porridge; and that complementary food makes the baby grow healthier and it adds more nutrients and energy.

According to focus group discussion 24 hours clock activity, women dedicate more hours to eating than men, which can be explained by the fact that they are in charge of preparing food. Both of them dedicate more time to eating during wet season than during dry season. Senior men appear to dedicate more hours than any other group to eating during both seasons, together with men with disabilities during the wet season.

For participants in focus group discussions people or groups with the most difficulty accessing food of adequate quality and quantity are everyone (25% of respondents) and senior citizens (20.83%).

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**“MOSTLY ALL GROUPS HAVE DIFFICULTY ACCESSING FOOD. FARMING IS THE COMMON SOURCE OF INCOME, AND THE FAMILY WILL WAIT LONG PERIOD OF TIME (6 MONTHS) BEFORE THEY CAN HARVEST AND HAVE MONEY TO BUY FOOD. FOR THE MEAN TIME, THEY WILL EAT WHATEVER VEGETABLES IN THEIR GARDEN. MEAT AND OTHER VARIETY OF FOOD ARE LIMITED” – MEN (18-35)**  
**FOCUS GROUPS DISCUSSION**

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Regarding if food portions are reduced for all or for a particular group, during crisis or hunger gap, participants in focus group discussions answered that it is reduced for everyone (66.67%), for parents (8.33%), and that children and the elder would eat more than the rest (12.50% and 4.17% respectively). The percentage of people stating that there is no reduction at all is 8.33%.

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**“PEOPLE ARE SCARED AND SOMETIMES WE DON'T FEEL HUNGER BECAUSE OF ANXIETY” – YOUNG MEN FOCUS GROUP**  
**DISCUSSION – SHARIFF SAIDONA**

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The study looked then at myths and beliefs related to food, in order to understand food that is acceptable and not accepted culturally. With that in mind, participants were then asked about food forbidden or only permitted to women, men, girls and boys, with the following results:

- only haram food is forbidden, like pork, for all the groups
- chicken, beef, dried fish, sweet food, eggplant, unripe mango, buko juice, cobra drink, soft drinks, fatty foods are forbidden for women
- Tanduay, soft drinks, fatty foods are forbidden for men
- Junk food & unhealthy food are forbidden for girls and boys. They are the only allowed to take sweet potato.

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**“DURING MENSTRUATION WOMEN AND GIRLS ARE NOT ALLOWED TO DRINK FRESH BUKO JUICE AND UNRIPED MANGOES**

## **BECAUSE IT GIVES BAD ODOR TO THE BLOOD” – WOMEN (36-59) FOCUS GROUP DISCUSSION – SHARIFF SAIDONA MUSTAPHA**

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Results from focus group discussions on who eats first point at no one in the first place (62.50%), followed by children (25%), father (16.67%), wife and the elder (4.17% each). According to participants, all members of the family eat together (83.33%), followed by sometimes (12.50%) and often (4.17%)

### **KEY CONSIDERATIONS**

PWD should be targeted for nutrition related activities, for their own health and that of their children. They appear to have the worse knowledge on malnutrition signs and on when to introduce complementary foods to babies.

Adolescent girls and boys should be targeted for nutrition related activities, as they (mainly girls) appear to support children caregivers. However, these nutrition activities for adolescent girls and boys should never interfere in their education (like school or homework hours). A good strategy could be to propose sensitizations session in secondary schools.

Breastfeeding is key for a good nutrition in newborn. The alarming amount of women stating that they do not breastfeed, should not be overlooked. It is recommended that ACF conducts/supports a campaign on exclusive breastfeeding, its benefits for babies and mums; and identified adapted strategies to create more breastfeeding friendly environments (like breastfeeding friendly safe places, for example).

It is also recommended that ACF reinforces its nutrition campaigns for all the population, as some messages are not still internalized by some sectors of the population and would need to be reminded (complementary foods to babies, healthy food or food myths, for example). There are also few myths around food that need to be considered and may be debunked during nutrition sensitization sessions. interesting.

# LIVELIHOODS

The study aims at understanding what are the key sources of income of the different groups, what are their preferred sources of income, and some of the barriers in this regard.

## Current sources of income

Main sources of income

Source of Income	Prevalence
Farming	47.62%
Trade	25.85%
Working as a government worker	8.84%
Employees (for others)	8.16%
Donations or support from other people	6.80%
Still students	5.44%
None	2.04%
Fishing	1.36%
Gardening	0.68%

Farming is the main source of income for participants in individual interviews (47,62%), followed by trade (25.85%), and working as a government worker (8.84%). Other answers that followed were employees (8.16%), donations or support from other people (6.80%), students (5.44%), none (2.04%), fishing (1.36%) and gardening (0.68%). Going into the details of each of the groups, it can be observed that women respondents' sources of income are split between trading and farming (29.33% and 28%) and that they are more dependent than the average (10.67% make their living on donations, including their husband's).

Remarkably, participants from 14 to 18 stated two main sources of income other than being a student: farming (44.44%) and trading (22.22%). It can be inferred that this refers partially to the family income as earned by their parents, but it cannot be denied that they are also involved in, at least, supporting these activities somehow. However, during focus group discussions on who has knowledge or experience on agriculture, adolescent girls and boys were not mentioned in the

answers, possibly because of the shame of participants to confirm child labor or because their work is considered to be a secondary support to main farming activities.

The age group that dedicates more time to farming is 36 to 59, which coincides also with those that have more experience in agriculture. Regarding ethnicity, 56.67% of Maguindanaos make their living on farming, and Muslims are split between trading (40%) and farming (40%). People living with disability are more dependent on others (19.23%), and they make their living on both trading and farming (30.77% each). IDP in transitory sites present the lowest percentage of dedication to farming and trading (19.05% to each of them), which can be explained by their temporary situation and difficulty to access stable services and land.

### Preferred sources of income

The majority of participants considers that trading is their preferred source of income (54.42%), followed by farming (15.65%). Women’s answers reinforced this idea, with 82.67% of them preferring trading, whereas men’s main answers are more balanced: trading (25%), no answer (25%), and farming (23.61%). The rest of the groups followed the trend of preferring trading over other activities.

A big majority of women in focus group discussions stated that there are services that could help them live better as women (83.33%), and they mentioned specifically food processing, backyard gardening, business (sari-sari store), supporting their husband in trading products from the farm, giving extra support to husband in terms of decision making, livelihoods programs for women, by joining different activities in the community, attend trainings about baking, dressmaking and other skills that could be taught to them, supporting them to be vendors.

It seems then that preferred income generating activities among women are related to trading, and that they would also like to learn new skills to make it possible. They are also opened to be involved in new activities in the community. Farming is the big absence in their answers. It can be interpreted that there are different barriers for this derived from the fact that it is not socially accepted as a task for women; like the lack of expertise, lack of decision making over lands and heritage; or the belief that it is a hard task for men only. However, 29.33% of women marked farming as a source of income. One explanation could be that this is a work undertaken by their husband’s, or that, although they are involved in farming, they have a secondary role and value less their roles. This is something that needs to be better explored.

### Barriers to income generating activities

Key findings on land ownership (main variations from the average):

Participants having land ownership
All participants (51%)
Men (47.2%)



People over 60 (70%)
People living with disability (23.1%)
IDP in transitory sites (90.5%)

As far as the ownership of land is concerned, 51% of participants in individual interviews confirmed the ownership of land, whereas 49% stated the opposite. There are no major differences from this trend among women, and there is a slight difference among men, with 47.2% of them having land and 52.8% not having land. People over 60 are those which responded having higher levels of land's ownership (70.0%), which can explain why they are key on heritage and on the use of family land. Only 23.1% of people living with disability own land, which can be also contribute to the dependency of this group. Even though IDP in transitory site present the lowest rates of participation in farming, because of their temporary situation, 90.5% of them state having a land of their own.

Key findings on loss of sources of revenues:

Participants having lost a source of revenue
Everyone (56.5%)
Women (68%)
Participants from 36 to 59 (63.8%)
Maguindanao (70%)
Muslims (73.3%)
IDP in transitory sites (71.4%)
Returnees (100%)

56.5% of participants has lost a source of revenue because of the crisis or because of a natural disaster. Women seem to be more affected, 68% of them have lost a source of revenue versus 44.4% of men. People within the age group 36-59 are those with higher rates of loss of income (63.8%), which is really alarming considering that they are the key providers for households. Maguindanao and Muslim participants present also very high rates of loss of income (70% and 73.3%), as well as IDP in transitory sites (71.4%) and Returnees (100%).

When participants in focus group discussions were asked about what were in their opinion the people that had lost their source of income, the first answer was everyone, followed by people affected by the Marawi conflict, IDP and men (16.67%); and the people they thought has low

sources of income are everyone (37.50%), followed by women (29.17%), and IDP (12.50%). This seems to confirm the trend from individual interviews.

## Barriers to choose sources of revenues

The majority of participants in focus group discussions consider that women have less opportunities than men in choosing their sources of revenues or income generating activities (70.83%). When asked about why and how, some respondents said that women support men or stay at home, whereas men work for the family. Some of them also pointed at women having less capacity than men, or capacity for less heavy works; which means once again that reproductive work is less valued than productive work

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**“ACCORDING TO ISLAM, MEN AND WOMEN ARE DIFFERENT IN TERMS OF WORK, WOMEN ARE FOR HOUSE WORK ONLY. BUT THEY BELIEVE THAT IN THIS GENERATION WOMEN CAN WORK ALSO JUST LIKE AS MAN” – WOMEN FOCUS GROUP DISCUSSION - BUTIG**

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The majority of respondents consider that LGBTQ people have less opportunities in choosing their sources of revenues or income generating activities (75%), because of discrimination, because it is forbidden by religion, or because, as some stated, there are no LGBTQ people in the community. Two of the groups pointed at how they did not have discrimination because they can do both the work of a woman and of a man.

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**“THEY CAN DO WORK WHETHER IT IS FOR MEN OR FOR WOMEN” – WOMEN FOCUS GROUP DISCUSSION - MAMASAPANO**

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Other groups pointed at how LGBTQ people work although they are scared to expose themselves, or afraid to show their true identity. One group pointed at how they are kick out of the community.

The majority of respondents (75%) consider that people living with disability have less opportunities in choosing their sources of revenues or income generating activities, mainly because of their limited capacities and because they depend on their families.

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**“MOST PEOPLE WHO HAS DISABILITY HAVE LIMITED CAPACITY BUT THEY TRY TO LIVE NORMAL AND WORK TO EARN BY FARMING AND TRICYCLE DRIVER” – YOUNG MEN FOCUS GROUP DISCUSSION - TUKANALIPAO**

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## Barriers to diversify sources of revenues

All women participating in focus group discussions agreed that they find it challenging to improve their sources of income because they are women, pointing again at traditional gender norms that state how women should stay at home and take care of the family, and that they do not have time for other tasks. Other participants said that their husbands did not allow them to do work, or that the majority of available work is farming and they do not know how to farm.

Men groups also agreed that women had more difficulties in improving their sources of income (83.33%), because of traditional gender norms. One group stated also that the products they produce are affected by the Marawi siege.

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**“THEY ARE PRECIOUS FOR MEN SO THAT THEY WON’T ALLOW THEM TO WORK” – SENIOR MEN FOCUS GROUP DISCUSSION - PIAGAPO**

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Participants consider that LGBTQ people do not have difficulties in improving their sources of income (66.67%). Those that consider them to have difficulties pointed at discrimination as the main reason. The majority of participants though agreed that people living with disabilities have more difficulties in improving their sources of income (62.50%) because of their limitations and dependence on family members.

## Use of income

Regarding the use of income, 53.8% of expenses goes to family, 17.5% to personal expenses, 13.4% to help others and 13.5% to other expenses. Men spend more money on their families (63.9% versus 44.1% in women), and Returnees spend less money on their families (40%) and more money on other expenses (30%). This can be explained by the fact that they may need to cope with legal issues related to their properties or invest money in repairing their houses.

## Coping mechanisms

Regarding coping mechanisms, participants said that if they lost their main source of income because of a crisis, to cover their basic needs they would try trading (17.01%), ask for support from relatives (11.56%), ask for a credit (10.20%), farming (8.84%), work as employees (4.76%), try everything they could (3.40%), pawning or selling their goods (3.40%), go to humanitarian agencies (2.04%), use their savings (1.36%), spend less (1.36%), and none (1.36%).

Key deviations from this main trend is people from 19 to 35 because they present higher rates of credit as a coping mechanism. One reason may be the generational shift that makes them more prone to get into a financial risk, or maybe because of the lack of other options. For Maguindanaos, Muslims and host community members credit is also key (20% of Maguindanaos and Muslims and

18% of host community members would access credit as a coping mechanism in case of a crisis). The preferred coping mechanism for Returnees is trading (33.3%) and IDP in transitory sites prefer asking for help to relatives as their first option (23.81%). This can be explained by the fact that, as pointed by Oxfam gender analysis<sup>24</sup>, one of the key challenges of people affected by the Marawi siege is the loss of documents, which is a demand to access credit.

## KEY CONSIDERATIONS

The loss of sources of revenue among all groups of population is really alarming. ACF should privilege actions aiming at improving sources of revenues that are sustainable, adapted to the realities of the context and to people's wishes. Some ideas could be enhanced methods for farming and gardening beyond basic survival, supporting local cooperatives or organizations to include new members, support small business initiatives through credits, and developing cash conditional programs aiming at enhancing community's structure and services. Considering that ARMM is prone to natural disasters and conflict, all sources of revenues should integrate a Disaster Risk Reduction approach.

Women have less opportunities to access income generating activities simply because they are women. It is recommended that ACF finds ways to avoid creating any tensions between women and men for this possible shift in gender roles, like conducting sensitization sessions targeting men on the benefits for all of including women in income generating activities. It seems that they lack skills as well, so another step would be to design capacity building sessions on work-oriented skills. Women's preference for income generating activities are mostly related to trading, and farming seems to be the last they prefer. ACF should explore the sustainability of supporting trading activities for women and if involving women in farming would be sustainable and acceptable for the context, considering it is a key activity in ARMM economy.

A special focus should be put on LGBTQ people (in a safe way and without exposing them -then how?) and PWD when it comes to choosing and diversifying their sources of revenue. In order to do so, it is recommended that ACF contacts organizations working with LGBTQ and people living with disability, to identify best ways to contact, discuss and support both groups for income generation activities.

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<sup>24</sup> A gender snapshot of the Marawi conflict – START NETWORK, UNYPHIL WOMEN, MUJADILAH DEVELOPMENT FOUNDATION, OXFAM - 2017

# WATER, SANITATION AND HYGIENE

## Hygiene

The majority of participants in individual interviews have a knowledge on how to improve their hygiene and the hygiene of their families, but 34% of participants do not share this knowledge. Men present higher rates in the lack of hygiene knowledge compared to women (58.3% versus 10.7%), as well as IDP in transitory sites (47.6%). It is important that all members of communities have hygiene knowledge and that no one is left behind as it can be risky for their health and that of their families. The best rates of hygiene knowledge are present among host community members and among people living with disabilities. It can be considered that host community members could have accessed more sensitization and informative sessions as they have a more stable settlement within the same location and community. For PWD it can be interpreted that the fact that they spend more hours at home has affected positively their hygiene knowledge, and also that they may be more aware of their own health and body and that their disability may have lead them to be also more conscious about their own hygiene.

## Menstrual Hygiene and needs

Participants in individual interviews pointed at using the following products during menstruation: *Malong* (blanket made of cotton), cotton towel, napkin, sanitary pads, reusable cloths and linens.

As far as the changes they would like to make in their hygiene during menstruation, a big majority of respondents pointed at the fact that they would like to take a bath during menstruation, as bathing during menstruation is believed to be bad for women's health.

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**"1ST DAY OF MENSTRUATION WILL TAKE A BATH BUT FOR THE NEXT 2 TO 3 DAYS OF MENSTRUATE WILL NOT TAKING A BATH DUE TO BELIEF THAT IT COULD CAUSE HEALTH PROBLEM" – ADOLESCENT GIRL - PIAGAPO**

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Following on beliefs and practices around menstruation, one woman pointed at how she would like to drink fresh buko juice and soda (Maguindanao 36-59) and a Maguindanao woman (36-59) expressed her wish of going out of her home (she does not go out of home during menstruation, apparently).

ACF should prioritize the sensitization on menstrual hygiene and the debunking some of the myths around menstruation that could affect women's health, social life, education and professional choices. Lack of hygiene during menstruation can impact negatively their health and relations with others; inadequate food choices can affect their nutritional status and energy levels; and not going out of their homes can affect their work and social opportunities negatively.

Other women pointed at how they would like to lessen their mood change during menstruation, have less muscle pain.

The majority of female respondents consider that menstrual products are available and accessible (77.3% and 57.3% respectively). A great majority of men did not know (68.1%), which can be explained by a lack of involvement in women's needs due to taboos around menstruation.

## Water points

A great majority of respondents states that water points are at less than 50 meters from their houses (79.6%). This main trend is replicated among all the groups, with no key differences appearing.

The majority of respondents in focus groups discussions considers that there are people at the community with no access to water points (54.17%). Unfortunately, no more details were provided as for which people are affected.

Almost all focus group discussions agreed that water points are located in safe spaces (95.83%), with the exception of a men focus group discussion in Banga, that did not agree because they consider "they are slippery when rains are heavy".

## Latrines

The majority of respondents (83%) agree that access to latrines is safe. For those who responded negatively, the main groups at risks identified and reasons for not having safe access to latrines in specific locations are:

Municipality	Groups at risk and reasons behind
Shariff Saydona	"All community members because of dogs" (elderly woman)
	"Latrines are just passed by the river" (young woman)
Piagapo	"Structures are old" (young man)
Ganassi	"The water point is too far and a lot of danger tendency ahead" (elderly women)
Pualas	Women because "we use the river as a comfort room" (2 adolescent boys)
Ganta	"Senior people, pregnant women, children and people with disabilities because not everyone in the community has freedom to move" (woman)
	"Latrines are not accessible" (adolescent girl)
	"They used to poo in the river" (adolescent boy)
	"No wash facilities" (man)
Maidan Linuk	"IDP, because latrine is far from evacuation center" (elderly man)

	"PWD, Pregnant, children because the area where the latrine is, is slippery" (young woman)
Pandi	<p>"There are no available latrines in the area" (young woman)</p> <p>"Women and children because they are scared at night time" (young woman)</p> <p>"The family members were practicing open defecation due to unavailability of sanitation facility in the household level" (adolescent girl)</p> <p>"Building latrine is not a priority" (elderly man)</p> <p>"Practicing open defecation, no available facilities for family" (young man)</p>

## KEY CONSIDERATIONS:

Lack of hygiene knowledge among men is alarming as this is a risk factor for them and for their families. ACF should prioritize them in hygiene promotion sensitization sessions. Men are also involved in cooking, and hygiene is a key aspect to ensure food is safe for all family members.

IDP in transitory sites present low levels of hygiene practices knowledge and should be prioritized for sensitization sessions.

Considering PWD knowledge on hygiene, ACF could consider targeting them as facilitators of hygiene sessions, or to promote their participation in Hygiene Committees.

It is recommended that ACF prioritizes menstrual hygiene sensitization sessions to debunk some of the myths related to forbidden practices during menstruation, like not taking baths, avoiding some foods or staying at home. These practices are detrimental to women's health and autonomy and can even affect their personal development if they do not follow adequate hygiene, food intake and their mobility is restricted.

ACF should include a further assessment about which groups do not have access to water points. For safety at water points, it is recommended that teams in the field check water points in Banga, as they seem to be slippery when rains are heavy.

ACF should prioritize the assessment of the state of latrines in Shariff Saydona, Piagapo, Pualas, Ganta and Maidan Linuk. According to participants, there are no available latrines in Pandi and people practice open air defecation. It is recommended that ACF targets this community for sensitization sessions and for the building of latrines.

# HEALTH

## Health access and practices

Participants in individual interviews stated in their responses that if someone is sick in their family, they would take them to hospital/health center (87.8%), but also, the majority of respondents pointed at traditional medicine as a preferred option (50.3%). The fact that data from both questions do not sum 100% means that many participants chose both options.

Traditional medicine choice is more common among women (65.3% versus 34.7% of men), Muslims (66.7%) and Returnees (66.7%). However, this preference does not seem to affect the preference for hospital/health center, which is by far the preferred option for all groups. This can be interpreted as how traditional medicine complements modern medicine, rather than one substituting the other. Field teams should consider if this complementary action is something positive for health.

The average distance to health centers is 1,592 meters. The longest distance appears among IDP in transitory sites (over 3 km), and the shortest among host community members (842 meters), which can be explained by how transitory shelters can be placed in isolated locations, if compared to regular communities, or by the fact that IDP do not really know where is the nearest health center.

Regarding the practice in case of serious health complications, 91.8% stated going to hospitals/health center, while 25.9% confirmed the use of traditional medicine. Host community (41.9%), women (34.7%), Returnees (33.3%) and the elderly (30%), are those with higher rates of preference for traditional medicine; which does not affect the main preference of all groups to going to hospitals/health centers. Again, both trends seem to be complementary rather than mutually exclusive, and this is something that should be further explored by field teams.

## Sexual Health and Sexual Rights practices

The majority of respondents reported that women consult during the first trimester of pregnancy (51.8%), followed by the third trimester (38.1%) and the second trimester (30.6%). 16.3% of participants said that women do not consult at all during pregnancy. The same trend is repeated among respondents with minor differences, except for Maguindanaos, whose first answers are that women either consult on the third trimester or that they not consult at all, and returnees who state that women do not consult at all during pregnancy (66.7%). A possible explanation is that they are referring to pregnancies occurring during displacement, and on the possibility that there were not available services for pregnancy follow-up at all.

Teenagers and PWD included the highest rates of the answer “other”, which includes not knowing the answer. It can be inferred from these results that teenagers do not have still the access to this information, but this finding is more alarming among PWD. They should be targeted for adapted



health informative sessions, so that they can have at least a basic knowledge on pregnancy related issues.

The majority of deliveries in the area of study take place at home (53.7%), followed by the Rural Health Unit (RHU) (38.8%) and by Hospital (19.0%). This trend is more accentuated among women respondents and differs among men respondents, who consider RHU on the first place, followed by at home, and at the hospital. For the purpose of this study, more validity can be given to data taken from women as the protagonists of this question. No major differences are found out on responses from other groups.

The majority of respondents agreed that when women deliver at home they are supported by unskilled traditional birth attendants (54.5%); which is confirmed by women respondents with 68% of positive answers. This practice looks quite risky for both women and babies, in case of difficulties during deliveries, or if special care is needed for women or babies.

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**“AS I OBSERVE WITH THE ELDERLY WOMEN IN MY COMMUNITY, THEY PREFER TO HIRE AN UNSKILLED TRADITIONAL ATTENDANT BECAUSE THEY ARE MORE COMFORTABLE WITH IT AND IT WILL BE LESS EXPENSE FOR THEM INSTEAD OF HIRING A PROFESSIONAL OR SKILLED NURSE FROM THE HOSPITAL” – YOUNG WOMAN, PIAGAPO**

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Regarding family planning, the majority of respondents said that women have access to family planning services (36.1%), followed by “they do not have access” (32.7%) or “they do not know” (29.9%). Some major differences appear among adolescent boys and girls, 66.7% of them do not know if family planning services are accessible to women. This finding is quite alarming as it can be inferred that there is a lack of sexual related information among this group, which can make them more vulnerable to STD, sexual abuse and denial of services. Among PWD the most prevalent answer is not knowing about family planning services also, which is again alarming and should be considered by field staff, as a possible target group for sexual health and sexual rights sessions

Majority of Muslims stated that there are no family planning services available in the area (60%), which looks contradictory to what the rest of the groups are saying. This can mean that due to the perception that Islam forbids the use of contraceptives, people do not want to reveal their actual knowledge, or that people simply do not feel comfortable with talking about it.

On the opposite side we have returnees, the majority of which (66.7%) consider that there are accessible family planning services for women in the area. A possible explanation is that they could have received information on family planning services during their displacement, as a targeted group.

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**“(FAMILY PLANNING) IS NOT ALLOWED TO OUR RELIGION” –  
YOUNG WOMAN – PIAGAPO – HOME BASED IDP**

**“MY HUSBAND DIDN'T ALLOW ME” – WOMAN IN MADALUM –  
HOME BASED IDP**

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So, even though women and men decide together about when do pregnancies take place, it seems that in many cases social norms block the access and use to family planning services in detriment of women’s free choice to plan and postpone births.

**KEY CONSIDERATIONS:**

It is recommended that ACF explores the role and efficacy of traditional medicine as a complement to modern medicine, and if it is compatible with healthy patterns and with reaching positive health related indicators.

There are still high rates of women who do not consult during pregnancies. If planning to conduct sexual health and sexual rights projects (SHSR), ACF should further explore if this is due to a lack of available services or to beliefs and practices. Remarkably, PWD should be targeted for informative sessions on good practices during pregnancies.

Similarly, the majority of deliveries take place at home with the support of unskilled traditional birth attendant, which looks risky for both women and babies in case of complications or unexpected things.

Family planning services seem to be accessible in the area but not so much used or considered due to cultural practices and taboos. One alarming finding is that PWD and teenagers do not know if services are available. It is recommended that if ACF is planning to put into place SHSR projects, they are targeted for sexual informative sessions.

# DISASTER RISK REDUCTION

Participants on focus group discussions were asked about how disaster affected their lives as women and men. The most prevalent words among women respondents were the following:



Whereas for men, these are the key results:



Women respondents put emotions, safety and family at the center of how the conflict has affected them, whereas men remark the loss, how they are affected and income at the center. This reinforces traditional gender stereotypes of women as being the main carers of the family, and more prone to emotions; and men as expected to be the main providers and having the control over all situations.

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**“EMOTIONAL EFFECT BECAUSE AS A WOMAN WE ALWAYS THINK ABOUT THE SAFETY OF OUR CHILDREN AND OF THE WHOLE FAMILY ” – WOMEN FOCUS GROUP DISCUSSION – MAMASAPANO**

**“IT AFFECTS OUR SENSE OF CONTROL. WE ARE WORRIED OF HOW CAN THEY PROVIDE FOR THEIR FAMILY IF THEIR CROPS WILL BE DESTROYED BY DISASTER OR THEIR SOURCE OF INCOME WILL BE LOST.” – MEN GROUP DISCUSSION - MADALUM**

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Regarding the question “how does conflict affect your life as a woman”, these are the main key words repeated:



Disaster and conflict are at the center, followed by family, afraid or income.

The main trends for men are the following:



One of the most remarkable answers among men is trauma, income, farming and fear; which point at the need of considering conflict affected men for psychological support and trauma management as well.

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**“WE ARE AFRAID IN GOING OUT THE HOUSE BECAUSE WE ARE AFRAID THAT SOMETHING MAY HAPPEN TO US” – WOMEN FOCUS GROUP DISCUSSION - BUTIG**

**“OUR HUSBAND COULD NOT WORK DUE TO CONFLICT AND AS WOMEN HAVE DIFFICULTY IN FINANCIAL AND ACCESSING FOOD” – WOMEN FOCUS GROUP DISCUSSION - GANASI**

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Perception of participants on how disasters and conflict affect PWD is the following:



It seems that they may feel as an extra burden for their families and can present feeling of anxiety and fear.

The same question was asked about LGBTQ people, unfortunately the majority of respondents pointed at this question not been applicable or at that it was forbidden in their communities. Those that gave an answer, however, pointed mainly at the anxiety conflict produces them as well.

## KEY CONSIDERATIONS:

Conflict and disaster are affecting women and men in many ways, including psychologically and financially. While it is recommended that ACF explores sustainable income generating opportunities for the different groups, it is also advisable to identify adapted coping mechanisms to enhance people's resilience.

It is recommended that, if ACF considers the integration of mental health assistance, there are specific entry points and mechanisms available for women and men, or that patients are referred to specialized services. Women are socially prone to express their feelings and fears, which is just the opposite for men. However, both have been hardly impacted by the crisis and should be considered for trauma healing and counseling. Men may be under particular stress also due to their incapacity to achieve the role that is expected from them as main providers for the family.

Similarly, PWD should receive specialized attention to cope with their needs, trauma and fears.

# EMPLOYABILITY

Participants in focus group discussions pointed at some of the new roles of the different groups in generating income for the household, mainly at:

- Women are now responsible of more income generating activities, as a result of the crisis, as stated in Roles and Responsibility section. Some examples they mentioned would be selling food they cook, selling crops from farms or products from gardening
- Men are also involved now in other income generating activities to complement what they do on a daily basis, as going to work to the city
- Girls help their mothers in managing mini grocery stores at home

The majority of respondents stated that the time dedicated to work has changed (58,33%).

For those that consider that time dedicated to work has changed, they pointed at how working hours have increased for women due to added tasks at home and outside home. However, for men, it seems that during disaster or conflict they tend to go less outside to work. Some participants also pointed at how the land is dry now.

## KEY CONSIDERATIONS:

It seems that all members of community are affected in relation to the activities and time dedicated to work. Women have seen how their working hours have increased, men have less opportunities and girls have started supporting their mothers in income generating activities.

It is recommended that ACF identifies strategies and activities to reduce women's workload that at the same time avoid girls are taken out from school or from other activities typical of their age as playing; while a support should be also made to find a way to reinforce men's income generating opportunities.

## OTHER

The majority of respondents in individual interviews said that they had an ID document and that they had voted in the last election (93% and 86.4% respectively). No main differences have been found among the different groups.

However, according to Oxfam's gender analysis<sup>25</sup>, both men and women confirmed that most of their identification papers were left at home (during Marawi siege). Women confirmed the need to have their children's birth certificates and learning reference documents to enroll them in schools; while men were more concerned about the need of affidavits for their lost properties and legal documents that were burned down. The task of safeguarding legal documents falls mainly on women.

According to the same study, it is usually the name of the men head of the household that is included in the Disaster Assistance Family Access Card. They also get identification cards more often than women. In polygamous household it was also difficult to include the multiple family members and wives without creating conflict.

Majority of respondents state that they are not members of management committees/associations/cooperatives (74.1%). This general trend differs among people over 60, as among this group, 50% are members of associations and 50% are not.

There are no other major differences among the rest of the groups.

Finally, participants were asked about their main concerns<sup>26</sup>, with the following key word trends:

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<sup>25</sup> A gender snapshot of the Marawi conflict – START NETWORK, UNYPHIL WOMEN, MUJADILAH DEVELOPMENT FOUNDATION, OXFAM - 2017





Needs related to basic survival seem to be at the center of people's concerns (livelihoods, income, money, food, etc)

Regarding results on the question about people's wishes, these are the main results:



While some participants refer here again to basic needs, other have wishes for the mid to long term, like peace, better living or education.

### KEY CONSIDERATIONS:

Even though participants stated having an ID card, according to secondary sources other documents may have been lost because of the crisis. ACF should explore the possibility of supporting project participants to recuperate their documents, as this is a requisite for many basic activities, as children schooling, finding a work or reclaim land's or property rights. One idea could be sharing information on how to get these documents, for example, according to Oxfam gender analysis, the National Commission on Muslim Filipinos Lanao Office provided certificates of tribal affiliation to IDP in need of any form of identification.

It is recommended that, for any type of identification card, women can have access to their own and that women in polygamous household are considered together with their children as a single household.

The area does not seem to have a robust history of associationism. In case ACF is looking at supporting existing groups in the area, it should be accompanied by capacity building sessions on the main roles, responsibilities, functions and ways of working of associations.

## MAIN CONCLUSIONS

Women in The Philippines presumably enjoy equal rights, participate in decision making and are protected and supported by the law. The country is one of the most advanced in the region when it comes to the signature of gender related international conventions and standards. However, discrimination against women and girls is still very high, especially among the poor. Early marriage and trafficking of women and girls are only some of the types of Gender Based Violence prevailing in the area; which are aggravated by more structural types of violence like the prohibition to divorce and to abortion.

Gender relations in Mindanao are marked by a constantly changing challenging environment. It is very remarkable how the gender norms and the social construction of what means to be a man and what means to be a woman differ so much from the actual practices.

Women are supposed to take on very traditional gender roles, staying at home and taking care of their families and homework; men are considered the main breadwinners of the household and supposed to cover all the family needs. Although discourses from participants in this gender analysis reinforce this belief, findings on how they put this into practice are very different. Indeed, both women and men participate in income generating activities and decide together on some key issues. However, men decide on mobility, heritage, the work that each person can do or the use of family land; a factor that appears to be a main barrier for women's access to income generating activities as farming is the main source of income in this region.

Due to the conflict and some of its effects, men have reduced their mobility to avoid being targeted by armed groups or being taken as terrorists; and women have gradually taken on more

responsibilities as breadwinners, that they combine with all the rest of activities at home, like cleaning, cooking and taking care of children and sick people.

Action Against Hunger Philippines has a great opportunity to contribute to gender equality in Mindanao, while working to improve the lives of everyone in the short, medium and long term. It is recommended that key findings on vulnerabilities and capacities of the different groups are considered, and that field teams start considering and integrating elderly women and men, PWD, girls and adolescent girls and LGTBQ people in assessments and programs.

## RECOMMENDATIONS

### General Recommendations

**Roles** in Mindanao seem to have changed from traditionally assigned gender roles and responsibilities to women being now more involved in productive activities. However, this does not seem to have reduced the amount of time dedicated to reproductive work and has rather increased women's workload. Thus, it is recommended that all activities targeting women take this into account to find ways to reduce their working hours and responsibilities and not add on new things to their schedules.

ACF should consider, for any **consultation purpose with populations**, that women and men can be reachable at home from 11 am to 1 pm during the dry season and from 10 am to 4 pm during the wet season.

### General groups specificities

**If PWD are targeted** for ACF activities, it should be explored how to integrate them on highly skilled roles, as even though their education level in general is lower than average, they also present the higher rates in postgraduate education.

**There is acceptance of LGTBQ people** among half of the population, but the perceptions about this community are full of stereotypes, both among supporters and detractors. ACF has a good opportunity to contribute to the full enjoyment of rights for the members of this community, even in traditional Islamic Mindanao. It is recommended that ACF Philippines includes LGTBQ people in some of its discourses and messages and targets them for specific field activities (if safe and accepted for them), to support the normalization of their presence and participation at community level.

### Gender Based Violence

It is recommended that ACF confirms existing **referral mechanisms** through a discussion with the GBV or protection working group, and that all ACF staff are trained on Psychological First Aid for the adequate referral of GBV survivors to the available services.

**Early marriage** seems to be a coping mechanism for which alternatives need to be identified. ACF could contribute to reduce this pervasive form of discrimination by putting into place, for example conditional cash activities for families with under 18 girls, where the condition could be keeping girls in school.

The majority of respondents of the study stated feeling safe at home and in their villages. However some women affirm that there are **some areas in the community that are not safe** for them, and for young girls and boys, senior citizens and PWD. Both findings look contradictory in a way, but one possible explanation can be that they feel safe in general, but there is a potential risk. So, even if not documented, different forms of GBV are happening in Mindanao. ACF should ensure the integration of measures for the prevention and mitigation of cases, such as:

- Ensuring safe access to latrines and water points
- For food distribution exercises, ensure they are done during day-time and on safe locations, especially for women and girls
- Including sensitization activities targeting men to avoid household tension and violence due to the shift in gender roles

## PSEA

ACF should put into place a PSEA (prevention of sexual exploitation and abuse by our own staff) protocol to ensure that all cases are adequately reported and investigated

## Nutrition and Food Security

Women and men decide together on **breastfeeding**, time and follow-up for pregnancies at health centers, where to give birth, bringing children or family members to health centers, and what and where to eat. This has implication for our programmes, as both women and men should be targeted for sensitization sessions on malnutrition, and childcare. Elderly women are also key for these decisions so they should be also targeted for any action aiming at changing the behaviour related to health practices.

The alarming amount of women stating that they do not breastfeed, should not be overlooked. It is recommended that ACF conducts/supports a campaign on exclusive breastfeeding, its benefits for babies and mums; as well as identifies adapted strategies to create more breastfeeding friendly environments (like breastfeeding friendly safe places, for example).

It is also recommended that ACF reinforces its **nutrition campaigns** for all the population, as some messages are not still internalized by some sectors of the population and would need to be reminded (complementary foods to babies, healthy food or food myths, for example).

**Men** involvement in **cooking** is very common in the area of study; which means that they have a key role in passing nutrition messages, preparing healthy and nutritious food and keep adequate hygiene. It is recommended to include boys in cooking sessions or sensitizations, maybe supported by their fathers or other male members of the community, to ensure they also have basic knowledge on how to cook food, and to enhance their knowledge on food preparation.

**People over 60** have also a key role in home care of family members and should be considered for assessments and activities related to nutrition or hygiene.

## Nutrition and Food Security groups specificities

**PWD** should be targeted for nutrition related activities, for their own health and that of their children. They appear to have the worse knowledge on malnutrition signs and on when to introduce complementary food to babies.

**Adolescent girls and boys** should be targeted for nutrition related activities, as they (mainly girls) appear to support children caregivers. However, these activities should never interfere in their education or daily activities. A good strategy could be to propose sensitizations session in secondary schools.

## Livelihoods & Employability

The **loss of sources of revenue** among all population sectors is really alarming. ACF should privilege actions aiming at improving sources of revenues that are sustainable, adapted to the realities of the context and to people's wishes. Some ideas could be enhanced methods for farming and gardening beyond basic survival, supporting local cooperatives or organizations to include new members, support small business initiatives through credits, and developing cash conditional programs aiming at enhancing community's structure and services.

**Women have less opportunities to access income generating activities** simply because they are women, which make them lack skills as well. It is recommended that ACF supports women on accessing income generating activities, like designing capacity building sessions on work-oriented skills and, at the same time, finds ways to avoid creating any tensions between women and men for this possible shift in gender roles. Some example of activities to reduce these tensions could be conducting sensitization sessions targeting men on the benefits for all of including women in income generating activities.

It seems that all members of community are **affected in relation to the activities and time dedicated to work**. Women have seen how their working hours have increased, men have less opportunities and girls have started supporting their mothers in income generating activities. As stated before, it is recommended that ACF identifies strategies and activities to reduce women's workload that at the same time avoid girls are taken out from school or other activities related to their age as playing, or other women are more overloaded with their tasks. At the same time a support should be also made to find a way to reinforce men's income generating opportunities.

**Farming** looks as an activity that is accepted socially for women and men. However, agriculture and working on the fields seems to be mainly the role of men, who present also the highest percentages of agriculture knowledge. The use of family land and inheritance is not granted for women living in The Philippines, as men are the key decision makers for both things, together with the elderly. ACF should consider supporting the building of capacities to younger generations of women and men in relation to farming, as there seems to be a generational gap for sustain the agricultural practice.

Both women and men participate, have experience and knowledge in **trading**. Women's preference for income generating activities are mostly related to trading, and farming seems to be the last they prefer. ACF should explore the sustainability of supporting trading activities for

women and if involving women in farming would be sustainable and acceptable for them and for the context, considering it is a key activity in ARMM economy.

## Livelihoods and Employability groups specificities

If ACF is planning to include **elderly men** in income generating activities somehow, a way of doing so could be animals tending, as they have experience.

**Women** have limited access over income generating activities because of conflict and because of the social norms that restrict the works that a woman can do. Findings from the study point at how part of the social norms dictate that men decide about the professional work that each person can undertake and about mobility, which restricts a lot of options for women on the type of work and the mobility that this implies. A good strategy to support women into a more diversified range of income generating activities is involving men into sensitization session on the advantages of women's contribution to the family's economy.

A special focus should be made to **LGTBQ** people (in a safe way and without exposing them) and **PWD** when it comes to choosing and diversifying their sources of revenue. It is recommended that ACF contacts organizations working with LGTBQ and PWD, to identify best ways to contact, discuss and support both groups for income generation activities. **Men living with disabilities** have for example experience in gardening. This could be a good option for income generating activities or Cash for Work, that be explored for women living with disabilities also.

One identified vulnerability factor is the lack of knowledge in shelter construction among **women, girls and boys**, which can make them dependent on other male members of the community in cases of men absence from households. ACF could consider targeting women for cash for work activities involving shelter construction, to mitigate this vulnerability.

## WASH

### Menstrual Hygiene

It is recommended that ACF prioritizes **menstrual hygiene sensitization** sessions to debunk some of the myths related to forbidden practices during menstruation, like not taking baths, avoiding some foods or staying at home. These practices are detrimental to women's health and autonomy and can even affect their personal development if they do not follow adequate hygiene, food intake and their mobility is restricted.

### Access to water services

ACF should include a further assessment about which groups do not have **access to water points**. For safety at water points, it is recommended that teams in the field check water points in Banga, as they seem to be slippery when rains are heavy.

ACF should prioritize the assessment of the **state of latrines** in Shariff Saydona, Piagapo, Pualas, Ganta and Maidan Linuk. According to participants, there are no available latrines in Pandi and people practice open air defecation. It is recommended that ACF targets this community for sensitization sessions and for the building of latrines.

## WASH groups specificities

Lack of hygiene knowledge among **men** is alarming as this is a risk factor for them and for their families. ACF should prioritize them in hygiene promotion sensitization sessions. Men are also involved in cooking, and hygiene is a key aspect to ensure food is safe for all family members.

**IDP in transitory sites** present also low levels of hygiene practices knowledge and should be prioritized for sensitization sessions.

Considering **PWD** good knowledge on hygiene, ACF could consider targeting them as facilitators of hygiene sessions, or to promote their participation in Hygiene committees.

## Health

It is recommended that ACF explores the role and efficacy of **traditional medicine** as a complement to modern medicine, and if it is compatible with healthy patterns and in reaching positive health indicators.

There are still high rates of women who **do not consult during pregnancies**. If planning to conduct sexual health and sexual rights projects, ACF should further explore if this is due to a lack of available services or to beliefs and practices. Remarkably, PWD should be targeted for informative sessions on good practices during pregnancies as they present a very low level of knowledge in this regard.

Similarly, the majority of **deliveries take place at home** with the support of unskilled traditional birth attendant, which looks risky for both women and babies in case of complications or unexpected things.

**Family planning services seem to be accessible** in the area but not so much used or considered due to cultural practices and taboos. One alarming finding is that PWD and teenagers do not know if services are available. It is recommended that if planning to put into place SHSR projects, ACF targets them for sexual orientation sessions.

## DRR

Conflict and disaster are **affecting women and men in many ways**, including psychologically and financially. While it is recommended that ACF explores sustainable income generating opportunities for the different groups, it is also advisable to identify adapted coping mechanisms to enhance people's resilience.

It is recommended that, if ACF considers the integration of **mental health assistance**, there are specific entry points and mechanisms available for women and men, or that patients are referred to available services. Women are socially prone to express their feelings and fears, which is just the opposite for men. However, both have been hardly impacted by the crisis and should be considered for trauma healing and counseling. Men may be under particular stress also due to their incapacity to achieve the role that is expected from them as main providers for the family. PWD should receive specialized attention to cope with their needs, trauma and fears.

## DRR Groups specificities

A key finding is the lack of participation, knowledge and experience of **women, girls and boys** in DRR. ACF should make efforts to ensure their DRR related skills and knowledge are enhanced, as well as supporting women's active participation in DRR working groups.

Same for Barangay's peacekeeping groups, **women** seem to be absent. ACF should consider supporting their participation and enhancing their skills on peacekeeping to ensure their concerns and ideas are heard.

## Other

Even though participants stated having an ID card, according to secondary sources other documents may have been lost because of the crisis. ACF should explore the possibility of supporting project participants to recuperate their documents, as this is a requisite for many basic activities, as children schooling, finding a work or reclaim land's or property rights. One idea could be sharing information on how to get these documents, for example, according to Oxfam gender analysis, the National Commission on Muslim Filipinos Lanao Office provided certificates of tribal affiliation to IDP in need of any form of identification.

It is recommended that, for any type of identification card, women can have access to their own; and that women in polygamous household are considered together with their children as a single household.

The area does not seem to have a robust history of associationism. In case ACF is looking at supporting existing groups in the area, it should be accompanied by capacity building sessions on the main roles, responsibilities, functions and ways of working of associations.



## REFERENCES

- "A gender snapshot of the Marawi conflict" – START NETWORK, UNYPHIL WOMEN, MUJADILAH DEVELOPMENT FOUNDATION, OXFAM - 2017
- "A Comparative Case Study of Three Communities in ARMM, Mindanao" – ACF and Research Institute for Mindanao culture – 2004
- "Conflict Analysis of Muslim Mindanao" – GSDRC – 2015
- "Redefining the labour force framework: Some inputs from The Philippine experience" – ILO – 2008
- "Inequality of Opportunities Among Ethnic Groups in the Philippines" - Philippine Institute for Development Studies – 2017
- "The Case of Mindanao, Philippines" - Subnational Conflict and International Development Assistance – 2013
- "Ongangen (Wisdom): Women's Means of Overcoming Troubles as Depicted in Maranao Folktales" – Knowledge E – 2018
- "Conflict Alert 2018 – Philippines War and Identity" – International alert Philippines – 2018
- "Women in Polygynous Marriages: Their Perceptions and Experiences" - Cotabato City State Polytechnic College – 2017
- "Country Gender Assessment 2012 Philippines" - World Bank Manila Office and the Philippine Commission on Women (PCW) - 2012

### Other online sources consulted (November-December 2020):

- <http://hdr.undp.org/en/countries/profiles/PHL>
- <https://www.britannica.com/place/Philippines>
- <http://hdr.undp.org/en/countries/profiles/PHL>
- <https://www.hrw.org/tag/philippines-war-drugs>
- <https://www.officialgazette.gov.ph/2017/05/23/proclamation-no-216-s-2017/>
- <https://pcw.gov.ph/international-commitments/cedaw/philippine-participation>
- <https://psa.gov.ph/content/q-magna-carta-women-republic-act-no-9710>
- [https://en.wikipedia.org/wiki/Divorce\\_law\\_by\\_country](https://en.wikipedia.org/wiki/Divorce_law_by_country)

[https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/pub\\_fac\\_philippines\\_1%2010.pdf](https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/pub_fac_philippines_1%2010.pdf)

[http://hdr.undp.org/sites/all/themes/hdr\\_theme/country-notes/PHL.pdf](http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/PHL.pdf)

[http://hdr.undp.org/sites/default/files/hdr2018\\_technical\\_notes.pdf](http://hdr.undp.org/sites/default/files/hdr2018_technical_notes.pdf)

[http://hdr.undp.org/sites/all/themes/hdr\\_theme/country-notes/PHL.pdf](http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/PHL.pdf)

<http://www.washingtongroup-disability.com/washington-group-question-sets/short-set-of-disability-questions/>

<https://gsdrc.org/wp-content/uploads/2016/02/ConflictAnalysisARMM.pdf>

<https://www.girlsnotbrides.org/child-marriage/philippines/>

[https://en.wikipedia.org/wiki/Mail-order\\_bride](https://en.wikipedia.org/wiki/Mail-order_bride)

<https://preventforcedmarriage.org/forced-marriage-overseas-philippines/>