How do traditional ritual practices impact the health and well-being of women and girls in the Bangsamoro?

This exploratory action research looks at traditional religious and/or indigenous practices such as female circumcision and what impact these may have on women’s and girls’ sexual and reproductive health; and physical, psychological, and emotional well-being. Using key informant interviews and focus group discussions, the pilot study documents the knowledge and behaviours that currently exists, and aim to surface women’s and girls’ voices within their own sociocultural contexts.

The project works with select communities of Basilan, Sulu, Tawi-Tawi, Maguindanao, and Lanao del Sur from March to August 2020. It is implemented by CARE Philippines in collaboration with experienced local community organisers, academicians, and non-government workers from BARMM.

It is a part of a larger initiative under Vital Voices, a global movement that believes women are essential to the progress in their communities, and that it is crucial to create spaces for women to be heard.

OBJECTIVES

- Document the knowledge and behaviours of traditional service providers, with focus on the process of these practices;
- Obtain the insight and stories of women and girls that have had firsthand experience or secondhand knowledge of these practices;
- Share the research results with various stakeholders, including provincial and regional government.

EXPECTED OUTCOME

Greater understanding and sharing of the drivers and impacts of these traditional practices in the community, and on individual women and girls.

CARE IN THE PHILIPPINES

CARE has been providing development assistance and emergency relief in the Philippines since 1949. CARE’s key program areas include:

- Livelihood recovery – promoting women’s economic empowerment, providing cash-based assistance and furthering enterprise development;
- Integrated risk management – combining Disaster Risk Reduction (DRR), Climate Change Adaptation (CCA) and Ecosystem Management and Restoration (EMR) in rural and urban areas;
- Emergency preparedness and response – meeting immediate needs in food, shelter, cash, protection, water, sanitation and hygiene and non-food items;
- Health – providing sexual, reproductive and maternal health services and addressing non-communicable diseases in emergencies;
- Prevention and response to Gender-Based Violence (GBV) – ensuring psychosocial therapy, referral pathways and GBV education.
For data gathering activities, there will be at least 3 focus group discussions (FGD) and 5 key informant interviews (KII) per municipality. For every province, 3 municipalities will be engaged.

**Participants**

All FGD participants either have firsthand experience or secondary information with the described traditional practices:

- Young girls, aged below 18 years old
- Young female adults, aged 18 to 35 years old
- Female adults, aged above 35 years old
- Community leaders (e.g. barangay officials, tribal leaders, members of elderly council, etc.)
- Pakil or panay
- Municipal or barangay health officers
- Municipal or barangay social welfare and development officers
- Muslim religious leaders

**Focus Group Discussions**

- Participant Profiles
  - All FGD participants either have firsthand experience or secondary information with the described traditional practices:
    - Young girls, aged below 18 years old
    - Young female adults, aged 18 to 35 years old
    - Female adults, aged above 35 years old

**Key Informant Interviews**

- Community leaders (e.g. barangay officials, tribal leaders, members of elderly council, etc.)
- Pakil or panay
- Municipal or barangay health officers
- Municipal or barangay social welfare and development officers
- Muslim religious leaders