

I. Introduction

I. INTRODUCTION

This paper presents a preliminary assessment of the situation of women in the Autonomous Region in Muslim Mindanao (ARMM). Basically, this is the first attempt to come up with an initial analysis of women's situation in ARMM.

The paper was conceived in an effort to come up with a clear picture of the existing situation of women in terms of the extent of their access to services (such health, education, others) and participation in local governance and/or their contribution to the socio-economic development of the region. It also aims to provide timely, reliable and updated data and indicators essential for planning and decision-making processes.

Moreover, the paper does not only gives a descriptive presentation of the socio-economic indicators that would measure improvement in women's welfare but it is also complemented by critical analysis of the existing situation providing key strategic issues and concerns affecting women as well as the gaps that needs to be addressed.

Data for this study were gathered from various sources such as the National Statistics Office (NSO), National Statistical Coordination Board (NSCB), Department of Health (DOH), Regional Planning and Development Office (RPDO), Civil Service Commission (CSC) and many others. Where appropriate, data were also taken from official website of the NSO and relevant research documents/study conducted like the ARMM Human Development Study of the World Bank.

Due to data constraints and time limitation, the coverage of the assessment is only delimited to the following areas:

- Population
- Health, Nutrition and Family Planning
- Education and Training
- Employment
- Governance (Women in the Bureaucracy, Executive, Legislative and Judiciary)

Data presentation and analysis may not so comprehensive, however, I am confident that this document will tell us objectively where we are, the rate we are proceeding and whether, if at all, we have achieved something in our efforts towards uplifting the situation of women in ARMM. This will also serve as a significant source of information for decision-makers, project planners, implementers to guide them in the formulation of programs/projects and policies for the advancement of women in the ARMM.

II. Brief Profile of ARMM

II. BRIEF PROFILE OF ARMM

The ARMM, as a sub-national political unit of government, was legally established by virtue of Republic Act No. 6734, otherwise known as the Organic Act of the Autonomous Region in Muslim Mindanao, which was ratified by the constituents of ARMM during the plebiscite on November 19, 1989 conducted within the 13 provinces and 9 cities proposed for autonomy in Southern Mindanao. ARMM is located in the southwestern fringe of the Philippines. It is bounded on the north by the province of Lanao del Norte, on the east by Cotabato and Bukidnon; on the west by the Sulu sea; and on the south by the Celebes Sea. The region has two groups of provinces, the mainland (composed of Maguindanao and Lanao del Sur) and the archipelagic provinces of Sulu and Tawi-Tawi.

The Republic Act 9054 otherwise known as the Organic Act for Expanded ARMM expanded the composition of the region to include the province of Basilan and City of Marawi in the August 14, 2001 plebiscite.

At present, ARMM is composed of ninety-four municipalities with 2,450 barangays with a total land area of 20,452 square kilometers. Majority of the total household population were Muslims or Islam Believers. It comprised more than 90 percent of the total household population, followed by Roman Catholic (5%) and the Philippine Episcopal Church with more than a single percent. The remaining three percent were either Evangelicals, Iglesia ni Cristo or with other religions. Major dialects spoken are Maguindanaon, Maranao, Tausog, Iranon and Samal.

III. Women Situational Analysis

III. WOMEN SITUATIONER

Women and men play different roles in the society. They have different capabilities and potentials as a result of their biological differences which further reinforced by prevailing customs, traditions, belief and stereotypes. They were also affected by laws, policies and other measures in different ways. Consequently, women and men provide varying degrees of participation to the development processes in the region.

At the national level, several laws have been formulated to ensure the access of women to opportunities and benefits. This made them an active contributor to development and to benefit more equitably from its fruit. In the ARMM, various efforts, programs/projects and activities have been delivered to be able to advance the situation of women. This includes the conduct of Creation of the Regional Commission on Bangs Moro Women, that will specifically look into the concerns of women in ARMM, Organization of GAD Focal Points, Drafting of the Magna Carta for Children, Gender and Development Trainings, advocacy, and delivery of social services such as health, education and other services. However, all of these initiatives is not a guarantee that equality or equity for men and women in the ARMM has already been attained.

In this document we will try to unearth the existing situation of women in the region by looking at the indicators on population, health, education, employment and local governance.

3.1 POPULATION**Population by Province**

In the year 2000, the region is home with an estimated population of 2,878,928 individuals which is 14 percent higher than that of the 1995 population. The province of Maguindanao has the highest population at 801,102 individuals, Lanao del Sur came next with 669,072 individuals. On the other hand, Tawi-Tawi registered the lowest population at 322,317 individuals. During the 5-year period, between 1990 to 1995, the population of the region grew by an average of 1.80 percent annually. This was increased to 3.86 percent during the period 1995-2000.

Table 1. Population and Ave. Annual Growth Rate by Province, 1995-2000

Region/ Province	Population		Ave. Annual Growth Rate	
	1995	2000	1990-1995	1995-2000
Lanao del Sur	571,804	669,072	2.24	3.42
Maguindanao	662,180	801,102	.92	4.16
Sulu	536,201	619,668	2.50	3.15
Tawi-Tawi	250,718	322,317	1.78	5.35
Basilan	-	332,828	-	-
Marawi City	-	131090	-	-
ARMM	2,020,903	2,878,928	1.80	3.86

Source. 2001 Philippine Statistical Yearbook, NSCB

Population By Sex

In terms of sex disaggregation, females slightly predominates male population. The female population represents 51 percent of the total population while only 49 percent for male.

Table 2. Household Population by Sex, 2000

Population	Male	Female	Total
Lanao del Sur	324,466	344,394	668,860
Maguindanao	400,578	399,791	800,369
Sulu	303,659	315,891	619,550
Tawi-Tawi	136,085	129,853	265,938
ARMM*	1,164,788	1,189,929	2,354,717

*Data excludes Basilan and Marawi City

Sex Ratio

Sex ratio is defined as the ratio between males and females in a population expressed in number of males per 100 females. A sex ratio of 100 implies an equal number of males and females in a population. A sex ratio exceeding 100 denotes that there is a predominance of males. A ratio lower than 100 indicates that women outnumber the men in the population.

An imbalance ratio can have some effects in nuptiality and fertility. This may lead to a marriage squeeze, meaning that men and women cannot marry individuals with the desired characteristics and hence may delay in marriage or may result to an increase in the celibacy which will have an impact on fertility.

In 2000, the sex ratio in ARMM was recorded at 97.4. This means that there are 97 males for every 100 females. This figure is in contrast with the 1995 sex ratio in which males outnumbered the female population, that is, there are 105 males for every 100 females.

Table 3. Sex Ratio By Province, 1995-2000

Region/Province/City	Sex Ratio	
	1995	2000
ARMM	104.3	97.4
Maguindanao	109.2	100.2
Lanao del Sur	100.2	94.3
Sulu	105.6	96.2
Tawi-Tawi	105.6	99.0
Basilan	101.3	100.2
Marawi City	96.4	92.8

Source: National Statistical Coordination Board XII

Age Structure

The population of the region is quite young with 42.47 percent (858,348 persons) belonging to the 0-14 year age bracket. About 56.26 percent of the population belonged to reproductive ages or economically active persons (15-64 years old). On the other hand, the population of those belonging to age 65 years and over constitutes only a very small population accounted for about 1.27 percent only.

Table 4. Age structure, 1995

Age Bracket	1995	
	Population	Percentage
0-14	858,348	42.47
15-64	1,136,999	56.26
65 and above	25,556	1.27

3.2 EDUCATION

Highest Educational Attainment for Population 5 Years Old and Over

Women are relatively at par with men in terms of educational qualification. Among the 29,991 academic holders in the region, about 55.12 are women. The number of women taking post baccalaureate degrees is only minimal compared with the total number of college graduate posted at 9.5 percent. This maybe because women opt to stop schooling after college due to marriage and child care. Another reason maybe because women is already burdened with their career.

Table 5. Household Population 5 year old and over by highest educational attainment and sex, 2000

	Both Sexes	Male	Female
No grade completed	556,683	265,222	291,461
Pre-school	45,588	22,240	23,348
Elementary	949,260	481,770	467,490
High school	475,344	235,984	239,360

<i>Situational Analysis Of Women</i>			
Post secondary	28,177	13,664	14,513
College undergraduate	203,081	99,431	103,650
Academic degree holder	29,991	13,459	16,532
Post Baccalaureates	19,382	9,509	9,873
Not stated	212,252	104,857	107,395
Total	2,519,758	1,246,136	1,273,622

More than 68 percent of the total household population aged 10 years old and over in the ARMM were illiterates. On the other hand, literacy rate for males (605,608) was higher than their female (602,355) counterpart.

Table 6. Literacy of Household Population 10 years old by sex, 2000

ARMM	Literate			Illiterate		
	Total	Male	Female	Total	Male	Female
	1,207,963	605,608	602,355	549,551	262,230	286,921

Note: Excluding Basilan and Marawi City

3.3 HEALTH

The over all health condition of the ARMM constituents, particularly women could be gleaned by looking at the vital health indices and leading causes of mortality and morbidity in the region.

Life Expectancy

Life expectancy at birth is defined as an estimate of the average number of year a person can expect to live under prevailing mortality conditions for a given year.

In the ARMM, the female population has been estimated to live longer than the male population. The estimated life is 59.3 years among women and 55.5 years among men, a wide gap from the national estimated figure of 66.6 for female and 71.6 for males.

Table 7. Life Expectancy, 2000

	ARMM	Philippines
Male	55.5	71.6
Female	59.3	66.3

Infant Mortality Rate

The infant mortality rate (IMR) increased from 1.1 per 1000 live births in 2000 to 1.34 in 2001. Pneumonia continues to be the leading cause of infant mortality as most pneumonia cases are treated late. This is brought about by the mother's lack of knowledge on Acute Respiratory Infection (ARI) management and physically inaccessible health facilities, and lack of health workers.

Diarrhea is the second leading cause of infant mortality due to poor sanitation. Of the total households, 42.8 per cent have access to sanitary toilets and 61.6 percent have access to safe water. Diarrhea cases seen by health workers are given oral rehydration therapy (ORT) solution. Malnutrition is the third leading cause of infant mortality and also due to poor sanitation, lack of micronutrients and especially due to malnourished mothers.

Maternal Mortality Rate

Maternal Mortality Rate (MMR) is the number of women who die especially within 42 weeks of termination of pregnancy, except those who die from accidental or incidental causes, in a given year per 1000,000 live births.

In 1995, the region's MMR is registered at 320 per 100,000 live-births. This figure is higher compared to national MMR of 179.74. Common causes of maternal deaths were pre- and post pregnancy related complications to labor delivery, puerperium vis-a-vis placental retention, post-partum hemorrhage, puerperal sepsis, placenta previa, eclampsia and uterine rupture.

High MMR may be traced to the inadequacy health personnel especially in hard to reach areas, which deliveries are being attended by traditional birth attendants. Based on 2000 Field Health Survey Information System, almost fifty percent of the deliveries in ARMM were attended by traditional birth attendants compared with the 30% for the country.

Maternal Health Care

Only 64.31 percent of all pregnant women had three or more pre-natal visits in 2000. This has decreased to 17.9 percent in the year 2001. Approximately, 30 per cent of the population do not have access to health care services. Far flung municipalities do not have immediate access to hospital services as it takes 2 to 3 hours to reach the location of hospital.

Generally, there is a lack of knowledge among mothers on the importance of pre-natal care and breastfeeding. This can be partly attributed to lack of information, education and communication materials targeted to mothers, the lack of counseling, and the heavy workload of mothers. Of birth deliveries attended in 2002, 16.0 percent were attended by doctors, 36.4 percent by nurse and midwives while the remaining 47 percent were attended by traditional hilots. This would mean that the preferred the mode of delivery in ARMM is still home delivery since half of all deliveries is either attended by midwives or traditional hilots.

In 2001, 78 percent of mothers had at least one post-natal visit and 74.98 per cent have initiated breastfeeding in the year 2001. Not all health personnel are trained on breastfeeding. The enforcement of E.O. 51 (Milk Code) is not regularly monitored.

Only 54.9 percent of mothers received TT immunization. For the past 4 years women receiving TT immunization has been fluctuating in trend. This may be because of insufficiency vaccines in the region

Only 47.98 per cent of pregnant mothers have been given ferrous sulfate. About 54.14 per cent of lactating women were given iron supplements during post-natal visits. More than seventy percent of post-partum women were provided with Vitamin A.

Based on the above discussion, we can say that performance on maternal care services is poor as evidenced by the reports provided by DOH-ARMM. Data the Field health survey Information System of 2002 has attest to this fact. Accordingly, available health system outputs on maternal care services indicate that the level of utilization of basic health services are very low in ARMM relative to the rest of the country. ARMM ranks lowest in terms of service coverage on percent of women receiving prenatal visits, percent of children 0-5 months old protected against neonatal Tetanus (NT), women receiving post natal care by post natal care providers (doctors, nurses and midwives). On the other hand, women receiving post-natal care through traditional birth attendants were posted at 47.6 percent.

Table 8. Comparative Data on Health System Outputs, 2002

Maternal Care Indicators	Philippines	Region XII	ARMM	Rank among 16 regions
% of women with 4 or more prenatal visits	65.3	64.6	48.8	14
% of children 0-5 mos. Old protected against NT through mother's TT vaccination	55.6	67.8	35.3	16

Situational Analysis Of Women

% of women who received post natal care, post natal care provider:	64.5	63	69.1	3
Doctor	47.1	29.3	16.0	16
Nurse/Midwife	39.9	51.4	36.4	13
Traditional Birth Attendant	12.8	19.3	47.6	1

Contraceptive Prevalence Rate

Contraceptive Prevalence Rate (CPR) refers to the proportion of currently married women reporting current use of any contraceptive device. Information from the national Family Planning Survey of 2002 shows that total contraceptive prevalence among married women of reproductive age (MWRA) in 2002, is already low by international standards for the country as a whole at 48.8, was only one third this level in the ARMM. at 16.2 percent. The unmet needs of family planning is also almost double the national figure of 20.5. Unmet needs for family planning refers to the proportion of currently married women who do not want any more children or who prefer to space births are not using any planning method. This figure do not augur well for the family planning program in the region. The low CPR may be attributed cultural and religious factors, lack of access and budgetary constraints on family planning services.

Performance in the family planning program can also be measured based on the number of current users of family planning. In the year 2001, DOH-ARMM registered a total of 55,692 current users. This figure has declined from 72,164 in 2000 to 55,692 in 2001 or a decline of 16,472 current users. CPR and declining number of current users in 2001 may indicate poor performance in terms of family planning services in the region.

Table9. Unmet Need for Family Planning 2002 (Percent of Married women of Reproductive age (MWRA))

Region	Total Unmet Need	For Spacing Only	For limiting only
ARMM	35.0	28.0	6.9
IX	22.1	14.1	8.1
X	16.3	9.0	7.3
XI	17.2	6.9	10.3
XII	14.8	7.6	7.1
XIII	21.1	10.3	10.3
Philippines	20.5	10.6	9.9

3.4 EMPLOYMENT

The number of women joining the labor force has been increasing from 30 % in October 2001 to 32.6 % in October of 2002. However, this figure, still lag behind the LFPR of men both in urban and rural areas..

Table 10. Labor Force Participation Rate by sex, 2000

Region	2001			2002		
	Both sexes	Male	Female	Both sexes	Male	Female
ARMM	56.5	81.8	30	57.1	80.9	32.6
Urban	52.2	74.5	29.7	52.3	71.6	31.3
Rural	58.2	84.9	30	58.8	84.8	32.7

In terms employment, 95.2 percent of the total ARMM labor force were employed as of October 2002. Men's employment rate exceeded women's employment rates (88.8 for female and 97.7 for men) both in urban and rural areas.

Lower labor force participation and employment rate for women, may be resulted from observed inequalities in terms of opportunities for employment which stem from the traditional belief among Muslims that men are the principal breadwinners and women's economic role is only secondary. Majority of the Muslims viewed women as a "wife" and "mother" and that women world's should be at the haven of their home providing the basic needs of their families.

This belief was actually supported by Jamal Badawi in his essay entitled “Status of Women in Islam. With regard to the woman’s rights to seek employment it should be stated that Islam regards her role as a mother and a wife as the most sacred and essential one. However, there is no decree in Islam that forbids woman seeking employment, whenever necessary for it .

Table 11. Employment Rate By Sex, 2001-2002

	2001			2002		
	Both sexes	Male	Female	Both sexes	Male	Female
ARMM	94.5	96.9	87.8	95.2	97.7	88.8
Urban	92.7	93.8	90.1	91.8	94.1	86.3
Rural	95.2	97.8	87.2	96.3	98.7	90.1

The overseas contract workers for population 10 years old and above was recorded at 42,857 or about 2 percent of the total household population in the region. It was noted that among them, females outnumbered males (44 percent). The median age of overseas worker in ARMM is 25 years. This meant that half of the overseas workers were below 25 years old. Male overseas had a median age of 27 years while female counterpart had 24 years.

Table 12. Overseas Workers 10 Years Old and Over by age group and Sex, 2000

Age group	Both Sexes	Male	Female
ARMM	42,857	18,931	23,926
Below 20	14,309	5,699	8,610
20-24	7,131	2,736	4,395
25-29	5522	2,350	3,172
30-34	4,042	1,867	2,175
35-39	3,619	1,739	1,880
40-44	2,701	1,429	1,272
49 and over	5533	3,111	2,322

3.4 GOVERNANCE

Determining the level of participation exhibited by women requires quality and quantity of such partaking. By quality, the discussion will be on the type of position hold by women. While, the actual number of women participating in governance will fill up the quantitative inquiries.

Women in the Executive***ARMM Cabinet***

Just like in other regions of the country, women were negligible in the cabinet positions in ARMM. The present cabinet includes only four (4) women or 13.33 percent of the total cabinet members. Women were also stereotyped in the cabinet positions they hold because those who are lucky to land a cabinet positions were appointed to agencies such as social welfare, higher education, cultural communities and women commission.

On the positive side, through minimal in number, the presence of women represents “hope” that social concerns of women are raised and consequently given attention and appropriate actions.

Table13. Women in the Executive Departments, Regional Level

Positions	1996			1998			2001		
	Total	Women	%	Total	Women	%	Total	Women	%
Cabinet	30	7		30	5	13.33	30	4	13.33
Secretaries									

ARMM REDPB

Under Republic Act 6734, otherwise known as the Organic Act for ARMM, The Regional Planning and Development Board, the highest policy making body in the ARMM is composed of sixteen (16) members.

Of the total number of REDPB officials in 1996, only 33.33 percent were women. These women were representing the congressional district of Lanao del Sur in the person of Assemblywomen Princess Johayra Pangarungan and the congressional lone district of Tawi-Tawi in the person of Assemblywomen Ruby Sahali. These two women-members of the assembly are prominent families in their respective municipalities. In the year 2001, the REDPB positions were solely occupied by males. Absence of women in the REDPB, is very unfortunate since this is the highest policy-making body in the ARMM. Indeed, women's presence would mean a lot since right there and then they could directly deliberate women's concerns and advocate policies that would surely advance the welfare of our women.

Table 14. No. of women in REDPB positions, 1996-2001

REDPB Members	REDPB Membership under RA 6734 1996			REDPB Membership Under RA 9054 2001		
	Total	Actual Positions	Women	Total	Actual Positions	Women
Regional Governor	1	1	-	1	1	-
RLA Members	7	7	2	3	3	-
Provincial Governors	4	4	-	5	5	-
City Mayor	-	-	-	1	1	-
Private Sector Representatives	3	2	-	5	-	-
REDPB Secretariat	1	1	-	1	1	-
Total	16	15	2	16	11	0

Of the total number of congressional district posts in the ARMM, only two (2) were occupied by women equivalent to 25%. These were in the Congressional districts of Tawi-Tawi and the first district of Lanao del Sur.

In the RLA, out 24 legislative posts only 16.7 percent were occupied by women. On the other hand, only 4.76 percent were provincial board members of their respective provinces and 10.37 percent were municipal councilors.

Table 15. Female Representation in elective Posts

Elective Posts	Total Post	Women	%
<i>National Post</i>			
Congressman	8	2	25
<i>Regional Post</i>			
Assemblymen	24	4	16.7
Regional Governor	1	0	0
Regional Vice-Governor	1	0	0
<i>Provincial Post</i>			
Provincial Governor	1	0	0
Provincial Vice-Governor	1	0	0
Board Member	42	2	4.76

<i>Local Posts</i>			
Mayors	95	13	13.68
Vice Mayor	95	6	6.31
Municipal/City Councilors	760	77	10.13

At the regional and provincial level, since the history or inception of ARMM, no women had ever attempted to run for the regional and regional vice-governor posts. This situation is also true in all of the provinces of ARMM. For more than ten years, the ARMM government both at the regional and provincial levels were headed by men.

Table 16. Women in Municipal Elective Post by Province

Provinces/City	Mayors			Vice-Mayors		
	Total	Women	%	Total	Women	%
Maguindanao	22	3	13.64	23	1	4.54
Lanao del Sur	38	7	18.42	38	1	2.63
Sulu	18	2	11.11	18	4	22.22
Tawi-Tawi	10	1	10	10	-	-
Basilan	6	-	-	6	-	-
Marawi City	1	-	-	1	-	-
ARMM	95	13	13.68	96	6	6.31

At the local level, out of 94 municipalities and one city in ARMM only thirteen (13) women were elected as mayors and seven (7) vice-mayors. This accounted only 13.68 percent and 6.31 percent, respectively. Among the provinces, Lanao del Sur has the biggest number of women acting as mayors.

Why are women not elected in large numbers? The fact is women face formidable obstacles to participation in government. Many of which stem from deeply rooted patriarchal structures and societal attitudes. Entrance of women in politics depend on the support they get from their families. In other words, women's decision whether they will run for elective posts or not depends on their her family. Unlike men they don't do the decision themselves.

Another reason would be is the Muslim's notion that "Islam discourages women's participation in politics or women acting as a head of state". Although not mentioned in Qur'an, one hadeeth of the prophet is interpreted to make woman ineligible for the position of head of state. the hadeeth referred to is roughly translated" a people will not prosper if they let women be their leader. Accordingly, the limitation has nothing to do with the dignity of woman or with her rights. it is rather related to natural differences in the biological and psychological make up of men and women.

Women in the Bureaucracy

Based on available data from the Civil Service Commission -ARMM, the regional employs a total of 11,887 permanent employees. Of this number, 5,093 were women representing 42.85 percent of the total permanent employees. This data would show that there are more permanent males than females in the bureaucracy.

Table 17. Number of Permanent Regional/Provincial/Municipal Employees by Sex

Regional/Provincial/ Municipal Offices	Total	Male	Female
Regional/Provincial Offices	5,873	5,464	4,079
Maguindanao	1,484	941	543
Sulu	860	389	471
TOTAL	11,887	6,794	5,093

Women get better cultural support and acceptance when entering government bureaucracy than when seeking elective positions. Our data, though inadequate, would reveal that women are found in all levels of position in the government. Women comprise 36.9 percent of the total number of managerial positions in the regional offices in the ARMM.

This small number women in top level positions, however, indicate their inadequate representation and low level of participation in policy and decision-making process.

Table 18. Inventory of Personnel, by agency, by level, by sex

	1ST		2ND		3RD		TOTAL
	LEVEL		LEVEL		LEVEL		
ARMM REGIONAL OFFICES*	M	F	M	F	M	F	
1.Department of Education	30	21	18	4	8	3	84
2.DOST	2	3	6	10	2	2	25
-MAGUINDANAO	0	0	1	1	0	0	2
-LANAO	0	0	0	2	0	0	2
-SULU	0	0	0	2	0	0	2
-TAWI-TAWI	0	0	2	0	0	0	2
3.DEPT. OF TOURISM	6	3	8	8	2	1	28
4.PHIL.COCONUT AUTHORITY	3	3	2	3	1	0	12
-MAGUINDANAO	2	1	2	0	1	0	6
-LANAO	0	1	3	1	1	0	6
-SULU	0	2	4	1	1	0	8
-TAWI-TAWI	0	0	4	1	0	0	5
5.TESDA	1	8	10	6	2	0	27

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6.NAT'L POLICE COMMISSION	11	2	11	4	1	0	29
7.REGIONAL TREASURY	7	16	16	8	1	0	48
8.HLURB	6	4	4	6	1	0	21
9.NSO	6	8	0	3	1	0	18
-MAGUINDANAO	1	3	6	1	1	0	12
-LANAO	3	1	10	1	1	0	16
-SULU	5	1	4	3	0	0	13
-TAWI-TAWI	2	3	6	1	0	0	12
10.RCBW	1	4	0	1	0	7	13
11.REG. BOARD OF INVEST.	1	1	12	4	2	0	20
12.DSWD	7	15	4	19	0	2	47
-MAGUINDANAO	11	15	1	21	0	0	48
-LANAO	3	20	1	15	0	0	39
-SULU	9	9	3	15	0	0	36
-TAWI-TAWI	7	8	0	14	0	0	29
13.CIVIL SERVICE COM.	7	5	9	11	3	2	37
TOTAL	131	157	147	166	29	17	647

*Incomplete data

Women in the Legislative

Just like in the Executive and Legislative positions, the judiciary in ASRMM were monopolized by men. At present, out of nine organized shariah district/circuit in ARMM, no one woman was occupying a position of a judge. Again, this can be attributed to the general notion that Islam discourages women acting a head figure, or judge for that matter.

IV. Summary and Conclusion

3.6 SUMMARY AND CONCLUSION

Given the time limitation and data constraints, the paper was not able to have an in-depth analysis of the situation of women in ARMM. Thus, a follow-up study is recommended to be able capture important information that was not covered by the study.

Based on the previous discussions, there were so many issues/concern confronting women in the region. These issues should be taken into account by the regional government to be able advance the situation of our women. Among them are the following:

- There is inequitable access of women to services and opportunities in areas of education
- Unequal employment opportunities between men and women,
- Only few women were in the executive, legislative and judiciary thus limiting their participation to influence policies and decision-making processes
- Majority of women occupy lowest echelons, their participation decreases as the position level goes up
- Inability of health and delivery system to meet women's health and reproductive needs
- Need to further improve the health and nutritional status of women and children
- Need to encourage participation of women in the delivery of health and nutrition services.

With these, we can say that so many things have yet to be done to be able to advance the welfare of our women in the region. This include strengthening of advocacy to women on gender awareness, improving access to services on health, education and employment opportunities, mobilization of women to participate in any development endeavors in the community, passage of gender friendly laws and policies and networking between GO, NGO and other key stakeholders in the community.