
Faith, Culture, And Barriers: A Qualitative Study on Maranao Mothers' Lived Experiences of Family Planning in Marawi City

Nor-Sophia A. Sharief¹, Fatima Carsola²

<https://orcid.org/0009-0004-5468-322X>¹, <https://orcid.org/0009-0000-9607-3738>²

St. Bernadette of Lourdes College, Union Christian College^{1,2}

nsharief@sblc.edu.ph¹, fatima87carsola@yahoo.com²

ABSTRACT

This qualitative phenomenological study explored the lived experiences of Maranao mothers regarding family planning in Marawi City. Grounded in Symbolic Interactionism and supported by the Health Belief Model and the Social Ecological Model, the study examined how faith, cultural norms, gender dynamics, social pressures, and structural constraints shape reproductive decision-making. Using purposive sampling, fifteen married Maranao mothers participated in in-depth semi-structured interviews. Data were analyzed through Colaizzi's seven-step method with the aid of NVivo software. Findings revealed that family planning is a negotiated and context-dependent practice rather than a simple acceptance or rejection of contraception. Faith functioned as both a moral guide and a source of ambivalence, as mothers sought religious validation before making decisions. Cultural expectations valorizing fertility and motherhood reinforced social pressure, while fear of side effects and misinformation hindered contraceptive use. Gendered power relations positioned husbands as key decision-makers, and stigma discouraged open discussion. Economic hardship and limited access to culturally sensitive services further constrained choices. The study concludes that faith-responsive, culturally grounded, and community-engaged interventions are essential to support informed and respectful reproductive health decisions among Maranao mothers.

Keywords: Barriers; Culture; Faith; Family planning; Gender dynamics; Lived experiences; Maranao mothers;

INTRODUCTION

“Behind every decision about family planning is a mother’s silent struggle—between faith, family expectations, and her own sense of responsibility as a woman and a mother” (World Vision Philippines et al., 2024). In Marawi City, Maranao mothers live within a cultural and religious environment where motherhood is highly valued, and reproductive decisions are deeply influenced by Islamic teachings and long-standing traditions, making family planning not merely a health choice but a moral and emotional experience shaped by belief systems, cultural identity, and community norms. Within this context, many mothers navigate complex realities where decisions are often influenced by husbands, elders, and extended family members, and further shaped by fear of social judgment and expectations regarding ideal family size and religious propriety. Despite these known influences, there remains a gap in the literature as most studies focus on broader populations rather than the specific lived experiences of Maranao mothers in Marawi City, with limited phenomenological research exploring how faith, culture, and barriers are personally interpreted in a post-conflict setting.

Statement of the Problem

This study sought to answer the following questions:

How do Maranao mothers in Marawi City describe and make meaning of their lived experiences of family planning in relation to faith, culture, and perceived barriers, and how do these factors collectively influence their perceptions, decisions, and access to family planning services?

SCOPE AND LIMITATIONS

This study focused on Maranao mothers residing in selected barangays in Marawi City, Lanao del Sur, with 15 participants purposively selected based on inclusion criteria and their willingness to participate. It was conducted during the Academic Year 2025–2026 using a phenomenological qualitative design to explore their lived experiences regarding family planning. Data were gathered through in-depth semi-structured interviews to capture their perceptions, motivations, barriers, and decision-making processes influenced by Islam and Maranao culture. The study aimed to understand how family planning was accepted, negotiated, resisted, or reinterpreted within a Muslim Indigenous cultural setting. Participants were limited to married mothers with at least one child who had experienced family planning-related decisions. The study did not include other stakeholders such as husbands, healthcare providers, religious leaders, or government agencies, which may also have influenced reproductive health perspectives.

REVIEW RELATED LITERATURE

This review of related literature highlights that reproductive health decisions among women are deeply influenced by the interplay of faith, culture, and socio-structural factors, particularly in conservative and conflict-affected settings. Studies such as Mangondato and Barra (2025) and World Vision Philippines et al. (2024) show that religious beliefs, cultural expectations, and communal norms significantly shape women's perceptions and autonomy in family planning. These influences are further reinforced by family authority, gender roles, and fear of social judgment, which often limit women's ability to make independent reproductive choices. Norton and Shilkofski (2022) and Valerio and Parvez Butt (2020) also emphasize that even when services are available, cultural pressures, misconceptions, and limited culturally sensitive counseling restrict utilization of family planning. Overall, these studies demonstrate that reproductive decision-making is not purely individual but is embedded within faith-based and socio-cultural systems that guide behavior and meaning-making.

THEORETICAL FRAMEWORK

The theoretical framework of this study is anchored on Symbolic Interactionism (Blumer, 1969) as the primary lens, supported by the Health Belief Model (Rosenstock, 1974) and the Social Ecological Model (Bronfenbrenner, 1979). Symbolic Interactionism explains that meanings are socially constructed through interaction, allowing the study to understand how Maranao mothers interpret family planning based on faith, culture, and community expectations. The Health Belief Model complements this by explaining how perceptions of benefits, risks, and barriers influence mothers' attitudes toward family planning within their cultural and religious context. Meanwhile, the Social Ecological Model situates these

experiences within broader interpersonal, community, institutional, and societal levels, highlighting how external structures such as healthcare access and religious institutions shape reproductive decisions.

METHODOLOGY

This study employed a qualitative phenomenological methodology to explore the lived experiences of Maranao mothers regarding family planning in Marawi City. It focused on understanding meanings shaped by faith, culture, and social realities.

RESEARCH DESIGN

A phenomenological research design was used to capture the subjective experiences of the participants. It allowed the study to describe how mothers interpret and make sense of family planning in their everyday lives.

RESEARCH STEPS

The study followed a systematic process that included identifying the research problem, selecting participants, conducting interviews, and analyzing emerging themes. Each step was carefully carried out to ensure consistency and depth of data.

DATA COLLECTION AND SAMPLE SELECTION

Data were collected through in-depth semi-structured interviews with 15 purposively selected Maranao mothers in Marawi City. Participants were chosen based on inclusion criteria and their willingness to share their experiences.

DATA ANALYSIS METHODS

The data were analyzed using thematic analysis to identify recurring patterns and meanings from participants' narratives. This approach helped organize the lived experiences into clear and meaningful themes.

RESEARCH ASSUMPTIONS AND VALIDATION

The study assumed that participants provided honest and accurate accounts of their experiences. Validation was ensured through careful transcription and cross-checking of interview responses.

STUDY LIMITATION AND ETHICAL CONSIDERATIONS

The study was limited to a small sample of 15 participants and cannot be generalized to all Maranao mothers. Ethical considerations included informed consent, confidentiality, and voluntary participation to protect the rights and privacy of respondents.

RESULTS AND DISCUSSION

RQ 1. How do Maranao mothers in Marawi City describe and make meaning of their lived experiences of family planning in relation to faith, culture, and perceived barriers, and how do these factors collectively influence their perceptions, decisions, and access to family planning services?

Maranao mothers in Marawi City described their lived experiences of family planning as deeply shaped by the interaction of faith, culture, and multiple barriers. Faith served as a moral guide, with many participants evaluating contraceptive use based on Islamic teachings, although uncertainty often arose due to differing interpretations and reliance on religious authority. Cultural norms strongly valorized fertility and motherhood, leading mothers to view having many children as both a blessing and a social expectation. Health-related fears and misinformation further influenced their decisions, as concerns about side effects and conflicting information discouraged consistent use of family planning methods. In addition, husbands' opinions, social stigma, and fear of community judgment significantly affected women's autonomy and willingness to access services. Economic hardship and limited access to culturally sensitive information also constrained their choices, making family planning a continuous process of negotiation rather than a simple decision. Overall, these factors collectively shaped how mothers perceived, decided on, and accessed family planning services in their community.

SUMMARY

This study explored the lived experiences of fifteen Maranao mothers in Marawi City regarding family planning. Findings showed that faith, culture, health concerns, gender roles, social stigma, and structural limitations all strongly influenced reproductive decision-making. Faith guided choices but also created moral uncertainty, while cultural norms emphasized fertility and motherhood as central values. Health fears, misinformation, and limited knowledge discouraged contraceptive use, and husbands' approval was often necessary in decision-making.

CONCLUSIONS

The study concluded that family planning decisions among Maranao mothers are deeply influenced by the interaction of faith, culture, and lived realities. Islamic beliefs serve as a moral foundation, but varying interpretations create uncertainty and hesitation in using contraceptives. Cultural expectations strongly promote high fertility, which can conflict with women's health needs and personal preferences. Gender relations and social pressures further limit women's autonomy, making reproductive decisions highly relational and socially regulated. Additionally, structural challenges such as poverty and lack of culturally sensitive information continue to restrict informed and accessible family planning choices.

RECOMMENDATIONS

It is recommended that mothers be provided with accessible, accurate, and faith-aligned information on family planning to support informed decision-making. Families, especially husbands, are encouraged to engage in open and supportive communication to reduce stigma and improve shared reproductive decisions. Health institutions should strengthen culturally sensitive and faith-responsive services while ensuring confidentiality and clear communication with patients. NGOs and community organizations may develop integrated programs that combine reproductive health education with cultural and religious understanding. Future researchers are encouraged to conduct further studies that include male perspectives and evaluate long-term impacts of faith-based family planning interventions.

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AI DECLARATION STATEMENT:

AI-supported tools helped with grammar and structure in creating this article. No AI tools were used to collect, analyze, or interpret data; all authors are credited for their academic contributions.

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