A Preliminary Survey of the Existing Researches on the Health of the Marginalized Bangsamoro

JAMAIL A. KAMLIAN

Introduction

This paper is a preliminary exploration into the existing researches on the health of the marginalized Bangsamoro. Most of the materials presented here are available at the libraries of the Dansalan College and the Mindanao State University, both located at the City of Marawi. Since this paper is only exploratory in nature, it might not be able to give a complete picture of the health research on the Bangsamoro people.

However, I am very hopeful that this study would be able to help future researchers and health workers who wish to analyze and understand the health problems affecting the Bangsamoro communities in Southern Philippines.

Another important limitation of this paper is its failure to identify the individuals, groups, and institutions in the government and private sectors who are concerned about and working for the health of the marginalized Bangsamoro population.

The Bangsamoro people comprise the 13 Islamized ethnolinguistic groups which include the following:

Badjao	Maguindanao	Samal
Iranun (or Ilanun	Maranao	Sangil
Jama Mapun	Molbog (or Melebugnon)	Tausug
Kalagan	Palawani	Yakan
Kalibugan		

JAMAIL A. KAMLIAN, a professor of History, at the College of Arts and Social Sciences, MSU-IIT, holds a Ph.D. in Philippine Studies from the University of the Philippines, Diliman. He has been writing on the history and culture of Muslims in the South. This paper was read during the "Conference of the State of the Arts of Research on the Health of the Philippine Marginalized Communities" on July 4-5, 1997 at the La Montana Resort, Tagaytay City.

The Bangsamoro people, before the arrival of the Filipino migrant settlers from Luzon and the Visayas in 1912 and thereafter, have been the majority populations of Mindanao, Sulu and Palawan. Today, however, they only constitute about 20 percent of the entire population of the regions. They are dominant only in the provinces of Maguindanao, Lanao del Sur, Basilan, Sulu and Tawi-Tawi and also in some municipalities of North Cotabato, Sultan Kudarat, South Cotabato, Zamboanga del Sur, Zamboanga del Norte, Lanao del Norte, Davao del Sur and Palawan.[1]

The latest data from the National Statistical and Coordination Board (NSCB) indicate that the two poorest areas in the country are Central Mindanao (Region 12) and the Autonomous Region of Muslim Mindanao (ARMM).[2] Incidentally, in these two regions, we can find the majority of the Bangsamoro people.

The same data reveal that ARMM registered a 60.5 percent poverty incidence. A total of 199,524 families from the four-province region belong to the poorest in the country.

The province of Sulu ranks highest among the ARMM provinces with 60.1 percent (50,827 families) of the population having monthly income below the poverty threshold of php 4,442.[3]

The islands province of Tawi-Tawi ranks second with 57.5 percent (28,295 families). Lanao del Sur is third with 51 percent (45,186 families), followed by Maguindanao at 48.4 percent (67,143 families).[4]

In Central Mindanao, Lanao del Norte has the highest number of poor families (41,059) and poverty incidence of (55.2 percent). Sultan Kudarat comes next with 54.9 percent (47,730 families), while North Cotabato is third poorest with 54.5 percent (84,599 families).[5]

As cited by the NSCB, among the many reasons of extreme poverty in the Bangsamoro region are the following: lack of access to economic resources; low agricultural productivity; lack of livelihood and employment opportunities; and inadequate delivery of basic services.

Poverty, in particular, is also brought about by socio-cultural factors, environmental degradation, lack of skills, education and high degree of illiteracy, specifically among indigenous groups and lacks of infrastructure support.

Review of the Existing Researches on the Health of the Marginalized Bangsamoro

The available researches on the health of the Bangsamoro people can be grouped into three categories: (1) research on the health problems and traditional health practices of the Bangsamoro; (2) policy researches; and (3) academic researches.

I. Researches On The Health Problems And Traditional Health Practices Of The Bangsamoro

This paper uncovered seven important studies on the health problems and the traditional health practices of the Bangsamoro, specifically, among the Maranao of Lake Lanao. These studies include: Isidro and Saber (1968); Butters and Butters (1969); De la Calzada (1971); Saber and Madale (1975, 1976); Dirampatan (1977); and Dumarpa (1984).

Isidro and Saber (1968) conducted a study on the health and medical problems among the Maranaos. They identified two important problems of hygiene and environmental sanitation. The people who live near the lake, river, or spring have multi-purpose use of these bodies of water. Frequently, they bath, wash, throw filthy matters, and fetch kitchen water from these sources. They also throw human excretion into the water.

They also observed that in densely populated villages around Lake Lanao, houses are built close to each other due to some customary habits and motives. This congestion accounts for insanitary surrounding in the neighborhood. They also mentioned that because of close kinship ties, a greater number of families live under the same roof, all using a common kitchen for preparing food. The kitchen is usually not adequately kept clean and orderly.

The same study also identified the traditional concept about the causes of sickness among the Maranaos. Folk Maranaos attribute sickness to a number causes: (a) forces of nature; (b) supernatural beings; (c) black magic; (d) harmful bacteria; and (e) "curse of God".

The treatments of illnesses are determined by the folk notions about their causes described above. The *pamomolong* (medicine man or woman) usually prescribes some medicinal herbs and other extracted elements from animals. The application is usually accompanied with religious prayer or magical spell (*tawar*) to reinforce the desired effects of the medicine applied.

Butters and Butters (1969) conducted a health survey of the Lake Lanao region. The authors used oral interviews with rural health personnel, the villagers and some local politicians around Lanao Lake. The following are among the Maranao health practices and attitudes generated by the survey:

a. Traditionally, Maranaos do not use doctors for treatment of illness. They have their own *pamomolongs* (folk medicine man or woman);

b. Modern medicine has only recently become known or available to the Maranaos, especially during the American period around 1900;

c. Maranao women rarely see doctors, because they do not wish to be examined by a man;

d. Maranaos tend to have a distrust for free medical services. They assume that the higher the cost, the more effective the medicine;

e. Maranao customs also play a large role in the causes of disease. They do not use toilets, they excrete in the lake, the rivers and on the forest.

f. Contagious diseases spread rapidly because of the style of Maranao houses. They have only one room for as many as fifty people, the same space may be used as an area for eating, sleeping, spitting, talking, weaving or sick beds. The houses are rarely clean and often poorly ventilated.

g. Tuberculosis is the largest killer. It is probable that the majority of the population has TB in some form; and

h. Health facilities and services, in general, by American or Manila standard, quality of both doctors and facilities is quite poor.

De la Calzada (1971) gathered and recorded customs, attitudes and beliefs regarding family life, and its relation to birth process. He also gathered information about health and practices among Maranaos in Marawi City and Lanao del Sur.

There were two areas involved in this study. One is situated in urban area, Marinaut which is a barangay of Marawi City. The other is typical Maranao rural area, Baudi-Bayawa and Baudi-Suba are both barrios of Malundo, Lanao del Sur, 22 kilometers from Marawi City, situated in the *basak* (lowland).

The main method of data gathering was personal interview, conducted by four trained Maranao students of Dansalan College. There was a need to use female interviewers because of the nature of the research's subject. The female Maranaos were used to insure better responses as the respondents were all females.

De la Calzada mentioned the following highlights of his findings:

a. The bodies of water found in Lanao del Sur likes rivers, lakes, and springs are used for many purposes by the Maranaos. They are used for bathing, washing, ceremonial cleansing, for dumping of garbage, for toilet purposes, and also for drinking. Therefore, these bodies of water are not safe and detrimental to the health of the

people. They can be also considered primary carriers of communicable diseases;

b. Environmental sanitation is very poor. Houses are built close to each other and garbage is piled in shallow canals or in the immediate premises of the houses and left there until decomposed. There is also difficulty in maintaining internal cleanliness of the home. Usually Maranao houses have only one room used for sleeping, dining, receiving visitors and doing some handicrafts; and

c. Generally, the Maranaos do not support family planning because of lack of knowledge about the true meaning of family planning and also because of traditional values, religious and political reasons.

Saber and Madale (1975) also conducted a survey on the magical and curative practices of the Maranaos. This study mentioned that the magical folk medicine is a part of the folk life of the Maranaos as they are also among other peoples on the level of folk or peasant culture.

In another study, Saber and Madale (1976) revealed that some health practices among Maranao families have been influenced by magic and spiritism as part of the folk life of Maranaos.

They also noted that modern health and medical practices came along with the other institutions such as the school system, the civil and military administrations during the establishment of the early American government. During this early contact, incidences of cholera and smallpox took many lives in Mindanao. The people believed that the foreigners who came to Mindanao brought the sickness in company with malignant spirits.

Dirampatan (1977) conducted a preliminary survey of the Maranao medicinal and curative practices. The main objective of this survey was to study the traditional medicine man or woman, locally referred to as *pamomolong*. Specifically, this study examined the role of the *pamomolong* and curative practices, and the means of treatment used in healing.

Dirampatan used participant observation and case study in gathering data for this study. She presented 25 case studies of Maranao *pamomolong* in Marawi City and the surrounding municipalities of Lake Lanao region.

Dumarpa (1984) mentioned that long before the arrival of modern medicine and the great discoveries made in the field of bacteriology, the Maranaos had already worked out their traditional medical practices. These practices vary from the magical notions of some *pamomolongs* to the more widespread use of herbal medicines by the majority of the people.

In 1976, Dumarpa said that Lanao del Sur have the largest instance of Tuberculosis cases in the entire Philippines. And even in the treatment for TB., the Maranaos, still rely on their traditional medical practices rather than the more effective modern medicine.

Dumarpa also found out that many Maranaos see medicine as curative rather than preventive in purpose, so it is fair to speculate that the disease was probably in the advanced stage when it is reported. The professional medic is only consulted when the local *pamomolong* has failed to arrest the infection, thereby, delaying proper treatment.

Finally, Dumarpa also lamented the lack of medical facilities and medical workers in the Lake Lanao region.

II. Policy Researches

The second type of research so far conducted on the health of the Bangsamoro is a policy research. There are two policy researches available at the Mindanao State University Research Center. Magdalena, et al. (1987) and Sarangani and Taberdo (1994).

Magdalena, et al. (1987) summarized the results of a baseline survey conducted by Mindanao State University Research Center in late 1987, in Lanao del Sur in connection with the Area-based Child Survival and Development (ABCSD) under the auspices of the UNICEF/NEDA. The objective of the baseline survey is to conduct a system of research and development of the ABCSD program and help assess its impact on the welfare of children and mother in the province.

This study utilized descriptive statistical method using frequencies and percentages.

The major findings of this study are the following:

a. Morbidity and infant mortality rates are, in an absolute sense, high... they are even higher than those exist for other places outside Lanao del Sur;

b. Nutritional status appears to be comparatively low and poor due to inadequate intake of certain types of foods according to recommended standards;

c. Poor health is also an account of educational attainment. Education as an instrument of change and development has not been utilized to advantage, perhaps because of lack of opportunities; and

d. At the practical side information about health seems to tightly locked in some centers and does not circulate by itself for use of many outside these centers who need it most.

Sarangani and Taberdo (1994) attempted to describe the health situation and its correlates among the Maranao of Lanao del Sur and Marawi City. More specifically, this study did the following: a. characterized the family, community and other social aspects of health, and determined the level of health facilities available to Maranao mothers; and b. described the personal attributes of Maranao mothers relative to their health beliefs and practices, then made some correlational analysis to isolate some significant factors; and suggested policy options, based on the data, for improving the health situation in the province.

This study drawn data on knowledge, attributes and behavior related to health from 411 Maranao mothers who have been randomly selected through a three-stage probability sampling technique. These mothers reside in widely dispersed 21 barangays representing 10 towns and the City of Marawi. The data collection techniques used for this study were of three types:

a. Ocular survey which measured the characteristics of the community in terms of housing, sanitation and availability of some basic facilities;

b. Sample social survey which interviewed the mothers using pre-tested interview schedule; and

c. In-depth interviews with 36 traditional healers (*pamomolong*) or local midwives (*pandays*) in the area.

The major findings of this study revealed some hard facts that may help illuminate the health situation in Lanao del Sur:

a. The houses where the Maranaos live are mostly made up of strong materials (GI and wood), but poorly ventilated. They have only one to two rooms;

b. Many Maranaos still use the water from Lake Lanao for drinking and cooking, just as they bathe from it or use it for religious ablution;

c. Sewerage and waste disposal are absent. Sanitary toilets are mostly of open pit, which only exist in the poblacions or in the city. Most

households situated near the lake use the shore for their toilet;

d. Electricity is dead or absent in most towns around the lake. Yet Lake Lanao is the main source of Mindanao's cheap hydro-electric power;

e. Public transport, although available, is inadequate. While the surveyed towns are serviced by public transport daily, they only make one round-trip a day; and

f. Health services are available only in known centers; outside the city or poblacion, resident nurses or physicians are virtually non-existent. Only three of the surveyed 21 barangays had drugstores (*boticas*). Health workers seldom/rarely visit the area.

This study also highlighted the following significant correlates of health among the Maranao:

1. Infant mortality is significantly related, among others, to these factors:

   a. Age upon marriage (more infant death is experienced by mothers who married early)

   b. Number of years of married (those who have been married longer have lesser infant deaths)

   c. Education of either mother or husband (the odds of infant survival are higher for those who have at least college education)

   d. Economically, occupation of husband and level of living are related to child mortality (more children of farmers and fishermen have died than among those of businessmen; families with high level of living reported fewer infant deaths

   e. Mother's age (older mothers experienced fewer child deaths)

   f. Authority pattern (patriarchal families have more child deaths than egalitarian families)

2. Child and maternal morbidity, or the state when diseasestrikes children and mothers, is associated with different sets of variables. Child morbidity is due to these:

a. Number of living children in family (more children, higher morbidity)

b. Age when first baby was had (younger mothers, more child morbidity)

c. Self-rating (mothers' self-assessment to keep family healthy is low)

d. Number of health programs (more programs availed of by others, less morbidity)

3. Maternal morbidity, on the other hand, is related to these factors:

a. Age upon first marriage (mothers married earlier are more morbid)

b. Authority patterns (patriarchal family is associated with more mothers reporting sickness than other family types)

c. Self-assessment (those with good self-assessment are healthy and are less likely to suffer from certain ailments)

4. Malnutrition among children 0-3 years old is significantly associated with these variables:

a. Age of mothers (relatively older mothers have healthier children)

b. Number of years married (those married longer have healthier children, as measured by their weight)

For children aged 4-12 years old, the significant factors of malnutrition are:

a. Economic (weight deficiency common among children of farmers and fishermen as well as among families with low level of living

b. Education of husbands (college-educated fathers have healthy children)

5. Family planning is generally not observed. For those who do, the practitioners are found to have the following traits:

a. high level of schooling, usually a college education

b. those aged 30-44 practice it more

c. those who said family planning are locally available

6. Child immunization is significantly influenced by these:

a. Economics (higher income and higher level of living means greater likelihood of child immunization)

b. Education of wife and husband (the more educated, children are immunized)

c. Access (if health program exists or held)

d. Age of mothers (younger mothers tend to avail of child immunization)

Magdalena et al. (1987), and Sarangani and Taberdo (1984) listed down several policy recommendations which are very helpful in the understanding and solving the health problems of the Maranaos in Lanao del Sur.

III. Academic Researches

There are six academic researches on the health of the Bangsamoro. Mostly, these researches are masteral thesis on varied subjects, like common health practices, child rearing practices, and family planning knowledge, attitudes and practices among the Bangsamoro. This category of research includes the following: Maidan (1985); Mutin (1981); Macalandong (1976); Maglangit (1971); Alonzo (1967); and Bruno (1963).

Maidan (1985) determined whether or not the socio-economic and cultural factors influence some of the urban and rural Maranao housewives in their knowledge of, attitudes toward and practices of family planning.

The interview method was employed to gather reliable information suitable to this study. The interview schedule contained open-ended questions to encourage the urban and rural Maranao housewives to express freely. The City of Marawi and the Municipality of Tamparan, Lanao del Sur were selected purposely for the urban and rural classifications.

The significant findings of the study are:

a. Both the urban and rural respondents were not interested or in favor of family planning;

b. Almost all the urban and rural husbands strongly dis-approve of family planning and its contraceptive method; and

c. The socio-economic status of the urban and rural respondents had nothing to do with their knowledge, attitudes and practices of family planning.

Mutin's (1981) study determined the common health practices of Maranao families in Marawi City in relation to the following perspectives:

a. common health practices as a reflection on beliefs, values, health attitudes and the greater Maranao ethnic culture; and

b. common health practices as primary health care needs and their implication to practices of conventional, established medical professions.

This study focussed on the observed health practices of men, women and children in Marawi City.

This research followed the descriptive type of survey and made use of the participant-observation approach. The collection of the basic data from the various families and respondents sampled was done through the informants and through direct interviewing of respondents by the researcher and utilizing research questionnaires.

This study found out that the common health practices of the Maranaos in Marawi City as a mixture of traditional and modern methods which to an extent affect the maintenance of the health of the people. The findings also show a strong traditional-based health and medical practices that go hand in hand with modern medical practices.

Macalandong (1976) studied the child-rearing practices among Maranao mothers relating to pregnancy and childbirth, and rearing of children from birth to late childhood.

Macalandong also discussed that Maranao mothers, including those with college education and those who are economically well off, still avail of traditional medical practices of the *pandai* or *pamomolong* (unlicensed midwife or folk medicine man or woman) who lack the necessary scientific knowledge on medical services and modern practices as well as on child care.

Maglangit (1971) conducted a research that dealt on the role perfor-

mance of educated Maranao women. She included in her study the function of the educated Maranao women on the acceptable child rearing such as the proper training of the child around regular habits of feeding, sleeping, bodily care and play.

Maglangit pointed out that the practices of the women in a traditional Maranao society on child rearing are simple but unhealthy and accompanied with rituals and religious prayers.

Maglangit concluded that the educated Maranao women as mothers are becoming concerned now with good housekeeping and acceptable child rearing practices, as well as over the health of their children.

A research on decision making in child rearing practices among the Maguindanao Moro was conducted by Alonzo (1967). He interviewed 115 Maguindanao families.

Alonzo's findings revealed that the wives decide on eleven aspects in child rearing, namely: putting the children to sleep; keeping them neat and clean; selecting their food; attending to them when they are sick; making them eat; buying the clothes; selecting their toys; teaching them proper grooming; and reminding them about good behavior. The wives were found also to be more dominant in decisions concerning health habits formation and the well-being of the children.

Bruno (1963), a descriptive study on the way of life of the Tausogs of Sulu. He made a clear portrayal of their child rearing practices, conception, and pregnancy, child birth, care of mother, post-delivery treatment, from infancy to weaning; infant feeding practices; toilet habits, baptism, circumcision and menstruation.

Some Concluding Remarks

All these previous studies, I have just cited indicates that only very few researches on the health of the marginalized Bangsamoro have been conducted. Most of these researches dealt with the health of the Bangsamoro in general, including the educated and well-to-do families.

It is therefore imperative that current researches focus on the health practices and health problems of the marginalized Bangsamoro, both in the urban and rural areas.

Hence, I would like to end this humble presentation with a challenge to all of us here to look into the health situation of the Bangsamoro people by conducting research in the marginalized communities in the Southern Philippines. Thank you very much for inviting me to this very important conference.

Notes

[1]J.A. Kamlian, "The MNLF and the Emergence of the Bangsamoro Identity Among the Muslims in the Philippines: A Historical Perspective", *The Mindanao Forum*, vol. x no. 2, June 1995, p. 7.

[2]As quoted by E.O. Fernandez, "Blessed are the Poorest", *The Inquirer Mindanao*, March 22, 1997, p. 2.

[3]Ibid.

[4]Ibid.

[5]Ibid.

Bibliography

ALONZO, J.R. 1967. "Decision-Making Patterns Among Maguindanao: Moslim Families in Kabacan, Cotabato". Unpublished Masteral Thesis, Philippine Women's University.

BRUNO, J. A. 1963. "The Social World of the Tausog". Published Doctoral Dissertation, Centro Escolar University.

BUTTERS, G. and E. Butters. 1969. "Health Survey of the Lake Lanao Region". Mimeographed.

DE LA CALZADA, A. 1971. "Attitudes of the Maranao Toward Health and Sanitation and Family Planning: Rural-Urban Constrast" (Report submitted to the Dansalan College, Marawi City). 16 pp.

DIRAMPATAN, P. 1977. "Preliminary Survey of Maranao Medicinal and Curative Practices". Research Project of the University Research Center, Mindanao State University, Marawi City.

DUMARPA, J. 1984. "Tuberculosis Among Maranaos: Medicine and Folk Medicine", *Dansalan Quarterly*, vol. v, no.2, pp. 99-106.

ISIDRO, A. and M. Saber, eds. 1968. "Health and Medical Problems Among the Maranaos". In *Muslim Philippines*, MSU, University Research Center, Marawi City. pp.84-95.

MACALANDONG, R.M. 1976. "Child-Rearing Practices Among the Maranao Mothers As They Relate to Educational and Socio-Economic Status". Unpublished Masteral The-

sis, Philippine Normal College.

MAGDALENA, F. et al. 1987. "The Social Context of Child and Maternal Health in Lanao del Sur". University Research Center, Mindanao State University, Marawi City.

MAGLANGIT, V.R. 1971. "The Role of the Educated Maranao Muslim Women in a Contemporary Maranao Society". Published Masteral Thesis, Philippine Womens University.

MAIDAN, R.M. 1985. "The Influence of Some Socio-Economic and Cultural Factors the Family Planning Knowledge, Attitudes and Practices of Selected Maranao Housewives: Urban-Rural Contrast", Published Masteral Thesis, University of San Carlos, Cebu City.

MUTIN, M.U. 1981. "Common Health Practices Among Maranao Families of Marawi City", Unpublished Masteral Thesis, Arellano University.

SABER, M. and A. Madale. 1976. "Health and Medical Problems Among the Maranaos", *Mindanao Journal* vol. 3 no. 2, Mindanao State University, Marawi City.

_____. 1975. "Magical and Curative Practices of the Maranao", in *The Maranao*, Manila, pp. 65-70.

SARANGANI, S.T. and T. Taberdo. 1984. "Correlates of Health Among Maranaos of Lanao del Sur", A Summary Report for DOH-HRN, Mindanao State University, Marawi City.