

Health and Medical Problems Among the Maranaos

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New ways of thinking and doing things when first introduced into underdeveloped areas are often met by variant types and degrees of resistance from old customs and traditions. This indeed is true about the problematic introduction of modern health and medical practices.

As a section of the large Muslim community, the Maranao share with other peoples the universal fear of physical, mental and emotional suffering. Above all they fear death as others do. As they would say, "there's no grave, that's great." Such a common saying favors the preservation of health, life and happiness. It is among other positive thoughts which could help accelerate an increased acceptance of medical science.

Another section of the populace, however, maintains a negative and fatalistic attitude. To them, death is "natural" (*ganat sa maalom*) or "the will of God" (*pasad Allahotaala*). Suffering can be relieved, but from death there is no escape. "So why spend too much for the patient? Why not reserve the money for his funeral expenses?" Many sick persons, according to educated observations, have died because of this attitude. But oftentimes such fatalistic utterances are a customary means to conceal the truth of the matter that the patient's family lacks resources to afford his medical fees.

Customarily, the attempt to preserve health and save life appears in Maranao consciousness because the ceremonies connected with death occurrence is very expensive. When one is sick his family spends for *kiparats*, a religiously-given gift to a native healer. If he dies they shoulder heavy expenses for *sidka*, a ceremonial obligation for burial and funeral services. This amount of expense varies according to the social status of the deceased and the financial capacity of his relatives to meet both social and religious obligations.

When a person is seriously sick all his close relatives worry

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about him even to the extent of leaving their work to express deep concern for his suffering. They spend for modern medical fee, if the sick or his family appreciates the scientific ways of curing. The majority of cases, however, rely upon the service of quacks rather than that of a doctor, nurse, or other medical personnel.

Such negative attitude of not using modern curative facilities is due to either ignorance of the effectiveness of novel treatment or the lack of means on the part of the sufferer to afford medical service. To put it in more comprehensive terms, the problem arises in the opposition between old beliefs and practices, on one hand, and scientific knowledge, on the other. The former may be examined for some effective knowledge and techniques of "folk science" not often understood or explored by modern science.

Folk science has some age-old notions about general rules of health, hygiene and sanitation, and curing sickness. However, it is obvious that some old customs contain out-of-date superstitions and crude techniques. The practitioners of modern science could minimize the resistances to their own professional techniques from knowledge about the nature of the problem facing the administration of modern health and medicine. This paper about the situation in Lanao may serve as clue in understanding the common problem affecting the whole Muslim land.

Problem of Hygiene

The Maranao are conscious of the opposition between *kaimo* and *karsik* – cleanliness and dirtiness. A person who practices the former is called *maimo*, while another who practices the latter is *marsik*. Clean habits are respectable while dirtiness is objectionable. The people are also aware of cleanliness to promote good health and dirtiness as one of the causes of ill-health. In general, they believe in hygiene and sanitation, but the act or behavior accompanying this belief often meets some shortcomings.

The people who dwell near the lake, river or spring have multi-purpose uses of these bodies of water. Frequently, they bathe, wash, throw filthy matters and fetch kitchen water from these sources. The practice of throwing human excretion into the water is related to another custom of using water for cleansing after defecation instead of toilet paper or other materials. To the Maranao a person who does not use water for cleansing after defecation is considered *marsik*. Indeed, it is true that a person who uses the body of water for cleansing makes himself clean but then he pollutes the water that he and others use for other purposes.

Besides other basic utility water has an important function in the practice of the Islam religion. Before going to prayers, a devout performs ablution (*abdās*) and as faucet water may not always be available he goes down to a body of water for this physical and religious purification. Although this practice is "religious" it may cause reciprocal effects. If the person performing ablution has bodily dirt or communicable disease he may pollute the water. In turn the water may cause him sickness, if it contains dangerous elements. There is, however, a folk belief that most bodies of water may not cause ill-effects if they are used for religious purification. This custom and belief accounts for the construction of mosques on the lakeshores and riverbanks in Maranao communities. As a result of the nationwide artesian well program, many mosques are now provided with clean pipe water from springs and underground sources.

The *maimo* among Maranao wear clean and attractive clothes when they can afford them. The others who are *marsik* and have few clothes, perhaps due to lack of means, wear garments not frequently washed. This is quite a paradox, because persons having few clothes wash them more frequently.

The average family is relatively careful in preparing foods which they know are going into their internal systems. They know that infected food could cause illness. They wash and cook meat, fish, vegetable, etc. very thoroughly to remove what are considered "forbidden" (*haram*) elements such as blood, worms, and animal waste. The religious prohibition against pork-eating is connected to this hygienic concept in Islam which prescribes hygienic habits.

Maranao culinaries are delicious to their customary taste and are even colorfully prepared when served in an honorific *pagana* or native-style banquet. For meat, fish, and vegetable, they use much pepper as Indians, Thais, or Bicolanos use pungent spices. Despite the taste which some strangers may appreciate, nutritionists may perhaps recommend certain innovation in the average Maranao diet served in relatively large quantities but containing few nutritive elements. They have a notion of *kapialo* which corresponds to the terms "nutrition" or "medicinal" but they lack knowledge about more variety of nutrition and their sources.

Environmental Sanitation

In densely populated villages around Lake Lanao houses are built close to one another due to custom and other motives. This congestion accounts for unsanitary surroundings in the neighborhood. Thick garbage heaps remain long until they decompose in shallow canals or in the immediate premises of houses whose occupants

may also have cattle that left their dung under or beside the houses. Excepting the few acculturated families using bored hold latrines, the majority of households use midden toilets (*lio*), or they customarily go down to a body of water for their necessities. The campaign of sanitary inspectors and other rural health personnel has hardly changed these habits.

Because of close kinship ties, a 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 despite the care taken for stored food from becoming dirty. Members of the same household occupy a section of the house with mat beddings spread over quilts allowed to stay long on the floor without washing or drying.

The bed sections are used for many purposes: for receiving visitors, sleeping, dining, and handicraft work like matweaving and making *malong* on native loom. Such a custom accounts for the difficulty of maintaining internal cleanliness. A bed section may also serve the purpose of a "ward" if a household member is sick and has to be attended to by his relatives. By this practice communicable diseases may cause otherwise healthy persons living under the same roof to get sick.

The village inhabitants belong to different levels of kinship. They dwell close together in the same congested places or houses due to mutual aid in the performance of different activities and for protection against common enemies. In the past, the Maranao have been threatened repeatedly by enemy attack that frequently they had to evacuate to safety until the emergencies were over. They kept their bundles of family belongings within their bed sections in readiness for evacuation. Such experience instilled in them a relatively disorderly habit of living in congested homes aside from other reasons previously mentioned.

The unhealthy and unsanitary condition thus described is true among the *marsik*, but not among the *maimo*, who try to emulate the personal cleanliness of Prophet Mohammed, the hygienic prescriptions of Islam, and whatever they learn from modern rules and practices during many decades of culture contact.

Concept about Causes of Sickness

Folk Maranao attribute physical and mental illness or sickness to a number of causes. Among these are the effects of the forces of nature such as the variant temperatures of the weather—dryness and wetness, etc.—and the coolness of the water that one uses. The wind,

rain, shower, thunder, and lightning have recognized causal effects upon the body.

Sickness may also be caused by supernatural beings of different kinds if they are displeased by the offensive behaviour of the sufferer or his relatives. For instance, it is believed that every person is born with a twin-spirit (*inikadowa*) who, if offended by the words or behaviour of its human double, may cause sickness to the person. Other spirits or "unseen beings" that cause physical and mental sufferings are variably called *tonong*, *salindagao*, *saitan*, or *damipayag*. Besides other afflictions, these mysterious agents can cause insanity. Although often attributed with evil work, these supernatural beings are believed to be endowed with curative powers if they are appeased with "honorific ceremonies" (*kalilang* or *kapangapar*) by the sufferer or his relatives.

Another avowed cause of suffering is black magic (*kata-o*), which is conducted with a variety of secret techniques. One of the most dreadful among these magical practices is sorcery (*pantak* – equivalent to Tagalog *kulam*, Samar-Leyte *barang*, or Siquijor Visayan *paktol*). The sorcerer called *pamamantak* could use a spirit medium or other mysterious forces to make his victim suffer mentally or physically. Another type of magical work is called *gamot* which is perhaps a "science" since it applies poison secretly upon the victim. It is reported that the poisoner (*gagamoten*) extracts poisons from plants and animals including snake venoms left on food offered to reptiles. In turn the poisoned left-over of food (*sama*) is secretly mixed with the food of the victim who eventually becomes sick. There are other types of these magics or "folk-science" which need verification.

The Maranao also recognized the bad effect of food containing dangerous elements of chemical ingredients or harmful bacteria (*kaga-o* or *oled*) which most uneducated persons simply guess but have not seen through the microscope. Besides the assumed mysterious effect of magic, the active element that causes bodily sickness is called *bisa* which is vaguely known to be of either organic or inorganic nature. They know for instance such elements as rabies (*bisa aso*) and venom (*bisa nipai*), etc., but do not understand in detail how these foreign elements could cause suffering and death.

When the cause of sickness cannot be determined through folk "diagnosis," then it is generally considered as a result of a "curse" (*morke*) of God. Generally, death is believed to be the will of God as is the usual belief in fate or predestination.

Curative Practices

Treatments of various cases may be determined by the folk-notions about their causes described above. The medicine man or woman (*pamomolong*) prescribes some medicinal herbs or other extracted elements from animals. The application is usually accompanied with religious prayer or magical spells (*tawar*) to reinforce the desired effect of the medicine applied.

For cases believed to have been the work of malignant spirits, a person believed to be a spirit medium (*pendarpaan*) is employed to conduct ceremonies of appeasement or apology to the offended spirits who may or may not relieve the sick from suffering. In his curative technique the medium may summon a more powerful spirit to drive away a weaker spirit said to have caused the patient's suffering. In the process, there is a war between supernatural beings. But spirits may also come to peaceful terms and so the patient is said to get well.

In other sickness supposed to be caused by sorcery, a sorcerer (*pamamantak*) is employed for defense against the magical work of another sorcerer. Also, sorcerers claim that they use the mysterious powers of the spirit medium. Their ceremonial techniques conducted secretly are supposed to be elaborate. When two sorcerers attack and counterattack in an inter-personal contest believed to cause reciprocal sufferings, their believers follow through gossips the results of the magical combat.

Expectant mothers are taken care of by traditional midwives (*pandai* or *panggaway*), one female and the other male; the former is more important than the latter. The female attends to pre-natal and post-natal needs and, at the time of delivery, the male assists the female. The patient confides her personal and family secrets to the female on matters pertaining to sex and maternity matters. At the time of delivery the female stays near the laboring mother's "port" (*bengawan*) to assist for an easy passage of the infant, while the male gently pushes down on the belly for a similar purpose. Relatives stay in the house praying openly or silently for the safety of the mother and her infant. At the time of final labor, the relatives repeatedly utter "*kasili! kasili!*" (eel! eel!) so that the infant may just slip down freely "like an eel."

The midwives use knowledge and facilities not comparable to the advanced science and techniques of modern maternity clinics, although the old practices has prevailed for ages with some degree of efficiency. This old midwifery utilizes native medicinal herbs accompanied with magical acts and religious prayers intended to bring safe delivery.

Because sickness originates from several causes the faithful believers in traditional notions use magical preventives against sufferings from the works of magicians, spirits, and other seen and unseen forces. Magical defenses include the carrying of an amulet (*adimat*) on one's body or in some parts of one's dwelling where it serves as a "fortress" against mysterious agents.

To the extent that there are adherents and non-adherents to these old beliefs and practices, we may identify three types of people among the Maranao. These are the *folks*, the *transitionals*, and the *moderns* who differ in their notions about old and new things. The *folks* adhere to old ways and beliefs while rejecting the new ones, the *transitionals* partly retain tradition and partly accept modern ways; the *moderns* reject tradition and fully accept modern ways which they thought should finally prevail including the acceptance of scientific discoveries in health and medicine.

Impact of Modern Health and Medical Practices

Modern health and medical practices came along with other institutions such as the civil and military administrations and the school system during the early inception of the American government. During this early contact epidemics of cholera and smallpox took many lives in Moroland. In Lanao and other Muslim areas, the people believed that the newcomers (*sarwang a tao*) in company with malignant spirits brought sickness.

In the newly occupied areas the medical outfit of the military government introduced immunization and cure against these disease. Many adults and children ran into evacuation from the *mediko* (any medical agent) who they thought was not administering medicine but tattooing or branding people like cattle. Tattooing is against Islam so that vaccination, with equipment seen like tattooing tools, was religiously rejected. However, a few *amigos* (collaborators) submitted themselves and their relatives to immunization to realize its preventive or curative effects. Even then, the majority of people preferred to die rather than avail of scientific treatment to which they were strangers. The native quacks even campaigned against the *mediko's* treatment. Unacculturated religious men (*tuan*) even declared the "Christian" medicine as *haram*—forbidden or polluting.

The alternating attitude of resistance and acceptance of health and medical science has gone a long way from the early army outfit to the current introduction of public and private facilities in the Muslim areas.

There is a growing health consciousness among the Maranao, especially in Marawi where facilities are concentrated. The wider

area in the region is mostly served by native healers whose more predominant influence has been described in contrast to those of modern medical practitioners. Nevertheless, the latter have their increasing impact toward health progress. Oftentimes in hospitals and clinics, visiting relatives come in groups to contribute to the fees of the patient just as they give support to a member of the kinship if he is in trouble or needing customary help in raising his dowry if he is getting married.

Again, it is not a matter of rejecting scientific cure due to ignorance. An illiterate patient can be prevailed upon by acculturated relatives to submit to a doctor's treatment. However, if he and his relatives lack the means to settle the medical bill, he may instead call a quack healer *gratis et amore* or for only a small amount of *kiparat* in cash or in kind.

In a general sense, the community is rather fast in accepting the modern curative service, but rather slow in the support of preventive program against diseases. The latter deficiency is evidenced by the relatively unsanitary conditions of most of the homes and the shortcomings of personal hygiene. This is not to bluntly say that all the inhabitants practice unhealthy habits. Those of them who combine the hygienic prescription of Islam with modern health rules live more like the ideal Dutch and Japanese who are noted for healthy habits. An enthusiastic Maranao patient indicates his seemingly strong faith in modern medicine by first "prescribing" to his doctor what he feels would cure him. "Why don't you give me injection, doctor?" he would say. He would prefer tablets instead of herbs.

In the doctor-patient relationships there still remains a problem. Medical personnel often blame the public for lack of cooperation in the effective administration of health and medicine, a problem arising from native customs and beliefs as basis of resistance. On the other hand, the Maranao public has to increase its faith not only in modern science, but in the personal character and professional competence of those who attend to the sick.