Common Health Practices Among Maranao Families of Marawi City

Mindamora U. Mutin

Health beliefs and practices among Maranaos are a mixture of folk and modern elements. As in most ethnic societies, the concept of health is closely related to the people's perception of diseases based on folk beliefs and assumptions. One Maranao practice with regard to medicine is the use of curative practices, sometimes considered magical, through the *pamomolong* or folk medicine man or woman. Families that have attained a higher educational and economic level in society, however, rely mostly on modern medicine, but still retain some of the traditional health practices. College education seems to be a major variable that leads to the acceptance of modern health practices.

This study was first conducted in Marawi City sometime in 1981 as part of research for a thesis. The author's subsequent validation and observation work made in succeeding years further enriched her understanding of the medical practices of the Lake People enough to produce the present paper. As a practitioner in the field of medical care at Mindanao State University, she found the method of participant-observer appropriate to the updating of results made in the original study. The present paper, therefore, is a distillation of her observations from 1982 to the present. Offhand, it may be stated directly that her personal findings indicate that there have not been very significant changes in the results from 1981, which imply that the process of technological change in the Maranao community is obviously slower compared with those in the highly urbanized, predominantly Christian communities

Medical beliefs and practices in Philippine tribal society persist

because they answer instrumental and moral imperatives of the society and are found empirically effective there (Cañeda, 1979). This is not to say that such beliefs and practices are effective from the standpoint of western medicine, or that they always bring in the desired results. Cañeda, referring to the study of Allan Young (1979), says, "The empirical effectiveness of these practices has important ontological consequences, since it enables sickness episodes to confirm ideas about the real world."

The preceding statement is important as a guide to the analysis of common health practices not only among Maranaos but also among other ethnic or local groups in the country. Cañeda (1979) states that western models cannot be applied in the study of non-western (esp. Philippine) medical models because among most Philippine tribes, the concept of sickness, specifically its etiologies and cures, is closely related to their respective socio-religious beliefs. It is generally believed among them that the gods, malevolent spirits, or angry dead ancestors cause sickness and death.

Various rituals are therefore performed to cure an ill person, in order to appease some angered spirit, or to exorcise some demon from the patient's body. In addition, the indigenous healers resort to herbs, balsams, gums, leaves and juices from available flora and vegetation, even hot spring baths. These healers, who are sometimes also perceived as "sorcerers" or "witches" (locally called *babaylan, baylan, mananambal, pamomolong, mamumuhat* or *mambunong*) still exert a powerful influence among present-day Filipinos, according to Cañeda.

The Isnegs of Northern Philippines, for instance, believe that diseases, or even accidents, are caused by spirits who live in the house, in the woods, or in the heavens. Failure to observe certain "prohibitions" or to offer appropriate sacrifices could result in the occurrence of these unwanted situations. Similarly, the Bontocs ascribe the occurrence of diseases and accidents to the *anitu,* a concept-entity shared by the Kalingas.

People on Samar and Leyte believe in spirits living in trees

(kahoynon), spirits in the grass *(banwa-anon)*, spirits in the water *(tubignon)*, spirits in the soil *(tunan-on)*, and fairies *(darahog)*, including fairies in the *balete* tree *(unglo)*. The indigenous healer or *tambalan* performs the ritual called *butang* to cure the illness caused by the spirits.

The Tirurays or hill people of Catabato and Maguindanao believe that sickness is caused by *saitain*, a demonic being, but can be prevented by charms and curative devices used by the medicine man, combined with chants and incantations to Tulus, the Tiruray god. To the B'laans (or Bilaans), epilepsy is ascribed to possession by an evil spirit and dysentery is blamed on black magic. A similar concept of sickness and health is found among other Mindanao-based highland peoples, such as the Bukidnons, Manobos, Tasadays, Mandayas and Mansakas

Statement of the Problem

The study sought to determine the common health practices (CHP) of Maranao families in Marawi City in relation to two major perspectives: (a) Common health practices as a reflection of beliefs, values, attitudes toward health and the encompassing Maranao ethnic cultured; and (b) Common health practices as primary health care needs related to the practices of the conventional, established medical profession.

Specifically, the research sought to find answers pertaining to a number of CHP's related to the following factors and variables: •Folk medical practice; •Islamic beliefs and principles; •Scientific medical practice; •Eating habits, personal hygiene, home sanitation, bathing practice, sleeping patterns, circumcision, menstruation, pregnancy, childbirth, toilet training, nutrition, feeling and weaning; •Practices given priority as primary health care needs (PHCN); •Actual PHCN, as reported by doctors, nurses and PHC workers; •Differences in practices with respect to educational attainment and socio-economic status.

Significance & Scope of Study

When this study was first made in 1981, there was no work on Maranao society that incorporated both modern and traditional elements of health and medical care practices. In a sense, it was the study that broke ground in the search for answers on the development of modern Maranaos health practices. In effect, the information gathered by this study then functioned as a guide and tool for health service practitioners conducting primary health care and medical outreach projects at Mindanao State University and other Lanao areas.

The variables for this study were demographic and socio-economic; the respondents were selected by way of random sampling from families residing in Marawi City (i.e., fathers, mothers and children).

Related Literature

A number of studies on health practices pertinent to this study have been undertaken by: Macalandong (1976) on pregnancy, childbirth and child-rearing and the marked differences in these practices among Maranao mothers who vary with respect to educational attainment and socio-economic status; Pada (1974 on socialization patterns and unhealthy conditions among bif families in Marawi; Sinkiat (1973) on child-rearing practices of the Somala in the Zamboanga area; and Bruno (1963) with a descriptive study of the pregnancy, childbirth and child-rearing practices of the Tausog of Sulu. Bruno concluded that modern education, hospital care and modern drugs have made a great headway in the improvement of the standard of living of the Tausogs, including their health practices.

Alonzo (1976), on the other hand, interviewed about 115 Muslim families in Maguindanao and discovered practices related to the health habit formation and well-being of the children; Catapusuan (1963) made findings similar to Alonzo's (and to this study) on the role that the Maranao wife played in health practice.

Maglangit (1971) conducted a research on the role-performance

of educated Maranao women and noted some unhealthy practices, but concluded that, as mothers, educated Maranao women have become concerned with good housekeeping and child-rearing and other health practices acceptable to modern health science. On the other hand, Saber and Madale (1976) focused on the influence of magic and spiritism as traditional curative practices in Maranao folk life.

In present-day Maranao society, there seems to be a trend toward consulting medical doctors more than the traditional *pamomolong*. The trend does not imply, however, that the Maranao now believes less in the *pamomolong*. On the other hand, Saber and Madale believe that the Maranao's resorting to the native healer is not entirely rejecting scientific cure, either. Cases in which the family may not afford the doctor's fees and the prescribed medicine usually end up with the native healer, to whom only a "customary fee" in cash or in kind is paid. Other observers noted that the educational and socio-economic background of families could influence the frequency of consulting doctors or health care workers in hospitals or health centers.

Saber and Madale (1976) noted that modern health and medical practices in Marawi and Lanao del Sur came with other institutions, such as the school system and civil and military administrations at the establishment of the early American government. During contacts with foreigners (including the Dutch, British, Chinese and Spaniards), incidence of cholera and smallpox took a heavy toll on local residents. People believed that these foreigners brought the sickness in company with malignant spirits.

Today, however, one sees changes in local practices as a result of education, the information and communication revolution, amendments in government policies, high-speed travel and the continuing and intense exposure of indigenous peoples, like the Maranaos, to information and communication technology. The importance of gender, for instance, in the making of policies and the implementation of laws has a significant effect on Maranaos. In that connection, the changing role of Maranao women, from one of passive acceptance to one of assertive and proactive participation in the affairs of the men, have, to a high degree, influenced the type

of health practice observed today in Marawi and, to some extent, in Lanao.

In her study of sexual assertiveness, Tolman (2003) says: "The development of sexuality is an important part of adolescence and challenges young women's sexual health in a society that denigrates their sexuality." Tolman adds that the use of contraception by young women today is an indication of "female sexual assertiveness," and that such assertiveness is placed squarely and unequivocally in the hands of individual women.

In that connection, practices among the Navajo Area Indian health service providers, as indicated in a study by Espey, Ogburn, Espey and Essity (2003), show that about 69-78% of the Navajo health service providers "had good factual knowledge" about the use of IUD and "felt adequately prepared to insert a device or counsel women about it."

Method

The research followed the descriptive type of survey and made use of the participant-observer approach. The collection of basic data from the various families and respondents sampled was conducted by the researcher though direct interview of the respondents with the use of a Personal Information Questionnaire. An interview guide was also developed in order to ensure good quality in that data gathered.

In constructing the questionnaire, the health practices in the day-to-day living activities of Maranaos in Marawi City were first enumerated and identified. Such health activities included their eating habits, personal hygiene, home sanitation, bathing, sleeping and other health-related events and practices, such as menstruation, circumcision, pregnancy, childbirth, nutrition, feeding, weaning and toilet-training of children. These activities and practices were used as criteria to determine the common health practices of Maranaos in Marawi City.

Table 1. Research Design of the Survey

TYPE OF DATA	SOURCE	STRATEGY	ANALYSIS
Primary	Informant	Informal Discussion	Content Analysis
	Researcher	Participant-Observation	Descriptive Analysis
	Respondents	Direct formal interview through Questionnaire	Statistical Analysis of Readings
Secondary	Libraries	Library Research	Qualitative Analysis of Discussion
	Hospital Personnel	Informal talks and Interviews	Qualitative Analysis of Discussion

The construction of the research instrument was based on two designs. After construction of the items and scale, the Personal Information Questionnaire was first administered to a small sample of 15 trial respondents for pre-testing. The result of the pre-test was used to modify the original design.

Additional secondary data were gathered from various sources in Lanao del Sur and in Manila, such as from the government and transnational agencies (i.e., NEDA, NCSO, WHO and the Department of Health).

Sampling

The first phase of the sampling procedure applied a generalized equation to obtain the appropriate sample size relative to the population of Marawi City. The sampling equation used a Z value of the normal variable of 1.28 for a reliability level of .90, with the sampling error set at .10 and a two-tail alpha of .10.

The estimated sample of n=164 represents the theoretical sample statistically accepted as significant. The actual number of respondents, however, totaled 149, partly due to non-response. For the study, the attrition rate was estimated at a minimal 9.15%.

Results

Salient Findings

1. When asked whether they approved of consulting a doctor, nurse or health care worker with regard to certain practices mentioned, the respondents rated each practice on a 5-point scale, ranging from "Strongly Approve" (with an assigned score of 5), to "Strongly Disapprove" (with a score of 1). The results show a general trend toward approval (total mean = 3.76, $\sigma = 1.163$). The 12 generic practices mentioned according to importance in Maranao society included: personal hygiene, home sanitation, bathing, eating habits, circumcision, menstruation, pregnancy, childbirth, toilet training, weaning, feeding and the curing of slight illness. Table 2 presents the frequencies, means and standard deviations per item of the respondents' rating or attitude toward cetin health practices.

2. When viewed as primary health care needs, the common health practices of the Maranaos reflected the need for strong support from the established (scientific, non-indigenous) medical professions. Based on the frequency of response, the sampling showed Maranao high preference for established medical services, which tends to show that Maranaos are becoming and more convinced that modern scientific medical health practices are highly effective. The establishment of hospitals, clinics and health centers and the intensification of health services and the introduction of health education in various schools probably have created this attitude. Indeed, health education is seen as a key factor in making the traditional Maranaos understand the nature, effectiveness and advantage of modern medicine in the maintenance of health.

3. The data show that there is a difference between what a Maranao mother approves of and what she actually practices. The Maranao generally approves of the method of consulting a modern health care worker, or a doctor, but at the same time continues to observe certain traditional practices. This fact is shown in such practices as eating (e.g., eating with one's hands), bathing, sleeping, weaning children and toilet training. Significant Chi-square values have been found in this regard (see Table 3).

4. The manner of eating and dietary regulations are controlled by Islamic principles. According to Pangandaman (1979), in Islam "eating is considered as a matter of worship like prayers, fasting, and other religious practices. A Muslim eats to maintain a strong and healthy physique in order to be able to contribute his knowledge and efforts for the welfare of society."

The Muslim is obliged to obtain the best food from his earnings in hard work, although help from other people and relatives should also be accepted. The Qur'an forbids eating of carrion, blood and pork and the taking in of alcohol and other intoxicants. Lawful foods (*halal*) are prescribed as diet for the family. Eating together and sharing of food is encouraged. The hands and mouth are washed before and after each meal. It is traditional to send a dish of food to a neighbor whenever something special is prepared. Islamic regulation also requires a full month of fasting each year. This is done during *Ramadan*, the 9th month after the month of *Shaban*. Complete fasting is performed from dawn to sunset. Eating is permitted at night. About 59% of those surveyed affirmed that they relied on tradition when it came to eating. The Chi-square value of 3.92 (p= .05) makes the difference between the traditional and modern significant in the frequency distribution.

5. Modern concepts of health and medicine have become accepted in Maranao society, although some Maranaos continue to follow traditional methods. As perceived by Juanite (1974), "The traditional way of living seems to produce incompatibilities with the modernized way..., although some educated Maranaos seem not to see any conflict between the traditional Islamic way and modernism." Juanite further pointed out that no adequate information is available on how much impact Islam has made on the Maranao population and culture as a whole, or whether the indigenous way of life, based on "pre-islamic" values, have sustained its sub-cultural components and have not given way to a global Islamic outlook.

Table 2. Frequency Distribution, Means and Standard Deviations of the Extent of Approval of Consulting a Health Care Worker, Doctor or Nurse with Respect to Certain Health and Medical Practices.

Health Practice	*SA* (5)*	*A(4)*	*U(3)*	*D(2)*	*SD(1)*	*Item Mean*	*Standard Deviation*
Personal Hygiene	43	51	13	10	1	4.06	0.9455
Home Sanitation	48	53	5	14	3	4.05	1.055
Bathing	20	45	3	18	4	3.66	1.163
Eating Habits	19	53	5	19	3	3.67	1.090
Circumcision	26	33	5	15	5	3.71	1.250
Menstruation	22	35	7	23	3	3.56	1.210
Pregnancy	42	39	5	13	6	3.93	1.210
Childbirth	37	42	4	13	7	3.86	1.230
Toilet Training	16	35	5	22	5	3.42	1.240
Weaning	18	23	8	21	5	3.23	1.260
Feeding	30	38	4	23	2	3.77	1.060
Curing Slight Illness	30	38	4	23	2	3.77	1.060
TOTAL	**345**	**492**	**71**	**211**	**46**	**3.76**	**1.163**

**SA* = Strongly Approve *A* = Approve *U* = Undecided *D* = Disapprove *SD* = Strongly Disapprove

Table 3. Frequency Distribution, Percentage and Chi-Square Values of Traditional and Modern Health Practices Utilized by Maranaos in 14 Mentioned Practices.

Health Practice	*Traditional*	*/%*	*Modern*	*/%*	*Chi-Square*	*P*
Personal Hygiene	37	(30)	86	(70)	19.54	.001
Home Sanitation	52	(38)	85	(62)	7.95	.01
Bathing	61	(56)	47	(44)	1.82	.20
Eating	73	(59)	51	(41)	3.92	.05
Sleeping	68	(66)	35	(34)	10.56	.01
Circumcision	46	(52)	43	(48)	0.101	NS*
Menstruation	51	(52)	48	(48)	0.091	NS*
Pregnancy	32	(33)	64	(67)	10.69	.01
Childbirth	38	(38)	61	(62)	5.34	.01
Weaning	47	(60)	31	(40)	3.28	.10
Toilet Training	49	(58)	35	(42)	2.34	.20
Feeding	51	(47)	58	(53)	0.4496	NS*
Family Nutrition	44	(35)	81	(65)	10.96	.001
Curing Slight Illness	46	(41)	67	(59)	3.92	.05

*Non-significant

Tolman's study (2003) on sexual assertiveness among women becomes relevant in the light of the changing values and beliefs about women and their role in society. It has been suggested, however, that what protects Maranaos psychologically is their strong solidarity, their spirit of oneness (Diaz-Catapusan, 1963). Their *maratabat,* the expression of personal pride based on family or clan pride and affinity, is a strong force that binds the Maranaos together and distinguishes them from other ethno-linguistic groups in the country.

6. When asked, "Do you consult and *pamomolong* whenever a family member gets sick?," 42% said. "Yes" and 54% said "Sometimes," while only 4% checked the category, "Not at all." This question was followed up with additional probe questions (Table IV).

Table 4. Frequency and Percentage Distribution, Means and Standard Deviations of Maranao Respondents' Beliefs and Attitudes Toward Native Healers

Item/Questions	Yes	Sometimes	Not at All	Total
A. Do you consult a *pamomolong* whenever a member of the family gets sick? Mean = 2.38, SD = 0.5647	63 (42%)	80 (54%)	6 (6%)	149
B. Have you been consulting a *pamomolong* in the past? Mean = 2.54, SD = 0.5766	85 (58%)	56 (38%)	6 (4%)	147
C. Do you believe in the *pamomolong*? Mean = 2.19, SD = 0.5024	36 (24%)	106 (71%)	7 (5%)	149
D. Have you on some occasion also consulted a *pangangata-o* or a *pendarpaan*? Mean = 1.68, SD = 0.2168	15 (10%)	68 (47%)	62 (43%)	145

The means and standard deviations of the ordinal scale were also estimated to determine the magnitude of the responses. The results show the following: Generally, there seemed to have been a moderate attitude of the Marawi sample toward the *pamomolong.* Although they still believe in him, their belief is tempered by other

considerations, such as the presence of modern doctors and nurses in the area. Compared with the *pangangata-o*, who practices a certain type of magic, and the *pendarpaan*, a medicine man believed to be a spirit, people tend to rely more on the *pamomolong*.

The item mean of Item A (X+2.38, σ = .5647) suggests that a large proportion of respondents consult the *pamomolong* occasionally. This practice is due mainly to other health care options in Marawi City. As Saber affirms, "There is now a growing consciousness among the Maranaos towards the acceptance of modern medicine. This is especially true in Marawi City and other changing communities where medical facilities are available."

Item B evaluates the extent of consultation with the *pamomolong* in the past. It shows that the folk medicine man was the principal medical and health expert for the majority of Maranaos. About 58% affirmed they had been consulting him, probably as often as needed, while 38% said they had consulted him at certain times. An insignificant 4% did not affirm having consulted the medicine man. The average score of 2.54 confirms the importance of the *pamomolong* to most members of Maranao society.

Item C, however, expresses the modern Maranao's belief in the medicine man. Here one sees a marked shift of affirmation. Those who affirmed their belief totally in the *pamomolong* comprise about 24%, while a large 71% expressed belief only at certain times.

When asked in a follow-up question how often he/she consulted a *pamomolong*, about 61% answered "As often as necessary," while a little more than 25% said, "Once a month." A small 9% confirmed that they consulted a *pamomolong* "Twice a month."

On the other hand, the degree of the Maranao's belief in modern medical practices, including modern doctors and nurses, has been a result of several notable factors: (a) their knowledge of the effectiveness of modern medical practices gained through education, the media and the establishment of hospitals, clinics and health center facilities in their locality; (b) an apparent diminishment in belief in

the *pamomolong* for some personal reasons; and (c) the impact of urbanization in Marawi City and its attendant infusion of modernized values.

The above-mentioned factors have been evaluated by way of probe questions that were built into the instrument. Table 5 presents the attitude of the Maranao toward modern medical practices.

Table 5. Frequency and Percentage Distribution, Means and Standard Deviations of the Extent of the Maranao Respondents' Beliefs and Attitudes Toward Modern Medical Personnel and Practices

Item/Questions	Yes (3)	Sometimes (2)	Not at All (1)	Total
E. Do you consult a doctor whenever a member of the family gets sick? Mean = 2.56, SD = 0.5740	89 (60%)	54 (36%)	6 (4%)	149
F. Do you go to the Health Center for medical check-up? Mean = 2.21, SD = 0.5897	44 (30%)	89 (61%)	13 (9%)	146
G. Do you use medicine prescribed by somebody other than a doctor? Mean = 1.70, SD = 0.6255	13 (9%)	76 (52%)	57 (39%)	146

	Once a Week	Twice a Week	Once a Month	As Often as Necessary	Total
H. How often do you go to the Health Center for medical check-up?	5 (5%)	17 (18%)	26 (28%)	44 (48%)	92

Conclusion

On the basis of the findings, the following conclusions have been drawn:

1. The existing common health practices of the Maranaos did not differ from the practices of the relatively educated non-Maranaos in Marawi City. The non-Maranaos, who were predominantly Christian

(or *lumad*, that is, "highlander"), seemed not to differ in their own health practices (as in eating, weaning, sleeping, toilet training, etc.), including their way of coping with illness.

2. Both the educated and the "illiterate" or non-educated Maranaos now follow modern medical practices, despite the presence of pamomolongs, and consult medical doctors. For the non-educated, however, belief in the folk magical element of health is still a strong determinant of their health practices.

3. Demographic variables, specifically age and income, affect the health practices of Maranaos, with those belonging to the higher age groups (i.e., 50 and above) preferring traditional methods and practices, while those belong the younger age groups, especially those with higher education and belonging to a relatively higher socio-economic standing, prefer modern health and medical practices.

4. Islam seems to exert an independent influence on the use of modern health and medical practices. Dietary regulations are dependent on certain Islamic controls, especially during Ramadan. Islam prohibits the eating of pork, including the drinking of alcoholic beverages.

5. The present common health practices of the Maranaos is a mixture of traditional and modern, as attested to by the relatively high proportion of those who consult a *pamomolong*. At the same time, one sees a marked shift toward reliance on modern medical practitioners and their methods.

Mindamora U. Mutin is Dean of the MSU College of Health Sciences. She is a Registered Nurse with a Master of Arts in Nursing and a PhD in Educational Management. She is currently the PNA Regional Governor of Region 12.

REFERENCES

Alonzo, J. R. "Decision-Making Patterns Among the Maguindanao: Moslem Families in Kabacan, Cotabato." Master's thesis. Philippine Women's University, Manila, 1967.

Atta, Mohamad M. *The Islamic Call.* Pakistan: Sheraf Publications, 1961.

Bruno, J. A. "The Social World of the Tausog." Doctoral dissertation. Centro Escolar University, Manila, 1963.

Cañeda, Rose V. N. "The Concept of Illness Among Major Philippine Tribes: A Preliminary Survey." Data Paper No. 3. Papers in Mindanao Ethnography. MSU-University Research Center, Marawi City, 1979.

Catapusan, F. D. "The Maranao Family: A Descriptive Study of Family Traits." Study Series No. 16. MSU-Institute of Research for Filipino Culture [later the URC], Marawi City, 1963.

Dirampatan, Potre. "The Making of a Pamomolong Maranao Medicine Man." Data Paper No. 3. Papers in Mindanao Ethnography. MSU-University Research Center, Marawi City, 1979.

Espey, E., T. Ogburn, D. Espey and V. Esitty. "IUD-Related Knowledge, Attitudes and Practices Among Navajo Area Indian Health Service Providers," *Perspectives on Sexual and Reproductive Health,* XXXV, 4 (July-August, 2003).

Graefe, D. R. and D. T. Lichter. "Marriage Among Unwed Mothers: Whites, Blacks, and Hispanics Compared," *Perspectives on Sexual and Reproductive Health,* XXXIV, 6 (November-December, 2002).

Juanite, T. R. "Scenario for Development in Maranao Society." In *Perspectives on Maranao Society: Symposium-Workshop on Socio-economic Development.* Mindanao State University, Marawi City, 1974.

Macalandong, R. M. "Child-Rearing Practices Among the Maranao Mothers as They Related to Educational and Socio-economic Status." Master's thesis. Philippine Normal College, Manila, 1976.

Maglangit, R. V. "The Role of the Educated Maranao Muslim Women in a Contemporary Maranao Society." Master's thesis. Philippine Women's University, Manila, 1971.

Ministry of Health. *Primer on Primary Health Care*, Series I – 1981.

Pada, C. S. "Socialization Patterns of the Maranao of Camp Amai Pakpak, Marawi City, and Their Implications for Education." Doctoral dissertation. Centro Escolar University, Manila, 1974.

Pangandaman, Zenaida. "Dietary Regulations, Food Facts and Folklore." *Mindanao Art & Culture*, No. 2: Maranao Women. MSU-University Research Center, 1979.

Rivera, F. G. "The Mindanao Muslims in Lumba-a-Bayabao, Lanao." *Philippine Sociological Review,* VIII, 1 (January-April, 1960).

Saber, Mamitua. "Magic and Folk Medicine Among the Maranao." Data Paper No. 3. Papers in Mindanao Ethnography. MSU-University Research Center, Marawi City, 1979.

Saber, M. and Abdullah Madale. "Health and Medical Problems Among the Maranao," *Mindanao Journal,* III, 2 (1976).

Sinkiat, J. "Child Rearing Practices Among the Somala of the Calarian-Sinnauc Villages and Their Implications for Education." Master's thesis. Zamboanga State College, Zamboanga City, 1973.

Tolman, D. L. "Improving Women's Sexual Assertiveness," *Perspectives on Sexual and Reproductive Health,* XXXV, 1 (January-February, 2003).