

# Karitan Sa Lukos: Meranaw Traditional Care for the Aged

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**Abstract:** This study was conducted to determine the practices and problems in traditional care concerning old-age Meranaw in Maharlika Village, Taguig City, Metro Manila. Despite being acculturated, the Meranaws in the area are still adherent to, in many ways, to Meranaw traditions. Hence it is common to find the whole clan living in the same area getting strength from living in close proximity. In this way, the younger and more able adults of the family are able to take better care of their elders by taking them into their homes. On the whole, it was found that the Meranaws do their best to support their aging parents whatever it takes. However, because of these adults occupied in their business and work, based on the gathered data, the result of the study also showed that the elderly were in need of more financial support, more attention and assistance with health concerns such as medical and dental issues, proper living arrangements/accommodation, and more assistance and support in terms of physical and mental fitness.

**Keywords:** Karaitan sa Lukos (Traditional care on Elderly), Health Concern, Financial Support, Seeking attention, Good accommodation.

## 1. Introduction

In recent years, there has been an increase in the number of older people in the Meranaw community in Metro Manila. This increasing population combined with changes for the elderly, has produced an increased concern for the problems of the aged. The researcher was inspired to work on this study stemming from the observation that Meranaws residing in Manila tend to live with all the members of their family, including their parents. On the other hand, in the Philippine setting, almost all the elderly people belong to a household unit mostly because of cultural and traditional values. For example, the Filipino value of “utang na loob” or gratitude often applies to filial piety and manifests in the care that children give their parents when the latter reach old age. However, in recent times, this has become increasingly difficult to fulfill since it is a present reality of life that almost all members of the family have to go outside for work and school, which poses the problem of who would be the one to stay home to take care of the elderly, especially when the latter need round-the-clock care.

The locale of the study was selected because there are Meranaw families with elderly people living with them there, to serve as the subjects of the study. The area is readily accessible to the researcher. Since the researcher is also a

Meranaw, and therefore a culture-bearer, he has the edge of having a good understanding of the cultural practices of the group.

## 2. Methodology

The study was conducted in Maharlika Village, Taguig City where there are at least 280 members belonging to Muslim tribes and still growing in terms of population of which there are an estimated 85 or 30.35% Meranaw elderly/parents at any given time. Data gathering was done with the use of the survey interview approach and with the help of friends and the Barangay Administrator. According to them the subject is considered reasonable provided that the population is not huge. However, because of the small population of elderly/parents, all 85 elderly residents served as respondents.

All information was derived from the structured interviews, actual observations, together with the responses from the questionnaires, were all included into the analysis.

### A. Procedure

After a questionnaire was formulated, a pilot test was conducted among 10 Meranaw elderly residing in Maharlika Village. When the instrument was finalized, 85 were reproduced and purposively distributed with the assistance of few friends. The percentage of the retrieval was 100% due to the diligence of the researcher in pursuing the data gathering.

### B. Treatment of Data

As soon as all data and information were gathered, these were entered into encoding sheets. In tabular form, entries were re-checked against the master data sheet before computation to ensure accuracy of results. In the computation of the results, the assistance of the statistician was sought.

### C. Presentation and Interpretation of Data

The following pages deal with the analysis of the data gathered and discussion of the statistical results. Primarily, the chapter includes description of the respondents on traditional and physical care among elderly Meranaw.

### D. Profile of Respondents

In an estimated 280 Muslim elderly/parents in Maharlika Village, 85 or 30.35% were purposively chosen as required

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respondents, since they fit the inclusion criteria. Of the 85 respondents, 100% were identified as interviewees and all of them are elderly/parents belonging to the Meranaw tribe. The family of the interviewees requested the researcher not to divulge the elderly persons' identities.

### 3. Presentation and Analysis of the Findings

This section presents the profile and current status of the respondents. The researcher investigated families in Bandara-Inged, Maharlika Village to get the data regarding the practices of the Meranaw regarding elderly care.

Based on the findings, the male elderly out-numbered the women elderly. One of the reasons given by the women is that most of them grew old alone due to failed marriages. Also widowed women constituted a considerable number that is 48 or 56.47%. Most of the elderly belonged to the 60 to 73 years old age bracket.

On the other hand, basic physical information is also included on this section as shown below. It included discussions about dietary preferences, accommodation, duration of sleep, supplements and vitamins maintained, exercises and the type of exercises they do.

Data on accidents sustained by the elderly were also integrated. Finally, this section refers to provisions of specific needs of the elderly inherent in all human beings, some of which are mentioned above.

This part presents the age profile of the elderly interviewed in Barangay Maharlika Village, Taguig City. Based on findings, females fell into the age bracket of 60 to 83 years old of age and males fell into the bracket of 60 to 80 years of age. In most parts of the area, women live on average, longer than men and the others have reasons such as unsuccessful marriages and etc. and the results prove that they are larger in number compared to male respondents.

Meranaw culture dictates that offspring are directly responsible for the care of their parents and elderly. They are the actual caregivers and mechanical providers of care, e.g. the ones who assist the elderly. The family fulfills the needs of the elderly/parents physically, emotionally and financially. The elderly's safety and security are also given primary concern. Caregivers make sure that parents eat on time, three times a day or more depending on the needs.

On the other hand, as a respect of the children, especially those who are weak and not capable to go around the house, the food must be prepared properly e.g. the food is placed in a *tabak* (food tray) with complete utensils such as small vessels to wash their hands before and after eating, separate small plates for side dishes (Fish and vegetables) with soup and these should be served hot.

A 63-year old female (Hadja Shamsiyah) a Meranaw expert on values and tradition, (6-1-2011) revealed that,

*"The adult children must carefully choose the very nice part of the white meat (fish) between the tail and the head of the fish for the elderly because this is the part loved by the elderly. To choose other parts of the fish such as the tail or head shows disrespect. Observing this is part of the traditional way and*

*proper way to serve food for the elderly."*

Apart from this cultural tradition, the children should see to it that the old people's diet meets the necessary requirement for a well balanced diet. Hence, for those who can afford, the diet of the elderly include meat as a source for protein, as well as fruits and vegetables.

#### A. The Respondents Dietary Preferences

Of the 85 respondents 84 or 98.82% indicated that their meals substantially include fish. The 100% or 85 stressed that they eat rice and vegetables. Red meat are consumed by only 4 or 4.70% of the respondents the same with dried fish. Sardines are indicated by 10 or 11.76% while white meat is eaten by 16 or 18.82%. Bread is liked by elderly/parents with 12 or 14.11% respondents and sea foods are indicated by 17 or 20%.

The results reveal that the top three (3) foods that were usually consumed by the elderly for their daily meals include rice, fish and vegetables. This is because the Meranaw staple food is rice and the common viands readily available are fish and vegetables. There are other reasons cited to explain the above choices. For instance, a 63 year-old female respondent, stressed that,

*"Iyan ang abot kaya ng bulsa" (That's all we can afford from our pocket).*

Another respondent added that,

*"Madali makita, mura at madaling iluto" (It is easy to find, it is cheap and easy to cook).*

This is confirmed by other respondents.

Another reason for this preference is stressed by a 62 years old female respondent, who said,

*"Iyan ang naka sanayan naming kainin." (We got used to eating these).*

In other words, foods not familiar to them are less preferred.

While the top 3 preferred foods are affirmed by the majority, the elderly stressed that preparation of these viands must be done in different ways. They stressed the various ways to cook the fish such as frying, boiling, grilling, steaming and following the Meranaw way of putting *gata* (coconut milk) and turmeric to enhance the taste of the fish. This is affirmed by a 78 years old female respondent, who noted that, to cook them in the Meranaw way according to the Meranaw style i.e. with soup and vegetables. However, she also noted,

*"But at my age, I am now careful and very choosy because I am a diabetic patient."*

It is also interesting to note that the respondents originally come from Marawi City where fish abound in Lake Lanao. In addition, Marawi and the two Lanao Provinces are mainly agricultural so that fruits and vegetables are among the most

affordable commodities. Finally, a 73-year old female respondent affirmed that,

*“Dahil sa iyan ang murang pagkain.” (Because that is the cheapest food.)*

For those who can afford yet choose to eat simple food, they explained that their preferences are made due to some health reasons. Meat and fatty foods are less preferred due to health reasons. This is affirmed by a 62 years old male respondent who said that,

*“Hindi na ako kumakain ng karne (kalabaw/baka) dahil na sa my high blood ako.” (I don't eat meat anymore like carabao/beef because I am hypertensive.)*

However, there are elderly who avoided meat and fatty foods not because of any sickness but as preventive measures. For instance, a 62-year old male respondent said,

*“Hindi ako kumakain ng karne, para umiwas sa sakit.” (The reason I stopped eating meat is to avoid sickness)*

Three other respondents noted,

*“Paminsan-minsan lang kami kumain.” (We eat meat occasionally.)*

While a 60-years old female said,

*“Hindi ako kumakain ng karne sa Christian na lugar, hindi ako nagtitiwala, baka kasi hindi na sumbali, sa probinsya doon ako kumakain ng karne” (I do not eat meat in non-Muslim area, I don't trust how they slaughtered the animal. I only eat meat coming from the province to be sure it is properly slaughtered.)*

Some also stressed that as they aged, their appetite decreased so meat is considered not palatable anymore. A good example comes from a strong argumentation of a 78-year old female respondent who revealed that,

*“Umiiwas ako sa high blood, nawawala narin ang panlasa ko.” (I am avoiding developing hypertension and also my sense of taste is now diminishing.)*

But some of them revealed that occasionally, chicken (native), sea foods and eggs are also alternatives for vegetable and fish; bread also a substitute for rice in the morning or before they eat breakfast.

An elderly female respondent said that,

*“Sa umaga kumakain muna kami ng pandisal na mainit at kape, alas nuebe kami kumakain ng almusal.” (In the morning eat hot bread and hot coffee, by nine A.M we eat breakfast.)*

The researcher observed that the elderly were served simple

and ordinary food based on the food culture of the Meranaw and this does not mean that they are treated poorly. Also as indicated previously, the elderly made personal preferences as health measures to prevent sickness. As a matter of fact, to the Meranaws, food is not the way to measure the relationship between members of families but the mutual happiness and the warmth they feel from having a home and shelter.

#### B. Type of Accommodation

Of the 85 respondents, 28 or 32.94% said they occupied a spacious room. Twenty-six or 30.58% said they have their own room though small in size. Twenty-nine or 34.11% share with their grandchildren and other relatives. Two or 2.35% have no room at all.

Family members are close to each other. This is affirmed by some respondents who explained that they prefer to stay in a room with their grandchildren. Meranaws are close to each other. Grandparents love to stay with the children, not only because they are fond of them but also to look after their safety.

Traditionally, especially in the olden days, Meranaws in a family would stay in one big room but separate beds. The married ones use mosquito nets (kulambo) with covered dark cloth around it.

This is also affirmed by a 68-year respondent who said,

*“Sama-sama kami sa isang kwarto ng mga apo ko, gumagaan ang pakiramdam ko pag nakikita ko sila.” (We sleep in one room only, together with my grandchildren and I feel fine every time I see them.)*

It is interesting to note that showing concern to the family members include staying together in one room. This is part of the Meranaw tradition that is why when it comes to living spaces, most of the Meranaws' bedrooms or sleeping quarters are constructed spaciouly.

Added by 62-year old female respondent,

*“Sa probinsya walang kwarto, isang mahabang higaan, bawat pamilya may sariling kulambo” (In the province we do not have rooms, all we have is a long and big bed, every family has their own mosquito net.)*

This is affirmed by a 72-year old lady who said,

*“Maliit lang ang bahay ng anak ko, sa isang malaki at mahabang higaan lang kami lahat natutulog” (My child has a small house, so we sleep and share with a big and long bed.)*

Couples find it difficult to have intimate privacy in this set up.

A 67-year old male respondent said,

*“Dahil dalawang kwarto lang ang nakuha naming apartment, mas mahal kasi ang tatlong kwarto” (We cannot afford three bedrooms, so we got only the two bedrooms.)*

A 68-year old female supplementarily said,

*“Sama sama kami sa isang apartment, doon sa isang kwarto ay ang mag asawa, asawa ng anak kung lalake, sa isa naman ay sa amin ng malalaki ko na mga apo” (We share a single apartment, the master bedroom is for my married child, and the other is our room I share with my teenage adult grand children.)*

It is very difficult for families to provide each member a room due to financial constraints. Many of the respondents said that they have their own big room. Twenty six 26 or 30.58% have a small room.

According to a 62 year old male respondent,

*“May sarili kaming kwarto sa bahay” (We have our own room)*

A 68 year old female said,

*“May sarili akong kwarto at malaki ito, sina sama ko sa pag tulog ang mga apo ko” (I have my own big room, I invite my grand children to sleep with me.)*

Few of the respondents are retired government officials, such as former directors of government agencies who have their own house, and the other are business men/women who gave half of their property to his/her adult children and the third kind are those provided by their adult children, a room exclusively for their parents.

On the other hand, there are two (2) or 2.35 respondents, do not have a house or any room.

According to an 80 year old male respondent,

*“Nakulong ako ng matagal na panahon mag mula noong nagbibinata ako (22 years old) sa salang pag patay na hindi ko ginawa, lumabas ako sa kulongan ng 80 years old na, hindi ako nag kapamilya, doon ako nakikituloy sa bahay ng pamangkin ko, sa sala ng bahay ako natutulog” (I was imprisoned when I was a young adult. I was mistakenly convicted for a murder I did not commit. I was pardoned recently at the age of 80 years old, missed my chance to have my own family, but I live with my nephew, I sleep on the sofa.*

Another respondent said that,

*“Itinakwil ako ng pamilya ko, mag mula ng hiwalayan ko nanay nila, ngayon sa masjid ako natutulog” (I was abandoned by my own family from the time my wife and I separated and now, I sleep in the mosque.)*

On the other hand some of the respondents with whom the researcher interacted in the interview said that, having a room big or small does not matter on them, the thing is, they are comfortable enough inside the house. sleep or rest is a way to regain energy to a human being, it helps a person to have complete rest at night, The next table will reveal if these elderly

parents are having quality rest and sleep.

### C. Duration of Sleep

Of the 85 respondents, 26 or 30.58% had 8 hours of sleep a day for the reason that they got used to sleeping earlier around 8:00 PM to 9:00 PM and wake up before *suboh* (prayer in the morning), Another 21 or 24.70% had 3 to 4 hours sleep, while 38 or 44.70% stressed that they slept 6 hours a day and that is enough for them for the whole day.

The survey interview observed that, there are 26 or 30.58% parents/elderly who are able to sleep 8 hours a day. A 66 year old male said,

*“Natutulog ako ng bandang alas nuwebe at nagigising ako ng mga ala singko ng umaga para mag sambayang ng saltu suboh” (I sleep at nine P.M and I wake at five A.M to prayer in the morning.)*

Another 60 year old male said,

*“Walong oras ang tulog ko pero maikli minsan kapag may ginagawa ako” (I have eight hours sleep, but sometimes is short because of some work.)*

Another elderly respondent said,

*“Maaga ako nakakatulog dahil yan ang nakasanayan ko sa probinsya” (I sleep early because I got use to it in the province.)*

Eight or 9.41% of them slept 3 to 4 hours a day for different reasons A 62 year old male said,

*“Maikli lang ang tulog ko pero sarili namin ang kuwanto ng asawa ko” (I have a short sleeping habit but my wife and I own the room.)*

A 62 years old female said,

*“Maikli ang tulog ko dahil sa may ginagawa ako (Nananahi ng Damit), at nakakalimutan ko ang oras, halos apat na oras lamang ang tulog ko” (I have a short sleeping habit because of my dress making, most of the time I forgot that it's getting late already, I have only four hours' sleep a day.)*

A 67 year old male said,

*“Maikli talaga ang tulog ko, pero natutulog ako ng kaylolah (traditional rest of the prophet, after lunch and noon prayer up to prayer for Asr). Maganda matulog kasi sunnat ng propeta ito.” (My sleeping habit is short, but I sleep after noon prayer and lunch, until before the third prayer in the afternoon, a traditional habit of the prophet.)*

The other reason of the elderly is they do not favor a deep sleep, like what a 75 year old male said,

*“Hindi na gaano mahimbing ang tulog ko, iba na pag medyo naka edad ka na” (My sleeping habit is not like before when I*

was young.)

The same reason is given by a 64 year old female saying she has a problem on sleeping,

*“Papatul patul ang tulog ko, may roon ako problema sa pag tulog” (I have a disorder in my sleeping habits.)*

A 76 year old respondent said,

*“Maikli na ang tulog ko, hindi na gaya ng dati noong bata bata pa ako” (I have a short sleeping habit compare before.)*

A 83 year old female said,

*“Parang manok na ako matulog, mabilis magising, konting kaloskos gising nako, pero nakakatulog din ako agad” (I sleep like a chicken I have a short sleeping habit compared to my younger days, I wake very fast when i hear minor disturbance, but I go back to sleep very easily.)*

The other thirteen 13 or 15.29% who sharing sleeping space with their adult children and grand children. Most of them say that they always have short sleeping hours because of interruption from the noisy environment.

Parents/elderly had various reasons why their sleeping hours are short and uncomfortable. Firstly, they sleep late and wake up before morning prayers.

An 80 year old female respondent said,

*“Hindi ako makatulog ng maayos dahil sa maingay ang kapaligiran ko” (I could’nt sleep properly because of my noisy environment.)*

Same reason is mentioned by a 63 year old male respondent said,

*“Dahil sa maingay ang mga motorsiklo at ibang sasakyan, mga kabataan na nag kakantahan, nag lalaro ng basketball, minsan alas dose na ako nakakatulog” (I couldn’t sleep because of the tricycles and other vehicles, singing in the street, basketball playing and because of these I sleep at twelve midnight.)*

Another 60 year old male said,

*“Ang bahay namin ay maraming tao sa labas at paligid, masyado maingay” (There are a lot of people around us, it’s very noisy.)*

Some of them wait until the people inside the house go to bed for the reason that they share rooms. But one of them told the researcher that if a person is getting older or becoming old the sleeping habit will be shorter compared to their younger years.

Twenty-three or 27.05% for 6 hours to 7 hours sleep and fifteen (15) respondents for 5 hours to 6 hours. According one

of the respondents,

*“Ito na ang normal na tulog ko” (this is my normal sleeping habit.)*

#### D. Type of Supplements or Vitamins Taken

The respondents take various kinds of vitamin and supplements. Some of them have been influenced by T.V commercials, radio, advice of a friends and relatives. Four (4) or 4.70% of the respondents take Enervon-C, while eleven (11) or 12.94% are taking ascorbic acid.

Of the 85 respondents eight (8) or 9.41% of them believed in black seed (habbatus saudah) which has religious Islamic basic, having been recommended by the Prophet Muhammad (peace be upon him) while 2 or 2.35% take honey and garlic. Those taking camote leaves are 18 or 21.17% while 5 or 5.88% of them are taking herbal supplements. Twelve or 14.11 take natural herbal medicine.

Some parents/ elderly adhere to traditional or old ways in taking medication. Taking or using herbal medicines such as *raon a rapa* (camote leaves) as a protection of their body against sickness is done by them. A female respondent said,

*“Iyan ang bitamina ko, yan ang palagi kong kinakain” (That is my vitamin, I always eat that),*

This is supported by a 63 year old male who said in English, *“Leafy vegetables supply and give us more vitamins and sustainable strength for our body.”*

On the other hand, some take synthetic vitamins, as a matter of fact, Enervon-C, ascorbic acid, herbal supplements, and Clusivol. On this matter, the elderly have different opinions why they use the said vitamins.

According to a 60 year old male,

*“Para effective agad dapat malakas na vitamins iniinom ko” (To be effective, I chose strong vitamins.)*

Another 61 year old female said that,

*“Kapag nararamdaman ko na humihina ako, Clusivol ang iniinom ko” (When I feel weak, I take Clusivol.)*

The other respondents take honey with garlic, herbal medicine, and milk with calcium.

The religious elderly acquire black seed (Habbatus Saudah), a traditional medicine of the prophet Mohammad (PBUH) and the Arabs in Middle Eastern countries.

A 60 years old male proudly said,

*“Habbatus saudah ang iniinum ko, yan ang gamut ng propeta, maliban doon ay lahat ay nagagamot nya maliban sa kamatayan, may Hadith na nag papatunay na mabisang gamut ito” (I take black seeds, that is the medicine of the prophet, it*

*can cure all kinds of sickness when death comes to a person, there is a divine tradition written about it.)*

Hence, the rest of them do not use any synthetic vitamins in reason that they are not familiar with it, or possible some of them could not afford to buy them. In total, 70 or 82.35% remain traditionalist when it comes to medicine.

According to a 62 years old female,

*“Ayaw ko uminom ng may halong chemical na gamot” (I do not drink vitamins mixed with chemicals.)*

A 65 year old female added that,

*“Hindi ako sanay uminom ng ganyang mga gamot” I am not used to taking that kind of medicine.)*

But a 60 years old male said,

*“Hindi ko kaya bumili, mahirap lang kami” (I cannot afford to buy one, we are poor.)*

An 80 year old added that,

*“Wala ako pambili, walang kabuhatan, kumain ka lang ng mga gulay” (I don’t have enough money to buy, we do not have source of income, so we just eat more vegetables and fruits.)*

On the whole, vitamins and food supplements are just among the elderly’s sources of energy, adding to the comfort of the elderly in their old age in addition to decent accommodations and adequate food.. It helps them maintain their health in their unquicker circumstances.

In addition, regular exercise is required of an elderly person, as it helps him/her to maintain good physical shape and a good level of fitness.

#### E. Time Given to Exercise

Of the 85 respondents, 12 or 14.11% do their exercise daily. Nine or 10.58% of them are do exercises weekly, while 9 or 45.88% seldom perform exercises and 25 or 29.41% reported not doing any exercise.

Not all kinds of physical fitness are applicable to elderly but easy and gentle exercises to stretch their legs and back are beneficial. The next table will identify the simple exercise habits of the elderly/parents.

#### F. Kinds of Exercise.

Of the 85 respondents, 58 or 68.23% of them said that they initiate simple exercise such as walking, while 2 or 2.35% are active in tennis. On the other hand, not all elderly are doing exercise but they are more prone to spiritual workout like praying 5 times a day, reading Qur’an and *tasbih*.

#### G. Spiritual and Mental Exercise.

Of the 85 respondents, the researcher found that 25 respondents or 29.41% said that spiritual exercises are more

strengthening compared to physical workout. This is also part of the ancestral belief that God will protect them from sickness.

According to a 62 year old female respondent,

*“Kailangan ay araw- araw ang exercise” (Exercise should be done daily.)*

A 61 year old male said,

*“ Ang exercise ko ay nag lalakad lakad ako sa Blue Mosque” (My exercise is walking around the Blue Mosque.)*

A 70 year old female respondent also said that,

*“ Wala naman ako exercise, ang gingawa ko lang ay palakad lakad sa kalsada namin” (I don’t have any hard exercise except for walking in our street.)*

An 83 year old female also added,

*“ Ang exercise ko ay ang pag lalakad papunta sa bahay ng kapatid ko at mga kaibigan ko” (My exercise is walking to my siblings and friends’ houses.)*

Nine (9) or 9.10% of them declared that their exercise is weekly, some of them do it sometimes and when their children are available to go with them.

Twenty five (25) of the elderly answered that they exercise spiritually as they said that prayers five times a day, *tasbih* and reading the verses of Qur’an are enough for a healthy exercise,

A 76 year old male said,

*“Ang exercise ko ay maglakad papunta sa Masjid” (My exercise is walking to the mosque to pray.)*

A 76 years old male said,

*“Ang exercise ko ay pag tasbih, pag rawatib lagi, at nawawala ang aking sakit sa ulo at katawan” (My exercise is the remembrance of God always, and it cures my head ache and body pain.)*

Same with another elderly who said,

*“Lumalakas ako kapag binabasa ko ang ayat (verses) ng Qur’an” (I feel strong after I read verses from Qur-an.)*

The other reason of the elderly for exercising is because of their sickness, and according to a 60 year old male,

*“ Nag lalakad ako lagi para gumanda ang daloy ng dugo ko, at makaiwas sa sakit sa puso” (I walk every time for good blood circulation, and to avoid heart decease.)*

A 62 year old female said,

*“Kailangan ko mag exercise para mawala ang arthritis ko”*

*(I need to do exercise to avoid arthritis.)*

A 60 years old male also said,

*“Nag lalakad ako tuwing umaga para lumiit ang diabetes ko” (I walk every day to control my diabetes.)*

Twenty five (25) or 29.41% of the elderly do not exercise. According to a 60 year old male,

*“Tinatamad ako” (I got too lazy to do it.)*

A 65 year old male said,

*“Wala akong gana” (I don’t feel like it.)*

A 60 year old male respondent said,

*“Wala ako makasama sa labas, baka ano pa ang mangyari sa akin ditan” (I don’t have company to go with outside, I am afraid that something will happen to me.)*

Two do not exercise because of their being ill and disabled.

According to a 71 year old,

*“Hindi ako makapag exercise dahil may diperensya ang paa ko” (I cannot exercise because there is something wrong with my feet.)*

Another 60 year old female said,

*“May hika ako, hindi ako maka punta sa labas pag mainit” (I have asthma, I can’t stand under the heat of the sun.)*

#### H. Health Status

Of the 85 respondents twenty-one (21) or 24.79% of the elderly respondents have a regular check-up both in private and public hospitals and sixteen (16) or 18.82% of the respondents visit the hospital if needed while forty-eight (48) or 56.47% of them said they never had routine check-ups.

As said by a 62 year old male,

*“Oo nagpapadala ang anak ko, pinadalhan din ako ng maintenance ko sa check up” (Yes, my child sends me money, and for my maintenance and check up.)*

An 80 year old female said,

*“Wala naman ako pambili, Alam na ng mga anak ko kapag kailangan ko ng isang bagay.” (I have no money to buy, my children know what I need.)*

The same was said by a 76 year old male,

*“Lahat ng mga ginagastos ko galing sa anak ko, hindi ko na*

*kaya pa maghanap buhay” (Every expense I have is paid for by my child, I have no ability to find other sources of income.)*

Regarding the medical maintenance/check up, there are twenty one (21) of the elderly parents who had their own regular checkup and sixteen (16) who just visit if needed. Forty-eight (48) parents/elderly do not visit doctors or any hospitals.

A 61 year old said,

*“Hindi na kailangan pumunta sa doctor mas malakas ang dahon dahon, maliban pa doon ayaw ko sa amoy ng hospital” (I don’t need to go to the doctor, herbal medicine is stronger. I hate the smell of the hospital.)*

But a 60 year old respondent said,

*“Kailangan magpa check-up sa doctor, para satisfied ang pangangatawan ng isang tao” (We need a regular check-up, so we will be aware of our body’s health.)*

A 70 year old female said.

*“Kapag may sakit ako nag papasama ako sa anak ko” (Everytime I am sick, my child goes with me.)*

The same scenario goes for a 63 year old female who said,

*“Paminsan-minsan lang ako pumupunta sa doctor kapag may sakit ako” (I sometimes go to the doctor when I suffer from an illness.)*

In connection to medical check-ups, dental health is also important for the elderly, in fact, the elderly run out of calcium which is connected to bones and teeth, but the researcher witnessed that they do not take into account or dismiss their dental problems, some of them use tobacco leaves, Vicks or herbs to ease the pain.

#### I. Dental checkup

Of the 85 respondents, 2 or 2.35% go to regular dental check-ups. Then 55 or 64.70% do not go to dentist, while 28 or 32.94% said they went to the dentist a few times in their entire life.

In addition, only two (2) respondents confirmed that they both have their regular dental check up and twenty eight (28) declared that only once or twice in their lives did they visit a dental clinic and fifty five (55) of them never consulted a dentist.

In relation to physical health, personal hygiene is imperative to a person specially the elderly. It provides protection from infections, protection from viral diseases and flu. Toothpaste, soap, or toiletries are some of the common things a person needs to have to maintain a basic level of hygiene.

#### J. Hygiene

Of the 85 respondents 19 or 22.35% said they are provided with toiletries and other related items, while 59 or 69.41% said

that they share with the family and 7 or 8.23% are not provided with these.

Nineteen (19) or 22.35% of the elderly are provided with tooth brush, toothpaste, soap, etc. Fifty nine (59) or 69.41% of them said that they share the same things at home. On the other hand, elderly parents inform their adult children, that they need something for their daily needs, most of the time it is already a habit for the children to ask what the elderly want and need.

According to a 60 year old male,

*“Mga kagamitan sa bahay ay para sa lahat ng pamilya sa loob ng bahay” (Everything inside the house is for everybody.)*

This is also supported by a 61 year old who said,

*“Tisa lamang kami ng mga gamit sa bahay, maliban sa mga personal na kagamitan” (We shared things inside the house, except for personal things.)*

However, there are seven 7 or 8.23% respondents commented that they can still provide things on their own. According to a 65 year old male,

*“Ako ang gumagastos sa sarili ko. Kaya ko pa mag hanap buhay, bumibili ako ng sarili kong kagamitan gaya ng sabon, toothbrush, mga damit, gamit sa bahay at iba pa. Pagdating sa pag papa check-up gaya ng dentist at doctor pupunta lang ako kung kailangan” (I am responsible for my own expenses, I still have my source of income, I buy my own clothes, things inside the house such as soap, and toothbrush. When it comes to check-ups to the dentist and doctor, I just go when needed.)*

The response above underscores the importance of financial support, which is very significant to the elderly especially with their situation such as being retirees and who can no longer actively seek livelihood to support themselves. Assistance from a relative is a must. The next table reveals the financial capability of the respondents.

#### K. Financial Support

Of the 85 respondents, 67 or 15.29% stressed that they are receiving their retirement pension, then 40 respondents or 47.05% accept allowances from their children abroad and children who have business around Metro Manila, and 19 or 22.35% respondent said they run their own business, while 1 or 1.75% is still employed by a private office and 12 or 14.11% are not receiving anything from family and relatives.

According to a veteran dependent, a 64 year old,

*“Sa asawa ko itong pension na natatangap ko, kasya lamang ito sa aming dalawa” (We survive on my husband’s pension, and it is enough for us only.)*

A 60 year old male said,

*“Nakakakuha ako ng pension dahil ako ay retirado na ako*

*sa gobyerno” (I received a pension because I am a government employee before.)*

For those who are dependent on their children, they proudly said that,

*“Pinapadalhan ako ng anak ng 10,000 pesos kada buwan ” (My child send me 10,000 pesos every month) - 62 year old female,*

A 60 year old female added that,

*“Binibigyan ako ng 800 dollars kada buwan galing sa Egypt” (My child gives me 800 dollars every month from Egypt.)*

A 78 year old female also added,

*“Binibigyan ako ng mga anak ko na may negosyo at trabaho” (My children give me money, those who have business and work/job.*

Furthermore, there are parents/elderly who can still provide for themselves;

*“Kaya ko pa maghanap buhay, Tsaka na ako hihingi sa mga anak ko kung hindi ko na kaya talga” I can still provide for myself, I will just ask my children if I cannot provide for myself.*

For those do not have regular income or who cannot provide for themselves, they are indeed in a very pitiful situation.

A 65 years old female said,

*“Walang mga anak na nagbibigay sa akin, mga kamag anak at sadaqa lang ng mga kaibigan” (I don’t have children to give me my needs, I rely only on my relatives and charity from friends.)*

A 71 year old female said,

*“Inaabutan nila ako pag kailangan ko talaga” (They give me money if I ask them .)*

An 80 year old male added,

*“Umaasa ako sa pamangkin ko ng pang araw-araw na pagkain” (I just rely on my nephew every day.)*

The lived experiences in terms of financial situation which were related by the respondents may be the result of various situations which had caused families not to bond or help out as they are expected to, based on Meranaw culture. Indeed, as shown by the responses, it more difficult for the elderly to have a comfortable life due to lack or absence of finances which have been brought about by their various circumstances.

#### 4. Conclusions

The study’s findings point out to some conclusions. As seen

in the results of the study, the elderly Meranaw of Maharlika Village, Taguig City have different life circumstances and have experienced different situations related to how their children care for them in their old age. Most still have their own children to look after them. In some cases there have been elderly who have been deprived of comfort in their old age due to limited finances, lack of family or children to care for them, or poor health. However, it can be concluded that they manage to do the best they can with what they have, although it could be better. While it can be concluded that the Meranaw still care for their elderly, the quality of care is dependent largely on the family's circumstances. There are a few who managed to be independent, but the majority are dependent on their children or relatives. Some in the most unfortunate of circumstances, rely on the generosity of friends and relatives. As for their health, the Meranaw adherence to herbal and even spiritual cures is still evident among them, as shown by their not so frequent to almost no doctor's or dentist's visits, and their reliance on home remedies. Their diet is also dependent on resources and their current health conditions.

#### A. Recommendations

The results and conclusions of the study have led the researcher to present the following conclusions:

1. The Muslim family is to be seen as the model for taking care of elderly members. The family must make the needed measures to ensure that elderly members are given the best care.
2. The younger members of the family must do what they can, on a daily basis to keep their elderly members comfortable and looked after in terms of diet, health, and finances. Living arrangements must give consideration to elderly members in terms of living spaces.
3. Meranaws should still adhere to their kinship system. Strong solidarity in a family is one of the good characteristics and values. These include sharing of responsibilities and being merciful and generous to relatives whenever the need arises.
4. Families with elderly in their homes should provide the elderly with an environment which allows the elderly to be functional, being sensitive to their needs will make them feel important. Family members, such as grandchildren should take responsibility and take part in the upkeep of their old folks.

#### Acknowledgements

The researcher would like to acknowledge everyone who

participated in this study, First the Elderly who gave their time and patients during the study, second, the Families who supported the researcher, third, the Meranaw community of Maharlika Village Taguig City, Fourth, the Officials of the barangay, the Punong Barangay, Sultan Pangandaman, Fifth, the Ulama and Ustadz, Shiek Shahani and Sulutan sa Marawi Subair G. Mustapha.

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