Pagpaguuy
2 reports on the internally displaced persons in Sulu
This publication contains two research reports entitled: (1) Assessment Report on the Humanitarian Situation in Sulu and (2) A Study on the Maternal and Child Care Practices among the Tausugs both commissioned by Consuelo Foundation. The latter also administered the publication of this book.
Table of contents

Foreword .......................................................................................................................... 7

ASSESSMENT REPORT ON THE
HUMANITARIAN SITUATION IN SULU

Background ...................................................................................................................... 11
About Sulu ....................................................................................................................... 11-13
The Assessment Process ............................................................................................... 13-17
Sulu Displacements ....................................................................................................... 17-31
  About Indanan
  About Kagay
  About Kalingalan Caluan

The Context of the Disaster and the Humanitarian Situation ..... 31-59
  Information and Support Services
  Health and Nutrition
  Water
  Food Ration
  Shelter and Other Infrastructure
  Environmental Sanitation
  Education and Recreational Activities for Children
  Resources, Spontaneous Arranges, Assistance
  Return to Normalcy
  Economic Situation, Recovery and Livelihood Support
  Other Concerns on Wellness and Well-being
  Protection Issues

Summary of Findings ...................................................................................................... 59-65
  General View of the Humanitarian Situation in Sulu
  Groups and Areas Most at Risk
  Vital Needs that Require Immediate Response
  Resources Available and Critical Gaps

Conclusion and Recommendations ................................................................................ 65-70
A STUDY ON THE MATERNAL AND CHILD CARE PRACTICES AMONG THE TAUSUGS

Executive Summary ............................................................... 73-76

Chapter I: INTRODUCTION.......................................................78-86
  Objectives
  Research Framework
  Research Methodology
  Scope and Limitations
  Review of Related Literature
    A. Tausug cultural practices with regards to women and children
    B. Healing practices
    C. Maternal care and birth practices
      1. Rituals
      2. Prohibitions
      3. Food observances
      4. Birth practices
      5. Child feeding practices

Chapter II:
SULU PROVINCIAL PROFILE AND IDP SITUATIONER ..........87-99
I. Sulu Profile
  A. Geography
  B. Population
  C. Education
    1. Literacy rates
    2. Educational Attainment
    3. Facilities and Services
    4. Enrolment Data
  D. Economics
    1. Family Income
    2. Poverty Incidence
    3. Labor and Employment
    4. Land Classification
    5. Land Ownership
  E. Agricultural Production
    1. Permanent (Major) Crops
    2. Temporary (Major) Crops
    3. Livestock and Poultry
  F. Health and Nutrition of Women and Children
    1. Morbidity and Mortality
    2. Public Health Facilities and Services
    3. Day Care Services
II. Sulu IDP Situationer
   A. IDP’s Due to Armed Conflict
      1. Talipao
      2. Indanan
      3. Parang and Maimbung
      4. Patikul
   B. IDP's Due to Disaster

Chapter III: THE TAUSUG FAMILY ........................................... 100-113
   I. Family
   II. Nature
      A. Extended Family
      B. Closely-Knit Family Circle
   III. Structure
      A. Hierarchical
      B. Patriarchal
   IV. Family Law on Marriage and Divorce
      A. Marriage
      B. Divorce
      C. Inheritance
   V. Parenting
      A. Parenting Characteristics
      B. Role of Grandparents, Parents-in-laws

Chapter IV: MATERNAL CARE ..............................................114-128
   I. Motherhood
      A. Pre-Natal Care
         1. Pregnancy
            a) Paghatul or Pagbaktul sin Pamaranan
               (Physical check-up)
            b) Pagkita sin Badlak (Checking the pulse)
            c) Pagbuhat (Ritual during the 7th month of Pregnancy)
         2. Practices and Rituals during Delivery
            a) Preparations
            b) Kambige
      B. Post-natal Care
         1. Apoh Panday’s Responsibilities
         2. Teaching the Husband and other Family Members
         3. Supervising the Mother’s Diet
         4. Paigo Tapus or Pag-uli ha Bana
            (Final bath or returning wife to husband’s responsibility)
Chapter V: CHILD CARE ..........................................................129-145

I. Concepts on Children
   A. Child as Ridjiki (Blessings)
   B. Birth of Child is “Gantaan Sin Tuhan” (Divine Will)
   C. Son Preference and Pagpalangka sin Anak Babae
      (Special Treatment given to a Daughter)

II. Child Rearing Practices and Rituals
   A. Birth Rituals
      1. Reciting the Adhan
      2. Paggunting
      3. Pagtimbang
      4. Pag-aqiqa
   B. Feeding Practices
      1. Breastfeeding
      2. Other foods

III. Common Illnesses

IV. Treatments

Chapter VI:
EFFECTS OF BEING AN IDP ON THE TAUSUG FAMILY ........146-151

Economics
   Security
   Access to Social Services
   Cultural Practices
   Emotional and Psychological Effects
   Government’s Role in managing the IDP Situation

Chapter VII: CONCLUSIONS, RECOMMENDATIONS ..........152-153

Conclusions
Recommendations

Bibliography ........................................................................154-156
Foreword

Board Members, officers and staff of Consuelo Foundation have witnessed the conditions of internally displaced Tausug children and women in Sulu. The latter are victims of armed conflicts that have deep and complex socio-political and economic historical roots. Displacement due to armed conflict has created instability, insecurity, uncertainty, and constant stress as the Tausugs continue to suffer from fear, distrust, confusion and threats to life.

While the internally displaced Tausugs are admirable for their resiliency, survival skills, resignation, and flexibility, most “outsiders” see them living in dehumanizing conditions.

This book is a combination of two pieces of research we commissioned to provide guides for the development of culturally sensitive and currently relevant program and projects for these internally displaced people. In particular, Consuelo Foundation is most concerned with the prevention and amelioration of neglect and abuse of children and women in order to secure their hope for a better future.

The title, Pagpaguy, is a Tausug term for the act of constant fleeing or escaping. It depicts the character of life that has prevailed for many years amongst the Tausugs who had no choice but to leave their homes and livelihood to temporarily settle in areas determined to be unaffected by armed conflict. The first part of this book is a situational and psychosocial needs assessment of the Tausugs who evacuated in the towns of Indanan and Patikul in 2007. The second part is a cultural study of the Tausug family that provide information on demographic characteristics, values, parenting and childcare practices, as well as insights on how internal displacement has affected their lives.

A faculty member and former Dean of the Islamic Study Center of the University of the Philippines led the cultural study. The needs assessment was conducted by a dedicated humanitarian service professional who has worked with internally displaced people not only in Sulu but in many other areas of the Autonomous Region of Muslim Mindanao.

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President and CEO
Consuelo Foundation
Assessment Report On The
Humanitarian Situation In Sulu
BACKGROUND

Reliable comprehensive data on the human impact of conflict are critical to improving the efficacy of prevention, relief and rehabilitation programs. It helps us to understand what does not work and, equally important, what does work.

The conduct of the needs assessment of the internally displaced persons (IDPs) in Sulu was requested by Consuelo Foundation (CF) in early October 2007 to explore possibilities of providing assistance particularly in pioneering psychosocial support for women and children in displaced communities due to chronic armed conflict. CF’s interest was spawned by a visit of its Board to the Bato Bato Public Elementary School Evacuation Center last March where it had witnessed first hand the plight of the evacuees particularly the children. The final report was submitted to Consuelo Foundation in January 2008.

ABOUT SULU

The May 2000 NSO Census shows that Sulu had a total of 619,668 population with 98,151 HHs. The average HH size was 6.31. Sulu’s growth rate was 2.80 percent while the ARMM registered an annual growth rate of 2.76 from 1990-2000.

In 2000, half of the population of Sulu was below 19 years old (median age). Sex ratio was recorded at 96.16 males for every 100 females. Three dependents out of five were economically active persons. About 60.9 percent belonged to the economically active population aged 15 to 64 years. About 37 percent were young dependents (aged 0 to 14 years) while 1.83 percent were old dependents (aged 65 years and above). The overall dependency ratio in 2000 was 64.2. This meant that for every 100 persons aged 15 to 64 years; there were about 64 dependents, i.e., 61 young dependents and 3 old dependents.

About 35 percent of the population five years old and over had attended or completed elementary; 15.38 percent, high school; 0.64 percent, post secondary education; and 7.88 percent had attended or finished higher level of education. There was an almost equal proportion of males and females among those who had attended or finished elementary. On the other hand, there were more females who had attended /completed high school (50.95 percent) and higher education (52.11 percent).

Single persons accounted for 51.68 percent of the total persons 10 years
old and over. Married persons comprised 40.28 percent in 2000 while the widowed (3.21 percent) slightly increased compared to the 1995 figure (2.56 percent).

The Integrated Provincial Health Office – Field Health Service Information System (IPHOFHSIS) 2006 data reveal that maternal mortality rate (MMR), which is number of deaths among women related to giving birth, is at 135 per 100,000 live births. The infant mortality rate is 64 per 1,000 live births. Pneumonia, diarrhea, congenital anomalies, tetanus, asphyxia, malnutrition, measles and sepsis are among the leading causes of mortality among infants and young children, while the most common cause of maternal mortality is post-partum hemorrhage followed by placenta previa and eclampsia.

The province has one provincial hospital and six district hospitals. In addition, there are also the Sulu Sanitarium and the (AFP) Southern Command Hospital. Total bed capacity is 445 beds. As of 2006, there is a total of 19 doctors, three dentists, 15 medical technologists, and 56 nurses in Sulu.

As of 2006, the Provincial Social Welfare Office reports that there are only 113 Barangay Day Care Centers with at least 3,698 children (age ranging from three to five years old) operating in Sulu’s 410 barangays, or 27.5%.

Per PPDO data, 44.29% of the 2007 LGU budget is allocated for general public services, 26.05% for the economic sector, 16.37% for development
fund, 5.20% for calamity fund, 4.82% for social services, 3.37% debt servicing and 0.10% aide to barangay.

**THE ASSESSMENT PROCESS**

The assessment process conducted was an initial rapid assessment which was deemed to be *quick, just the first of many and simplified*. Adhering to the general rule of getting the *whole* picture half right, it is important to note that the assessment process should be a continual activity. As reality changes quickly in conflict situations, any program intervention will have to be assessed at regular intervals in order to meet the changing nature of the humanitarian emergency. It was also intended that the design of any program intervention should likewise have the flexibility to be adapted in the place of origin as well as in the displaced community. Such program should also aim at finding the right balance between addressing as much as possible all the important gaps while being flexible and concrete.

As proposed, two levels of assessments were to be carried out simultaneously: (1) an initial assessment to get a general situationer of the plight of displaced peoples and communities caught in situations of armed conflict, and from the basis of which to determine how to be able to (a) help respond to people’s current vital needs, particularly women and children, and (b) prepare for new emergencies; (2) a psychosocial needs’ assessment of the affected communities to be able to determine appropriate capacity and support intervention.

After discussing with colleagues at the Psychosocial Support and Children’s Rights Resource Center (PSTCRRC) for the possibility of carrying out the second level assessment, it was decided that given the Center’s October workload and busy schedule, it would be more open to engage with CF for its subsequent undertakings for Sulu. Hence, the humanitarian specialist decided to include in her assessment some aspects of the psychosocial needs of the affected communities.

The objectives of the initial assessment are to:
1. get a general view of the humanitarian situation in Sulu
2. identify groups and areas most at risk
3. identify the vital needs that require immediate response
4. evaluate the resources available
5. identify the critical gaps
6. make recommendations for appropriate short and long term program interventions
The assessment team was organized by Ms. Merlie “Milet” B. Mendoza, humanitarian specialist (HS) and human security advocate based in the Sulu Archipelago. Basically, the team was composed of three female Tausug research assistants (RAs) namely, Alnahar Asid, Nurhisa Udjah and Nursalyn Udjah. It should be noted that the RAs were first time witnesses to the actual plight of the IDPs beyond Jolo, as generally can be assumed for the general populace. The field work took place from October 5 to October 16, 2007 during which there was extensive field exposure and interaction of the research assistants with the IDPs. Two communities were targeted for coverage in the assessment, namely: Kagay in Indanan and Karungdong in Kalingalan, Caluang. These areas were considered primarily on the basis of prior engagement, familiarity and access into the communities by the HS.

**THE ASSESSMENT TEAM**

**METHODOLOGY**

1. Conduct of HH Survey of 97 displaced households representing 22% of displaced residents from Kagay municipality. The evacuation areas covered are Jariya (with 49 HHs) and Upper Talatak (with 48 HHs) representing more than 100 families.
2. Utilization of standardized questionnaire for the survey and the focus group discussions (FGDs).
3. Conduct of formal and informal FGDs with community leaders, women and children of the displaced communities.
4. Conduct of Key Informant Interviews among social service personnel, humanitarian program and policy people, military officials, community leaders, etc.
5. Unstructured Observation/Field Visits to Kagay and the evacuation areas.
MANAGEMENT OF THE RESEARCH TEAM

1. Conduct of one minute training or practical training in communication in interview methods and on the fundamental principles of humanitarianism.
2. Orientation to the project goals and objectives.
3. Team debriefing and team building.
4. Participation in research design including in questionnaire modification and translation.
5. Research data encoding and joint analysis.

PROBLEMS IN DATA COLLECTION

Given the length of time and discussions spent on possibilities for CF to reach out to displaced communities in Sulu and its desire to be able to do something, it was not deemed practical to further delay the conduct of the field assessment. Commencing towards the end of the Holy Month of Ramadan and concluding on the week of the Hariraya Eid’l Fitri, the research period came at a busy time of observance of religious and social obligations of the Muslims. As such, schedules particularly with local government officials were understandably difficult to materialize. Subsequently, many of these people had to be at workshops and meetings in Zamboanga City. Appointments with Sulu’s key military officials, on the other hand, were less difficult and were all realized.

As the research activities proceeded, some of the limitations in the data collection dealt with at various levels were as follows:

1. No available data on vulnerable group of displaced population. More importantly, there is no data disaggregation according to gender, age, occupation, socio-economic status, etc.

2. Many IDPs were busy with livelihood needs and had to go home to their home communities during daytime to tend to their farms when security condition permits. Attendance of women and children in the FGDs was, therefore, limited.

3. Transportation problem with some delays in the pick up of research team by a local contracted jeepney from Bato Bato.

4. Climate conditions. Regular downpour would render difficulty in mobility to the evacuation areas.
5. Security Concern:
   - Limited or calculated access to complex emergency situation also meant the team had security and mobility limitations in going too early to the evacuation areas or leaving late in the day. This affected the team’s meetings with as many women and schoolchildren as it had wanted.
   - Security constraints in the conduct of site visits to Kagay due to possibility of getting caught in the crossfire during a surprise encounter between the military and the ASG. During two field visits to Kagay by the HS, time had to be limited. In fact, accompanying community leaders of Kagay would alert the HS about the time and would signal to leave prior to sunset.

6. In the case of Karungdong, Kalingalan Caluang, the school teachers and officials of the public school were all out of their area of responsibility for almost a week after Eid’l Fitri. The community leaders in Karungdong deemed it futile for the HS to carry out the research if the primary set of interviewees were away in Jolo. Alternatively, an FGD was instantly held in Jolo with the Kalingalan Caluang Principal and his 11 public school teachers from Karungdong, Kambing and Pang.
CHALLENGES TO DATA QUALITY AND RELEVANCE

It is always important to have familiarity with the context/situation of the conflict area in particular and of Sulu, in general. This will provide some guide to ensure neutrality, culture sensitivity, and sensitivity in collecting data and identification of reliable sources. The competence or technical capacity to carry out the research, analysis and interpretation of field data is also important to data quality. Field as reality helps validate assumptions that have been set in the beginning.

SULU DISPLACEMENTS

Displacements resulting from armed encounters and military operations against the Abu Sayyaf Group (ASG), rogue MNLF and the Jemaah Islamiyah (JI) are an often occurrence in Sulu. For 2007, many communities in Panamao, Kalingalan Caluang, Talipao, Maimbung, Patikul and Indanan have been displaced at different periods and durations. In fact, it is said that many upland barangays in Patikul and Indanan have not returned to their original home communities since Martial Law. It would be well that these abandoned areas be mapped out and a program of return and rehabilitation can be carefully studied. Patterns of displacement, and relocation areas and host communities are predictable. These can be the target priority areas for strategic intervention for emergency preparedness and response.

As of 5 October 2007, the Provincial Area Coordinating Council (ACC), which oversees the humanitarian relief operations, among others, has recorded a total of 2,640 families in Maimbung, Parang and Indanan affected by armed conflict that erupted in early August. Forty nine percent (49%) of the displaced families or 1,316 families with 5,783 persons are reportedly in Indanan to be found in seven evacuation areas.

Meeting with the ACC Officials
About IDP Baseline Data

IDP data baseline data gathering is oftentimes subject to criticism and demands cross validation. The lack of consensus among key stakeholders in disaster management on a standard set of data needs that generate urgent decisions and actions is evident. Data collected in surveys/assessments are not standardized, and hence, not always comparable and oftentimes inadequate. Moreover, there is no available data on vulnerable groups of displaced population. More importantly, data are not disaggregated according to gender, age, occupation, socio-economic status, etc.

It is best to take on the challenge of improving the IDP data collection process together with the respective Municipal Disaster Coordinating Council (MDCC) Coordinator and the affected communities on a regular basis. More often than not, available information is not always shared or persons are unaware of this. Increased cooperation and collaboration among varying institutions, therefore, is key to improving data quality. The exchange of knowledge and experiences only enhances the quality of each other’s work. Oftentimes, however, there is conflict in the objectives among various stakeholders such as military institutions, social welfare authorities and humanitarian organizations itself especially if these are dictated by the need to minimize perceptions of damage to civilian population and properties.

ABOUT INDANAN

As of 2000 NSO Census, Indanan had a total population of 53,425 with a HH population of 9,132 or 8.62% of the Sulu population. Average HH size is 5.9. It is the fifth most populous municipality next to Jolo, Talipao, Siasi and Parang. It has 34 barangays within a land area of 102 sq. kms. Indanan belongs to the Jolo Mainland Island group. It is the proud abode of Sulu’s highest and most revered mountain, Bud Tumatangis (Weeping Mountain). The Annual Municipal 2005 Internal Revenue Allotment or IRA was PhP 38,747,191.

In 2000, 56% of the HHs had access to potable water but only 17.1% had a sanitary toilet facility. Around 40% was reported to have strong roof and wall housing materials. ARMM Dep Ed 2005-2006 records participation rate at the elementary level at 73% with 41% survival rate; and 40% participation and 68% survival rate at secondary level. Literacy rate for population 10 years old and over is at 67%.

The three hospitals in Jolo are accessible to the Indanan populace.
There is also a Rural Health Unit established in Poblacion, Indanan. The municipality has one public health nurse, three rural health midwives, five sanitary inspectors and one medical technologist. Seventy eight percent of pregnant women go to trained *hilots* for childbirth. In 2006, 59.2% of the children in Indanan are recorded to have been fully immunized.

Per data from the DSWD Sulu Office, there are only five Day Care Centers which cater to about 151 children that are operating in Indanan’s 34 barangays. This is only 15%. Basing on RA 6972 – Barangay level Total Development and Protection of Children, one Day Care Center should actually exist per barangay. The barangay covers for the simple physical structure and the honorarium of the day care teacher whereas the Provincial Social Welfare Office is mandated to provide technical assistance for day care center operations.
ABOUT KAGAY

As of 2000 NSO Census, Barangay Kagay had a population of 1,998 persons in 362 HHs. Barangay Kagay has the following sitios: Purot, Maligay, Bakud, Babad, Laum Saing, Pangaw, Ulanun, Kandaman, Tubig Pangi, Mampalam tu and Tangub.

Displacement finds Kagay residents relocated in various evacuation areas mostly within Bato Bato municipality specifically in Jariya (new site) and Sitio Talatak. As of October 2007, a total of 341 displaced families has been recorded by the ACC. Sitio Talatak has “sub-clusters” of displaced communities that hints on community dynamics and clan affiliations. Upper Talatak was recently set up as a temporary haven to accommodate the growing number of displaced peoples from Kagay and other areas. Previous to this, these displaced families were either home-based (with relatives) or had evacuated to the Bato Bato Elementary School. With the instruction from the Provincial Government to no longer evacuate to public schools, the Upper Talatak Tent Community evacuation site was identified and set up under the coordination of the ACC. It serves as an extension of Lower Talatak, which has become a semi-permanent evacuation area for many original residents of Kagay and other nearby barangays. The relative proximity to Kagay (at least two kilometers) allows the IDPs to visit their homes during daytime and work on their farms whenever the security situation permits.

At the time the field assessment was being conducted, the ACC had officially reported that all the Kagay residents have returned to their community as of September 29 during the military-initiated Balik Barangay by the 104th Brigade headed by Col. Antonio Supnet. Subsequent ground verification with IDPs and site visits to Upper Talatak and Jariya evacuation areas, and Kagay proved otherwise.

It should be noted as well that some barangays in Indanan have been abandoned for sometime. These are Sawaki, Karawan, Suplemental Feeding in Bato Bato in March 2007
Siunogan, Taran, Tubig Dakulah and Tumantangis.

DATA GATHERING AND FINDINGS

Regular field visits to Talatak and Jariya evacuation areas, a house to house survey of Kagay IDPs, focus group discussions (FGD) with women and children, and key informant interviews were conducted on various dates within the assessment period. On 15 and 19 October 2007, the FGDs with the displaced women in Upper Talatak and Jariya were conducted, respectively. Similarities in the responses of the displaced women in the two evacuation areas have been noted. At least 10 women participated in each FGD. Nonetheless, numerous informal discussions on their plight have taken place on various periods. A guide questionnaire was used for the purpose. The local RAs conducted the FGDs and the IDP HH survey in the local language, Tausug.

It should be noted that the success of the conduct of data gathering was also a result of the constant personal engagements with the displaced communities that have been fostered by frequent visits and conduct of humanitarian assistance such as the nutritional feeding program for children and other vulnerable groups, and medical assistance. This rapport building and personal affiliations began with the conduct of prior humanitarian operations during displacements in the first and second quarters of 2007 affecting the same and other displaced communities.

The HS had in fact organized emergency feeding programs for children and other vulnerable groups managed by the displaced parents themselves in Karungdong, Kalingalan Caluang (May 2007); various evacuation areas in Panglima Estino which hosted IDPs from Panamao (April and May).
ASSESSMENT REPORT ON THE
HUMANITARIAN SITUATION IN SULU

DATABASE OF INTERNALLY DISPLACED PERSONS IN SULU
AS OF MAY 2007

Municipality : Indanan
Sitio / Barangay : Batu Batu
Evacuation Areas : Batu Batu Elementary School
Evacuees from : Bay Pungod (40), Laum Saing (77), Jariya (24) and Mampalam (13)

SUMMARY TABLE:

<table>
<thead>
<tr>
<th>Total Number of IDPs</th>
<th>Total Number of HHs</th>
<th>Age Grouping</th>
<th>Total Males =75</th>
<th>Total Females =81</th>
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<td>41</td>
<td>0- 5 years old = 31</td>
<td>75</td>
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<td>6-12 years old = 32</td>
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<td>13-17 years old = 6</td>
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<td>18 years above = 76</td>
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Legend:
* = pregnant
** = disabled

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<tr>
<th>Number</th>
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<td></td>
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<td>Mother: Daruisa*</td>
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<td>✓</td>
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<td>1. Almubin</td>
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<td>2. Gaspar</td>
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<td>4. Rojiya</td>
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<td>5. Rodzlan</td>
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<td>29</td>
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<td>3. Rohana</td>
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</tbody>
</table>

Sample of simplified initial baseline data gathering form used by IDP volunteers during prior emergency feeding programs for children and vulnerable groups in various evacuation areas in Jolo mainland.
### Socio-Economic Baseline Profile of Kagay IDPs Based on IDP Household Survey as of October 2007

#### General Information

<table>
<thead>
<tr>
<th></th>
<th>Jariya</th>
<th>Upper Talatak</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of HHs</td>
<td>49</td>
<td>48</td>
<td>97</td>
</tr>
<tr>
<td>Number of Persons</td>
<td>279</td>
<td>245</td>
<td>524</td>
</tr>
<tr>
<td>Most no. of PAX per HH</td>
<td>23</td>
<td>12</td>
<td>23</td>
</tr>
<tr>
<td>Least no. of PAX per HH</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Number of Male</td>
<td>130 (46.5%)</td>
<td>114 (46.5%)</td>
<td>244 (46.5%)</td>
</tr>
<tr>
<td>Number of Female</td>
<td>149 (53.4%)</td>
<td>131 (53.4%)</td>
<td>280 (53.4%)</td>
</tr>
<tr>
<td>Youngest Age</td>
<td>1 month</td>
<td>6 months</td>
<td>1 month</td>
</tr>
<tr>
<td>Oldest Age</td>
<td>75</td>
<td>72</td>
<td>75</td>
</tr>
<tr>
<td>Not certain of Age</td>
<td>68 (24.3%)</td>
<td>48 (19.5%)</td>
<td>116 (31.6%)</td>
</tr>
</tbody>
</table>

#### Education

<table>
<thead>
<tr>
<th></th>
<th>Jariya</th>
<th>Upper Talatak</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed Tertiary</td>
<td>2 out of 233 (0.8%)</td>
<td>2 out of 221 (0.9%)</td>
<td>4 out of 454 (0.8%)</td>
</tr>
<tr>
<td>With Some Educational Attainment (Incomplete or Had Stopped Schooling)</td>
<td>83 persons (35.6%)</td>
<td>38 persons (17.1%)</td>
<td>121 (26.6%)</td>
</tr>
<tr>
<td>Currently in School</td>
<td>52 out of 137 (38%)</td>
<td>22 out of 62 (35%)</td>
<td>74 (16.2%)</td>
</tr>
<tr>
<td>Have Not Gone to Formal School</td>
<td>96 (41.2%)</td>
<td>159 (71.9%)</td>
<td>255 (56.1%)</td>
</tr>
<tr>
<td>Pre-School Age</td>
<td>46</td>
<td>24</td>
<td>70</td>
</tr>
</tbody>
</table>
### ASSESSMENT REPORT ON THE HUMANITARIAN SITUATION IN SULU

<table>
<thead>
<tr>
<th>AVAILABLE SKILLS</th>
<th>JARIYA</th>
<th>UPPER TALATAK</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cooking</td>
<td>9</td>
<td>7</td>
<td>16</td>
</tr>
<tr>
<td>Reading Qur'an</td>
<td>4</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>Marweaving</td>
<td>4</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Tausug Dance</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Drawing</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Dressmaking</td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Computer Literate</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Radio Mechanic</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Carpentry</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Singing</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

### LIVELIHOOD BEFORE DISPLACEMENT

<table>
<thead>
<tr>
<th></th>
<th>JARIYA</th>
<th>UPPER TALATAK</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highest Income Per Day</td>
<td>P 1,000/day</td>
<td>P 1,000/day</td>
<td>94 (96.9%)</td>
</tr>
<tr>
<td>Lowest Income Per Day</td>
<td>P 300/day</td>
<td>P 200/day</td>
<td></td>
</tr>
<tr>
<td>Highest Income Per Month</td>
<td>P 20,000/mo (Coco Farmer)</td>
<td>P13,000/mo (Cattle Raiser)</td>
<td></td>
</tr>
<tr>
<td>Lowest Income Per Month</td>
<td>P1,000/3 mos</td>
<td>P1,500/mo</td>
<td></td>
</tr>
</tbody>
</table>

### LIVELIHOOD SOURCE BEFORE DISPLACEMENT

<table>
<thead>
<tr>
<th></th>
<th>JARIYA</th>
<th>UPPER TALATAK</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coco Farmer</td>
<td>32</td>
<td>12</td>
<td>44 (47%)</td>
</tr>
<tr>
<td>Farmer</td>
<td>6</td>
<td>17</td>
<td>23 (24%)</td>
</tr>
<tr>
<td>Abaca Farmer</td>
<td>6</td>
<td>2</td>
<td>8 (9%)</td>
</tr>
<tr>
<td>Driver</td>
<td>6</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Cattle Raiser</td>
<td>1</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Fisherman</td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Security</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Saleslady</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Midwife</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Plywood Seller</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Sari Sari Store</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>49</td>
<td>45</td>
<td>94</td>
</tr>
</tbody>
</table>

### DURING DISPLACEMENT

<table>
<thead>
<tr>
<th></th>
<th>JARIYA</th>
<th>UPPER TALATAK</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highest Income Per Day</td>
<td>P400/day</td>
<td>P 500/day</td>
<td>44 (45%)</td>
</tr>
<tr>
<td>Lowest Income Per Day</td>
<td>P 50/day</td>
<td>P 150/day</td>
<td></td>
</tr>
<tr>
<td>Highest Income Per Month</td>
<td>P3,000/mo (Coco F)</td>
<td>P10,000/mo (Driver)</td>
<td></td>
</tr>
<tr>
<td>Lowest Income Per Month</td>
<td>P1,000/4 mos</td>
<td>P1,000/3mos</td>
<td></td>
</tr>
</tbody>
</table>

### LIVELIHOOD SOURCE DURING DISPLACEMENT

<table>
<thead>
<tr>
<th></th>
<th>JARIYA</th>
<th>UPPER TALATAK</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coco Farmer</td>
<td>16</td>
<td>5</td>
<td>21 (62%)</td>
</tr>
<tr>
<td>Abaca Farmer</td>
<td>8</td>
<td></td>
<td>8 (24%)</td>
</tr>
<tr>
<td>Farmer</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Driver</td>
<td>3</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Sari-sari store</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Security</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Gov. Employee</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Carpenter</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Cassava Vendor</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Coffee Shop</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Coconut Vendor</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Vendor</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>31</td>
<td>13</td>
<td>34 (36%)</td>
</tr>
</tbody>
</table>
ASSESSMENT REPORT ON THE 
HUMANITARIAN SITUATION IN SULU

<table>
<thead>
<tr>
<th>PLACE OF ORIGIN</th>
<th>JARIYA</th>
<th>UPPER TALATAK</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Kagay Sentro</td>
<td>26</td>
<td>19</td>
<td>45 (46%)</td>
</tr>
<tr>
<td>2. Upper Laum Saing</td>
<td>5</td>
<td>14</td>
<td>19 (20%)</td>
</tr>
<tr>
<td>3. Lower Laum Saing</td>
<td>2</td>
<td>9</td>
<td>11 (11%)</td>
</tr>
<tr>
<td>4. Purut</td>
<td>8</td>
<td>8</td>
<td>8 (8%)</td>
</tr>
<tr>
<td>5. Punsod*</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>6. Taran*</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>7. Tubig Ulanun</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>8. Bahad</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>9. Mampalam Tu</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>10. Kulasi (Maimbung)*</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>11. Sawaki (Barangay)*</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Langpas (Barangay)*</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>49</td>
<td>48</td>
<td>97</td>
</tr>
</tbody>
</table>

NO OF TIMES EVACUATED
< 5 times = 4 HHs
W/in 10 to 20X = 12 HHs
> 20 = 5 HHs
Others: No data / too many times to count

PERIODS OF EVACUATION
Martial Law

* These are not sitios in Kagay.

Some Chart Illustrations:

- **Gender Distribution of Kagay IDPs**
  - F - 280 (53.4%)
  - M - 244 (46.5%)
  - Total IDPs - 524

- **Status**
  - Separated - 1 (0.3%)
  - Widow - 9 (1.7%)
  - Married - 203 (38.7%)
  - Single - 31 (59.3%)
  - Total IDPs - 524

- **Age Groups**
  - Under 5 yrs. - 56 (10.6%)
  - 5 to 12 yrs. - 118 (22.5%)
  - 13 to 17 yrs. - 61 (11.6%)
  - 18 to 39 yrs. - 195 (37.2%)
  - 40 to 59 yrs. - 68 (12.9%)
  - 60 yrs. above - 26 (4.9%)
  - Total IDPs - 524

- **Educational Attainment**
  - Completed Tertiary - 4 (0.8%)
  - Have Not Attended Formal School - 255 (56.1%)
  - Have Stopped - 121 (26.6%)
  - In School - 84 (18.2%)
  - 64 Primary
  - 28 Secondary
  - 9 Tertiary
  - Total IDPs - 454

- **137 are parents
- 70 are pre-school age**
and Kalingalan Caluang (May); and in Indanan (Tagbak, Kasambuhan, Talatak and Bato Bato) at various periods commencing in February 2007.

The following Table presents a statistical summary of the information gathered from the survey of 97 IDP HHs in Upper Talatak and Jariya. The surveyed IDP HHs represent at least 22% of the total number of displaced HH residents of Kagay based in the October 2007 ACC figure of 341 families (this includes prior displaced families). Other evacuees dispersed in Lower Talatak and other parts of Bato Bato and elsewhere at different points in time are not included in the research. It may, however, be considered as a representative sample of the socio economic baseline of Indanan displaced peoples. This is also a pioneer IDP baseline for Sulu.

**ABOUT KALINGALAN CALUANG**

Kalingalan Caluang was created into a municipality on December 6, 1975 under Presidential Decree (P.D.) No. 838; taken from Luuk. It has a total of nine barangays. As 2000 NSO Data, it was recorded to have a total population of 22,688 with 4,162 HHs. The 2006 population registered at 29,276. It has 56 sq. kms. of land area. The 2005 IRA was P 21,748,556.
In 2000, 15.4% of the HHs had access to potable water and only 10.14% had access to sanitary toilet facilities. ARMM Dep Ed 2005-2006 records participation rate at the elementary level at 75% with 44.35% survival rate; and 68% participation and 42.39% survival rate at secondary level. Literacy rate for population 10 years old and over was at 42.39%.

For 2006, the Rural Health Unit reports that Kalingalan Caluang has one public health nurse, two rural health midwives and one rural sanitary inspector. The top five leading causes of morbidity are: URTI, Diarrhea, Pneumonia, Malaria and gun shot wounds. The top five leading causes of mortality are: gun shot wounds, diarrhea, pneumonia, tuberculosis and stroke.

Karungdong (as in many other communities in the said municipality) has been suffering from government neglect and political conflict. The basic development needs are found to be very much wanting. Hence, a war-torn and depressed community like Karungdong can in reality be considered in a constant flux of conflict and unpeace.

It is generally viewed that Karungdong is not within the priority of development assistance by the Pitogo- based LGU. However, based on Tabang Mindanaw’s experience in engaging with the community on its water resource inventory and systems development program, it can be expected that the people will extend their time and effort for any favorable development engagement that would benefit them. Majority are willing to participate for development in their community and is hoping for concrete transformation and improvement of their plight.

The highlights of the Tabang Mindanaw community consultations and Participatory Rapid Appraisal conducted in Kalingalan Caluang in August 2007 reveal some of the difficult living conditions of the people.

**NEED FOR WATER SOURCE.** The supply of water in Barangay Karungdong is not enough to meet the needs of the community. Ratio is one source to 150 families. Residents from these areas spend longer time queuing for water. There are existing open dug wells made by the residents but these are not being
used for drinking. The lone deep well water source in the public school compound is in fact contaminated and has limited water supply. It has been observed that many young children in Kalingalan Caluung suffer from various kinds of skin diseases.

Barangay Karungdong residents have expressed the need for assistance in organizing their respective community, and technical assistance and materials to improve their water sources. They are willing to provide labor as their counterpart to the project. They also raised the issue of the need for livelihood and economic assistance (i.e., for seaweeds and upland farming).

**TOP FIVE TRADITIONAL ROLES.** The top five (5) traditional daily activities / roles of women, men and children are the following:

<table>
<thead>
<tr>
<th>Women</th>
<th>Men</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cooking</td>
<td>1. Fetching water</td>
<td>1. Going to school</td>
</tr>
<tr>
<td>2. Laundry</td>
<td>2. Praying 5 times a day</td>
<td>2. Fetching water</td>
</tr>
<tr>
<td>5. Fetching water</td>
<td>5. Tending to and feeding of livestock</td>
<td>5. Feeding of livestock</td>
</tr>
</tbody>
</table>

**HEALTH AND SANITATION.** One can observe that health services are relatively poor although there is the advantage of having a health center (funded by the ARMM Social Fund) with permanent health personnel (midwife) in the area. The center, catering as well to nearby Brgy. Kambing, cannot provide all the health needs of the residents due to the lack of support and financial assistance from concerned local authorities. The medicines and medical supplies are deemed insufficient.

Basic hygiene and sanitation problems beset the community. There are less than 10 latrines in Karungdong. People residing near the coastal areas defecate along the coastline; while residents located inland and upland use the traditional open pits.

**EDUCATION.** Karungdong has a public elementary school (Hadji Maharadja Tawasli Central School) with a total of 465 students with nine teachers and two volunteers (SY 2007). It also has an extension Secondary School (National High School Annex) that caters to 134 First Year to Third Year students with two volunteer teachers. Each HS student donates P20/monthly for the upkeep of the volunteers. For both primary and secondary levels, there is a serious lack of school facilities and supplies especially books for children and reference materials for teachers, and chairs and tables. The classrooms are also dilapidated and some school repair is being
done on local teachers’ initiative.

OPENNESS TO / DESIRE FOR CHANGE. One observable strength of the community residents including the teachers and the health workers is their willingness to actively participate for the improvement of their community. The negligence and lack of support and assistance from the LGU over time have challenged their interest and desire to take into their own hands their claim for positive change. It can be assumed that a contributory factor for such mounting hope for transformation and progress is having seen or heard about positive changes in nearby communities such as Panglima Estino. The strength is, therefore, in the promise of community cooperation and commitment to be active partners for peace and development.

In a meeting with the DepEd Kalingalan Caluang Principal, Head Teacher and teachers of Karungdong, Kambing and Pang last October 16, the educators welcome and support the idea of strengthening their local capacity to be better educators and nurturers of children. Such can be seen as a critical entry point and offers a potential mechanism for disaster reduction activities through community organizing and capability building of the educators. They reveal that almost all people in Kalingalan Caluang had experienced to be displaced at one point in time in their lives.

HOST COMMUNITY FOR IDPS. Karungdong is a regular host community of IDPs from various areas in Kalingalan Caluang such as Kambing and Pangdan-Pangdan. Regular military operations against rogue MNLF leaders are conducted. In May 2007, the armed encounter caused another round of displacement of civilians from at least 12 areas
estimated at 1,000 families. The place of the encounter and the military operations, which reportedly left four MNLF killed in action, was situated near civilian communities. The familiar plight of IDP suffering – hunger, fear, sickness and hopelessness – was evident once more.

The already oppressive basic living conditions of the local population are (insufficiency of safe water, limited food production and supply, inadequate shelter and poor sanitary facilities, etc.) therefore, aggravated by the intense influx of IDPs as it did happen in May 2007 and in the last quarter. Hence, assisting the IDPs should mostly likely also consider assistance to the local population who are living in substandard conditions.

One serious aggravating factor is the distant location of the municipality from Jolo where relief rations originate. Any delay in humanitarian intervention affects the whole communities. Most often than not, movement of commercial goods in times of military operations is also limited or controlled.

The absence of relief supplies, unavailability of reliable water source and controlled

IDPs in Karungdong, Kalingalan Caluang
May 2007

IDPs in May 2007
movement of goods have worsened the plight of the poor and marginalized peoples of Kalingalan Caluang. Last May, food rationing by the Sulu Red Cross took some time to get into the area due to the problem of security clearance. It was also election month and there was a debate among government service providers over the propriety to carry out humanitarian activities during the period allegedly due to an election ban. Hence, it was decided that relief assistance in Karungdong would be conducted after the elections.

On May 8, 2007, in response to urgent appeals from local contacts for the conduct of a field assessment and emergency relief aid, Tabang Mindanaw visited Karungdong and organized for twice a day nutritional feeding for children managed by the IDP mothers. Two clusters have been instantly set up with only minimal provisions left in stock for a few days. An appeal was made to the Joint Task Force Comet to allow for commercial transport of goods as well as issuance of security clearance, and the Red Cross Sulu Chapter to provide food ration as soon as possible.

THE CONTEXT OF THE DISASTER AND THE HUMANITARIAN SITUATION

The following narrative aims to convey various information gathered from both the FGDs and the key informants concerning the plight of the Kagay IDPs in particular and on the overall Sulu humanitarian situation in general. Whether this represents the general IDP plight in Sulu is debatable. Suffice to say for the moment that Kagay (an upland community) located in Indanan is relatively close to the provincial capital of Jolo, the political base and center of government services.

1. What is the nature of the conflict?

The key factor that usually prompts for departure from the home community is the tension brought about by the presence of military troops and the ASG in the case of Kagay, and the rogue MNLF and JI elements, in the case of Kalingalan Caluang. As such, military operations / patrol are constantly conducted within the areas.

Both the women of Talatak and Jariya could hardly remember the exact period when the conflict started in Kagay. What has been reflected in the surveys though is that majority are not first timers in displacement. On the average, the least number of times a HH has evacuated is ten times over varying span of time. Many more have indicated that the incidents of displacements were too many to count and that there was no point at
keeping track. Significant periods of recollection include Martial Law, 1999, and various periods henceforth.

2. **What is the actual impact of the displacement on the local population and what is their attitude and that of the local authorities toward the IDPs?**

Sulu humanitarian culture takes off from a more popular mindset that “Suluanos are used to war”. This can be seen as a symptom of a “collective trauma” as well. A widespread sense of apathy. The “abnormal” has become an acceptable norm and therefore not much can be done about the situation. Local authorities are inclined to let nature take its course, so to speak, for people to get by as they have over time. By extension, the local host communities have become used to frequent displacements if not having become displaced victims themselves at one point in their lives. More often than not, their displaced relatives move in with them.

There are many interpretations and consequences to this disposition: First is the danger that one approaches relief response as an act of charity and not basically as a rights’ based intervention - IDPs having legitimate rights and that the mandated service providers and local humanitarian organizations are responding with respect to the humanitarian imperative above all else.

3. **What is the condition of the local population? If assistance is provided to IDPs, should the local population also be assisted?**

The host community (Bato Bato) is not significantly affected by the presence of the IDPs as the numbers are deemed to be relatively manageable, and land is spacious. Majority move in with relatives. The Bato Bato location is ideal to most people displaced from Kagay and its periphery given its proximity to the home communities. It allows the IDPs to visit their houses and farms during daytime whenever the security situation permits in order to supplement their basic needs.

Both Talatak and Jariya are temporary safe havens for the displaced people from Kagay. IDPs in Jariya explain that Jariya in ‘lausug’ actually
means “resting place”. Accordingly, aside from the family of the caretaker in Kagay, all the people in Kagay are displaced peoples. The owners of the land have permitted the IDPs to set up temporary residence for as long as necessary.

Usually, any relief rationing covers majority of the Talatak based IDPs as well regardless of period of displacement. It is also possible that leakage to non-IDPs, i.e., residents of Bato Bato, happens. Hence, the limitations in the conduct of IDP baseline data gathering have to be addressed to minimize, if not totally, avoid this.

4. Is there any security problem?

Security is of primary importance to everyone. For the IDPs, security basically means keeping alive. Threat is imminent every time one of the armed troops is in the area. According to them, the presence of any of the armed groups would likely result to an armed encounters and would risk their lives in the crossfire. This was the case for the displaced households of Kambing, Kalingalan Caluang in May 2007 and of Kagay, Indanan in August 2007. Kalingalan Caluang is more difficult primarily due to distance from Jolo-based service providers and inaccessibility due to security constraints en route and within the area.

INFORMATION AND SUPPORT SERVICES

5. Is there any up-to-date information about the security information, human rights violation or other problems relating to safety and security?

Apart from what the IDPs observe themselves or directly hear from their relatives and community leaders, there is no regular up-to-date information from government authorities or local officials about the security situation in their area. The IDPs tend to depend on each other and their own collective experience over many years of displacement. Warning signals that would hint their evacuation or return are already evident for them. Sometimes, however, the people are caught flat-footed and evacuate at the spur of the moment when armed forces are seen lurking, or worse, in some cases, during the actual point of bombardment or encounter. Unfortunately, in the context of military war operations, advance notice to civilians to pave the way for their evacuation is not to be expected. Situations are worse in conflict areas where there are no barangay leaders or elders to guide the people.

Given as well that past and present human rights violations (particularly
of government military troops) go unrecorded and, therefore, unresolved, such stories of the past linger and are passed on through generations. This actually serves as a natural deterrent for the building of trust and confidence on authorities that are deemed to be one’s protectors. Some expressed that the growing fear and negative view of the government military forces has become more entrenched each time a military operation takes place. It is also evident that the people are unaware of their own human rights as displaced peoples. It can be said that there is almost no protection of human rights, women’s reproductive rights, and right to return to meaningful livelihood. Such situation is aggravated by the absence of local leaders who are able to speak up on behalf of the people.

6. **Are there any local leaders or other organizations collecting data or disseminating information about what happened?**

IDPs are often the best source of information regarding the situation especially if the area affected is remote and inaccessible. They are well aware of early warning signs of changed circumstances in the place of origin. Information gathering is only done informally by the residents/evacuees by word of mouth. On the basis of trust and confidence, some affected civilians are able to convey incidents of social injustice or other occurrences to external actors that have befriended them and who can possibly help take action.

Nobody formally collects records and disseminates information of daily happenings brought by the conflict in the area. One basic limitation is literacy and capacity for written documentation. Another could be personal security threat.

The regular baseline data gathering of the Provincial DSWD and the Red Cross for purposes of relief provision is the most basic data collection being carried out. DSWD does data gathering through barangay officials and the Red Cross carries out house-to-house
survey. There have been some visits and rapid field assessments done by various groups coming in and out of Sulu but the results have yet to be disseminated.

7. Are there information/communication systems of letting people know how can they access services?

The IDPs in general have a limited knowledge, if at all, when it comes to accessing services of the government, particularly health-related. Most if not all are not aware that any sick IDP is entitled to the full (free) medical/hospitalization assistance of the IPHO (subject to the availability of medicines and supplies). There is no pro-active information campaign on how to access such medical assistance. Nonetheless, there is expressed apprehension by people in approaching government facilities based on hearsay or secondary information on the lack of attention given to poor people. It also matters that people in the rural centers do not have the self-confidence to verbalize their needs or seek clarification mainly for fear of humiliation. It is also most possible that many have not been to a tertiary hospital, and have not seen a doctor or medical attendant and are most likely apprehensive about unfavorable reception. During the conduct of the research, two (IDP) mothers (post partum eclampsia) were brought to the public hospital for emergency medical check up. In both instances, no medicines were made available and, hence, had to be purchased outside on donated funds and borrowed money.

HEALTH AND NUTRITION

8. Are there significant numbers of sick or injured persons, is there excess mortality?

Based on the research team’s instant conduct of medical check up for the IDPs in Jariya and Talatak on October 14, where 68 persons were seen by a volunteer local health worker, many people complained of chest pain/difficulty in breathing, hypertension, cough and fever, blurring of vision, epigastric pain/ulcer, skin allergies, tension headache, body malaise and numbness.

The IDPs themselves are unable to take note of significant numbers of sick or injured persons in their area as well as excess mortality. This can also be attributed to the lack of knowledge or skills in detecting illness. It is not uncommon, however, for IDPs to oftentimes request for medicines for their perceived (or real) ailments. This apparent dependence on modern medicines has most likely been influenced by the popularization of medical missions or med caps. The danger lies not only in its poor sustainability but
also in the incidence of miscommunication and misunderstanding of how medicines should be administered. It has also become usual for people to begin to view medicines as an instant “cure all” and hoard them for future needs. It should be noted, however, that people do have cognizance for traditional healers and cures. Along this line, it is important to carry out community-based preventive health education programs and enhance traditional medical interventions.

9. Are there signs of malnutrition?

Signs of malnutrition were not really evident from the viewpoint of the women. Nutrition as a value is not a primary consideration apart from appeasing hunger. A more systematic nutritional assessment needs to be carried out among the children. Evidently, an ocular can immediately detect that there are different degrees of malnutrition among the general populace. Hence, the supplementary feeding is vital in ensuring support for the minimum nutritional intake of the vulnerable groups specifically children and lactating mothers and pregnant women, and the sick. “Nutritious food as medicine” has been widely advocated among parents.

When asked if the children were able to eat at least three times a day, some children answered positively but others became speechless. Ten-year old Nashra says, “We don’t actually eat regularly except when we have rice and cassava to cook. Sometimes we just eat rice with soy sauce. We do not often have fish and vegetables that is why we are poor in nutrition and are weak.” Eleven-year old Mardia confirms this, “There is not enough money for food. We don’t even eat regular nutritious food which is needed by our body. Fresh vegetables are rare in our area, and even the selling of fish.”

For prioritization and maximization of resources, there is a need to focus on the needs of special groups – single women, orphans and minors, the elderly and the disabled, and the need to address the dietary and caloric requirements of pregnant and lactating mothers, infants and children. A
blanket supplementary feeding for children and other targeted groups should be considered.

For Kagay evacuees as it was in Karungdong, there were no arrangements to provide supplementary and therapeutic feeding for vulnerable groups. A group of civilian volunteers has, however, organized the IDP parents to cook for supplementary nutritional meals for their children and other at risk groups on a regular basis. This commenced in September in Upper Talatak and in October in Jariya. Lower Talatak evacuees also organized for a seven-day feeding program of at least 100 children per day in August which totals to 700 hot meals. The management and scheduling depended on the availability of the mothers and the IDP volunteers. The recent feeding program activity in Jariya and Upper Talatak got rice and sugar provisions from the Head of the Joint Task Force Comet as these provisions were not made available from the civilian agencies. Supplementary materials like tents, cooking pot (borrowed), soaps were provided by the Social Development Ministry. The rest of the food ingredients and feeding supplies were provided by the volunteers.

10. Are there health centers, hospitals or other curative medical facilities? Do IDPs have proper sanitation or proper hygiene?

The children’s quick reply to this question was “No, we do not have a health center here. If we get sick, we only take medicines if we have stock. If none, we take herbal medicines”. They have water, soap and shampoo for proper hygiene. Accordingly, Talatak children say they always take a bath after play and before bedtime.

There is indeed no local health center or other medical facility in Kagay or within the periphery of the evacuation area. The Rural Health Unit can be found in the Poblacion (close to Jolo) with one nurse that heads it. Otherwise, most Indanan people can access health services in the town of Jolo. A two-way jeepney fare from Bato Bato to Jolo costs about P40 per person.

Karundong, on the other hand, has a health center that has a Rural Health Midwife. Medicines are provided if these are available.
11. Are affected communities aware of emergency medical arrangements? Who is responsible for providing this service and who pays for it?

Based on inquiries among IDPs, there is no one aware of any emergency medical arrangements, either by government health agencies or by the Red Cross. It is usual that people have to fend on their own or seek information for themselves. For those that can loan some funds, they have preference for private medical attention.

12. What are the main causes of illness and death?

No health data on mortality and morbidity were directly collected from the appropriate local health officers. Unfortunately, during the times the health offices were visited, either it was closed or the personnel in charge was not around. The only objective information can be culled from the house to house survey of the causes of deaths of 60 children of 29 parents from Kagay at various periods (excluding current displacement period).

Top mortality causes of the aforementioned are measles (9); cough and fever (8); enlargement of the stomach (3), premature-abortion (3), navel infection (2), martyrdom / crossfire (2), abnormality (2), heart attack (2), tetanus (2), nausea (1), dehydration (1), stroke (1), typhoid fever (1), no data (others). Please note that these were based on parents’ own diagnosis based on observable physical symptoms. These cases have not reached medical attention.

13. What are the area’s endemic diseases?

The IDPs enumerated that the endemic diseases in their area are cough and colds, headache, stomachache, and diarrhea (Jariya). Upper respiratory tract infection is actually the number one cause of morbidity in Sulu per IPHO 2006 data. These diseases are also symptomatic of poor nutrition, poor sanitation and lack of safe water provision.

14. Are there traditional healers and/ or community health volunteers?

Fortunately, the people have reported the presence of traditional healers in their respective area and their confidence in them. It was not verified...
whether a midwife is assigned and is active in Kagay although one IDP resident in the survey was reported to work as a midwife (could have been assigned in another area).

15. **Whether epidemics or starvation are occurring?**

Neither epidemic nor starvation had occurred in Kagay or in the evacuation areas. This is not to say that food is readily available or food supply is predictable. Cassava is the *Tausug* staple food. Despite the tremendous difficulties faced by the people in meeting their food requirements, the parents persist to do their economic activities in Kagay by putting aside their anxiety of getting caught in the midst of the armed confrontation between armed groups just so they could feed their children.

The case of the May massive displacement in Kalingalan Caluang was a different matter. The lack of food supply for both the host community and the displaced peoples has gotten to a serious level due to delay of food rations and security control of commercial food transit of local traders. This mainly had reference to the issuance of clearance for the smooth flow of rations and commercial trade.

**WATER**

16. **Do the IDPs have access to sufficient quantities of safe water?**

Water is important as a basic human need for bathing, drinking, washing and food preparation. Water is also important for the Muslim’s religious obligation for ablution. Indanan generally has abundant water sources. Generally, it is in the distribution system and the poor sanitation awareness that can be problematic.

In the Jariya evacuation camp, the people are faced with a problem of distribution, sufficiency and potability of their water. Water supply is deemed limited and not potable based on reported cases of diarrhea. *Taumaas* Pah Abil Adama has forwarded requests for better access to the water source through a connecting hose but his requests have been turned down by the ACC.

Unlike Jariya, Upper Talatak has a hose that has been connected to the water source much earlier. As far as what has been gathered,
water quality has not been tested and there is no purification methods applied. Water use education program has not been established to eliminate wastage given the more than sufficient supply in Upper Talatak. A plastic water storage tank was provided but has not been set up and remains unutilized. It is not clear what arrangements have been done for its utilization.

17. Do the IDPs have basic domestic items?

The IDP women say they do not have all they need “but what we have are enough for us”. Amidst severe hardship, this statement is not uncommon to hear in the distant communities in Sulu. It is instructive about the people’s resilience compounded by the force of circumstances and the willpower to survive against all odds. Such merits some explanation. One explains it to be the influence of religion – attributing to God’s will. “It is our fate.” Another is such attitude is also a result of centuries’ old feudal society “where everyone knows his place. People seem to express contentment to just survive. They realize there is much more in life they could aspire for but they are resigned to accept the fact that it is not for them.” A third view is that people are faced with severe constraints and need to overcome more elementary hurdles of survival before their individual and collective awareness on human rights as dignified beings is awakened. A fourth view expressed by a religious leader/education official is, “To say that what we have are enough is nothing but a pack of lies and hypocrisy. The truth is what we have is not even enough for us”.

As for the provision of other basic items such as clothing, footwear, blanket, etc., the people have expressed the need for livelihood support over the actual provision of such items. “With livelihood, we can buy whatever other essentials we need”.

18. Do the IDPs have food stocks, for how long will they last?

IDPs do not have the option to keep sufficient buffer stocks as they wish to as they do not have the financial means to do so. Hence, they need to return to their farms as often as possible to continue with their livelihood to ensure the flow of income and food on the table for their family.

FOOD RATION

The regulated or constrained access to livelihood adds more strain to the people in their daily food requirements. Nonetheless, and at such considerable risks, adults go back home to tend to their farms. This inherently adds mental stress on the parents and their children as well.
Children who do not go to school help out in the farms.

The typical food basket of the relief agencies are composed of some kilos of rice, cans of sardines and packs of instant noodles. This food ration is intended to supplement locally sourced food by the IDPs. Given the unpredictability of supply and the lack of an understanding of the need to meet the minimum kilocalorie requirement, the dietary and caloric requirements of pregnant and lactating mothers, infants and school children are not totally addressed.

The food and non food supply rations provided so far to Kagay evacuees (per family) for the period August and September 2007 are as follows:

- From the Red Cross, the standard relief food rations include 10 kilos rice (from WFP), 12 tins sardines, 6 packs instant noodles, and ½ kg. sugar, and 2 bars soap (from ICRC). From the DSWD Regional and Provincial office: 5 Kgs. Rice and 3 tins Sardines (first round); 3 kilos rice, 6 tins sardines, 4 cans corn beef, 3 packs instant noodles, 1 box powdered milk, 10 sachets of 3 in 1 coffee (second round)

- For the non food ration by partner-members of Mindanao Emergency Response Network (MERN): plastic sheets, plastic mats, pail with cover; hygiene kits (2 toothbrushes, 2 bars detergent soap, 1 bath soap.)

19. Is there sufficient fuel for cooking?

The IDPs are able to find ways to manage their cooking albeit it is more difficult to collect and dry firewood particularly when it rains. The people are able to work out their own traditional facilities for preparing hot meals (firewood) although cooking pots and utensils are insufficient (left in home communities).
SHELTER AND OTHER INFRASTRUCTURE

20. Do the IDPs have adequate shelter?

The IDPs from Kagay have been provided access to an evacuation area to set up their tent homes or nipa huts. The 45 families resettled in Upper Talatak were all provided with plastic sheeting by MERN and bamboo posts by the ACC. Each HH was tasked to gather the rest of the needed housing materials and to set them up.

The Jariya IDPs were only provided with plastic sheets (tents) and nothing more. Most homes are in fact made of traditional materials which are actually better than those with plastic sheets although the latter still finds its practical use for walling or roofing. For the long term, these structures are not durable and will need to be constantly upgraded. The occasional strong rains also do not protect the tent homes from getting wet inside. The scorching heat of the sun in other days can also be oppressive under the plastic sheeting.

The IDP houses may not give all the comforts of home but the IDPs consider themselves fortunate enough to have the kind of shelter they have for the moment. The people of Jariya, however, have requested for additional plastic sheeting to improve their core shelter. They claim that not every family has been provided with the plastic sheets.

It is a different scenario in Karundong, Kalingalan Caluang where there is a bigger constraint of resources. The occasional massive displacement (but with more common chronic pockets of displacement) in Karundong has serious core shelter provision issues. The two traditional basic options for IDPs are to move in with relatives or seek refuge in dilapidated infrastructures such as schools. There is no reliable potable
water source, hence, one will take note of proliferation of skin diseases such as scabies, etc.

ENVIRONMENTAL SANITATION

21. Are adequate sanitary facilities available?

The 2000 NSO Census in Indanan records that 33% of the HH population had no access to toilet facilities. Another 33% uses the open pit sanitary facility.

Unlike in Talatak where two sets of toilets (separate from male and female) have been constructed and connected to a water source through a hose, the Jariya IDPs do not have a communal toilet facility similar to that in Talatak. They would be very thankful if there is someone who could make sanitary facilities available to them. Open pit is traditionally used.

The lack of camp management has resulted to poor sanitation with the piling up of garbage. There is no awareness on the preventive measures against the degradation of the environment. Garbage disposal system is not in place and there is no waste desegregation. Garbage dumps (individual pits) near their IDP homes are observed to be piling up. Sanitation education program needs to be implemented to arrest health complications.

EDUCATION AND RECREATIONAL ACTIVITIES FOR CHILDREN

22. Does education take place? How adequate and appropriate is it?

Kagay has a two-classroom primary school classified as Incomplete Primary operated under the Indanan North District. DepEd ARMM Sulu Division reports that this school was operational for 2006-2007 with 100% participation rate. It reported 25 students in Grade 1, 17 in Grade 2 and 4 in Grade 3 for a total of 46 primary school students. There is one Primary School Teacher in the DepEd plantilla assigned to Kagay P/S. For 2007, it has become unoperational.

From SY 1994 to 2006, the nine-year average enrolment in Kagay is 47 students with the highest number of enrollees in 1999 at 102 and lowest in 2001 at 25. Half of the students walk less than 30 minutes to school and the other half walk within 30 minutes to an hour. Nutritional status is not
known. Usable textbooks as of SY 2005 were recorded at 2 pcs (Arabic) with 34 students. There is textbook shortage for all other basic subjects (Science, Math, English, Filipino, Hekasi and Makabayan). Desk and chairs are only 14 pieces with a shortage of seating capacity.

The dismal IDP education baseline of Jariya and Upper Talatak evacuees reveal that out of 454 persons, only four have graduated from tertiary education; 121 or 26.6% have some educational attainment but had stopped schooling. Only 74 persons or 16.2% are currently in school: 64 are at primary level and 10, secondary. It is most likely that very few of those in school will eventually complete secondary education. A total of 255 persons, 137 of whom are parents, have not gone to formal school at all. Seventy (70) are still within pre-school age. No socio economic baseline has been gathered for Karundong, Kalingalan Caluaut.

The women expressed that although they would want to give the best education for their children, financial constraints unable them to do so. Even as most of them did not experience going to school, they are aware of its importance for the future of their children. The only available nearest public elementary school is in Bato-Bato where 64 children from Jariya and Upper Talatak are currently enrolled. Whether in Kagay or in the evacuation areas, these 64 students attend classes in Bato Bato. Many mothers have reported that their children walk to school wet in the rain and come home still wet in the rain. In spite of which, the kids report that they are happy. (They would like to have raincoats though.) Whenever upon reaching school, their teachers are not around to teach, they role play as teachers.

During an impromptu educational activity session with the children, the RAs noted that the children’s language and mathematical ability are below par. In terms of school materials and supplies, the children think that the school has enough to meet their needs (children are easy to please) but the presence of the teachers is still in demand. It has been observed that some classrooms in Bato Bato, even newly built ones, are not being used because teachers are limited and/or the classroom facility is defective.
23. Are education and other activities provided so that children are able to participate in regular development-enhancing activities and re-establish a sense of routine?

There is no development enhancing activity being done on a regular basis except for the supplemental feeding program and the occasionally facilitated play activities organized by volunteer groups. No recreational activities are being facilitated for children and youth on a regular basis. What can be noted is the frequent “sabong” and “card” games among the youth and young men to spare their time.

There needs to be skills training and recreation activities for adults and youth and provision for recreational and educational materials from local sources. These activities can be set up in an accessible “child friendly space” and should be supervised.

24. Are there people in the community who could provide regular activities for the children such as non-formal education, play or recreation?

There is no teacher who is a resident-evacuee of Kagay. The people think that there are few people in their community who could help provide some regular activities for their children but nobody has taken the initiative to do this yet. There are a few college graduates/ tertiary level (or even high school level) individuals that can be tapped to take the lead in recreational activities for children.

25. Do the children have sufficient playground for play?

Accordingly, other than the school grounds in Bato Bato, the children go somewhere else to find space for play. There is no park or play area to spend most of their time. A young girl named Sherpina says that her mother put up a doll house just a meter away from their house “so I can play close by”.

When asked to describe their typical day, the children replied that, “The first thing that we do in the morning is to take a bath and have our breakfast. If we have class, we prepare for school but if we don’t, we go with our parents to the field and help them in farming.” Other children would feed their cows and chicken first before going to school. Some children say that they usually wash their clothes and clean the house. Others would prefer to read the Qur-an. These routines are very important for children and should be supported as much as possible.
26. Have teachers, health workers, and protection officers, etc. been trained to assess and promote well being?

This is evidently not a concern, much less a priority to consider by mandated agencies. It is assumed that the trained social workers tasked to uphold and serve the best interest of the child and the general well being of the displaced peoples are yet to be challenged to put their acquired knowledge and skills to practice in a more sustainable, institutionalized approach. This has to be carefully anchored on a clear understanding of and appreciation for humanitarian principles.

If there will be teachers to be tapped, training and technical support have to be clearly provided beginning with humanitarian principles and accountability which highlight the fundamental rights of displaced peoples with special attention to vulnerable groups. Educational institutions as a mechanism for the promotion and preservation of protection and general well being of schoolchildren are a viable entry point.

27. Is the curriculum still appropriate to the needs of children after the disaster?

The basic curriculum still has to carry on but should be enhanced with content appropriate to the needs of the children caught in situations of armed conflict. Traditional art, music, dance and sports should be encouraged as these have natural cathartic outcome for children that need critical stress debriefing activities particularly in most stressful conditions.

28. How many schools need to be reconstructed or rehabilitated?

Kagay needs a functioning primary school building in their area so that their young children will be able to go to school and be spared from walking a good distance away. More so, in order not to avoid further deterioration of school buildings and their facilities, Joint Task Force Comet and the Provincial ACC should also issue a policy that public schools and other public service infrastructures should not be used as military barracks regardless if the areas where these are found were abandoned. This is not
to say that the use of classrooms as military barracks is a standard practice by the armed forces but such does happen in remote and abandoned communities.

Many school buildings in Karundong and other parts in Kalingalan Caluang are dilapidated, obviously constructed with very poor standards and have likewise been poorly maintained. Such poor infrastructure condition is typical in many remote areas in Sulu.

29. What educational materials are needed?

The educational materials they need are textbooks, dictionaries and other reference materials, and some basic school supplies.

ABOUT PEACE

30. Are there any ongoing efforts at peace building and conflict resolution?

As far as the women are aware of, no ongoing efforts at peace building and conflict resolutions are happening in their area. As this was prior to barangay elections, many were looking forward to a change in their barangay leadership as the previous one was reported to be an absentee leaving most of his constituents wanting. The same goes for Karungdong as well. The people think that having a leader present among them in the community should be able to facilitate some of their basic development rights and bring to fore their critical concerns. Particularly in times of sudden displacements, the people desperately need the voice of a leader who will provide appropriate some consolation, information and guidance, as well as convey to concerned authorities the communities’ critical concerns.

Finally, with the recently elected barangay captain in Kagay, many are hopeful with the change in leadership. On the other hand, there was a reported failure of barangay elections in Karungdong. A special election has been set on December 15.
31. What can bring about peace in your community? How can peace be attained?

For Kagay, there is general hopelessness in attaining peace in the community. The women expressed that peace can hardly be attained for as long as the ASG lingers. They express hope for the government to consider other alternatives on how to resolve the problem apart from sending military forces to conduct military operations. There are also different levels of confidence among community members on how they see their role in mediating the peace in their community.

32. Are there specific unresolved matters affecting various people and subgroups? How are these matters being resolved or they can resolved?

The women cannot point out any unresolved matter aside from the conflict they are experiencing at present. The people cannot express much confidence in intervening and talking to the ASG not to pass through Kagay. They say that most of these people are from Patikul and are not related to them. The military, on the other hand, usually suspects local residents to be related and/or supportive of the ASG, which leaves the people in a quandary.

In the case of Kalingalan Caluang, it would be well for the Provincial Government to intervene not only in the settlement of the political conflict that has caused the division among local peoples, but also in the conduct and management of military operations in the area to ensure minimum collateral damage. Areas of massive evacuation should be declared as free-fire zones to guarantee the safety of civilians. Due to serious “kontara” arising from political / clan conflicts, the military has to be very sensitive in getting involved with any warring group.

RESOURCES, SPONTANEOUS ARRANGEMENTS, ASSISTANCE BEING DELIVERED

33. What type of possessions have the IDPs brought with them?

Given the apprehensions over the uncertainty of food provision for their children in the evacuation area, the women’s primary concern at the point of displacement is to bring any food they could collect at the spur of the moment. Basic domestic items are of secondary importance. They do not mind even if they could not bring with them a sufficient number of their possessions. “To save our lives is our primary concern.”
34. What arrangements have the IDPs already made to meet their most immediate needs?

The parents have no choice but to put aside their anxiety in order to continue with their usual livelihood activities back home. Every time security permits it, they go back and forth to Kagay just to be able to get some food for their children. They also depend strongly on clan support and social relations.

35. What assistance is already being provided by the local population, the government, NGOs, INGOs and other organizations? Is the assistance adequate, sustainable?

Since the time of evacuation in early August 2007, Talatak IDPs were provided with four rounds of rationing between August 16 and September 15, twice for food ration (PNRC), once for non food items (MERN) and once for medical mission (JSOTF-P and IPHO). For Jariya IDPs, there were three rounds between August 20 and September 12 with two food rations (PNRC and Regional DSWD) and one non-food (MERN).

Although they express that the rations are not adequate to meet their most immediate needs, they are thankful for whatever assistance comes their way.

On September 29, a public call for Balik Barangay was mobilized by the 104thB, 35thIB under Colonel Supnet with relief pack rationing by the DSWD for the residents of Kagay. It was intended to convince the Kagay people to return but many returned back to their evacuation areas unconvinced of their own security situation.

36. Is the present assistance likely to increase, continue, or decrease?

There is reason to believe that the assistance will decrease. After the September 29 Balik Barangay, the ACC has set a condition that assistance will commence only upon the return of the IDPs to Kagay. The ACC believes that there was no valid reason for the delay in the return to their home communities.

37. Are there any major constraints likely to affect an assistance operation?

The people believe that, so far, there are no major constraints that are likely to affect any assistance or humanitarian operation for those who would like to provide them any assistance in the evacuation areas.
RETURN TO NORMALCY

38. Are families living together?

It is observed that most families and kins tend to geographically cluster together during evacuation. Such is favorable for providing much needed social support especially for the vulnerable groups. In some cases, some family members need to live apart in order to seek better livelihood to support their families.

39. Do people living in displaced areas have sufficient privacy?

People do not have as much privacy as they did in their homes in Kagay. There are more limitations due to very limited space. In Jariya, young men have put up their separate sleeping quarters to provide more space for their families. If displaced peoples are found in public schools, there is a total absence of privacy.

40. What measures could be implemented to improve the living conditions of children and their families?

“There is nothing like being able to return back home and to have peace sustain so we can work at improving our living condition through livelihood and better education.” This is the common response among IDPs. When asked why they would still want to go back to Kagay, the children replied, “We still want to go back to Kagay and live there normally because our livelihood is there. Our houses are better. We left some of our important things there which we need. The only reason why we have not yet returned is that we are afraid of the possibilities that we might be caught in an armed encounter”.

In this connection, the people expressed looking forward to:

- having a functioning health center with medical facilities and dedicated personnel.
- an improved and adequate school building facility with instructional materials and a regular teacher.
- For farming, the people would like to improve on their vegetable farms with provision for seedlings and some sustainable farming technology.

41. What is the nature of hardships and stress that parents face that are affecting their well-being, as well as in place for parents to discuss and seek support for distressing difficulties that they and their children must deal with?
As IDPs, the women expressed a lot of suffering not just in economic terms but also in terms of everyone’s general well being. They mentioned that they are experiencing difficulties in improving their economic status but no matter how difficult, they were willing to persist for their family’s survival needs.

Among other things, the series of displacements they and their families have been subjected to have caused them mental anguish and badly affecting their children’s health and education. More often than not, marginalized people in this context do not have the capacity to demand and hold responsible their government leaders to address their poverty situation and to have their human rights fully accorded.

42. What is being done to enable families to live in dignity and provide care and protection for their children? What more can be done?

Apart from intermittent food rations and non-food assistance, the IDPs, as is usual over time for Sulu, are generally left to fend on their own. People try their best to meet their daily needs. Most often than not, they have no recourse but to go back at daytime to continue with their farming activities.

It is noted, however, that the provision of minimum humanitarian intervention is significant if only because it is an initial attempt at government-led (ACC) coordinated humanitarian response. The Talatak Tent community is a first of its kind that attempts to showcase coordinated efforts among the ACC, government agencies and some NGOs for some provisions like core shelter, water and sanitary facilities. Nonetheless, this remains to be basic interventions and have much room for improvement if there were more efficient coordination and monitoring anchored on a solid set of principles of humanitarian accountability and IDP rights. Also, whether this is being replicated elsewhere in mass displacements happening in other parts of Indanan, Maimbung and Parang, or elsewhere is something that needs to be verified.

Moreover, the use of the Gap Chart as a tool will improve humanitarian cluster coordination and response. It basically points out Who is doing What Where, for...
Whom and for How long. There is a need to regularly do simple gap charting and cluster coordination committee meetings to ensure that critical needs are addressed in a coordinated, swift, rationale and sustainable manner.

Very important also is the clarification on the issuance of clearance by the Joint Task Force Comet to government and non-government humanitarian agencies. There must be clear guidelines on this so that displaced communities are not deprived of their right to humanitarian assistance. The military often have the capability to help secure an enabling environment on the ground in which humanitarian activities can take place in relative safety. Coordination guidelines and clear SOPs should be discussed between the ACC and the JTFC on this regard.

43. Are the special needs of unaccompanied children, long stayers in camps and at risk children being addressed?

There is no disaggregated data to determine the vulnerable and at-risk individuals to begin with. Nonetheless, the community is usually able to pinpoint easily or bring to the attention of any interested party visiting their areas about the special needs of specific individuals including women.

44. What are the community’s normal mechanisms to respond to emergencies and promote well-being? How can they be strengthened and built upon?

The social clan support system and the traditional and religious leaders play a very important role in each community in and out of emergency situations. Based on experience in motivating and organizing IDPs for nutritional feeding, mothers including fathers, are oftentimes readily able to extend assistance for the benefit of their own children. Clear explanation as to the benefits of regular nutritious food has to be provided and illustrated, and regular monitoring has to be conducted.

ECONOMIC SITUATION, RECOVERY AND LIVELIHOOD SUPPORT

45. What is the economic level of the affected population?
The economic level of the IDP population has worsened with the increased demands for survival and the limited sources of income away from home. The people consider themselves in a pitiful state. According to them their lives continue to be at risk even as they are able to perform their livelihood activities in their place of origin.

Obviously, income is relatively higher prior to displacement given the difficulty of access and the disruption in regular economic functions of a household. In order to carry on with their farm or fishing activities, the heads of the family muster extra courage and strength to overcome their fears when they go back to carry on with their livelihood in the midst of conflict. During these times, they undergo a very distressful experience.

The family livelihood is usually the same as after the displacement, that is if they are able to carry it out despite the displacement depending on their own security and safety assessment. The families go back to work in their farms and harvest their coconut and abaca, and take care of poultry and livestock so these can be sold for money in order to satisfy their daily needs. Although the income earned before is much higher than what they can currently earn. In Kagay, most are farmers and earn very low incomes depending on land ownership and production arrangement.

46. **Does everybody have the same economic needs?**

Although economic needs are similar, the degree of poverty may vary. Farming is also a family activity with the women and children supporting the HH head.

In Kalingalan Caluag, most are seaweed farmers and fishermen and also have very low incomes.

47. **What economic structures did the community have before the emergency? What do they have now?**
In Kagay, there is a market and some sari sari stores. At present the people have access to the market and have also put up their sari-sari stores in the evacuation areas. More income generating activities can be explored for assistance to IDPs.

RESOURCES, SPONTANEOUS ARRANGEMENTS AND ASSISTANCE BEING DELIVERED FOR IDPS

48. If the local host populace is already faced with major gaps in basic services and capacities, what assistance could help sustain the IDP needs?

Being one of the distant and difficult areas, security wise, most humanitarian agencies and even government mandated service providers face more constraints in going to communities like Karungdong and Kagay. The access and personal security risks are realistic limitations likely to affect an assistance operation or a development program. In effect, preparing the frontline partners, or whatever mechanism is offering itself, is a contingency for any emergency. Localized implementing arrangements can be the long term goal as a more effective means of assistance during emergency situations and in the management of long term development programs. Support for capacity building and operational costs for enhancement of existing educational and health mechanisms, and local governance structures should be invested in. Any such kind of intervention is actually a significant element in a community based disaster risk reduction approach.

OTHER CONCERNS ON WELLNESS AND WELL BEING

The type of trauma areas of conflict is exposed to is mainly due to evacuation, loss of lives and property, and subsequent disruption of livelihood and schooling. Sulu displaced communities are often victims of repeated displacements over many years or even within a span of a year. Areas of conflict face an extreme challenge to constantly rebuild their lives.

Also, further evaluation and management of symptomatic children and other trauma victims may be necessary. There is no comprehensive psychosocial profile of survivors and the nature of their trauma. No method of determination of levels of stress syndromes of affected communities to assess the following is used:

a. Consequences and manifestation of trauma
b. Health and social functioning
c. Help seeking behavior

d. Resources available in the community

The DSWD personnel in charge of psychosocial care and day care centers express the view that “Children in Sulu are already used to war.” She admits no special program for traumatized children apart from what mandated day care centers can offer assuming that these exist at all.

**What are your ambitions in life?** Some children want to become nurses someday, “We want to help other people aside from our family especially those who are weak and sick.” Others would prefer to become a teacher so they can “teach and help children enhance and expand their knowledge through learning”. For nine year old orphan, Medzfar, all he wants to do is to continue the business of his parents in Kagay someday and be successful in it.

**What are your hopes and dreams towards the future?** The children are all hoping for peace and development not only in the area being affected by the conflict but for the entire Sulu. “We don’t want to suffer from everything from time to time. We want to live with a stable peace and progress in Sulu where people are able to respect one another. We also want the conflict between the military and the ASG resolved”.

**PROTECTION ISSUES**

On both levels of governance and community, there is no clear understanding of major protection concerns in terms of access and movements.

The Kagay *Balik Barangay* was held on September 29 and was facilitated by the military with a joint medcap mission by the US and Philippine Forces, and food rationing by DSWD. IDPs from Kagay were given advance information by the military about the said activity. Almost all the IDPs in Talatak came early for the activity as instructed. Thereafter, the ACC policy was not to provide further rations to the IDPs unless they stay put in Kagay. Most IDPs interviewed expressed hurt over the conditions set and the insinuation that they are only depending on relief aid, hence, the reason for their “refusal” to return home. They reiterate that they will not return unless they totally feel secure for their children and that their lives are safe. Such insecurity stems from:
The presence of military people opens up to potential attacks by the ASG. The ASG is reported to regularly pass through Kagay.

The civilians fear being caught in the crossfire.

They fear being suspected as ASG supporters since it is possible that the ASG will make their children do some errands for them. The military would then suspect them as accomplice.

The government policy of not to provide further relief assistance to IDPs “unless they return” can be seen as an indirect violation of the human right principle of non refoulement. Refugees, or IDPs for that matter, enjoy basic human rights set out in the Universal Declaration of Human Rights, and other instruments.

An IDP who is unwilling or unable to return because of:

- a well-founded fear of being persecuted for reasons of race, religion, membership of a particular social group or political opinion; or
- a threat to life or security as a result of armed conflict and other forms of widespread violence which seriously disturb the public order

should not be compelled to return by intentionally depriving them of rightful support services such as food rations that are available for them. **Humanitarian assistance should not be done conditionally.**

**Non-refoulement Reference: UNHCR**

Of cardinal importance is the principle of non-refoulement. This principle is set out in Paragraph 1 of Article 33 of the 1951 Convention which states that:

“No Contracting State shall expel or return (“refouler”) a refugee in any manner whatsoever to the frontiers of territories where his life or freedom would be threatened on account of his race, religion, nationality, membership of a particular social group or political opinion”.

Because of its fundamental and universally accepted character, the principle of nonrefoulement has been recognized as a principle of customary international law, and hence binding on all states. When protection is clearly an urgent humanitarian need, the benefit of the doubt has to be accorded at least until a considered opinion is available.
At a minimum, there should have been a dialogue that would have threshed out the sources of insecurities of the people and allow them to convey these to concerned authorities for appropriate action and resolution involving the community leaders as partners on the issue. People do not move from their homes without careful consideration and considerable pressure.

The Balik Barangay essentially had not determined responsibility for the security of the IDPs including to have determined the role of the IDPs themselves in their own security. Ensuring or realizing security in a conflict area should be a joint responsibility with the local community and mandated officials. The return to “normalcy” or the process of Balik Barangay should, in all intent and purpose, be initiated by civilian authorities and community leaders rather than by the military. A comprehensive human rights based framework for eradicating extreme poverty and highlighting the capacity and right of the people in poverty to participation is very critical to any successful undertaking. As we have seen too many times, approaches that have excluded the poor have repeatedly failed.

**SUMMARY OF FINDINGS**

1. **GENERAL VIEW OF THE HUMANITARIAN SITUATION IN SULU**

It is evident from the qualitative report and statistical data gathered mainly from Kagay IDPs and partially from Karungdong that the overall humanitarian situation in Sulu is in a dreadful state. The serious gaps that exist in Sulu’s complex humanitarian emergencies are more evident and seriously aggravated by the absence of basic minimum essential capabilities namely education, income, health, (and in some areas, drinking water) in many of the affected areas, even much worse in distant communities. When you have communities like Kagay, (a barangay located in Indanan which is a stone’s throw away from the capital town of Jolo) where 56% have not set foot in school and only 16% are le� in primary and secondary levels, where 13-year old girls become mothers, where 31.6% do not know their age, where you have families displaced on the average of ten times in their lifespan, and so on and so forth, one is drawn against an appalling situation. At this time and age when millions of development funds have already poured into Sulu, when calls and orders for humanitarian offensives have been commanded for many times past, one becomes too aware of the utter abandonment the people have been subjected too over time. This is not even to highlight the worse socio-economic and political situation of distant and conflict- ridden communities like Kalingalan Caluang, Panamao, Talipao, etc.
Hence, even the conduct of emergency humanitarian assistance in Sulu offers a challenge for innovative interventions that would not only provide a shot or two of relief rations but to get hold of the opportunity to reduce peoples’ vulnerabilities and increase their capacities to manage the emergencies in the frontline. In other words, humanitarian assistance does not and should not begin and end with the delivery of aid but the beginning of organizing disaster affected communities towards disaster-resilient communities, hand in hand with government authorities working at durable solutions to conflict. Such undertaking should as much as possible compel the elected municipal and barangay officials, with the support of the traditional leaders including Ustadzes and Imams, to hold the fort at all times.

Although the newly elected Provincial Government, through the ACC, has made some notable efforts at moving forward in terms of a more coordinated humanitarian response, it still has a long way to go as it faces many critical challenges towards:

- More systematic and coordinated inter-agency and multi-stakeholders’ response.
- Understanding of and appreciation for humanitarian principles including humanitarian accountability and advocating for the same to ALL stakeholders.
- Adopting a total risk reduction framework in pursuing durable and more sustainable interventions. It is important to view disasters as a development issue rather than the opportunity for charity. This entails among other things working back at quality delivery of basic services and presence of service providers in their respective posts and dedicated public service.

**THE COMMUNITY AND TOTAL DISASTER RISK MANAGEMENT**

This approach adopts a holistic framework that would ensure the effectiveness and quality of disaster risk management interventions. It is comprehensive as it integrates the disaster risk management approach in all phases of the disaster cycle, and ensures the involvement and contributions of the community and various sectors and fields of disciplines.

- It is highly participative community approach
- It is dynamic and remains relevant to the community and the roles and contributions of the members are defined.
- It puts emphasis on local knowledge and the indigenous ways of knowing, rather than on expert knowledge and technologies.
Pursuit of local partnership building towards shared accountability and shared responsibility. Such would require a disposition that:

- regards displaced communities as active participants in data gathering, analysis and use of generated information.
- treats IDPs not merely as data source but as partners in relief assistance and rehabilitation
- best increases - at the family level and at the community level – access to assistance for relief, rehabilitation and reconstruction efforts. Strengthening community information networks is one goal.
- facilitate active participation of communities in local peace negotiations or other high level discussions that have significant meaning for their lives.
- better protects displaced children, the elderly and specific vulnerable groups and individuals.
- provides practical interventions to most quickly and effectively achieve economic self-reliance in the midst of displacement.
- allows for public feedback, constructive or otherwise, particularly from displaced communities. More often than not, a feedback or grievance mechanism is the only platform left for marginalized peoples to attempt at a “balance of power”. Public feedback should be seen by civil servants as an opportunity to improve credibility and services of government agencies, and as such getting closer to the hearts of the people.
HUMANITARIANISM IN TODAY’S CONTEXT OF CIVIL - MILITARY RELATIONS

Reference: Civil-Military Relationship in Complex Emergencies
An IASC Reference Paper - 28 June 2004
UN Office for the Coordination of Humanitarian Affairs (OCHA)

In many wars of recent history, it must be noted that military forces have become increasingly involved in operations other than war, including provision of relief and services to the local population. This is true for Sulu as well. As such, this necessitates increased communication, coordination and understanding between humanitarian agencies and military actors. It requires knowledge of each other’s mandates, capacities and limitations.

What remains vital for the humanitarian community is to develop a clear awareness of the nature of this relation as well as a common understanding on WHEN and HOW, and HOW NOT to coordinate with the military in fulfilling humanitarian objectives.

Any coordination with a group that is perceived or is actually a party to an armed conflict must proceed with extreme caution, care and sensitivity. Such actual or perceived affiliation might lead to the loss of neutrality and impartiality of the humanitarian organization, which might in turn affect the security of beneficiaries as well as humanitarian staff, and jeopardize the whole humanitarian operation in a conflict zone.

Coordination should focus on improving the effectiveness and efficiency of the combined efforts to serve humanitarian objectives. Possible features of civil-military coordination include the sharing of certain information, a careful division of tasks, and when feasible and appropriate, collaborative planning. In any circumstances, however, it is important to maintain a clear separation between the roles of the military and humanitarian actors, by distinguishing their respective spheres of competence and responsibility. Humanitarian expertise of civilian agencies and NGOs – including beneficiary identification, needs and vulnerability assessment, impartial and neutral distribution of relief aid, and monitoring and evaluation - will remain essential to an effective and successful humanitarian operation.

It is noted however that the diversion of some funds from military expenditures to development programs to combat poverty is a commendable track towards more effective way of fighting poverty.
2. GROUPS AND AREAS MOST AT RISK

Based on the patterns of displacement, there are many areas in Sulu that are predictably and actually caught in constant state of displacement. With some vital qualitative information and quantitative statistical sample on the humanitarian situation in Sulu, there can be a better understanding of the situation of chronic complex emergency and its causes. Interventions for the return and rehabilitation of communities that have been abandoned for a lengthy period have to be prioritized (in Indanan and Patikul). The provincial, municipal and barangay officials must play a critical role in this undertaking primarily as lead agents for the return and rehabilitation of these communities.

Among the vulnerable groups affected by conflict, children and women and the elderly are more seriously affected. It is important that humanitarians foster and nurture a sense of hope for the future in children affected by chronic conflict. Education is one useful medium. When people start learning, they begin to live for the future. Both children and adults benefit from it. The first through normal, structured routine, and the latter, bolstering their concept of personal identity.

As most of the school children and their families in Kagay, Indanan and in Karungdong, Kalingalan Caluang have been exposed to armed conflict at one time or the other, the teachers are in the best position to assess, plan and formulate the appropriate intervention with some technical assistance.

3. VITAL NEEDS THAT REQUIRE IMMEDIATE RESPONSE

The need to do something is evident. Knowing what and how to do it in a chronic complex situation poses to be a most difficult challenge. Adopting a total disaster risk reduction framework that begins with affected communities is the initial step. A rehabilitation or development intervention is essentially one that is community-based and provides institutional support and organizing communities towards decreasing risks and vulnerabilities. Essentially, it is about going back to the basics - of effective basic services delivery (education, health and livelihood, etc), and how to ensure continuity of these despite the displacements.

Some recommendations herewith enumerated are cited from the Amanat Foundation – Sulu, and are further elaborated.

- **Education.** Efforts are needed in order to educate poor children and adults as a means to lift them out of the intergenerational cycle of
poverty. This is categorized into **formal and non-formal education**.

Children must have **easy** access to **free** education. Formal education can initially focus on the establishment of kindergarten and primary classes. Majority of the barangays in Sulu most particularly in remote areas do not have preparatory (day care) and primary grade level classes. Many parents express that had their children been given an opportunity or sufficient preparation before entering primary grade level, many would have not quit school so early thereby also factoring in the high rate of dropouts in the elementary and secondary level. Existing public schools are either not accessible or are too far, have no learning materials, facilities and equipment, some assigned teachers are not qualified and are frequent absentees. Support for Teachers’ Training for curriculum development, methods of teaching and handling kindergarten and primary school classes would be helpful.

Moreover, the unpredictable peace and order situation also affects the already worsening school operations.

Non-Formal Education focus on the conduct of intensive functional Adult Education Program. The target group is composed not only of the “zero-literate” adults, but also for the school dropouts (out of school youth), local leaders, madrasa teachers (who have no academic background or degree), and even professionals. Training for prospective teachers and facilitators before the actual implementation shall be conducted. A review of existing curriculum on adult education, if any, should be done and pertinent revisions, or development of learning materials should be carried out.

Trainings, Capacity Building, Partnerships, and Community Dialogues have to be regularly conducted and action plans shall be followed up. With the DepEd and the DSWD at the helm, this shall be participated in by multi stakeholders such as parents, students, teachers, school officials, local leaders, women, government officials, youth, military, etc. The topics can range from general family well being, parents; teachers and school administration, human rights, Muslim and Tausug cultures and gender biases, etc. These activities should be able to provide the tools and opportunities for empowerment. The importance of the role of religious and traditional leaders in any undertaking must not be overlooked.

- **Income-Generating Programs.** Access to self help for the poor and their participation in poverty-eradication efforts is a critical factor for the survival and de-exclusion of poor communities. Respect for
human dignity promotes economic self reliance and entrepreneurship. Cooperativism, micro-credit for women, and the concept of savings should be promoted for the purpose of productive undertakings. This program shall be coupled with educational component through the integration of simple business management, leadership and organizational skills into the program of learning. The DTI can be tapped to spearhead this particularly to oversee technical training and organizing.

3. **Health and Environmental Awareness Programs.** Health care particularly for extremely marginalized and poor communities must be made accessible and affordable. Due to the lack of health workers, community-based health programs should be launched by organizing women/mothers. Reproductive rights should be emphasized. There should also be massive campaign on waste management, sanitation and hygiene taking note of the alarming damage incurred against the natural resource base that can trigger more disasters for the people. The right to health goes hand in hand with the right to live in a healthy environment, and everyone must take responsibility in protecting and managing the environment.

4. **RESOURCES AVAILABLE AND CRITICAL GAPS**

The key is to tap local available institutional and/or community based local mechanisms, build on their response and service capacities and/or enhance what is already there. The lowest operational level principle must be upheld consistently.

It can be cited for example that the socio-demographic composition of the target group (Kagay) will provide ideas on traditional community structures and the role of women and other stakeholders in working on their development needs. The focus on local structures on health and nutrition, and education for instance can already be initiated or enhanced. These available institutional partners should be motivated and trained to facilitate community service activities along their respective fields, either within the home communities as effective and efficient service providers, or even in times of displacement where their services can be temporarily established within the evacuation areas.

Teachers, as second parents, play an important role in meeting the children’s psychosocial needs. Teachers would be able to observe students facing adjustment difficulties. Hence, there is a need to train primary school teachers to recognize signs of psychosocial needs among children who have been exposed to recent displacement or armed violence. The
teachers can likewise be guided to make referrals to appropriate agencies for appropriate intervention (if such is made available by mandated agencies).

Health service is also vital with the presence of a capable rural health midwife (in KC). This vital mechanism is a complementary entry point for health and sanitation and nutritional feeding of malnourished school graders. Mothers can also be organized to manage their health, sanitation and hygiene program for their children and other vulnerable groups.

Finally, consistent and deliberate efforts, therefore, should be pursued by concerned local authorities to seek more viable durable solutions to the conflict, local or otherwise. The current Provincial Administration shows more promise towards such pursuit. The national and regional governments should express their support to local governance initiatives.

**CONCLUSION**

Human dignity is a fundamental aspect, the “heart and soul”, of human well being. The need for respect of the dignity of the poor and the marginalized is solidly anchored in many of the world’s great religions. Both Islam and Christian faiths exhort love and compassion for the least of our brethren, and to take pro-active steps to uplift them from their burdens as a response to the call of justice and not merely an act of charity. For the faithful believers, and responsible civil servants and humanitarians, the promotion of human dignity is a compulsory individual and collective duty. “The spiritual or value-based dimension of poverty and deprivation underlies the economic dimension. The manifestations of violence, greed, corruption, ignorance and dishonesty reveal a poverty of the spirit that exacerbates the conditions of economic inequality.” (Civil Society online consultation feedback on the OHCHR Draft Guiding Principles as of October 2007.) The respect for and love of others as oneself, if not more than oneself, upholds the Christian and Muslim duty towards God.

In order to move forward constructively, the advocacy for human rights should not merely focus on the litany of violations but rather as an overall strategy for human, social and economic development. Any one who claims human rights as a birthright has a responsibility to claim and protect it for oneself and for others. Creative engagement and bridging discourses should be pursued towards personal and institutional reforms. Humanitarian organizations should be able to draw institutional support at the least, and engagement at best. One can begin with those people in the community and local government who are prepared to participate. Work
must continue to keep others informed and once efficacy of approaches is proven, then it should be able to gain more supporters in elevating humanitarianism on a new plane achieving more efficient and sustainable operations.

Motivating the key government units and social service agencies to recognize and appreciate the problem within the framework of total disaster risk reduction, and see the need for planning and consultations are tough challenges particularly in a context where the popular (a traumatized) mindset is that “people are used to war”. The danger of some level of discrimination that this disposition holds cast IDPs within certain stereotypes: “The IDPs do not need assistance; are illiterate, ration-dependent, etc”. The denial of their rights to participation, to basic services and to social justice has perpetuated this stigma.

**SOME RECOMMENDATIONS:**

What are being recommended here can serve as guidelines as deemed applicable to current area-specific conditions. Each scenario and local situation are different, hence, the need for adaptation, perseverance, sensitivity, diplomacy and imagination.

**AT THE PROVINCIAL LEVEL**

The ACC is a valid mechanism for as long as it **mainly** oversees and strengthens the functions of the Provincial Disaster Coordinating Council or PDCC. The PDCC is the mandated mechanism for humanitarian operations and should be supported and assisted in its coordination and management structures. The ACC, for purposes of coherence and strategic intervention, can set the higher level for overall policy objectives, principles and operational guidelines whereas the second level (PDCC) can set out the operational details including coming up with localized/culturally defined standards, and popularizing these, developing contingency plans, enhancing knowledge and skills. It should uphold humanitarian accountability by initially taking to task the respective PDCC cluster leads in managing humanitarian action efficiently and with dispatch. Any government office or humanitarian groups coming into Sulu should be encouraged to observe these humanitarian principles and operational guidelines. Primarily, any support intervention should uphold and/or enhance local resilience of displaced peoples.
Proposed Action Steps at Improving Disaster Management Coordination:

1. Well established guidelines or principles of conduct of operations will be helpful at the earliest stage. These should be developed by an inter-agency group including the PDCC with technical support from a specialist group. For starters, the MERN Principles of Conduct for Non-Government Humanitarian Agencies in Mindanao adopted in July 2003 can be reviewed, enhanced and adopted. The following cross cutting themes should permeate all the clusters.
   - IDP Participation
   - Protection Implications for civilian populations and humanitarian workers
   - Particular needs of women and children
   - Special needs of vulnerable groups
   - Environmental impact
   - Effective management arrangement for each cluster
   - Capacity building
   - Durable solutions’ orientation
   - Political, security and financial ramifications
   - Humanitarian accountability
   - IDP Rights and International Humanitarian Law

2. The Humanitarian Cluster System should be adopted for better coordination of humanitarian activities. The lead agency shall take responsibility before the ACC and the PDCC for attaining the minimum standards and achieving specific tasks within its cluster. The clusters are Nutrition, WASH (Water, Sanitation and Hygiene), Health, Emergency Shelter, Camp Coordination and Management, Protection, Early Recovery, Logistics, Food, Agriculture and Livelihood.

3. Contingency plans should be pursued particularly in areas where a pattern of displacement already exists. The approaches are best made at the lowest and most effective operational level (mainly community and local government structures – sitio, barangay, municipal). The proposal to “activate and operationalize the ACC down to the municipal levels on a 24/7 basis as the nerve center of the LGUs on security, development and emergency disasters as well as clearing house for development undertakers” is a sound track to take. In the long term, the ACC can benefit from a geo-hazard map that identifies disaster prone areas due to natural or human-induced calamities (flooding, storm surges/strong waves along coastal areas, fire, etc.)

3.1 It would be well to adopt a Gap Chart that would indicate current
skills and resources in the field of disaster management. The Red Cross of Sulu has Project 143, a Disaster Management Program being implemented at the barangay level targeting the training of 43 volunteers in every barangay in Sulu. Efforts at synergy of technical capacity building and geographical synchronization should be prioritized. One should push for greater coordination and sharing of information among various service providers (government vs. NGOs vs. military).

AT THE NATIONAL, REGIONAL AND PROVINCIAL LEVELS:

Available research data on the humanitarian situation should be disseminated to local officials and humanitarian agencies and supporting organizations for information sharing, advocacy for policy change and collaboration for local action towards a holistic approach. The poor coordination and the lack of a comprehensive understanding of the dynamics of the chronic humanitarian emergency may result in relief interventions and processes that bring more harm than the intended best possible impact. Basing on a rough and rather obsolete IDP database, the belated actual conduct of relief likely ends up with some non-beneficiaries. There is also occasional accommodation of provision of relief goods to non-affected communities.

It is suggested that the NDCC and its counterpart OCD offices and focal persons in the region should systematically assist the ACC and the Sulu PDCC in consolidating the humanitarian assessment reports (or carry out one) and on the basis if which design an appropriate disaster management training program anchored on a total disaster risk reduction framework applicable in complex conflict situations. The NDCC may opt to realize the Cluster Management Approach and help take it off in Sulu. Other mandated government agencies like OPAPP should be able to provide the technical assistance for community-based peace building activities. It should have on its hands substantial information to understand the complex realities besetting the province and its communities. It has to be reiterated that it is NOT sufficient to start and end up with mere provision of relief goods and medical assistance and/or consolidate financial resources from various agencies as is typical of a reactionary approach to emergencies or even towards a peace and development program. The problem is much more complex and needs to be approached with strict compliance and appreciation for humanitarian accountability.
ON HUMANITARIAN OFFENSIVES

Malacanan Palace issued AO No. 192 “Ordering a ‘Humanitarian Offensive’ in Basilan, Sulu and Other Areas of the Autonomous Region of Muslim Mindanao” on August 20, 2007. The AO citing a “negligible refugee (sic) situation” mainly enumerates traditional infrastructure projects among others that OPAPP is tasked to package under a Health, Education, Livelihood Progress (HELP). It will serve well for OPAPP to review its previous Tabang Sulu Program and assess its success or failure. It is vital for external program designers and implementors to have their feet grounded on the realities they deem to contend with or otherwise be faced with another superficial and superfluous undertaking. It is not merely a question of financial resources but how to explore pertinent interventions that have the best positive impact at the least cost. How do we best make the transition from relief to reconstruction to development? How can we do more for less? How to guarantee neutrality and respect for humanitarian services and peace building activities? How can assistance efforts contribute to or actually assure the protection of civilian populations?

The numbers of displaced peoples are never “negligible” especially if the average number of displacements per household is at least ten times over a lifetime (surveyed Kagay HHs). The chronic humanitarian emergency that besets Basilan and Sulu is a serious matter that compels serious attention and well thought-out action. A new paradigm has to be adopted in order to capture all the elements needed towards a just and sustainable solution primarily in involving and organizing communities for empowerment. It essentially begins with healing and rebuilding the peoples’ pride and dignity that conflict and deprivation have crushed over many years. Given the utter deprivation of minimum basic services aggravated by the absence of government services and personnel particularly health, education and livelihood support, the situation demands that communities should get organized, and be capacitated to be able to manage their basic programs. The limitations of security, the non-availability of service providers, access problems, LGU absence and/or lack of administration skills, etc., are some of the factors that compel communities to become self reliant.

Government soldiers, like the local residents, are most often than not, the “second frontliners” in distant and conflict-affected areas in mainland Jolo. Apart from the conduct of military combat operations, the AFP-National Development Support Command or NDSC through the Joint Task Force Comet (JTFC) have launched development initiatives and “humanitarian offensives” as a complementary track. In addition to “winning the hearts and minds” of people thru development activities, the NDSC / JTFC have organized and deployed Sala’am Operators under its Civil Military
Operations (CMO). Such can be seen as an attempt to help address a big development void left unfilled by local officials and government agencies. It is therefore important to work at improving the roles and relationship between humanitarian agencies and the military as the latter is actively encroaching on traditional humanitarian space. In a conflict situation, such dual roles can be sensitive for civilian humanitarian agencies. The challenge remains for the civilian officials and agencies to take stock of their respective mandates and get to work with some exigency. The PPDO and PPOC should be able to tie up all the ongoing peace and development initiatives to ensure some synergy.

POST SCRIPT

On 7 December 2007, the ACC organized a half day meeting for the presentation of this Sulu Humanitarian Assessment Report. The meeting was attended by representatives from the DSWD, DepEd, IPHO, NGOs, AFP-104th Bde, local broadcast media, Provincial Government and the Municipal Government of Indanan. The group strongly expressed the need to call on National and ARMM Government attention to the deteriorating education system and other basic services in Sulu, and also on the pursuit of durable solutions to the recurrent armed conflict. These among other feedback have been incorporated in this revised report.
A Study on the Maternal and Child Care Practices among the Tausugs
RATIONAL

The IDP situation in Sulu is a continuing phenomenon due to a protracted armed conflict in the province. The frequent upheavals on Tausug families have inevitably affected their way of life. This study aims to examine Tausug family life and the manner and extent to which it has changed in light of their IDP situation.

OBJECTIVES

The study was anchored on the following objectives:
A. To describe the Tausug family in its major characteristics;
B. To examine its values and practices relative to motherhood and child care;
C. To discuss how being an IDP affects the function of the family.

RESEARCH METHODOLOGY

The research used the Life Cycle framework to illustrate the Tausug life pattern and the cultural values and practices that weave around it. Data collection methods employed were key informant interviews that included local government and line agency representatives, non-government organizations, informed individuals, selected traditional health practitioners and IDP women. Focus group discussions with IDPs were conducted in two sites, Sitio Talatac in Indanan, Sulu and Barangay Mau’boh in Patikul, Sulu. Sitio Talatac was chosen for IDPs staying in centers while Barangay Mau’boh was selected for those staying outside centers.

The research is focused on examining maternal and child care and related issues as seen through IDPs’ experiences rather than the entirety of Tausug life-cycle practices.

FINDINGS

Sulu demographic data yielded the following findings:

1. Public health and sanitation facilities are very deficient in the province.
Likewise the number of health personnel. Only nine (9) hospitals and 18 rural health units serve the entire Sulu. Thus, health services could not easily extend to disaster support as in the case of the IDPs.

2. The lack of water supply and poor accessibility to available water resources, in addition to poor sanitation are the main causes of morbidity in the province.

3. There is a shortage of public schools and basic education facilities in the province. The same is true of day care centers. Only 34.39% of the total number of barangays has such centers. This shortage will not be able to ensure that a sudden influx of students in a given locale due to emergencies such as internal displacement will be accommodated into the locale’s education system.

4. Nearly half of the Sulu household population is illiterate, with males having higher literacy rates than females. Majority of the population was divided among those who finished elementary schooling, those who attained secondary schooling and those who did not complete any grade.

5. Sulu ranked 13th among the provinces in the country with high poverty incidence.

6. Sulu IDPs suffer from inadequate shelter, not to mention light, water and toilet facilities. The subject IDP sites are also not easily accessible due to the poor road system.

Tausug Cultural Practices show:

1. The Tausug family, by nature, is generally an extended family and a closely-knit system. It is composed of both filial and afinal kinship ties that provide an individual a supportive network in the course of life, particularly during times of emergencies.

2. It is hierarchical and patriarchal in structure. As such, it is generally male-oriented, and seniority is given much respect. Tausug women, however, have been given sufficient opportunities to participate in the public arena.

3. Kinship ties are strong and taking care of family or kins is regarded as a duty and responsibility. Family solidarity, however, is greatly distressed by continuing political and economic instabilities.

4. Family life is anchored on a legitimate relationship emanating from a valid marriage/s in accordance with Islam and Tausug traditions. The husband is considered protector and provider of the family. The wife’s authority is exercised in matters pertaining to domestic affairs. Reports on marital violence and rape are scarce.

5. This study affirms several cultural practices and rituals that Tausugs observe in relation to maternal and childcare. These cultural practices and rituals are either based on Islamic traditions or on adat. Adat-
based feeding practices show the need for more nutritional balance to avoid malnutrition.

6. Mother’s care begins from pregnancy and lasts up to 40 days after giving birth. The health and well-being of the mother is constantly monitored by the Apoh Panday with the support of the rest of the family. Dietary needs are sufficiently taken care of. This type of care is possible in normal conditions not when families are on the run like the IDPs.

7. Preference for Apoh Panday is due to the confidence and trust in the person as well as to economic considerations. Medical care is very expensive for local people.

8. Childcare from infancy to childhood follows Tausug traditional patterns enabling the child to be integrated into the social and cultural norms of the community, a process that is disrupted when displacement occurs.

9. Tausug parenting emphasizes religious teachings with parents acting as models for their children to follow.

**EFFECTS OF BEING AN IDP ON THE TAUSUG FAMILY**

Conflict-rooted displacement adversely affects the Tausug family in many ways:

1. Constant displacements of families make them economically insecure.

2. Access to basic social services like health and education also become doubly difficult for IDPs since they do not have the financial means to avail of these services.

3. It affects the status and roles within the family structure.

4. Conflict situations wreak emotional and psychological difficulties that scar people over a long period of time.

**RECOMMENDATIONS**

1. Given the patriarchal and hierarchal structure of Tausug society, it would be prudent to engage this traditional authority structure when initiating community development activities.

2. The participation of traditional midwives (Apoh Panday) and healers in providing health care should also be regularly enlisted, as they have been the longest serving health institution in the province. However, upgrading of skills seems indicated to help these practitioners weed out some of their superstitious beliefs.

3. Herbal medicine figure prominently in Tausug health care, so a more
systematic and scientific promotion of these products can be made.

4. Since cultural feeding practices of children do not provide adequate nutrition to infants and young children, women need non-formal training/education courses on health and nutrition, with particular attention to feeding practices. Such training should be guided by Islamic principles for easy acceptability. In addition, nutritional requirements should make use of local resources which are cheap and easily accessible.

5. Livelihood opportunities, particularly home-based, can provide families with financial stability and maintain feelings of solidarity and dignity.

6. Infrastructure development to improve quality of life is urgent, e.g. water supply, public health services, basic education like learning centers or functional literacy classes, and housing.

7. Wider circulation of law on violence against women can encourage more reports on marital abuse or rape. Again, this law is better contextualized within the Islamic framework regarding relations between gender. Shari’ah law on marriage and divorce should also be discussed.

8. The long range goal of all community development should be the establishment of permanent peace in the province.
LIST OF TABLES

Table 1
Common Illnesses and their Herbal Treatments

Table 2
Household Population by Ethnicity and Sex, 2000

Table 3
Performance Indicators

Table 4
Sulu Land Area Classification

Table 5
Selected Commodity Production According to Total Production, 2005 (M.T.)

Table 6
Leading Causes of Morbidity in Sulu, 2006

Table 7
Leading Causes of Mortality in Sulu, 2006

Table 8
Sulu Health Manpower (Field Health Personnel), 2006

Table 9
Recommended Food for Lactating Mothers

Table 10
Prohibited Food for Lactating Mothers

Table 11
Herbs used in Birth Spacing

Table 12
FGD Participants’ Responses to the Checklist of Food Items they fed to their children corresponding to a certain child’s age bracket

Table 13
Common Infant/Childhood Illnesses Identified by FGD Participants in Sitio Talatac and Patikul at least within 6 months prior to the conduct of this FGD
CHAPTER I

Introduction

The IDP phenomenon in Sulu is not new. This situation goes back to the Martial Law period in the 70’s and 80’s when the conflict between the MNLF and the military was at its height. During this time, the terms used were refugees and evacuees. There are still 300,000 to 600,000 refugees in Sabah to this day. Bacuit is a local term used to describe the IDPs in Central Mindanao that has also spread to Western Mindanao. But Tausugs used the term Paguy to describe the people who flee/or escape from disaster and the act of fleeing or escaping is known as pagpaguy or magpaguy. This calls attention to the fact that internal displacement is recognized as part of life's experience and people have developed coping mechanism to deal with this phenomenon.

The increasing frequency of displacement has put pressure on the family such that some of its norms and regular functions are often held in abeyance until the situation normalized again. To be able to offer constructive help in this recurring situation, it is important to understand the workings of the family under normal and abnormal conditions so that programs will be made in accordance with what is culturally viable and acceptable, particularly in the field of maternal and child care.

A study was therefore undertaken for this reason, the objectives of which are the following:

OBJECTIVES

A. To describe the Tausug family in its major characteristics.
B. To examine its values and practices relative to motherhood and child care.
C. To discuss how being an IDP affects the function of the family.

RESEARCH FRAMEWORK

To understand the working of the Tausug family, the research will use the Life Cycle framework. This will show the stages through which a Tausug
undergoes and the pattern of family life involved. It will necessarily deal with values and practices at the various stages so that a holistic picture will be obtained.

The framework is illustrated below.

The life cycle, however, is discussed only in terms of maternal and child care, and other related issues rather than the entirety of the life cycle process itself.

**SCOPE AND LIMITATIONS**

The scope of the study centers on the family and the cultural practices relative to maternal and childcare. While the study is on the Tausug ethnic group, in general, it addresses the IDPs, in particular.
RESEARCH METHODOLOGY

The research methodology used both quantitative and qualitative data. Quantitative data was provided by library research from October to November of 2007 while qualitative data was elicited through fieldwork in Jolo from November 8 to 14.

Primary data was obtained through two Focus Group Discussions (FGDs). One FGD was held in Sitio Talatac, Indanan, Sulu on November 11, 2007 with 16 participants.

Sitio Talatak’s IDP center housed some 269 families affected by the ongoing conflict between the Abu Sayyaf or MNLF and the military. Based on the Area Coordinating Center report, the said families had returned to their respective places. However, actual site visitation revealed that 60-90 families had remained in the site for security reasons. Sitio Talatak is approximately 40 minutes ride from Jolo during fair weather. During rainy seasons the road becomes muddy and the only way to reach the area is by jeepney or hauler trucks. The participants in Sitio Talatac represented the IDP community in the area.

The other FGD was held in Barangay Mau’boh, Patikul, Sulu on November 12, 2007 with 15 participants. Barangay Mauboh is the first barangay after BusBus and is approximately 15 to 20 minutes ride from Jolo town proper either by jeep or tricycle. The road is good except for the over-crowded streets due to sidewalk vending hampering the smooth flow of vehicles passing this route.

In both activities, the barangay officials were duly informed and it was the Barangay Captain who helped gather the participants.

Key informant interviews were also conducted simultaneously on the same dates.

REVIEW OF RELATED LITERATURE

A. TAUSUG CULTURAL PRACTICES WITH REGARDS WOMEN AND CHILDREN

Cultural practices of Muslims in Mindanao are a blend of Islam and
indigenous culture (Sherfan, 1973)\(^1\). This is corroborated by studies conducted by Adam (2006) and Tan (2006) among others. Isduri (1988)\(^2\) claims that indigenous practices of the Tausugs may have been influenced by Hinduism which existed in the archipelago before Arab missionaries introduced Islam.

Indigenous healing, child-rearing and maternal care practices are evident in society.

For the traditional healers of the Yakan tribe, this is an advantage because their homeland province of Basilan suffers from inadequate health facilities (Mariano, 2003)\(^3\). In the study, an informant healer shared that it was difficult for poor people to consult physicians, thus healers like them were very useful in the community. Another stated that modern medicine did not reach his area thus his knowledge in healing was an advantage.

Meanwhile, a study by Adam Abdulla (2006) found that child-rearing among the Iranons is considered a major responsibility for parents, for which they will be accountable in this world and in the Hereafter. This accountability rests on the belief that children are trusts or *amanah* from Allah.\(^4\) He finds this true of the other Muslim ethnic groups as well. Thus, a child’s well-being is nurtured from the moment of conception in the mother’s womb to birth, continuing until the child reaches adulthood. This is illustrated by a number of practices showing the kind of care given to mothers as well.

### B. HEALING PRACTICES

Among the Yakans, the community healer is known as the *tabib* (Wulff, 1974)\(^5\) who dispenses cures with prayers and the application of herbal

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remedies. Mariano (2003)\textsuperscript{6}, on the other hand, calls them the *magtatabib*, who use a combination of Islamic and native traditions to heal various ailments in the community including those caused by sorcery. Mariano has indexed some common illnesses and the *magtatabib*'s healing practices relative to each. Among those cited were: *peddi kuk* (headache), *sunggu-sunggu* (nosebleed), *sampal* (measles), *bautut* (boil), *peddi impen* (toothache), *hinang-hinang* (illness due to sorcery), etc. Healing by a *magtatabib* constantly employs prayers taken from the Qur’an along with herbal treatments. Table 1 shows these herbal treatments.

Table 1. Common Illnesses and their Herbal Treatments

<table>
<thead>
<tr>
<th>Sickness</th>
<th>Herb Treatment (Scientific Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Peddi kuk (headache)</td>
<td>Premna odorata blanco</td>
</tr>
<tr>
<td>2. Meg mangeh mangeh (Urinary infection)</td>
<td>Bamboo vulgaris schrad</td>
</tr>
<tr>
<td>3. Inantil (Impacted cerumen)</td>
<td>Blumea balsamifera; Marrubium indica blanco</td>
</tr>
<tr>
<td>5. Sampal (Measles)</td>
<td>Cocos nucifera; Athreryium esculentum; Sesamum orientale</td>
</tr>
<tr>
<td>6. Ettes (chickenpox)</td>
<td>Zea mays</td>
</tr>
<tr>
<td>7. Saki Dende (Genital itchingness)</td>
<td>Wedella biflora; Trumpeta spp.; Fimbristyless miliacea</td>
</tr>
<tr>
<td>8. Bautut (Boil)</td>
<td>Hibiscus rosasinenses</td>
</tr>
</tbody>
</table>


The Tausug term for healer is *mangungubat*. Similar to his Yakan counterpart, the *mangungubat* cures with prayers and herbal remedies. Ducommun (1974)\textsuperscript{7} has determined that a *mangungubat*, although relied upon to cure most illnesses, has a specialty illness in which he has proven to be most effective. A respondent in her study identified himself as having special healing powers for spear wounds.

C. MATERNAL CARE AND BIRTH PRACTICES

1. Rituals

Among the Iranons, the news of pregnancy is greeted with a warm welcome

\textsuperscript{6} Op. cit., Mariano, p.1

The family then hosts a thanksgiving feast and prayers invoking Allah’s mercy to keep both mother and the forthcoming infant in good health, and to protect them from evil and bad omens. The feast is usually celebrated with a modest preparation of food. A community of religious persons and several companions offer prayers characterized by the recitation of Qur’anic verses and invocations. This is usually a family affair where immediate family members of both the husband and wife are invited. Afterwards, recommended antenatal rituals are practiced to ensure that mother and child are in optimal condition. These rituals are usually carried out with the help of the traditional midwife and a religious person.

2. Prohibitions

There are specific prohibitions for the mother to observe as well. The examples given by Adam included different ethnic groups:

- Abstinence from eating squid and sea anemones since it may cause delay in delivery (Samal belief).
- Avoiding looking at ugly pictures and things which might cause the mother to deliver an ugly baby (Kalagan belief).
- Refraining from tying or wrapping anything around the neck of the father which is believed to cause the umbilical cord to entangle around the fetus, resulting in a difficult delivery (Tausug belief).

Adam’s study documented unpleasant experiences related by mothers who did not obey prohibitions such as the above. Tan’s (2006) study related the effects of eating certain prohibited foods by the expectant mother.

Casiño’s (1974) study on the Jama Mapun of Cagayan de Sulu also shows a similar set of observances, with some variations. Among these variations are: the avoidance of sewing, patching and stepping over a pestle by the pregnant mother; and the lifting of dead persons and the digging of graves for her husband. It is said that commission of the above prohibited acts may cause harm to the mother and child.

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D. FOOD OBSERVANCES

Cultural practices also recommend specific observances such as the intake of certain foods to encourage lactation and imbibing herbal preparations to ensure a fast and smooth delivery.

Partaking of the ripe jackfruit or langka is a good example. When ripe, the fruit’s flesh has been observed to readily expel its seed. When the fruit is eaten regularly by the expectant mother, this characteristic is supposed to cause a speedy delivery. Water prayed over with Qur’anic verses are also given to mothers to protect her and her baby from evil intentions.

The Jama Mapun husband is advised to provide his wife any food (except those forbidden ones) that she desires because it is believed that this actually reflects the desire of the child in the womb. Because of this practice, Casiño suggested that the Jama Mapuns are very child-centered.

Beside food, other observances were also noted by Casiño, like the one where the expectant mother is enjoined to open all locked containers to insure ease in her delivery. Tan noted that among the Tausugs, the mother should first pour water into the latrine before urinating in order to wash away anything negative that could cause her harm.

E. BIRTH PRACTICES

Once pregnancy has been confirmed, the preparation for the birth begins. The traditional midwife becomes a regular visitor to the pregnant woman’s house. Among the Tausug, she is addressed as Apoh Panday, baliyan in Jama Mapun. Apoh Panday ensures that the mother’s body is properly aligned and prepared for a smooth delivery. She also ensures that the fetus is well-positioned in the womb, has a normal heartbeat and shows signs of being in a good condition.

Prior to delivery, Apoh Panday instructs members of the family to prepare the necessary requirements for actual delivery, such as supplies, tools, food and drink for the mother, etc. Her instructions includes the do’s and don’ts for the mother and child before and after delivery.

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11 Ibid., p. 167

From the review of literature, it is apparent that Muslim ethnic groups shared similar practices including the baptismal ceremony which is common to all due to its religious significance. Local terms however vary due to the differences in dialects.

**F. CHILD FEEDING PRACTICES**

Tan (2006) documented how Tausug mothers usually fed their children. After birth, infants are usually given the juice of crushed ampalaya leaves to clear the infant’s body of mucus and liquids carried over from its time in the womb. Infants are also given warm sugared water to strengthen them. Tausug mothers usually breastfed their children. If this is not possible, a nursing mother, approved of by the family, is requested to breastfeed the infant. This practice is called “magsawduruh,” and establishes a kinship relation between the two families. This means that the children who shared the same breast are forbidden to marry since they are now regarded as brother and sister and the marriage would be considered *sumbang* or incestuous. However, Tan notes that this practice has waned due to modern technology. Some Tausug mothers, especially from the middle to higher social classes, have opted to bottle feed their infants.¹³

At three to six months, an infant is given watery rice gruel or *mistang* then later, a thicker gruel called *biyugbug*. Supplemental foods were soft-cooked rice moistened with fish or meat broth or mixed with vegetables. This is especially true for families from the lower economic and educational brackets. Today, mothers who can afford it have the option of feeding their children commercial food.

However, mothers are warned against giving certain food to their children. Fish, for example, was believed to cause worms, while glutinous rice cakes produced a dumb child. Mongo, squash and chicken were believed to cause leprosy. Tan labels these as superstitious beliefs which have no scientific basis.¹⁴ He has further examined the Islamic and scientific bases of other Tausug traditional feeding practices and recommends the need for assessment and training of Tausug families to enhance their feeding practices.

The above literature points to cultural practices relating to women and children common to Muslim tribes in Mindanao especially those practices

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¹³ *Ibid.*, p. 68

¹⁴ *Ibid.*, pp. 82-83
which relate to their religion. These practices are also shared among Muslim ethnic groups that are found within a general area or have had a history of association.
CHAPTER 2

Sulu Provincial Profile
And IDP Situationer

I. SULU PROFILE

A. GEOGRAPHY

Sulu is an archipelago consisting of 400 scattered islands found near the southern tip of the Philippines. It is surrounded by the Sulu Sea in the North and West, Mindanao Sea in the East and in the South by the Celebes Sea. The province is made up of four major island groups – Jolo, Pangutaran, Tapul and Samales. The name Jolo represents the capital town as well as the group of islands it belongs to. Sulu is divided into two congressional districts. District I is composed of eight municipalities, namely: Jolo, Indanan, Maimbung, Pangutaran, Parang, Patikul, Talipao and Marunggas. The other 10 municipalities that compose District II are Lugus, Luuk, Panamao, Kalingalan Caluang, Pata, Siasi, Tapul, Tongkil, Panglima Estino and Pandami.

In terms of geography, Sulu is divided into mainland and island municipalities. Among the island municipalities are Panguturan, Marunggas, Pata, Siasi, Tapul, Tongkil and Pandami.

B. POPULATION

As of year 2000, the total Sulu population was 619,668. This was marginally higher than the household population of 619,430. The province had the third largest population among the ARMM provinces, claiming 22.1% and 0.81% of the regional and national totals respectively. Sulu ranks second to Marawi City in terms of population density, with approximately 353 persons per square meter.

15 Source: Sulu in Focus: Its demographics and socio-economic profile, UNFPA-NSO Project, June 1999
Sulu’s population is distributed among 18 municipalities, with Jolo claiming the biggest percentage (14.20%) and Hadji Panglima Tahil the smallest (0.90%).

The municipalities of Indanan and Patikul where the target IDPs for this study are located, recorded a total population of 53,425 and 34,396 respectively in 2000. Both number among the highly populated municipalities of the province.

The Tausugs comprise the biggest ethnic group in Sulu. The Sama and Badjao or Sama Dilaut rank second and third respectively, although their numbers do not reach even 10% of the Tausug household population. Other ethnic groups present in the province are the Ibanag, Kiniray-a, Bisaya, Sambal, Kankanaey, Cebuano and Manobo.\(^\text{16}\)

Table 2. Household Population by Ethnicity and Sex, 2000

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tausug</td>
<td>259,172</td>
<td>269,127</td>
<td>528,299</td>
</tr>
<tr>
<td>Sama (Samal)/Abaknon</td>
<td>24,007</td>
<td>25,329</td>
<td>49,336</td>
</tr>
<tr>
<td>Badjao, Sama Dilaut</td>
<td>6,407</td>
<td>6,773</td>
<td>13,180</td>
</tr>
<tr>
<td>Ibanag</td>
<td>1,376</td>
<td>1,359</td>
<td>2,735</td>
</tr>
<tr>
<td>Kiniray-a</td>
<td>517</td>
<td>667</td>
<td>1,184</td>
</tr>
<tr>
<td>Others</td>
<td>2,706</td>
<td>2,691</td>
<td>5,397</td>
</tr>
<tr>
<td>Not Reported</td>
<td>9,474</td>
<td>9,945</td>
<td>19,419</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>303,659</td>
<td>315,891</td>
<td>619,550</td>
</tr>
</tbody>
</table>

Source: NSO Census of Population, 2000

C. EDUCATION

1. Literacy Rates

In 2000, 58.29% of the household population aged ten years and over were literate. Literacy rates among males (59.01%) were pegged slightly higher than that of females (57.59%), highest among the 15-19 age group and lowest among the 70 and over age group. The literacy rate was highest in Jolo municipality at 87.17% and lowest in Tapul at 40.98%. The respective rankings remain the same as of 2007, with only slight variations in values. Males still had a higher literacy rate than females, at 59% and 58% respectively. The 15-19 age group was still the most literate at 69.55% out of the population while the 70 and over

\(^{16}\) NSO 2000 Census of Population and Housing, Report no. 2-87 O (Sulu) Volume 1 Demographic and Housing Characteristics, January 2003, p.135
age group was the least at 21.48%. Similarly, Jolo still registered the highest literacy rate of 94.13% and Tapul the lowest at 47.98%.17

2. Educational Attainment

Sulu household population 5 years and over registered at 562,596 in 2000. Of this figure, 196,855 indicated elementary schooling as the highest level attained. About 149,925 did not complete any grade while 86,549 attained secondary schooling. In the tertiary level, 38,159 indicated that they were college undergraduates while 2,845 were academic degree holders. A relatively small number of this population (3,318) was able to attain the post baccalaureate level of studies.

Based on the NSO 2003 Annual Poverty Indicator Survey, Sulu children are among the most disadvantaged in the Philippines in terms of attendance in elementary and secondary schools. Only 87.69% of Sulu families had children 6-12 years old attending the elementary grades, while 69.45% children 13-16 years old attended high school.

3. Facilities and Services

The province has 392 public and private elementary schools, 40 public and private secondary schools and 6 colleges, distributed along two provincial districts. The Office of the Provincial Governor reports that out of the 410 barangays of Sulu, 119 still do not have schools. Of the existing public elementary schools in the 1st District, data show a total desk-pupil ratio of 1:5, a teacher-pupil ratio of 1:43, a classroom-pupil ratio of 1:5 and a textbook-pupil ratio of 1:5. In this school district, Talipao had the most number of pupils per desk (1:7) while Pangutaran had the most number of pupils per teacher (1:59). Talipao had the biggest pupil population per classroom (1:58) while Parang West had the most number of pupils sharing one textbook (1:9).18

4. Enrolment Data

Public elementary schools in the province have adopted the Multi-Grade Classes and Food for School programs. This has in part contributed to the consistent increase in enrolment in the elementary schools based on enrolment statistics from school years 2004 to 2007 consecutively. As of school year 2006-2007, enrolment data show that

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17 2007 Sulu Socio Economic Profile, Office of the Provincial Governor, p. 46.

18 Source: 2007 Socio-Economic Profile, Office of the Provincial Governor, Province of Sulu, p. 49
93,207 children attended public elementary school. The municipality of Banguingi (Tongkil) registered the highest participation rate of 100% in public elementary schools, followed by Luuk at 97% participation rate. Pandami had the lowest participation rate of 55%.

Table 3. Performance Indicators

<table>
<thead>
<tr>
<th>Categories</th>
<th>1st District</th>
<th>2nd District</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tolo</td>
<td>79.00</td>
<td>35.12</td>
</tr>
<tr>
<td>Indanan</td>
<td>73.00</td>
<td>40.00</td>
</tr>
<tr>
<td>Parang</td>
<td>88.00</td>
<td>63.00</td>
</tr>
<tr>
<td>Mainburg</td>
<td>76.88</td>
<td>50.82</td>
</tr>
<tr>
<td>Panglima Tahil</td>
<td>75.00</td>
<td>23.00</td>
</tr>
<tr>
<td>Patikul</td>
<td>74.00</td>
<td>75.00</td>
</tr>
<tr>
<td>Talipao</td>
<td>68.00</td>
<td>49.00</td>
</tr>
<tr>
<td>Pangutaran</td>
<td>98.00</td>
<td>45.00</td>
</tr>
</tbody>
</table>

Source: 2007 Socio-Economic Profile, Office of the Provincial Governor, Sulu, p. 44

In the public secondary level, Pandami had the highest participation rate at 89% followed by Lugus and Siasi (79.6%). Luuk had the lowest participation rate (10.66%).

D. ECONOMICS

1. Family Income

In 2000, Sulu total income from 99,416 households registered at Php 7.7 billion. Total household expenditures meanwhile amounted to Php 6.8 billion. Of this households, the biggest number (33,203) belonged to the Php 60,000 to 79,999 income bracket, with an average annual income of Php 68,353. This was followed by 20,455 households which fell within the Php 50,000 to 59,999 income bracket, with an average annual income of Php 68,353.
annual income of Php 54,842. Only 1,213 households belonged to the Php 250,000 to 499,999 income class, registering an average annual income of Php 341,887.\(^{20}\)

2. Poverty Incidence

In terms of poverty incidence, Sulu ranked 13 among 77 Philippine provinces in 2003. An improved rating from the 1997 and 2000 surveys show the province ranking 1\(^{st}\) and 3\(^{rd}\) in terms of poverty incidence, respectively. However, Sulu still counts among the twenty poorest provinces in the country.\(^{21}\)

3. Labor and Employment

Of the ARMM provinces, Sulu registered a lower number of employed persons (175,000) compared to Maguindanao (337,000) and Lanao del Sur (227,000) in 2003. The province also ranked third compared to the two municipalities in terms of labor force.

Agriculture was the main source of livelihood in Sulu, employing 126,000 out of the total 175,000. This was followed by the service industry at 45,000 employed persons.\(^ {22}\)

4. Land Classification

The National Mapping and Resources Information Authority reports that Sulu has a total land area of 160,040 hectares. This is divided into alienable and disposable lands and forestlands. Table 4 shows the land area classification of the province.

However, per validation of the Sulu Provincial Planning and Development Office, the forestlands have been decimated to a mere 17,000 hectares, consisting mainly of marshes and swamps. Accordingly, actual forest cover is estimated to be only 2,801 hectares. Meanwhile, reforestation efforts in 1990 have covered only 214 hectares out of the targetted 1,993 hectares of upland and mangrove areas as of 1993.\(^ {23}\)

\(^{20}\) NSO Sulu Report.


\(^{23}\) 2007 Socio-Economic Profile, Office of the Provincial Governor, Province of Sulu, p. 25.
Table 4. Sulu Land Area Classification

<table>
<thead>
<tr>
<th>Classification</th>
<th>Area (hectares)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alienable and Disposable</td>
<td>47,687</td>
<td>29.8 %</td>
</tr>
<tr>
<td>Forestland</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Established Timberland</td>
<td>44,893</td>
<td>28.1 %</td>
</tr>
<tr>
<td>National Parks</td>
<td>213</td>
<td>0.1 %</td>
</tr>
<tr>
<td>Fishponds</td>
<td>958</td>
<td>0.6 %</td>
</tr>
<tr>
<td>Unclassified</td>
<td>66,284</td>
<td>41.4 %</td>
</tr>
<tr>
<td>Total</td>
<td>160,040</td>
<td>100.00</td>
</tr>
</tbody>
</table>

Source: National Mapping and Resource Information Authority (undated)

5. Land Ownership

As of year 2000, most of Sulu’s households claimed ownership of an agricultural land, followed by those claiming ownership of other residential land. Only a small number of households owned agricultural land through the government-initiated Comprehensive Agrarian Reform Program.

Talipao had the most number of households claiming ownership of other residential land and both categories of agricultural land. Households in Luuk municipality meanwhile had the most number of land for “other purposes”.  

E. AGRICULTURAL PRODUCTION

1. Permanent (Major) Crops

Sulu’s major crops are corn, coconut, cassava, abaca, palay, lanzones, coffee, banana, durian and marang. In terms of production, cassava is the most abundant despite the fact that coconut plantations occupy more land.

Considered permanent crops of Sulu are abaca, coconut, coffee, marang, durian, lanzones and mango. A coconut industry has emerged in Buansa, Indanan which produces crude coconut oil and copra cakes for export to Korea.

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25 Ibid, p. 59
2. Temporary (Major) Crops

The temporary crops in the province are camote, cassava, corn, palay, banana, peanut and others. The volume of production of these crops in metric tons from 1990 up to 1999 was as follows: camote – 3,913; cassava – 1,356,928; corn – 46,729; palay – 83,149; banana – 179,682; peanut – 1,627; others 1,103.

Of the above crops, cassava registered the highest production because majority of the Tausugs consider cassava a staple food or the best substitute for rice. Seasonal crops included soya beans and mango. In 2005, Sulu had a relatively higher volume of production compared to other provinces in terms of cassava, abaca, mango and fisheries. Table 5 shows the production of these commodities compared to the national production.

Table 5. Selected Commodity Production According to Total Production, 2005 (M.T.)

<table>
<thead>
<tr>
<th>Commodity</th>
<th>Sulu Production</th>
<th>National Production</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cassava</td>
<td>151,230</td>
<td>1,677,564</td>
</tr>
<tr>
<td>Abaca</td>
<td>2,439</td>
<td>74,014</td>
</tr>
<tr>
<td>Mango</td>
<td>8,174</td>
<td>967,473</td>
</tr>
<tr>
<td>Fishery</td>
<td>263,531</td>
<td>4,163,062</td>
</tr>
</tbody>
</table>

Source: Bureau of Agricultural Statistics, Sulu, 2005

3. Livestock and Poultry

Livestock and poultry production remains at backyard levels. The most commonly produced were cattle, goats, chicken and ducks. Goats were usually raised for use in religious rituals while carabaos were raised to support rice planting activities. Carabaos are mostly found in Luuk, Kalinggalan Caluang, Siasi and Talipao. Horses are raised mainly in Pangutaran as they are the means of transportation in the municipality.

F. HEALTH AND NUTRITION OF WOMEN AND CHILDREN

In 2000, the number of ever-married women aged 15-49 years of age was pegged at 86,826. Most of these women were married at the age of 20

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26 Ibid, p. 37
27 NSO 2000 Census of Population and Housing, Report no. 2-87 O (Sulu) Volume 1  
Demographic and Housing Characteristics, January 2003, p.223.
and 18 respectively. Of this number, the most number of children they gave birth to was registered at six, especially so with women aged 35-39 years.

The Integrated Provincial Health Office of Sulu reports the following health indicators for 2006.

1. Morbidity and Mortality

Maternal mortality rates registered at 135.32/100,000 live births or 16 maternal deaths. This was usually attributed to postpartum hemorrhage and hypertension in pregnancy. The year registered 64 infant deaths or 5.41/1,000 infant mortality rate. The IPHO however speculates that death cases are underreported in the province for two reasons: complacency towards civil registry and the immediate burial of Muslims.

Only 34.75% or 4,109 births out of 11,824 live births were attended by health personnel, 49.75% or 5,883 births were attended by trained midwives and 1,795 births by untrained midwives. The under 5 mortality rate was recorded at 46.73 or 40 child deaths. Meanwhile, 12,580 children were fully immunized in 2006.

Leading causes of morbidity and mortality were pneumonia, diarrhea, measles and malaria for young children. Considering the entire

<table>
<thead>
<tr>
<th>Cause</th>
<th>Number</th>
<th>Rate/100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Upper Respiratory Tract Infection</td>
<td>12,241</td>
<td>1,673</td>
</tr>
<tr>
<td>2. Influenza</td>
<td>3,200</td>
<td>438</td>
</tr>
<tr>
<td>3. Diarrheal Disease</td>
<td>3,169</td>
<td>433</td>
</tr>
<tr>
<td>4. Skin Infections</td>
<td>3,068</td>
<td>419</td>
</tr>
<tr>
<td>5. Pneumonia</td>
<td>3,055</td>
<td>418</td>
</tr>
<tr>
<td>6. Malaria</td>
<td>2,531</td>
<td>347</td>
</tr>
<tr>
<td>7. Malnutrition</td>
<td>1,950</td>
<td>267</td>
</tr>
<tr>
<td>8. Hypertension</td>
<td>1,883</td>
<td>257</td>
</tr>
<tr>
<td>9. Intestinal Parasitism</td>
<td>1,577</td>
<td>216</td>
</tr>
<tr>
<td>10. Anemia</td>
<td>1,529</td>
<td>209</td>
</tr>
</tbody>
</table>

Source: IPHO-Sulu, 2006

28 Ibid, p. 231

29 Ibid, p.223

30 Health Situationer, Report prepared by the Sulu Integrated Provincial Health Office, p. 15
province however, the top cause of morbidity was upper respiratory tract infection. Table 6 shows the leading causes of morbidity in 2006.

Morbidity is mainly attributed to poor personal and environmental sanitation, poor access to potable water and even lack of water supply, especially for island barangays. Gun shot wounds in turn were the top cause of mortality, closely followed by hypertensive disease and pneumonia. Table 7 shows the leading causes of mortality in Sulu.

### Table 7. Leading Causes of Mortality in Sulu, 2006

<table>
<thead>
<tr>
<th>Cause</th>
<th>Number</th>
<th>Rate/100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gun shot wound</td>
<td>88</td>
<td>12.03</td>
</tr>
<tr>
<td>2. Hypertensive Disease</td>
<td>83</td>
<td>11.35</td>
</tr>
<tr>
<td>3. Pneumonia</td>
<td>75</td>
<td>10.25</td>
</tr>
<tr>
<td>4. Coronary Artery Disease</td>
<td>53</td>
<td>7.24</td>
</tr>
<tr>
<td>5. Accidents</td>
<td>49</td>
<td>6.70</td>
</tr>
<tr>
<td>6. Diarrheal Disease</td>
<td>41</td>
<td>5.60</td>
</tr>
<tr>
<td>7. Tuberculosis</td>
<td>35</td>
<td>4.78</td>
</tr>
<tr>
<td>8. Cancer</td>
<td>25</td>
<td>3.42</td>
</tr>
<tr>
<td>9. Stroke</td>
<td>20</td>
<td>2.73</td>
</tr>
<tr>
<td>10. Bronchial Asthma</td>
<td>15</td>
<td>2.05</td>
</tr>
</tbody>
</table>

Source: Integrated Provincial Health Office (IPHO), Sulu, 2006

### 2. Public Health Facilities and Services

According to the Integrated Provincial Health Office (IPHO), Sulu has one (1) provincial hospital, five (5) district hospitals, two (2) municipal hospitals and 18 rural health units. The provincial health hospital is a secondary hospital with a 100-bed capacity while the rest are categorized as infirmaries. Two (2) other government hospitals outside the IPHO jurisdiction are the Sulu Sanitarium and the Camp Asturias, Jolo Station Hospital. There are 15 private clinics, two lying-in clinics and one Well Family clinic distributed between Jolo and Siasi. Only the provincial hospital and one district hospital (Luuk) have ambulances.

The inadequate health services in Sulu are mainly due to manpower shortage. Another cause is difficult geography.

In 2001, there were only 8 Municipal Health Officers for the entire province. This translates to a doctor to population ratio of 1:79,395. This figure is a far cry from the World Health Organization ratio.

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31. Ibid, p.16
standard of 1:20,000. Meanwhile private physicians are few and usually concentrated in Jolo town. Sulu public health personnel for 2006 are reported below.

Table 8. Sulu Health Manpower (Field Health Personnel), 2006

<table>
<thead>
<tr>
<th>Health Personnel</th>
<th>Total Number</th>
<th>Personnel to Population Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural Health Physician</td>
<td>11</td>
<td>1: 66,507</td>
</tr>
<tr>
<td>Public Health Nurse</td>
<td>21</td>
<td>1: 34,837</td>
</tr>
<tr>
<td>Rural Health Midwife</td>
<td>59</td>
<td>1: 12,400</td>
</tr>
<tr>
<td>Sanitary Inspector</td>
<td>25</td>
<td>1: 29,263</td>
</tr>
<tr>
<td>Medical Technologist</td>
<td>7</td>
<td>1:104,511</td>
</tr>
<tr>
<td>Dentist</td>
<td>7</td>
<td>1:121,923</td>
</tr>
</tbody>
</table>

Source: FSIS IPHO - Sulu, 2006

3. Day Care Services

The Department of Social Welfare and Development provincial office reports that Sulu had a total of 141 day care centers in 2007. Out of this figure, Parang had the most number (18), serving 360 children; Jolo had 14 centers serving 847 children, while Indanan had 12 centers for 360 children. Tongkil and Kalinggalan Caluang had the least number with 3 day care centers each, similarly serving 90 children. This means that only 34.39% of Sulu barangays have day care centers, leaving a shortage of approximately 65.60%.

II. SULU IDP SITUATIONER

The Sulu IDP situationer is based mainly on statistics taken from two reports from the Office of the Provincial Governor–Area Coordinating Center i.e. the Status of Internally Displaced Persons Report, and the Conflagration Report dated November 2007. Additional sources, taken from key informant interviews are otherwise specified.

A. IDP’S DUE TO ARMED CONFLICT

In the province of Sulu, internal displacement has generally been attributed to armed conflict. In 2007, armed conflict occurred in the months of August and October, affecting 32 communities distributed in the municipalities of Talipao, Indanan, Parang and Maimbung. Due to these incidences, a total of 2,640 families/11,316 persons were displaced as reported by the

32 Ibid., p.12
Office of the Provincial Governor- Area Coordinating Center. Of the four municipalities affected, Indanan recorded the most number of displaced persons while Talipao recorded the least. Actual site visitation indicates that Barangays Mau’boh and Gandasuli in the municipality of Patikul have a significant number of internally displaced persons as well.

1. **Talipao**

In Talipao municipality, three sitios-Sitio Kaumpang in Marsada and Sitios Kansiron and Lumbo were particularly affected. Of the total figure of IDP families, 326 were found in Talipao. This figure accounts for 1,750 internally displaced persons. The Talipao IDPs are found in evacuation centers in Barangay Marsada Proper and in Barangay Mabuhay respectively.

In October 2007, the Philippine Disaster Coordinating Council (PDCC) and the Area Coordinating Center (ACC) along with the Integrated Provincial Health Office (IPHO) conducted an assessment of the IDP status in Barangay Marsada. This was followed by a series of relief distribution activities and medical missions in cooperation with other agencies and organizations, i.e. Department of Social Welfare and Development (DSWD) Region IX, GMA 7 Kapuso Foundation and MERN.

As of November 2007, the ACC had not reported any change in the IDP situation in Talipao.

2. **Indanan**

In Indanan municipality, a total of 1,316 families/5,783 persons were displaced by the conflict. Evacuation centers were set up in Timbangan, Sionogan, Andihi, Langpas, Jariya and Sitio Talatak, Bato-Bato. These centers housed a total of 1,196 families/5,142 persons coming from 11 different communities.

In Sitio Talatak Bato-Bato, the evacuation center was a grouping of temporary shanties made of light materials. A shanty usually housed 2 to 3 families. Two common toilets served the entire IDP population of 269 families/1,348 persons. There was no electricity in the center while drinking water could be obtained only from surrounding springs. There is no health center in the area, though there is a mosque and a nearby school that offers instruction for grade levels I and II only. The roads leading to the site are unpaved, becoming muddy and impassable on rainy days. On such days, the evacuation center could only be reached
by jeepneys or hauler trucks, as mentioned earlier.

Of the total IDP population in Sitio Talatak, Bato-Bato, about 200 were children of varying ages. *(Figures and estimates provided by Hadja Nadia, resident of Sitio Talatak).*

The Area Coordinating Center reports that as of November 2007, IDPs in the evacuation centers of Timbangan, Jariya and Sitio Talatak, Bato-Bato had returned to their homes in Barangay Kagay. Further, the IDP population was reduced to 856 families/3,544 persons. However from actual site visitation in Sitio Talatak, it was determined that approximately 60 to 90 families have remained in their evacuation center for security reasons.

### 3. Parang and Maimbung

In Parang municipality, 945 families/4,282 persons were affected. However, only 894 families/4074 persons coming from 12 areas were served in the evacuation centers. These centers were established in Kaha, Lipunus, Saidang, Wanni Piyanjihan and Lupah Abu.

In Maimbung municipality, only 184 families/728 persons took shelter in the evacuation centers of Kulasi, Lapa and Tambaking. This was approximately half the Maimbung IDP population of 379 families/1,251 persons. Evacuees came from 7 different areas within the municipality.

As of November 2007, all internally displaced persons in Parang and Maimbung municipalities have since returned to their homes.

### 4. Patikul

In Patikul municipality, IDP families in the two barangays of Mau’boh and Gandasuli number about 30 to 60 families. These families reside permanently or as transients. In Mau’boh, the IDPs could not be found in evacuation centers. Instead, they reside in bunkhouses or have rented houses. This could be the reason why this particular group of IDPs is undocumented by the provincial government. The Mau’boh IDPs are reported to have chosen this particular area because of the presence of relatives here, not to mention its proximity to Jolo proper.

Barangay Mau’boh has a day care center and a health center. The elementary school is located at Ganda Suli. However, not all IDP children could be accommodated in this school. Because of this, other
children opted to attend school in different schools in Jolo proper. A number of children have stopped schooling in part due to the instability of their situation. (Figures and estimates taken from interview with Barangay Kagawad Ali Jumlang of Barangay Mau’boh).

B. IDP’S DUE TO DISASTER

There were also incidences of IDPs due to disaster. In September and October 2007 respectively, the barangays of Asturias and Bus-Bus in Jolo proper suffered from fires. The disaster decimated a total of 498 houses. In the conflagration report prepared by the Area Coordinating Center, a total of 2,403 persons were displaced.

Two months later in early November, North Laud in the poblacion of Siasi also suffered from a fire. The fire consumed 368 houses and rendered 5,903 persons homeless.

From the same report, all families and persons displaced by the fire were served by the Office of the Provincial Governor.
CHAPTER 3

The Tausug Family

I. FAMILY

Family refers to the basic unit of society. As a social unit, it is responsible for the socialization of children and the enculturation of family norms and values.

The establishment of a family is made through the union of a male and female as prescribed by law, customs and traditions. Families are expected to provide a supportive and secure environment for the well being of its members.

The Tausug family fulfills various functions in the lifecycle of the members. For this reason, a look into the make up of the family is important in understanding some Tausug social norms and values particularly in terms of maternal and child care.

II. NATURE

A. EXTENDED FAMILY

The Tausug family is generally extended consisting of at least three generations. The extended family offers many advantages including material, physical and psychological support in time of need.

Traditionally, the Tausug family started as an endogamous unit where marriages are contracted within the close kin network. Through the years, this has shifted to become exogamous allowing for marriage outside the kinship circle. This resulted in the widening of kinship alliances to include both blood relations and affiliates by marriage.

Here the concepts of Usba and Waris become important and describe the duties and responsibilities of the kinship alliances. Usba refers to the relatives of the husband and Waris to that of the wife. In terms of children’s welfare and well being, the Usba stands as having the stronger claim than the Waris especially when the children are orphaned at a young age. However, when the Usba for some reasons, could not undertake the responsibilities,
the Waris has the right to step in and care for the children.

While the terms Usba and Waris are obviously gender-based relations, others are not. The concept of Kampung covers kin of the second and third degrees of consanguinity. Magtalianak is the relationship between parents and their children; Magtaymanghud define relations of people belonging to the same generation; relations between alternate generations- grandparents and grand children is Magtaliapo (Bruno, 1973). Many of these terms are gender neutral.

Nuclear family terms are both gender specific and gender neutral (Bruno, 1973). Reference such as ama (father), ina (mother) amaun (male of father’s generation or uncle), inaun (female of mother’s generation or aunt), bana (husband), asawa (wife), anak babae (daughter), anak usug (son) are obviously gender specific. Others are not like, magulang (elder sibling), manghud (younger sibling), pangtungud (cousin), anak (child), anakun (kin of child’s generation), ugangan (in laws), ipag (brother/sister¬ in¬ law). Gender specific terms carry traditionally described status, roles, and activities within the household more obviously in terms of expectations and obligations than gender neutral terms.

B. CLOSELY-KNIT FAMILY CIRCLE

Like other family system in Southeast Asia, the Tausug family is a closely-knit circle of relations, the members of which are expected to fulfill certain reciprocal responsibilities and obligations. This circle is part of the support network of the family especially in times of emergencies. At other times, the members are expected to provide help, for example, if one member runs for a political position; capital in cases of business opportunities, or additional work force during family celebrations like weddings, baptism, funerals and such. In addition, family members are also called upon to help take care of an elder, nurse a sick relative to health, take care of a newly-born infant and its mother, or take charge of a young child in the absence of the parents.

The terms used for this network are kakampungan (relatives) or kataymanghuran (brothers and sisters). As earlier noted, reciprocity among members of this network is of primary importance for it to work.

Young children are brought up to uphold this cycle of reciprocity, learning to extend support where needed, at the same time assured of an equivalent degree of support when the occasion arises.

Family cohesion and sovereignty are important to the Tausug. Younger
siblings are trained to be respectful and obedient to the older ones. They learn to use the proper forms of address such as Utoh for an older brother or male cousin and Kakah for an older sister or female cousin. “Kakah” or its shortened form “Kah” is also used as generic term for older people regardless of gender. An older sibling is taught to be protective of and indulgent towards the younger ones. Conflict among siblings is discouraged and is usually resolved by invoking the acceptable norms of behavior.

III. STRUCTURE

A. HIERARCHICAL. Tausug family is hierarchical where gender status and roles are distributed according to the position of the individual in the family regardless of sex. This means that the older the person, the more respect, obedience and care is accorded to him/her. The younger the person in the hierarchy, the lesser the expectations in terms of responsibility and more leeway is given in terms of behavioral conduct. The youngest is also accorded more attention as the “baby” in the family. Older children are expected to take over the responsibility of the parents over the younger siblings, if or when the need arises.

Parsons (1949, 1964) labeled these positioning as “instrumental and expressive functions” where the husbands embrace the responsibility of providing for the family and wives embrace the function of meeting the everyday needs of the family members.

B. PATRIARCHAL. Tausug family can be described as patriarchal in terms of its decision-making process. The husband is recognized as the head of the family and therefore plays a central role in making decisions while the wife has a supporting role. The husband’s role is largely connected to his economic activities as the provider of the family. This structure is described as the superordinate/subordinate pattern prevalent among traditional society and attached to the notion of dividing activities as occurring within the private (inside) and public (outside) domain. Women are expected to stay within the private sphere (household tasks) while men are encouraged to work outside (to support the family). In this context, the husband often makes decisions because he controls the financial stability of the family.

Tausug children are prepared to grow into these gender-defined roles. Girls are primed to be homebodies who are proficient in household responsibilities. They also learn to be subservient to their male counterparts and deferential in decision-making matters. Boys, on the other hand, are
trained to assume the livelihood responsibilities of their father and help protect the family. This holds true under normal condition.

Economic demands however are creating new pressure on the family structure. The traditional role of man as provider can no longer be sufficiently sustained and women have been increasingly drawn into the work force to help support the family. The phenomenon of women OFWs is also true among the Tausug and a great number of professionals like nurses, doctors, midwives, medical technicians, and domestic helpers have gone abroad to provide financial security to their families. At the same time, this has also given rise to an unforeseen situation, in matters of decision-making in the family.

As Tausug women enter the workforce in greater number, decision roles may undergo changes. For example, roles can be reversed when the wife earns more than the husband. This is especially true of wives who work abroad and send money to support the family. She may play down her economic dominance and continue to allow the husband to make the decisions in order to maintain peace in the family and to preserve the husband’s sense of manhood. While it is true that the wife cannot work abroad without the permission of the husband, the assertion of a wife’s earning capability is often too much for the sensitivity of some husbands and divorce usually occurs. Asking permission to work (go abroad) is usually a mutual decision discussed between the husband and wife. This is usually called ritual permission since the approval has long been assumed.

Given this situation, some families have responded by having a new type of decision-making process where both husband and wife consult each other, and their children on matters affecting their lives. This is true among working couples who contribute equal share to the maintenance of the family. The male members of the family do not automatically assume decision-making roles over and above the female members. This also extends to parents, who when making major decisions involving finances, consult the person (daughter or son) responsible for providing the financial resources. According to Sussman (1993), this type of family is predicated on equity and sharing and is expected to grow in prevalence and incidence in the coming years.

Shifts in responsibilities may also take place. Due to the working schedules of the wives, husbands may consider participating substantially in household chores. Tausug husbands have had no qualms about marketing, taking care of children, cooking for a special occasion. However, these are what researchers call low level gender tasks. On the other hand, husbands
may not be the one to take over the slack left by working wives but close relatives who are staying with the couple. They do the cooking and other household tasks as part of the responsibilities in belonging to the kinship networks.

However, for husbands to become high participants in the household tasks, they must cross a series of hierarchical gendered threshold or boundary. According to Twiggs, MaQuillan and Feree (1999), “it was not merely an issue of who was good at what but an issue of who is supposed to be seen doing what.” It means that while husbands and wives may take on new structured roles, these roles should not compromise society’s allegiance to or definition of masculinity and femininity. Once a husband begins to assume more of his wife’s activities or role in the family, his manly image in society suffers. In this instance, the story of the Prophet (Peace be upon Him) is instructive. It is narrated that the Prophet repaired his own shoes and mended his own clothes without waiting for his wife or someone else to do the job. In 7th century Medina, this is a shining example of a man who had no problem crossing gender boundaries. As noted, many Tausug husbands are willing to help in the household tasks like marketing, taking care of children, cleaning the house but not on a permanent basis.

Families where equity and sharing are prevalent can be said to have crossed the gender boundary regarding decision-making processes where the male usually makes major decisions.

Nevertheless, the role of the wife as nurturer and the husband as provider remains the basic structure of the family. For this reason, crossing this boundary usually causes destabilization within the family as when the wife or husband becomes both the nurturer and the provider at the same time.

This phenomenon is occurring more often in conflict areas like Sulu where the presence of the husband may no longer be possible and the wife has to take over the reign of keeping the family together.

Sometimes, the stress and pressure of performing both roles are slightly relieved by the help of relatives within the Usba-Waris circle. If the eldest child is a son, and he is old enough, he becomes the close supporter and ally of the mother and later on takes up the role of helping provide for the family. If there is no son, then the eldest daughter fills in the breach.
IV. FAMILY LAW ON MARRIAGE AND DIVORCE

Since most Tausugs are Muslims, Islamic law together with Customs and traditions (adat) regulate family life. In the Philippines, family law is found in PD 1083 or the Code of Muslim Personal and Family Relations. This covers marriage, divorce and inheritance. Some relevant issues that reflect gender and family values in the Code and changes in practices will be discussed here. These issues are also reflective of the nature of the family as it evolved in Tausug society.

A. MARRIAGE

Tausugs equates marriage to the fulfillment of religious obligation in the form of Ibadah (worship) and pro-creation. Marriage is encouraged to fulfill biological needs in accordance with the teachings of Islam. Any intimate relations without the benefit of a valid marriage is considered taboo. Thus, family life is the result of a valid marital union bestowing upon the couple respective duties and obligations. As discussed earlier, the husband is seen as the provider, protector and main decision-maker of the family while the wife is the manager of the household.

One of the contending issues on marriage is the consent of the parties concerned. According to the Code, and indeed in Islamic Law, consent of the bride and groom is required for the marriage to be valid. Custom and tradition however show that parents usually choose the partners for their marriageable children. This is the prevailing custom of arranged marriages and is present not only here but in other cultures and countries as well. Often, bride and groom get to know each other only after the marriage ceremony.

Arranged marriages are made on the assumption that parents knew best, that they could better look after the interest of their child. Another reason is that the bride is deemed too shy or too timid to state her opinion, relying on her parents to make the proper choices for her. This was true at a time when girls were kept at home as a general rule.

Grooms have no such reservations. Usually, the groom had initiated the move by requesting his parents to make the marriage offer after meeting the girl or seeing her in a public occasion. In many cases, however, parents actively undertake a search for the proper, or suitable partner for their children. In some instances, children are betroth at a young age by parents who happen to be friends, or closely related. However, first cousins marriages are not encouraged. Betrothal can be broken if one party is no longer willing to continue the arrangement for reasons considered by the
party to be extremely serious and will affect the quality of marital life of the couple.

At the bottom of this practice, is the family value of obedience to and respect of parental authority. Tausug children are brought up to respect and obey parents and major decisions like marriage are considered within the purview of parental authority and cannot be challenged without the children being considered disrespectful and appearing as ingrates. Parents also considered it their duty to find a good partner for their children and insure a secure future. At present, arranged marriages are no longer as widely practiced as before, and more and more couples are marrying according to their personal choices although parental consent is still solicited by the couple out of respect and love of their parents.

Marriage also reflects the relative status of the partners. Traditionally, wives were seen as having no personality of their own besides that of their husbands. Tausug women however had always subscribed to a more egalitarian relation between husbands and wives and throughout history have demonstrated their active participation in many areas of life even outside the family.

This is in consonance with the Islamic position on women. For example, it is not often known that Islam recognizes the self-autonomy of women and for this reason allows them to retain their own names even after marriage without having to adopt the name of their husbands. Property rights whereby wives are responsible for whatever income or property they earn reinforce this value. Husbands cannot interfere nor dispense of these properties or income without the latter consent.

The exercise of consultation within the family is required not only in marriages but also in other major life’s decisions like education. Where before children were often railroaded into taking degrees that parents like, now they discussed these matters and come to a mutual agreement based on family financial resources and the children’s capabilities. This means that no preferential treatment is given to male over female children, an appreciation of the true meaning of equal treatment of children, a hallmark of an Islamic family.

This naturally contradicts the traditional and patriarchal notions that give males preferences in family activities like education since males were expected to support the family while parents, then brothers or husbands were expected to support females. Thus, the urgency for schooling seems to be greater for males than for females. Today, many families practiced equitable distribution of educational and other opportunities
by sending all their children to schools and the subsequent successes of
the latter influenced others to do the same. More important, knowledge
about Islamic principles and tenets, which call for the equal treatment of
children, are being disseminated more widely.

Although, children enjoy choosing their own careers and partners, parental
consent is still required both by law and custom. In other words, parental
authority has become tempered and flexible in appreciation of the rights
of children to be consulted in matters that affect their lives.

B. DIVORCE

The right to divorce is often perceived as a right enjoyed only by men.
Contrary to this misperception, women are also granted the right to
divorce. They can file divorce proceedings on their own given the correct
grounds like ill treatment, abuse, and non-support. According to records
many more women than men have filed for divorce.

Judge Nurkarhati S. Sahibbil, Shari’ah Judge, 3rd Shari’ah Circuit Court,
confirms this and claims that the common cause for filing divorce has to
do with maltreatment of wives by husbands either physically, mentally or
morally. Physical abuse were usually committed by husbands who were
drug addicts. According to the judge, she usually opts for reconciliation
if still possible or settlement if not, so that the couple part still in good
relations. In cases of reconciliation, the husband signs a promissory note
to change his ways according to the conditions set by the wife. Should any
violation on these conditions occurs, divorce is then granted.

Divorce also brings the issue of the custody of children. Accordingly,
children below seven years old must be with the mother. At the age of 15,
the girl must be with the father and the boy with the mother. The judge
claims this is following the theory of responsibility. In the event the mother
or father does not remarry, the mother will be taken care of by the son, and
the daughter takes care of her father.

Once divorce is granted, a contentious issue has been the support that the
husband is obliged to provide for his children. Neglect of this obligation
has been a common occurrence but the court’s sanction is too minimal to
compel recalcitrant husbands to fulfill this obligation. Such niggardliness
contradicts the Islamic value of generosity, which is encouraged amongst
Muslims in general.

Divorce brings another contentious issue to the fore, and this refers to
subsequent marriages. If the husband wants to take another wife, the first
wife has to give her consent as required by law. However, some second marriages are sometimes kept secret and the wife is the last one to know.

Another alternative for the wife is to seek divorce provided such is specified within the marriage contract. Unfortunately, many women are not well informed about the necessity of a marriage contract to guarantee and safeguard their rights in marriage.

Judge Sahibbil notes that the registration of marriages in the Shariah Courts is partly to stem this kind of situation, as well as to secure the legitimacy of the marriage itself, and to protect the rights of the wife.

C. INHERITANCE

Still another contentious provision is the inheritance portion allotted to males and females where brothers inherit twice as much as sisters. The justification for this perceived inequality recalls the patriarchal structure where males have the duty to support females. This includes the wife, elderly mother, unmarried sisters, plus the children while the sisters keep their money to themselves.

However, this legal stricture has been breached in many ways since females are now capable of supporting themselves and women as head of families are no longer rare.

Accordingly, this legal provision can be offset by parental bequeaths to daughters given during their lifetime in order to bring their inheritance to the same level as that of the sons. Adat or customary law also provides for equal allotment to all children as in cases of land inheritance.

Regarding wives’ inheritance, Adat shows that wives automatically assume the status of the late husbands in which case the hierarchical nature of the family becomes a more important determinant than the patriarchal structure. Children and other kin recognize her as the remaining parent and head of the family and accord her the respect and obedience due such persons. Among political families, it is not uncommon for the wife to take over the position of the husband.

To forestall conflict in the family due to inheritance, a written Will and Testament is necessary.
V. PARENTING

As in other Asian societies, parents in the Tausug society are revered and obeyed. Rebellious children are considered undesirable since disobedience are expected to bring misfortune to children. This belief is consistent with Islamic precepts which enjoin children to respect and obey parents.

A. PARENTING CHARACTERISTICS

Tausug parents are very nurturing. They are ever mindful of the needs of their children and providing for these needs becomes a matter of family pride. Other than physical sustenance, Tausug parents give priority to developing their children’s adherence to religion. At the early age of six to seven years, a Tausug child is brought to a close relative or esteemed friend who is knowledgeable in the Qur’an, for instruction in Qur’an reading as well as the rudiments of Islam. Another option is to enroll the child in a madrasah for Arabic language and religious instructions.

This practice continues today, even as secular education has become accepted in Tausug society. Parents are able to accommodate these dual systems of education by sending children to secular schools on weekdays and to the Madrasah on weekends. Those who opt for a religious tutor usually send their children for tutorials early in the morning or late in the afternoon, that is, before or after secular school. Due to the importance of religious instruction in a Tausug community, religious teachers are much revered such that they could even make a ceremonial demand for a specified share of the dowry of a former female student.

The need for religious instructions is emphasized by two imams interviewed particularly in terms of having well-behaved children who will be responsible adults later in life. Because of the drug problems now becoming wide-spread in Jolo, the imams believe that these drug-users have not been properly guided by their parents in terms of religious instructions (pag-aqama). Imam Saukhan Kimpa attributed the problem to the breakdown of parental authority, decline of religious practice especially among the parents, and the influence of the environment. Since he works as Education Supervisor Values Education and Guidance at DepEd, he has made strong efforts to include a program on Islamic values education in the public schools since 2005. He also provides religious lessons to both young and adults, men and women, during weekends at his house. Among the feedbacks related to Imam Saukhani on the effect of his religious instruction, came from one of the attendee’s uncle who extended his huge thanks to the Imam. Accordingly, the young men who attended the lectures were the “bad guys” of the neighborhood:
drunkards, holduppers, drug addicts, who now show dramatic changes in their behavior.

The need for religious education is seconded by Imam Ibrahim Jimlani of Busbus, who pointed out that drug problems are not present in his area because of the community’s efforts to provide religious instruction to the young during Friday congregation in the mosque. He points out that it is the primary duty of the father to take the responsibility of not only teaching but also of giving discipline to his children. He notes that parents must be patient and be friends when the children are grown up already. According to the imam, the important thing is not to leave children on their own and expect them to grow up without any problem.

Dr. Madeline A. Tan, MSU Associate Professor, agreed that having religious instructions helped her children to become responsible adults. She noted that her son, even as a young child, followed what he saw being done in the house, in particular, the performance of prayers, and later personally attended madrasah without being told to. She also credits the school environment, teachers and the early bonding of parents with their children especially in teaching them family values of respect, trust and “addat marayaw” or good manners and conduct.

On matters of parental involvement, the informants (both mothers) say that mothers are more involved with the children. In case of discipline, or decisions, the informants claims it is the father who makes the final decision that when the father speaks, everybody keeps quiet and that is the end of discussion. This is especially true in the rural areas since parents in town have become more urbanized.

These informants emphasized the active participation of the parents in the lives of their children and the importance of providing religious instructions and knowledge, not just rituals, to give children a firm foundations in later life and to offset the influence of environment on the young people especially the kind of lifestyle that is being shown in the Media. They also stressed the religiosity of the parents as they can serve as a role model for their children.

Tausug parents bring up their children to be aware of social duties and etiquette. Commonly taught rules of conduct are:

1. Do not disturb people who are sleeping.

2. Do not proceed to enter another household if you hear the occupants within having a meal. The local term is “Ayaw kaw
Imposing oneself on people during mealtimes, rest time and certain occasions where privacy is needed is considered a serious breach of manners.

3. Using the correct hand for eating, handling food, giving and receiving money or gifts (right hand) and washing one’s private parts after performing the offices of nature (left hand).

4. Extending right hand low in front and slightly bending when passing in front of people and uttering “Lumabay aku.” Acknowledging people one meets with particular forms of expression like the Islamic greetings of Asslamu Alaikum are also necessary.

5. Using a moderate or soft tone of voice when responding to a call by elders and when addressing them. Certain words are used as well to indicate respect. These linguistic markers are the counterpart of the Tagalog “po,” “ho,” and “opo.”

Other important values taught to children are being fearless, invoking the Qur’anic teaching of fearing no other than God; being generous and compassionate to others especially in time of need, avoiding aggressive behavior that puts other people at a disadvantage, to defend one’s self against oppression.

In addition, parents are also attentive to particular milestones in their children’s lives, honoring such with certain rituals and ceremonies, e.g.:

1. **First time a baby rolls on its side.** When this is observed, the mother usually prods the child’s body to turn over on his/her back using the Qur’an. It is believed that by doing so, the child will be protected by the Qur’an and become learned in religion.

2. **First time a child is brought to a tutor (guru) for Qur’an reading and religious instruction.** On such an occasion, parents bring a ceremonial offering consisting of a “dulang” or tray of food, oil, water and candle to the guru. The last three items symbolize ease and accomplishment in learning. No financial remuneration is expected by the guru. Rather, parents find occasions to bring gifts and other offerings which would somehow compensate for the guru’s efforts.

3. **Pagtammat** or when the child finishes reading the Qur’an. This is a celebrated event in the community in which the child’s
family takes much pride. To showcase this accomplishment, the child is made to read aloud selected passages of the Qur’an in front of his/her guru, family and the community. Prior to that, the family may even choose to parade their son or daughter around the community in order to announce the glad tidings to all. Rich families usually have a cow slaughtered and invite the community to a feast on this occasion.

4. “Pag-Islam” or circumcision rites. Pag-Islam is usually done when the son is about to reach puberty. This is also a well-attended affair so that the community may witness the coming of age of the young boy.

5. Graduation from school. As Tausugs patronized secular education for their children, they have also adopted the practice of celebrating a child’s graduation from school at whatever level. Classmates, school teachers, family and friends are likewise invited to share in the celebrations. Giving gifts is a part of this growing practice.

6. Weddings. This is one of the biggest celebration in the lives of children. The wedding celebration can be grand or not depending on the socio-economic status of the families.

Mention of secular schools brought out the concern of mothers to give their children a good start. This include parental participation in the Day Care Centers affairs where they have enrolled their children. Mrs. Hindun Angsa, UNICEF Coordinator and Day Care Program and Technical Person, related how parents from Chinese Pier pooled their resources together in order to pay the salary of one Day Care worker. Parents also attend monthly meetings with Day Care Center Staff to receive feedbacks on their children and vice-versa. Mrs. Angsa pointed out that parents have observed that children who attend Day Care Centers are easy to train at home; that Grade Zero Teachers also prefer pupils who had attended Day Care Centers because of their readiness to learn. Unfortunately, there are insufficient numbers of Day Care Centers to serve the needs of children in all the barangays of Sulu.

B. ROLES OF GRANDPARENTS, PARENTS-IN-LAWS

Since Tausug family is an extended one, parents are not alone in bringing up children. Sometimes, grandparents or in-laws play an active role in the children’s lives. These may have a negative side as when grandparents or in-laws interfere in matters of disciplining the children. This can lead to
pampering or *pagpalangka* of children. For this reason, some young couples prefer to live away from their parents. On the other hand, parents or in-laws staying with the couple can help with the children if both couple are working.
Maternal Care

Tausug maternal care practices offer a holistic program of nurturing for the mother-to-be. This comprises of naturopathic and ceremonial rituals and preservations. All are meant to keep the expectant mother physiologically sound and protected from the harm of supernatural entities.

I. MOTHERHOOD

A. PRE-NATAL CARE

1. Pregnancy

The Apoh Panday (Traditional Midwife) plays a very crucial role in taking care of the expectant mother. She is responsible for performing some rituals during certain period of pregnancy such as the following:

a) PAGHATUL or PAGBAKTUL SIN PAMARANAN (Physical check-up)

When pregnancy is confirmed, the Pagbaktul or Paghatul sin pamaranan takes place during the second up to the third month of pregnancy.

It begins with a thorough body massage on the expectant mother using an herbal potions made of pure coconut oil mixed with minced garlic and ginger. This is believed to promote good circulation of the blood and helps eliminate unwanted air inside the abdomen of the pregnant woman.

The massage also aims to put the nerves and joints of the body in its proper place. The Apoh Panday believes that in order to attain proper balance of the body, the nerves and all other joints in the body must be aligned. When this happens, the pregnant woman will be assured of good health and no complications during the entire pregnancy. FGD participant, Brenda Julhussin shares her experience:

“I have two kids now. With my first baby, I was cared for by Apo Panday. I followed all her advises starting from...
the “Paghatul sin Pamaranan” and did not encounter any difficulty. My pregnancy went smoothly and had few problems.

For my second baby, I was in Zamboanga and did not have an Apoh Panday to consult. I experienced difficulty all throughout my pregnancy. I always got dizzy and vomitted maybe due to many air in my abdomen. My body has not attained balance.

I believe the Apoh Panday knows how to prepare the woman’s body for pregnancy. Besides the massage and potions, she also invokes “Tawwal” prayer for the good health of the pregnant woman”.

Other participants affirmed Brenda’s experience. The expectant mothers relied on the Apoh Panday’s expertise in preparing their body to cope with the challenges brought about by their pregnancies.

b) PAGKITA SIN BADLAK (checking the pulse)

Pagkita sin Badlak or Paggalak means checking the pulse rate of the pregnant woman. This is done for several purposes. First, to affirm pregnancy in lieu of the scientific pregnancy test not often available in the rural areas. Second, to determine the number of months of the pregnancy. Third, to determine the gender of the unborn child usually done during the pagbuha (see detailed discussion on page 45). And finally, to diagnose the illness, if any, of the pregnant woman.

Long before the invention of the ultrasound machine, the traditional Tausug Apoh Panday has been accurately giving the expectant mother the gender of her unborn baby through paggalak. Key informant Apoh Panday Ajiliya of Umbol Duwa claims that she can tell the gender of the baby by just checking the pulse found on the navel. She further revealed that the pulse rate inclining to the right side indicates that the baby will be a boy, and a girl, if the pulse rate inclines to the left. FGD participant, Kinol Lassal shared her experience:

“It is very important to know the gender of our prospective baby because we will be guided on what to prepare. In my case, I always rely on the Apo Panday’s diagnose and I can tell you that of my 4 children 3 of them were accurately predicted by the Apo Panday through this method.”
While other participants also affirmed similar experiences, informant Samliya Sanang stressed the importance of Apo Panday in their lives:

“In our situation we don’t have the means to go to the doctor for pregnancy test or for ultra sound because we could not afford it. So we rely on the findings of the Apoh Panday, which we find accurate. Our old folks also relied on the knowledge of the Apoh Panday.

For me, the traditional way is effective and proven safe. Our Apoh Pandays are experts and they have profound knowledge on all these things because the bases of their knowledge come from practice.”

Pulse rating is used by Apoh Panday to diagnose the illness of a pregnant woman who complains of weakness and discomfort ranging from headaches, slight fevers, difficulty in sleeping, dizziness, loss of appetite, constipation or diarrhea and other minor illnesses. In most cases, the Apoh Panday attributes these illnesses to the imbalance in body temperature. For instance too much heat can cause paso ugam (heat inside the body) manifested by slight fever, headache and dizziness. On the other hand, too much coldness in the body can lead to other discomforts such as gas pain, nausea, colds and body aches. To cure said discomforts, the Apoh Panday will massage the body of the pregnant woman using the traditional massage oil described earlier. In some cases, the Apoh Panday will ask the pregnant woman to take some medicinal herbs such as boiled ginger to eliminate unwanted air inside the body. For paso ugam, the common cure is to drink “liyutong-lutong “ a medicinal potion made out of roasted corn grits. This is believed to have an excellent curative effect on many types of illnesses as it promotes good balance of heat and cold inside the body.

FGD participant and informant Jarram Sarawi explained the important role of the Apoh Panday in treating the various illnesses of the pregnant woman by noting:

“Based on my personal experience and from what I have observed among the women in this area, our recourse was to seek the help of the Apoh Panday in case we felt some discomfort during our pregnancy.

Some advised us to go the health center to see a doctor. But there was no center here and we could not afford the expense of going to town for medical check up.
I believe that the Apoh Panday’s findings are accurate. She was able to trace the causes of our illnesses. Most of our illnesses were related to paso ugam (heat) and panuhot (unwanted and excessive air inside the stomach). We felt relieved after the massage and Tawwal (prayer). Besides, the Apo Panday will ask us to pay only what we can afford.

In case the Apoh Panday is not around, we go to the traditional healer and just the same she would diagnose the illness by checking our pulse rate then provide medicinal herbs for our treatment.”

c) PAGBUHAT (Ritual during the 7th month of Pregnancy)

Pagbuhat is an important Tausug ritual associated with pregnancy. Literally, it means “to carry or lift” as the ritual culminates by placing the pregnant woman inside the malong to be slightly lifted and shaken in a very slow motion to ensure the proper position of the baby inside the womb.

During the Pagbuhat, the pregnant woman must produce the following materials: tadjong or malong, sawwal (female trousers), badju sug (blouse locally known as sablay or sambra), newly harvested coconut, coconut oil and one ganta of rice (or 2½ kilos). If the family could afford, it is also good to prepare a “dulang” (food platter) containing one “sampol kaonon” (bowl of rice), “piyanggang manok” (whole grilled chicken), “panyam” (native Tausug delicacy made from rice), and some sautéed vegetables such as beans and eggplant.

The Apoh Panday commenced the ritual by bathing the pregnant woman. The bathing is accompanied by a tawwal (prayer) invoking good health for the mother and the baby.

After the bathing ritual, the Panday will light a candle, and place it at the side of the pregnant woman. Then using the coconut oil, she starts massaging the abdomen and body of the pregnant woman. Thereafter, the pregnant woman will be asked to lie down and put on the “tadjung” while the Panday, holding the fresh coconut, will shake it over the stomach of the pregnant woman down to her feet. Then, the Panday will lift the tadjung just high enough to elevate the woman’s buttocks and stomach from the bed, slowly shaking it while reciting a prayer or “tawwal”.

Afterwards, it is recommended that the pregnant woman will wear
her best dress and to beautify herself. By doing this, it is believed that she will give birth to a healthy and good-looking baby.

The function of the pagbuhat ritual in the Tausug culture is very important. This signals the commitment of the Apoh Panday to attend to the delivery. In exceptional cases where the Panday cannot perform her duties, she recommends the attendance of a medical practitioner.

The materials used in this ritual have significant meanings. The candle symbolizes light guiding the path of the mother and the child. The coconut oil ensures an easy and less painful delivery, the coconut standing for protection, purity and longevity. The dulang of food is given to the Panday to ensure barakah (blessings or bounty) and ridzki (prosperity or good luck) to the baby, and the sawwal and blouse as sadaqa (charity) to ensure pregnant woman’s good condition in this world and in the hereafter.

Difficulty in delivery, poor health of the mother and baby are sometimes attributed to the lack or improper conduct of the pagbuhat ritual. Thus, Tausugs regardless of their economic situation or wherever they may try to observe this ritual.

This includes even the IDP’s. Regardless of their present situation, they try to observe Tausug traditions and ritual especially those associated with pregnancy. The FGD participants both in Talatac and Mau’boh confirm this as shared by Leng Wahab:

Last year, I was pregnant and it was so difficult because we were always on the run (“namamaguyan sadja”). When I was in the 7th month of my pregnancy, my husband and I had no option but to stay with a relative in Jolo in order to have the pagbuhat. We could not do away with this because it will ensure a good and safe delivery.

I remembered that we didn’t have dulang and I couldn’t even give the Apoh Panday a new dress except the Tadjung used in the pagbuhat. It was so frustrating compared to my previous pagbuhat when we had enough money. But as you can see, we are living a hand to mouth existence. We lost our property and all my jewelries are now in the pawnshop. Now, as you can see all of us here observe the pagbuhat and we will continue observing this because this is the teaching and practice of our kamaasan (old folks)”
Similarly, another FGD participant and informant, Daisy Tan, shared her opinion.

“In my case, I went to the center for pre-natal check-up because my husband wanted me to do it. I went to the health center regularly and at the same time got some free vitamins and immunization.

But when my pregnancy reached the 7th month we requested Apoh Panday to perform the pagbuhat ritual. We cannot do away with this ritual because it gives us hope and assurance that we will be delivering our baby in good condition.

When my time for delivery came, the doctor gave me options -- whether to deliver in the clinic or at home with my Apoh Panday. I preferred to have it at home. In case difficulty came, my family was ready to bring me to the doctor. Thanks to Allah I delivered my baby successfully and my Apoh Panday took excellent care of me. Most of us who could not afford hospital expenses, opt to deliver our baby at home and entrust everything to God. We also relied on the knowledge of our Apoh Panday”.

2. Practices and Rituals During Delivery

a) Preparations

During delivery of the baby, the Apoh Panday sees to it that the expectant mother is comfortable. She prepares the bed for the woman to lie down and helps the husband tie a rope suspended on top of the bed for the wife to hold onto should the need arise. Earlier, she advises the woman to take a bath and clean herself prior to the delivery.

All requirements such as the baby’s dress, linen cloth, soap, alcohol, manzanilla, small basin and hand towel, thermos with hot water, baby cologne and the Apoh Panday’s instruments in cutting the baby’s umbilical cord are all put together beside the bed. The Apoh Panday and husband see to it that the bed is curtained to ensure privacy. During the actual delivery, no one is allowed except the Apoh Panday, husband, mother or mother in law to be present. The Apoh Panday also ensures that the private parts of the woman are not exposed.

Upon delivery, the Apoh Panday lightly spanks the baby’s feet to make it cry. Then the father whispers the Adhan (Muslim call to prayer)
in its ears. With the placenta already out, the Apoh Panday cuts the umbilical cord using a sterilized scissor or a sharpened bamboo edge in case the Apoh Panday still adheres to the traditional way. According to traditions, the length of the umbilical cord to be cut should measure up to the baby’s forehead for a long life. Then the Apoh Panday carefully ties the cord and puts scraped fresh coconut shell around it. This is believed to cause the early detachment of the umbilical cord in just three days as compared to alcohol, which causes the umbilical cord to fall within seven days.

After the cutting of the umbilical cord, the baby and the mother will be carefully bathed and cleaned. Then the Apoh Panday will give the baby ampalaya juice extracted from fresh leaves to take out any water or mucus swallowed by the baby while inside the mother’s womb and during the delivery. Taking out the liquid will ensure the baby’s good health as the liquid can cause colds.

Everyone in the family is excited and ready to do errands when and if needed. The husband, with the help of other family members such as his mother or mother-in-law, will take charge of the household chores until the wife is fully recovered.

b) Kambige

The next ritual to be administered by the Apoh Panday is the pagkambige. It is a form of ritual that reflects some superstitious beliefs of the Tausug. The things needed for the pagkambige are the following: female or male chicken if the baby is a girl or boy as the case may be, seven grains of rice, whole turmeric, saucer, and coconut oil.

The Apoh Panday will collect a few drops of blood from the chicken’s head and put it in a saucer. The whole turmeric will be sliced into seven parts. The seven pieces of turmeric and the seven grains of rice will be added to the chicken’s blood. The Apoh Panday will get one feather of the chicken to be used in stirring the mixture of chicken’s blood, turmeric, oil and rice. After mixing it thoroughly with a Tawwal (invocation), the Apoh Panday will carefully apply the mixture to the baby’s and the mother’s eyebrows using the chicken feather. Thereafter, the Apoh Panday will also apply said mixture to her own eyebrows.

After the pagkambige comes the cleaning of the placenta by the Apoh Panday. The remaining pagkambige mixture will be poured on the placenta which is then wrapped with a white clean cloth. The Tausug
believes that the placenta is the twin sister/brother of the baby that needs to be buried carefully. It is advisable to bury the placenta under the shade of a tree.

The function of the Kambige ritual signifies a belief in the life hereafter where all children and parents are called to testify for each other. In the hereafter, the child will look for her mother and the mother will come forward to claim the child as her own. The child will ask the mother to produce her witnesses to affirm her claim. The pagkambige will stand as witness for the mother and child putting forward Apoh Panday who helped the mother in delivering the child. The chicken will also testify in the hereafter as its blood was used in the pagkambige. Just like the mother’s milk, the Tausugs believe that the pagkambige is a ritual that affirms the child’s filiations to the mother.

In the socio-cultural context, the kambige ritual demonstrates how Tausug motherhood is a valued and priceless role where every mother wants to safeguard her relationship with her child. Her love and care for her child transcends this world. The Tausug mother wants to be mother to all her children in this world and in the hereafter.

Apoh Panday Ana Mawlana of Kalang, Tapul gave an account on the importance of Kambige ritual.

“The ritual of pagkambige is very important to the mother, child and the Apo Panday. In the next life (life after death) everyone will look for his/her mother and the mother will come forward. But her daughter or son will ask a witness if really she is the mother. So the Apoh Panday will serve as a witness for the mother. To substantiate the claim of the mother and the Apoh Panday, the chicken used during the kambige will also come forward and testify. The chicken will testify that the blood taken from its head was the one used to mark the eyebrows of the mother, the child and the Apoh Panday. So without the kambige ritual the mother cannot claim her children in the hereafter. That is why most of the Tausugs who knew this “atulan” (way of tradition) must insist the observance of pagkambige as no mother wants to lose her right over her children in the hereafter”.

However, as explained earlier, pagkambige is a Tausug ritual that has no basis in Islamic teachings though it is observed by the rural Tausugs on the island of Tapul and is not wide-spread in Jolo island itself.
B. POST NATAL CARE

1. Apoh Panday’s Responsibilities

After the delivery of the child, the Apoh Panday’s responsibilities include the following: performs all the rituals and practices related to the delivery of the baby, takes charge in cleaning the bed and washing all the used blankets and clothes, supervises the diet of the mother by encouraging desirable food for lactation and prohibiting undesirable ones, teaches the husband and other family members on how to take care of the mother, and performs the last bath ritual for full recovery termed as “ligo panguli” whereby the new mother will be given back to the sole care of her husband. The Apoh Panday is also obliged to visit the mother within forty days and the baby at least twice a week or when needed. In the first few days, she closely monitors the mother’s condition advising her to wash with boiled guava leaves which are considered a good herbal disinfectant for any type of wound or cut.

In the Tausug family, the new mother is given very special treatment. This is because giving birth is considered a risk not only during labor but in the 40 days thereafter. Within this period, the Apoh Panday must see to it that the new mother gets quality rest by delegating all household duties to the husband or to other immediate members of the family.

2. Teaching the Husband and other Family Members

The Apoh Panday is obliged to teach the husband and other family members on how to take care of the new mother and baby. The husband is reminded that the wife is still in a delicate condition and must be given proper attention especially in providing her with substantial and nutritious meals. The Tausugs believe that the new mother should not exert any effort nor experience hunger because this can cause “bughat” (relapse) leading to more serious illnesses. In some cases, this is believed to cause maternal death. Eating nutritious and complete meals are therefore essential to her full and fast recovery. Aside from eating the regular meals (i.e. breakfast, lunch and supper), the husband is told to provide the mother two snacks during daytime and one during midnight. It is desirable if she will be given hot milk or coffee and machacao (toasted bread) for snacks. Ordinarily, milk is not a preferred drink of Tausugs, according to RN Thelma Abdurasa, but it seems that the Apoh Panday has included this in the diet as a sign of the times. At night, the husband is responsible for waking her up to eat snacks. This routine will go on for at least one week after delivery.
It is emphasized that the mother must have full rest and refrain from doing heavy household chores such as washing clothes, cleaning the house and carrying heavy loads, since such strenuous work could cause “bughat.” The mother needs to calm all her veins or nerves that have been exhausted during delivery, hence, she can only perform easy tasks at home.

3. Supervising the Mother’s Diet

The Apoh Panday recommends certain foods and warns against eating “sukang” (undesirable) food as they cause illness both to the mother and the child. For instance, she is advised to eat more foods such as sea shells but avoid eating fish that are caught through “titimbakan” (dynamite). Table 9 shows foods that are recommended to enhance mother’s milk. Table 10 details food that must be avoided.

**Table 9. Recommended Food for Lactating Mothers**

<table>
<thead>
<tr>
<th>Food</th>
<th>Function</th>
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<tbody>
<tr>
<td>Imbao (kind of sea-shell)</td>
<td>Boosts lactation</td>
</tr>
<tr>
<td>Ista Bato (example, Lapu-Lapu)</td>
<td>Boosts lactation</td>
</tr>
<tr>
<td>Beef soup with vegetables</td>
<td>Boosts lactation</td>
</tr>
<tr>
<td>Bungang kahoy (fruits)</td>
<td>Boosts immune system</td>
</tr>
<tr>
<td>Sayul lyugbusan</td>
<td>Promotes balance diet of the digestive organs</td>
</tr>
</tbody>
</table>

**Table 10. Prohibited Food for Lactating Mothers**

<table>
<thead>
<tr>
<th>Food</th>
<th>Reason for Prohibition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Piqatala Ista or Timbakan (any kind of fish that are caught thru dynamite fishing)</td>
<td>It can cause illness such as “bughat” (relapse)</td>
</tr>
<tr>
<td>Ista basis (i.e. Danggit) and fish with red meat such as tambakol</td>
<td>Danggit is considered ista nabisa and red meat fish are considered bloody and malangsa (stinky). Both can trigger “sakit bughat” (relapse)</td>
</tr>
<tr>
<td>Sayul Pakis, giyataan langka (fern vegetable and jackfruit cooked with coconut milk)</td>
<td>Thought to affect the milk of the mother and can cause stomach ache to the baby (dangaw-dangaw)</td>
</tr>
<tr>
<td>Vegetables e.g. eggplant, fern, squash leaves</td>
<td>Thought to cause “bungkal paso usam” (generate heat inside the body and can cause allergy or itchiness on the baby’s skin)</td>
</tr>
<tr>
<td>Chicken (especially during the first few days after delivery)</td>
<td>Thought to be bungkal sakit, or trigger other sicknesses</td>
</tr>
<tr>
<td>Wanni (a kind of mango) saying hinugon (green bananas)</td>
<td>Thought to be “bungkal sakit” can trigger other illness in the body</td>
</tr>
</tbody>
</table>

As can be noted, there are certain Tausug beliefs connecting lactation with the kind of food that mothers eat. These beliefs form part of Tausug traditions. It may not have scientific basis but practice affirmed that Tausugs mothers find advantages in following the Apoh Panday’s advices. FGD participants validated these beliefs by sharing their personal experiences. Insih Ujang, 60 years old from Talatac gave her own account:
I agree with the advise of our Apo Panday and old folks regarding the best food to eat after giving birth. All of us here agree that the best food to eat that will promote and enhance our milk is to have imbao (sea-shell) soup. We also eat fresh vegetables to have good source of vitamins and energy. There are many fruits available so you can choose what you want but just avoid sour fruits such as green mango as it may cause stomachache.

We also avoid foods that can cause “sakit buchat,” “bungkal sakit” and “ugam paso” triggering foods such as saying hinugun and mampallam wanni. I can tell you, there was this friend of mine who ate wanni. After eating, she had relapse and other complications. She almost died of “bughat.” Also, a woman who has just delivered a baby must not eat fish that are caught through dynamite fishing. This prohibition applies to other sick person because these fish are considered “bungkal sakit.”

In my case, I’ve been an IDP for ten years. I delivered two kids while in that situation. So difficult really, we had to make some adjustments and had to be contented with what was available. Life is so hard here. We experience hunger and sometimes had to look forward to aid and ration. They said we have to eat nutritious food but if you don’t have money you can’t even afford to buy fresh fish so you have no choice except to buy dried fish and mixed that with vegetables.

Another FGD participant and key informant Palma Cabarce of Mau’boh also shared valuable insights on the above Tausug traditions, highlighting the adjustments and difficulties she encountered as an IDP:

In normal situation maybe we can religiously follow all the good advises of our Apoh Panday. But for an IDP buying ista bato (fish such as Lapu-Lapu) and panagatun (shells) is already a luxury. There are times when we don’t even have rice to cook, how much more nutritious food. So just like the others, we will just be contented with what we have-mostly dried fish, sardines and noodles.

Last year I gave birth to my 4th child while we were in the state of pamaguyan (IDP). I gave birth in my cousin’s house with her Panday in attendance. We did not have money at that time and all my jewelries were already pawned, unlike in my
previous deliveries when I was given all I needed. I turned out sickly including my baby. As you can see now some said I grew older and thinner. For most of us IDP’s, our health is at risk because we face so many problems. At home in the farm we didn’t have peace of mind and we lived in fear because military operations were unpredictable. We didn’t have good sleep at night, no good food to eat so our situation aggravated our ailing conditions. Yes, they said we can go to health centers and that’s for free but if you don’t have money for fare, what could you do?

Another worst thing happening to us is we lost our source of livelihood. When the military operation reached our farm, the military destroyed our crops. They uprooted my husband’s eggplant and cucumber plants even when it was close to harvest season. When we saw what happened all we could do was cry and ask why those things happen to us. May be “giyanta sin Tuhan way mahinang ta” (God wills it -- so we can’t do anything). When you complain to military officials they will not entertain you. They justify their actions and say that the Abu Sayyaf and the MILF or MNLF rebel get food from our farm. So to cut off “their” food supply, all plantations they see in their way have to be destroyed. But who are suffering? Who else? It is the poor civilians who are mostly women and children.

The same views were shared by an FGD participant, Hayran Maridul in Talatac:

We are aware of the importance of nutritious food for mothers and children. In the past, we used to observe many traditions but with our conditions now many things have changed and we have to be contented with what we have.

The unpredictable military operations and armed encounter in our area made our lives very difficult. Before, food was very abundant and we had money to buy our basic needs. Our relatives used to visit us but now we cannot even go back to our farm. We lost our crops, our farm implements and animals. Our children stopped going to school because we were no longer stable. We cannot understand why military men are so cruel. We kept our kitchen utensils such as kettles, plates, glasses and basins but when they found them, they were destroyed.
All these happenings have aggravated our miserable condition but still if you asked us what we want, we simply want peace in our area so that we can go back to our farm. We want to meet our basic needs. But as you can see, most mothers who are here are idle. We don’t have anything to do, no livelihood opportunities. We don’t even have space here in the evacuation center where we can plant backyard vegetables. Even if there was space, no one can tell how long we will be here.

These narratives show the sentiments of the IDP’s where a simple topic regarding food can lead to more profound discussions on their situation. The IDP’s difficult conditions cannot be understood without touching the root causes of their problem. The IDP’s aspirations are simple --- give them the chance to go back to their respective farms and live a normal life under a peaceful environment.

4. Paigo Tapus or Pag-uli ha Bana  
(Final Bath or Returning wife to Husband’s Responsibility)

The Paigo Tapus (final bath) is the culminating bath after forty days. Two earlier baths are done during the 5th and 20th day, after which the woman gets a thorough body massage.

It is believed that the woman who has not yet passed the 40 days is still at risk. There is also a need to observe the “ligo panguli” (final bath for recovery). From the Islamic point of view, the woman is still in the state of impurity and only after forty days is she considered clean. Moreover, during this stage, it is believed that the woman’s body is still physically unfit for the sexual act.

The Paigo Tapus terminates the Apoh Panday’s responsibility towards the mother and child. The “pag uli ha bana” (returning all the responsibility to the husband) signals that husband and wife can resume intimate relations, which is forbidden before this activity is undertaken.

Birth control is an important issue to be tackled by the couple after the Paigo Tapus. Traditionally, couples often leave the size of their family to the “gantaan sin Tuhan” (Will of God) principle, believing that children are blessings that come from the Creator (see p. 60 for more details). However, there are Tausug couples who recognize the legitimacy of practicing birth control on the basis of a Prophetic Tradition which allowed early Muslims to practice azl (withdrawal method).

Generally, when a Tausug family talks about family planning, it means
birth spacing and does not involve methods that have permanent effects on the woman. Tausug couples have several options which includes the methods of pag-ubat (healing), balut (wrapping), hilut (massage) and piil (withdrawal).

The pag-ubat method using herbs is widely used among the Tausugs due to their availability. Key informants and traditional healers Apoh Panday Ajiliyya and Bapa Muhadam of Umbul Duwaa, identified the following common herbs and their functions:

Table 11. Herbs used in Family Spacing

<table>
<thead>
<tr>
<th>Herbs</th>
<th>Part of the Plants /Dosage</th>
<th>Indications</th>
<th>Preparation</th>
</tr>
</thead>
</table>
| Say (lemon grass)| Roots – 1 bunch
Taken orally 1 glass two times a day (morning and afternoon before meals)                               | Frequent use cause temporary infertility of the woman and is good for birth spacing | Wash the roots thoroughly with water to remove the soil. Put in the pot then add 8 glasses of water bring to boil under slow fire for at least 1 hour. |
| Ibah (Kamias)    | Roots – 7 pcs. medium cut of about 3 inches long
To be taken orally, 1 glass daily preferably before eating breakfast                                             | Just like gamut say (lemon grass) good for birth spacing                     | Boil with 6 glasses of water for about an hour or until the color of the water becomes yellowish. |
| Niyug (Coconut tree) | Roots and bark 7 pcs. medium cut of roots and 7 pcs. medium cut of barks
To be taken orally, 1 to 2 glasses daily preferably before eating breakfast                                       | Prevents pregnancy                                                          | After cleaning the roots and bark add 6 glasses of water and bring to boil for about 1 ½ hours or until water turns light red. |
| Pitawali or panyawan (makabuhay or graveyard flower) | Scrape 2 tablespoons of pitawali bark
To be taken orally 1 glass once a day before eating breakfast                                                  | The bitter taste of pitawali can cause the uterus to contract and will prevent pregnancy | Add 3 1/2 glasses water bring to boil for about 45 minutes or until water becomes yellowish. |
These herbal potions have a temporary effect. If the couple decide to have another baby, the wife will just stop drinking the concoction. In any case, it is important to note that in the traditional Tausug family life, the husband’s decision will prevail. His consent is very important on matters pertaining to birth spacing. However, it is not rare for the Apoh Panday to suggest birth spacing to the couple if she thinks the health of mother cannot bear frequent childbirth.
CHAPTER 5

Child Care

1. CONCEPTS ON CHILDREN

A. CHILD AS RIDJIKI (BLESSINGS)

Tausug culture dictates that having children is one of the ultimate goals of marriage, therefore, husband and wife must exert effort in attaining this goal. A childless couple is pitied because having no children is considered “way sukod” (unlucky) while having many children means “masukod” (lucky). Tausugs further view childlessness as a source of sadness and emptiness between the couple, a view that can be better understood by explaining some of the Tausug concepts regarding children.

Children are considered precious gifts from God. They are the source of parents’ enjoyment and pride. To the couple, the presence of children in the family brings a sense of fulfillment captured in the Tausug saying: “bukun jukup in pagtiyaun bang way anak” (marriage is not complete without children). The poor financial status of the parents does not affect their desire for children. Another popular Tausug saying goes: “misan miskinan ha pangaltaan basta dayahan ha mga anak” (We may be poor in material wealth, but rich in children). In other words, the concept of child as ridjiki (blessings) goes beyond material wealth.

FGD participant, Gunna Anting’s opinion best explain this concept:

“IDP or not does not change the fact that we have children that need our attention and care. “Magsukol pa Allah dihilan kita ridjiki misan bihayni na in parasahan ha laum kasigpitan sa dahun nano magluko - ligad in mga anak nano supaya kami mabuhi.” (Thanks to God He blessed us with children. Despite our poor situation we will strive hard to survive).

We lost our material wealth and only have our children. We believe that in the future we can rely only on them. It’s just so sad that we cannot provide for them now with all their needs and even their education is being compromised by the situation. But anyway, we will keep on hoping. What is important is that our family is intact, that’s the most
important thing for me as a parent.

Parents, in taking good care of their children hope for good treatment in their old age in return. This affirms the reciprocal rights between parents and children as enjoined by Islam. Parents rear their children in accordance to its teachings and children accord respect and love to their parents especially in their old age.

B. BIRTH OF CHILD IS “GANTAAN SIN TUHAN” (DIVINE WILL)

The concept of “gantaan sin tuhan” demonstrates the strong Tausug belief in the Islamic principle of qadar (predestination). Qadar is one of the six Articles of Faith in Islam. Technically, it means anything that happens in this world is all pre-ordained. For instance, it is one’s suratan (destiny) that determines one’s choice of a marriage partner. It also applies to the kind of life one will have, i.e., becoming rich or poor including the number of children one will have.

Tausug’s attitude towards children and family life is greatly affected by the “giyantaan sin tuhan” concept. Childlessness is considered not only “way ridziki” (less in blessing or unlucky) but also “way giyanta sin tuhan” (not ordained by God). However, a childless couple often try to find some means to have children not in defiance of destiny but trying to find out if childlessness is indeed their destiny. Bapa Jiking, a well-known traditional healer, in Bwansa explains:

I am a traditional healer for almost 20 years already and I have come across different problems brought to my attention. It includes childless couples who want to have children but think something is wrong with them. As you can see, having children completes married life. I don’t give hope to my patients by telling them frankly that I cannot do anything if it is “giyantaan sin Tuhan” (will of God) that they cannot have a child. But you know, we always want to hope so we try to find out if we can change our destiny? I discover -- its not really changing one’s destiny but we are trying to find what’s wrong with us.

So I’ll tell you of one case I handled. A childless couple who have been married for about 4 years asked me to administer a “pag-ubat” so that they could have a child. The wife was still young, around 22 years old, same with the husband. The wife told me she has regular menstruation. So I said to myself
maybe the problem lies with the husband as I noticed he was overweight. I was convinced I needed to focus on treating the husband, so I gave him a thorough massage for 7 sessions as I have to align his veins and look if his sperms are blocked by the cholesterol deposits in his body. Aside from massages, we had 7 sessions of “pagpaygo” (ritual bath) for fertility. I also advised him to go on diet and eat plenty of panagatun (sea foods) like “tayyum” (sea urchins) telling him “makabuhisemiliaintayyum” (Sea urchin meat can boost the production of semen).

After 4 months the good news of his wife’s pregnancy came. The couple was so happy. As you know, their married life will not be complete without a child. A lot of patients came for treatment but there are those who despite all the massages I know to stimulate their reproductive organs are “way sukud” (unlucky). “Way mahinang ta bang gantaan sin Tuhan” in pag ubat yan, pagpaygo kaginisan in purpose niya lawagun sadja in gaggitbang awon amo yaon in ubatan bang dun in Allah na maig na in gaggitano na sadto in magtiyaan umanak na? In katan giyantan sin nagpapanjari”. (Nothing we can do for those who are unlucky. We do the treatment, bathing rituals and other means for the purpose of finding out the obstacles. If we can remove the obstacles, then for sure the wife will get pregnant because all that happens to us are decreed by God”).

For the IDP’s, the concept of “giyantaan sin tuhan” or “Qadar” (destiny) have both positive and negative effects in the way they look at things and events happening to them outside the context of many children. In the face of crises and hopelessness, the IDP’s strong belief in “qadar” helps them cope with their situation by developing defense mechanisms to combat depression and to get rid of their traumatic experiences. IDP Uling Umar from Kagay, states:

We felt hopeless as we didn’t know what would happen to us and how long it would take for us to regain our normal lives. Things are beyond our control and it is only Allah (swt) who knows, as everything is in accordance with His Will (Giyantaan). Our death and survival solely depend on Allah’s (swt) will. If we don’t think of God as being in control of all these things, then I can tell you maybe all of us will be desperate. But thanks to Allah, He gives us patience to endure all these difficulties. We are teaching our children to be patient
and understand we don’t want this situation but have to accept it because we are Muslims and we submit ourselves to the will of God.

The concept “giyantaan sin Tuhan” relies on one’s inner strength through faith in God. However, it can also yield a negative result by making the person passive and overly fatalistic as narrated by Jarram Sarawi, an IDP for almost 40 years now:

*I think I am the longest IDP in this group and have gone through a lot of difficulties in life. All my children did not finish their school because we lost all our resources. We have no option but to accept what is decreed by God to us. We are destined to be this destitute so no matter what we do we cannot change our destiny.*

Three days before your group arrived here one of our neighbor’s child died due to heart ailment. We knew it was a heart ailment because the nails and lips of the child turned bluish. The “mangungubat” (healer) confirmed that the sickness was related to the heart. The parents did not bring the child to the doctor because they didn’t have money. Besides even if the child was brought to the hospital still it would die because that is the qadar of the child. God decrees everything that happened. If you are born miskin (poor) you will die in that state. Just the same if you lose your wealth or your children then that is your qadar as the Tausug saying goes: “Way makatangkis ha giyantaan sin Tuhan” (No one can run away or escape from what God has decreed).

How many of the IDP families experienced similar situation and accepted it as Qadar? It is not surprising if some of these families are unable to move out of their situation. Programs for IDPs should no doubt carry a more progressive perspective on the concept of Qadar whether in the general context or particularly in terms of family planning. Islam teaches the importance of both faith and action to better one’s condition. And this principle can be a strong motivation underlying development programs.

C. SON PREFERENCE AND PAGPALANGKA SIN ANAK BABAE (SPECIAL TREATMENT GIVEN TO A DAUGHTER)

Son preference is a cultural value that the Tausug adheres to for various reasons. Male children are considered pillars of the family because of the ascribed male roles as providers and protectors of the family.
Moreover, in the rural areas, where family feuds can arise, the more male members a family has, the more it is thought to have “kusug” (strength) and “gaos” (protectors) against attacks from outside forces.

Furthermore, the Tausug values on “pagbaugbug iban gaos,” “paggaos kasipugan,” “pagkawasa,” and “pagluwas lunsad” are male rather than female oriented.

The “pagbaugbug iban gaos” (support and firmness) in the family context dictates that male members of the family are responsible for maintaining the family. Sons are expected not only to help parents when they reach old age but to support the family in all possible ways. For this reason, it was common among the older generation of parents to prioritize sending their sons to school over their female siblings in preparation for their future.

On the other hand, female siblings are expected to leave their parents upon marriage and live with their husbands who will support and take care of them.

“Paggaos kasipugan” in the family context means striving to prevent shame in the family. Kasipugan comes from the Tausug root word “sipug” (shame), a very strong Tausug cultural value. Males are obliged to protect the family against any attempt to tarnish its reputation. In most cases, family feuds may arise because of the desire to maintain “paggaos kasipugan”. In the face of impending threat, the Tausug value of sipug dictates that it is better to die fighting rather than running away. This is reflected in the saying: “Marayaw pa muti in bukog daing muti in tikud-tikod” (It is better to see the white bones in the body than the white heels by running away). Anyone who runs from a fight will be forever tainted with “kasipugan” and is called a “dayyos” or a coward, a source of stigma to his progeny. No Tausug male in his proper sense would pick up a fight with a woman because this is a manifestation of cowardice. If this happens, the male relative of the woman, in the absence of her father and brothers, would come forward to her aid.

Kasipugan also requires the sheltering of relatives who are forced to leave their places due to military operations or other emergencies. Failure to do so is considered shameful. It is largely for this reason, that many IDPs do not stay in the evacuation centers but are taken in by their relatives.

The Tausug value of “pagkawasa” (literally means power and applies to leadership value) and “luwaslunsad” (defending one’s self, family or community against any type of oppressions) are more understood in the Tausug political context. Like the other cultural values explained earlier,
it is the male members of the Tausug society who are more active in these aspects.

For the above reasons, the birth of a son is a much desired event in the family. Having a son for a first born is considered lucky. Sonless couples do not easily give up until one is born even after giving birth to female children. Son preference not only affects parental treatment of children but also the desired number of children in the family.

*Pagpalangka sin anak babae* is another unique Tausug cultural value that accords daughters special treatment in the family. While male siblings are looked upon with strength, the female siblings are seen as fragile, thus needing extra care and protection.

The practice of “anak iyaangkap” (secluding the daughter) was a tradition that dates back to the older generation. She cannot go out of the house without her parents and is not allowed to talk to strangers nor to any man outside her family. She is trained to do minor household chores, taught how to beautify herself and how to behave in public. This practice protects the daughter from any corruptive influence from outside.

Parents see to it that no one has looked at their daughter with lust nor touched even her fingertip prior to marriage. Safeguarding the innocence and virginity of the Tausug woman is very important and is the concern of everyone in the family.

These values help the family set up its own mechanism to prevent any form of abuse against women. Tausug *Adat laws* (customary laws) provide sanctions to anyone who insults or attempts to commit any act of lasciviousness against women. For instance, “*pagsaggaw*” (holding a woman’s hand) both in private and public is condemned and fined. Not surprisingly, cases of incest and other forms of sexual crimes against women are either rarely heard in Tausug society, or rarely made public.

This is confirmed by Capt. Laila Requejo, Chief Provincial Women and Children Concern Section (WICD) at the Provincial Headquarters. New laws have been passed supporting cultural sanctions, for example: RA 8353 (The Anti-Rape Law of 1997), RA 9262 (Anti-violence Against Women and Their Children Act of 2004), RA 9344 (Juvenile Justice and Welfare Act of 2006). According to Captain Requejo, these have been disseminated over the radio station, and two (2) days lectures were also given to police women of Sulu and Tawi-Tawi. So far, only one rape case had been reported to her office. Nurse Thelma S. Abdurasa also mentioned a case where the victim herself went to the police because her mother was ashamed to do
so. Another case was also mentioned at the DSWS. It maybe the same or two different cases altogether. Nurse Thelma believes that there may be other cases unreported because sexual crimes are perceived to be such great shame.

Cases of violence between husbands and wives are also seldom filed with the police since the family usually intervenes refusing to make a private matter public. Of course, recourse to divorce has been an alternative in minimizing violence in the home and as noted earlier, more and more women are going to the Shari’ah Courts to file for divorce.

Violence against children are especially frowned upon due to the concepts on children discussed earlier.

II. CHILD REARING PRACTICES AND RITUALS

A. BIRTH RITUALS

Upon delivery of the child, the Tausugs observe the following rituals: reciting the *adhan*, the *pagkambige* (see discussion on page 55), *paggunting*, (cutting of the baby’s hair) *pagtimbang* (weighing) and *paghakikah* (slaughtering a sacrificial goat or lamb).

1. Reciting the Adhan

Reciting the *adhan* onto the right ear of the newly born baby serves as symbolic affirmation of the child’s purity and being born Muslim and serves to remind parents of their duties and obligations to rear the child in accordance with the teachings of Islam. The recital of the “*Kalimahtul Shahadah*” (Testifying to the Oneness of Allah and the Prophethood of Muhammad) is among the first sounds that the child hears and the last words to be uttered by a dying Muslim.

2. Paggunting

The *paggunting* (cutting of the baby’s hair) is another ritual observed by the Tausug having both Islamic and *Adat* (customary) influences. Islamic influence is based on the Prophetic Tradition enjoining parents to cut the baby’s hair a few days after birth. This ritual invoke God’s blessings of good health, and protect the child from harm.

Tausug *Adat* (customs) on *Paggunting* turns this practice into both a family and community affair. Guests are invited to join the celebration.
where Tausug traditional food and delicacies are served.

The ritual proper requires the presence of a group of Imam or pakil (religious leaders) to officiate. Materials needed include perfume, sugar or honey and a small bowl with water, lighted candles, yellow green coconut leaves designed into flowers are given to the pakil to hold during the ceremony.

Presenting the baby to the Imam or pakils commences the ritual. A male or female (depending on the gender of the baby) relative of the baby preferably not an orphan holds the infant before the Imams, parents, some guests and other close relatives gathered around. The Imams take turn in cutting a few strands of the infant's hair and placing it carefully in a bowl of water while they sing the asarakal (a commemorative song welcoming the Prophet Muhammad’s entry to Madina in the early days of Islam). In the context of Tausug local tradition, the singing welcomes the baby to the Muslim community affirming his membership in the wider Ummah (Islamic community).

After the cutting ceremony, the lead Imam apply some perfume on the infant’s head and rubs a pinch of sugar in its mouth. The sugar is a symbolic invocation for the baby’s prosperous journey in his life. This culminates the ritual.

Among the Tausugs, the paggunting ritual and other types of celebrations bring relatives, neighbors and friends closer. Visitors and friends who attended the celebration in return will invite others to their own family occasions in the future, making it a cycle of community affairs where each one in the locality will come to know each other. Attending such functions is a good avenue for meeting new members of the family acquaintances. This illustrates the Tausugs' excellent hospitality and love for socialization.

Such occasions also stress the value of reciprocity. If gifts (money or in kind) are brought by the guests, these are carefully listed down in a notebook, noting the name of the giver and the gift itself. This is to ensure that a similar if not more valuable gift is returned when an occasion occurs.

3. Pagtimbang

The pagtimbang ritual depicts another Tausug local tradition reflecting the Tausugs' adherence to the belief on luck and the uncertainty of future events in the life of an individual. Bad and good luck is often
associated with birthdays and other forces of nature surrounding the child. Thus, the pagtimbang ritual is aimed to put balance between the positive and negative forces or between good and bad luck by making the positive forces dominate over the bad ones. An unlucky person is considered pawas (unlucky or malas in Tagalog) or patay ridjiki (eluded by luck) but all of these can be remedied if the pagtimbang ritual had been properly performed.

4. Pag-aqiqa

This is the practice of sacrificing a goat for a newly-born child. This usually coincides with a ceremonial cutting of the child’s hair and anointment with oil called the “paggunting”. The ceremonies are occasions where family and community gather to celebrate.

The two FGD’s conducted affirmed the importance of these rituals in Tausug family affairs. Their difficult situations as IDPs’ dictate certain adjustments where before they could afford to invite guests and visitors now, the rituals are observed only among close family members.

B. FEEDING PRACTICES

1. Breast-feeding

Breast-feeding is widely practiced among Tausug mothers as confirmed by the FGDs and by informants from the DSWD, RN Thelma Abdurasa, an instructor at the NDJC College of Nursing who claims that breastfeeding is preferred by mothers and is taught in classes at their college. It is seen as the most economical and convenient way to nourish the infant. It is also a Qur’anic injunction. Apart from this consideration, Tausug cultural values enjoin mothers to breast-feed their infants because mother’s milk (along with the kambige ritual) are the best proof to claim filiations to her child, both in this life and in the hereafter.

Tausug mothers incapable of breast-feeding or temporarily unable to, send their infants to a breast-feeding mother. This practice is called pagsawduro and is described on p. 10.

In some cases, limbol (hot water mixed with sugar) is also considered a substitute for mother’s milk just to quench the baby’s thirst when the mother or foster mother is not around.

Feeding infants with milk derived from the animal is least practiced
because mothers associate bad behavior with the kind of milk fed to the child during infancy. However, many mothers in town, who can afford to buy infant formula, are using them together with breast feeding.

2. Other Foods

Tausug mothers start feeding their children other foods beside breast-milk from three to four months onwards. The food given includes mistang (lugaw) gradually shifting to biyugbug (soft rice). Mistang or biyugbug is mixed with a small pinch of either salt or sugar to taste. The feeding is done twice a day or depends on the need or appetite of the baby. This is considered supplementary food only because breast-feeding continues. The longest period of breast-feeding is two years (as prescribed in the Qur’an) and the shortest can be 1 year and 6 months depending on the mother’s decision. In some cases, the child is fed with rice mixed with soup or boiled egg as early as one year old.

Because Tausug mothers generally adopt the traditional way of feeding their children, they also tend to adhere to some false beliefs that prevent their child from getting proper nutrition. Example is the notion that eating fish can cause kalog (worms) so mothers try to regulate fish intake of the children. Source of protein is mainly derived from boiled eggs rather than fish although eggs are also thought to cause boils. Beef and goat meat is also regulated in the belief that these are hard to digest (mahunit matunaw) and can cause pag-intaw-intaw (loose bowel movement). Children’s digestive organs are thought to be weaker compared to adults.

Although chicken meat is preferred mothers of sick children do not include this in their diet because, as explained earlier, chicken is considered as bungkal sakit (triggers illness) and could cause relapse.

Sulu abounds in excellent varieties of fruits but there are types of fruits which mothers consider as “bungkal sakit” like durian, wanni (mango variety), and saying hinugun (green bananas) that can trigger sicknesses related to paso ugam (imbalances). Eating fruits early in the morning and late at night are also believed to cause stomachache for children.

A checklist of food items was given to the FGD participants (28) to establish patterns in feeding practices. Below is the table showing the responses.
Table No. 12. FGD Participants’ Responses to the Checklist of Food Items they fed to their children corresponding to a certain child’s age bracket

<table>
<thead>
<tr>
<th>BASIC FOOD/ ITEMS</th>
<th>AGE BRACKET OF THE CHILDREN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-4 mos.</td>
</tr>
<tr>
<td>Breast milk</td>
<td></td>
</tr>
<tr>
<td>Pagsaw Duro</td>
<td></td>
</tr>
<tr>
<td>Infant Formula</td>
<td></td>
</tr>
<tr>
<td>- Nido</td>
<td></td>
</tr>
<tr>
<td>- Bear Brand</td>
<td></td>
</tr>
<tr>
<td>- Bonakid</td>
<td></td>
</tr>
<tr>
<td>Limbol (hot water and sugar)</td>
<td></td>
</tr>
<tr>
<td>Other Beverages, i.e (coffee or juice)</td>
<td>9</td>
</tr>
<tr>
<td>Carbohydrates:</td>
<td></td>
</tr>
<tr>
<td>Rice Biyugbug (soft rice)</td>
<td></td>
</tr>
<tr>
<td>Rice Motang or Lagaw (watery soft cooked rice with</td>
<td></td>
</tr>
<tr>
<td>Noodles</td>
<td>1</td>
</tr>
<tr>
<td>Rice</td>
<td></td>
</tr>
<tr>
<td>Root Crops (ie. Cassava, Camote)</td>
<td>4</td>
</tr>
<tr>
<td>Proteins</td>
<td></td>
</tr>
<tr>
<td>Fish</td>
<td>2</td>
</tr>
<tr>
<td>Dried Fish (tahay)</td>
<td></td>
</tr>
<tr>
<td>Seafoods ( Panagatun)</td>
<td></td>
</tr>
<tr>
<td>Egg</td>
<td>6</td>
</tr>
<tr>
<td>Chicken (if available)</td>
<td></td>
</tr>
<tr>
<td>Beef/Goat (if available)</td>
<td></td>
</tr>
<tr>
<td>Sardines</td>
<td>2</td>
</tr>
<tr>
<td>Vegetables:</td>
<td></td>
</tr>
<tr>
<td>Squash</td>
<td>6</td>
</tr>
<tr>
<td>Beans</td>
<td>1</td>
</tr>
<tr>
<td>Eggplant</td>
<td></td>
</tr>
<tr>
<td>Sayote</td>
<td></td>
</tr>
<tr>
<td>Cucumber</td>
<td></td>
</tr>
<tr>
<td>Mongo</td>
<td>3</td>
</tr>
<tr>
<td>Jackfruit</td>
<td>4</td>
</tr>
<tr>
<td>Young Banana</td>
<td></td>
</tr>
<tr>
<td>Fruits</td>
<td></td>
</tr>
<tr>
<td>Durian</td>
<td></td>
</tr>
<tr>
<td>Lanzones</td>
<td>6</td>
</tr>
<tr>
<td>Wanni/Mango</td>
<td></td>
</tr>
<tr>
<td>Banana</td>
<td></td>
</tr>
<tr>
<td>Papaya</td>
<td></td>
</tr>
<tr>
<td>Pomelo</td>
<td></td>
</tr>
<tr>
<td>Mangostin</td>
<td></td>
</tr>
<tr>
<td>Junk Foods: (i.e chippy, chocolate, candies,jelly ace, etc.)</td>
<td>3</td>
</tr>
</tbody>
</table>

The Table shows that 99% percent of the FGD participants practiced breast-feeding affirming earlier discussions.

Other interesting facts from the Table are the following observations:

- Majority of IDPs’ mothers’ weaning period is established at two years.
• *Pagsawduro* is practiced among IDP mothers but the safety of the foster baby and the foster mother’s baby may be at risk in case contagious diseases are present in either case.

• The kind of food given to the children is largely dependent on what is available.

• The abundance of fruits in Sulu does not guarantee children’s access to fresh fruits because mothers adhere to some superstitious beliefs that greatly influence feeding habits of children.

• Dried fish, noodles and sardines are popular viands among the IDPs’ because it is cheap and easy to prepare. The last two items are always included in the food package given to IDPs and unfortunately have become part of a regular diet.

• Fish, vegetables, meat are good sources of protein and vitamins but the Table shows that this is not fed to children below 1 year old.

Nuraya Dindin, FGD participant in Talatac shares the following account:

“*My 3 year old youngest daughter is very sickly. Just a few days ago, we brought her to the doctor and found out that she had UTI (urinary tract infection). The doctor asked us what kind of food we gave her, so I said rice with noodles. She loves to eat noodles and I find it very convenient because it is easy to prepare. But I learned we should not feed our kids with it because it is very salty and has no vitamins.*

*Well, we have no choice if what is easy and available is not good for us. Children here eat siyanglag or piyuto also just like the adults and we can survive. Here even adults experience hunger. Good if there are rations but they come here only after four or five months. You cannot choose which food you could give to your children. If there is fish then good. If we have dried fish or egg that is good enough for us and for her*.”

Eating *siyanglag* or *piyuto* (made from cassava) is now recognized as nutritious since these provide complex carbohydrates for children (especially Badjao children) rather than eating junk foods which are becoming popular. Cassava used to be a low-status food but is now being promoted by DSW and Kalimayahan, an NGO operating in Jolo. In addition, RN Thelma Abdurasa also pointed to the use of local resources
like fruits which are abundant in Jolo but which have not been given due nutritional importance.

III. COMMON ILLNESSES

Generally, Tausugs look at sickness as the result of the imbalance between the external and internal factors confronting the individual. Common examples of external factors are changes in weather or temperature, influence of some unseen elements or spirits that can harm an individual and also souls of the departed loved ones. Aside from these unseen elements, the Tausugs also believe in the capacity of some persons to cause harm or even the death of another through panghinang-hinang or black magic although it is believed that panghinang-hinang cannot affect an innocent person.

Internal factors refer to the effects and changes in the body that are triggered by the kind of food one eats and attitude towards one’s self. The first category includes some food labeled as “sukang” (undesirable), “bungkal sakit” (can trigger illness), “bungkal ugam paso” (can cause imbalance of heat and cold in the body) and “makabughat” (can cause relapse). Contaminated water when taken is also an example of internal factor that can cause sickness. Insect bites and other creatures that contain poison such as the venom of a snake or scorpion are also considered internal factors when they cause sickness.

Tausug also believe that emotional status affects the person’s health. For instance, too much anger could trigger a high blood attack while too much depression could cause a heart attack. This simple connection of one’s attitude in relation to health is best exemplified by a Tausug popular admonition that goes: “Bukun da tuod landu makuyag iban lando masusa supaya baran di magmula” (Too much happiness or sadness can bring harm to the body). This Tausug admonition suggests moderation not only in dealing with one’s emotion but generally in dealing with life as well.
Common illnesses among IDPs children are reflected in the Table below as answered by 28 participants. The checklist further reflects some of the present health concerns of IDPs.

**Table No 13. Common Infant/Childhood Illnesses Identified by FGD Participants in Sitio Talatac and Patikul at least within 6 months prior to the conduct of this FGD**

<table>
<thead>
<tr>
<th>ILLNESSES</th>
<th>Age 0-6 mos.</th>
<th>7mos -1 yr</th>
<th>1-2 yrs</th>
<th>3-4</th>
<th>5-7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever with Cough</td>
<td>9</td>
<td>6</td>
<td>11</td>
<td>14</td>
<td>17</td>
</tr>
<tr>
<td>Cough</td>
<td>17</td>
<td>11</td>
<td>4</td>
<td>14</td>
<td>19</td>
</tr>
<tr>
<td>Colds (Runny Nose)</td>
<td>11</td>
<td>9</td>
<td>19</td>
<td>14</td>
<td>16</td>
</tr>
<tr>
<td>Stomach Ache</td>
<td>11</td>
<td>13</td>
<td>17</td>
<td>16</td>
<td>14</td>
</tr>
<tr>
<td>Measles/chickenpox</td>
<td>10</td>
<td>11</td>
<td>15</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Skin Diseases (scabies)</td>
<td>6</td>
<td>9</td>
<td>8</td>
<td>16</td>
<td>19</td>
</tr>
<tr>
<td>Lose Bowel Movement (LBM)</td>
<td>6</td>
<td>11</td>
<td>10</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Gas Pain</td>
<td>10</td>
<td>16</td>
<td>4</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Shortness of Breath</td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Toothache</td>
<td></td>
<td></td>
<td>6</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td></td>
<td>6</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Sore eyes</td>
<td>2</td>
<td>8</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergies/Insect Bites</td>
<td>10</td>
<td>20</td>
<td>17</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td></td>
<td></td>
<td>1</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td>6</td>
<td>4</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others: Minor Fractured Bones</td>
<td>3</td>
<td>7</td>
<td>1</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

This Table suggests that IDP children suffer illnesses common to most children, although probably made more frequent by their situation.

Infants below six (6) months were already afflicted by these illnesses except in the case of measles or chickenpox. Six (6) participants indicate that scabies had afflicted an infant below six (6) months and that increasing cases of scabies occurred in children between ages 3 to 7 years old and onward. Gas pains were common among infants below six (6) months up to one year old. Eighteen (18) participants also identified asthma as afflicting children aging between one year and seven (7) years old. Some minor illnesses such as mumps, sore eyes, toothache, headache and shortness of breath were likewise identified. Many of these illnesses are aggravated by poor sanitation, malnutrition and stress which have become part of the IDPs environment.

FGD participants affirmed that they seek the aid of a traditional healer to treat sick members of the family including children. Discussions with the participants revealed the following issues:

- There is no available health center in Sitio Talatac where they could bring their children for check up.
- Traditional healer or Apoh Panday is preferred because they cannot afford to go to the doctor.

- Traditional medicines are more accessible.

- Being an IDP aggravates the poor health condition of the children.

- Free medical missions or government aids cannot be relied upon because they are not regular programs.

- Children do not get proper nutrition so they are prone to respiratory ailments or other types of illnesses.

Traditional healer, Bapa Amin Jiking, resident of Buwansa, a nearby barangay from Talatac, shared this account:

_In my ten years of experience as Pangugabat (healer), I have treated children and adults from nearby Barangays including outsiders coming from Zamboanga and as far as Manila. For local patients these include “mga paguy” (IDPS’) in nearby sitios and barangays._

_For children, the most common illnesses I handled were related to stomachache, ugam paso, ulcer, and many cases of coughs and cold (ubus iban ulapay). Yes, I handled cases of ulcer, though I don’t have instrument to scientifically diagnose but symptoms suggest it was ulcer. First, the child complains of stomach ache and vomiting. Also children with skin diseases who got these from insect bites so I prescribed them some herbal medicine using coconut oil mixed with some leaves that can cure the itchiness._

_I also handle cases of severe fever (kapiyalo). I saw the child chilling and his eyes were turning white but I was not alarmed because we have good medicine for that. Example, you gather fresh papaya leaves in the morning and wrap these around the head of the sick person and give him liyutong-lutong, then for sure the fever will subside._

_Yes, I also treated married and single women, or generally adult patients most of whom complained of rheumatism, arthritis, headache, stomachache, stroke, and kidney. For married women, there were cases related to pregnancy._
Sometimes after birth, they experienced discomfort and I knew a lot of dirty blood are still inside their abdomen. So I prescribed some herbs for cleansing. Some have mayoma but thru drinking herbal medicines they are cured.

I also handled cases of women who became insane (kiyangug). Here I have treated more or less 50 women who had this condition. Well, based on findings, some were caused by the unseen spirits, some were the result of panghinang-hinang (black magic).

My patients come here of their own decision. I told them if I can’t cure them, then I suggest they go to the doctor but most of the time they remain here and return things to Allah (swt). I am just an instrument, it is Allah that heals them. As you can see, patients stayed with us for a few days and I cannot tell them to leave especially those “nagpamaguyan” (IDP’s evacuees). What a pitiful conditions.

From the account of Bapa Jiking, some alarming illnesses affecting women and children have occurred. The mention of several cases of women becoming insane needs further investigation. Although the healer points to unseen spirits and black magic as the causes of this condition, it can also be psychological trauma arising from their IDP’s situation, a phenomenon which traditional healers may not have in their medical lexicon.

IV. TREATMENTS

In treating different types of illnesses, the Tausugs have two options to choose from. First, by seeking the help of the traditional healer or the mangungubat. Second, to seek medical intervention by seeing a doctor or going to the hospital.

Tausug traditional healing practices also vary depending on the needs of the patient. Diagnosing certain illness may be done by pag galak (taking one pulse), pagkita (referring to a cosmological book believed to affect certain event in human life), and paghagtu (pulling a few hair strands). After diagnosing the illness, the pangungubat (healer) will advise the patient on what to do. In minor cases, the pangungubat will administer herbal medicines coupled with tawwal (supplications) to cure the illnesses. It may also be a bathing ritual accompanied by drinking some herbal medicines. In some instance, the pangungubat will give a massage to the patient accompanied by medicinal herbs.
In more complicated situations, the pangungubat will advise the conduct of several healing rituals such as pagduwaa pa taas, pagkaja or paduwaa ubat sukat (healing ritual by performing a traditional do’a at a tampat or sacred tomb including a ritual to mend a broken promise), pag pa arwa (prayer offered for the souls of departed loved ones). Many ulama (religious scholars) consider these healing rituals as unIslamic but as can be seen, these rituals are often resorted to in complicated cases especially when modern medicines are unable to cure the patient.
CHAPTER 6

Effects Of Being An IDP On The Tausug Family

Conflict-rooted displacement adversely affects the Tausug family in many ways, some of which are discussed below, based on the responses of FGD participants from Barangays Talatak and Maubo.

1. ECONOMICS

In the Sulu hinterlands, subsistence farming is the main livelihood of Tausug families. This occupation is usually carried out in family homesteads. This is where the family draws its food as well as means of income. IDPs recalled that prior to the conflict in their area, their work at the farm was uninterrupted. They raised cows, chickens and goats with productive returns. They were also able to plant short term crops for profit and personal use. Food was fresh, abundant and nutritious; life was easy. The whole family was well-fed and assured that their basic needs were met. With their sufficient income, families were able to make good investments in gold and jewelry. Their independent and sustained livelihood afforded them a simple yet dignified lifestyle and the means to help needy relatives. This all changed when displacement occurs.

For one, their source of livelihood was lost. Farm produce and implements may be damaged. One IDP claims that the military destroyed their plants, burned their abaca and stole their farm animals.

When a male head of the family is forced to flee his farm for one reason or another, his chances of finding other sources of livelihood are nil. For one, other farms are likewise family-owned and operated, and do not usually hire the services of other farmers. As farming is the traditional livelihood of most rural Tausugs, a male is ill-prepared to work on other occupations. One IDP laments the lack of job opportunities for him. Another, shares that because of the loss of their income, their family has incurred debts and lost their jewelries to the pawnshops.

When security constraints prevent the male breadwinner from even visiting his farm to cultivate his crops, the family’s main source of income
disappears. Their plight may be slightly eased when relatives take them in and share basic necessities such as food and shelter. However, if the family is placed at an IDP center far from this support system, their circumstances become especially straitened. In both instances, it is unlikely that the family could readily find alternative sources of income. IDPs admit experiencing abject hunger and poverty. Food provisions are not assured and they struggle to survive from day to day. They are left with no choice but to depend on rations and aid which are irregular at best. Because of their situation, they could not even afford to bring sick family members to the hospital since they do not have the means to do so. More often than not, this situation spells the end of the educational aspirations of parents for their children.

II. SECURITY

Conflict renders IDPs vulnerable to grave security risks. A Talatac FGD participant declares, “We want to go back to our home and farm but armed encounter is unpredictable.” Where before the IDPs could plant and harvest their crops without fear, the poor peace and order situation allows them to farm only during the day, if at all. The IDPs claim that military personnel continuously commit abuses and human rights violations. Because of these abuses, IDPs say they have developed a distrust of strangers and are uneasy at the presence of military personnel in the evacuation centers. One Talatac FGD participant asserts, “We want peace in our homeland and this means stop deploying military personnel to Sulu.”

III. ACCESS TO SOCIAL SERVICES

Access to basic social services like health and education also become doubly difficult. From the Sulu profile, it is clear that the province has a shortage of barangay health units and public elementary schools. Existing infrastructures are lacking in facilities and personnel and thus insufficient to serve even the regular population. Therefore, if communities with health and education infrastructures become host to internally displaced families, there is no assurance that these could ably serve the needs of an additional population. To avail of private health and education services would, of course, require financial means, something that the IDPs do not have.

IDP children suffer greatly from their circumstances. They have no space to move around, much less play. The IDP centers lack sanitary facilities like
toilets and bathrooms. It is lamentable that most IDP sites have no health centers nor health workers to take care of the needs of the children or their mothers on a regular basis. As for their education, most IDP children have missed their classes for months while others have stopped schooling altogether. Some children even have lost interest in going back to school. One IDP Talatac participant reveals, “I’d like to see my children finish their studies and become educated, but how can we do this when from time to time we are running and evacuating, losing our property and means of livelihood?”

IV. CULTURAL PRACTICES

Displacement erodes the Tausug family’s ability to practice their rituals and social practices. This is mainly because the traditional environment that helps propagate community culture and values is absent. Some IDPs claim that they could no longer perform some of their religious functions such as prayers and other rituals because of the difficult situation in the evacuation center.

Before displacement, IDPs recall that they used to celebrate important occasions such as weddings and “paggunting” (baptism) as well as Islamic holidays lavishly. Children were able to attend the Madrasah regularly as well.

Circumstances constrain the family’s capacity to carry out traditional rituals. For instance, cultural practices on maternal and child care depend on the following conditions:

1. The availability of a traditional midwife (Apoh Panday) and healer (mangungubat) to minister to the mother and infant from pregnancy to birth. With unplanned displacement, community members are haphazardly distributed in several places. This being the case, there is no assurance that the traditional midwife or the healer would be around and able to render services.

2. The availability of traditionally recognized herbs, food and other items that are necessary to satisfactorily practice the traditional maternal and child care program. Conflict in Sulu has caused the destruction of homesteads, food crops and other produce, among these being the traditional ritual items. Without these supporting items, the practice of rituals are constrained.

3. The family’s wherewithal to carry out said rituals. Adequate financial
resources will enable the family to obtain the necessary accoutrements to these rituals. As in the case of several IDPs, they had to forgo certain practices because of financial difficulties.

4. Stable peace and order conditions that will permit the family to stay long enough in one place to be able to undertake the whole range of pre and postnatal rituals and observances.

Given the Sulu IDP situation, there is no certainty that requisite conditions to ensure the propagation of cultural practices will be met.

V. EMOTIONAL AND PSYCHOLOGICAL EFFECTS

Conflict situations wreak emotional and psychological difficulties on people. The direct effect is conflict trauma, which scars people over a long period of time. Children especially will be confused by the experience of conflict. Many who experience these, however, tend to lose the state of innocence. They may be separated from kin and friends, or even lose a loved one. If not properly handled, children may remain in a state of confusion and insecurity. Even adult IDPs claim that they suffer from trauma due to the loss of their loved ones. Others became irritable and impatient, a great contrast they say, to the times when they were secure and happy. Some are resentful of the military for their abuses. They claim that the military personnel who ransacked their farms even used their clothes to ‘wipe their butts and stools.’

Displacement exacerbates the condition, because the sense of normalcy does not return. The steady drum of life is interrupted and this alone causes great anxiety and discomfort. The IDP sites are too small and lacking in privacy. Families do not have enough space to carry out their private activities.

In addition, the means to obtain food, health, education and other basic needs become unreliable. The IDP family is faced with the overwhelming struggle to survive. Because they are reduced to the barest means, the family is forced to accept external assistance. This affects their sense of independence and the assurance to direct their affairs. The inability to remain an autonomous, self-sustaining unit of the community adversely affects the family psyche especially that of the male members. When the male becomes idle and unable to fulfill his role as provider, his status as head of the family is challenged. His loss of independence could seriously hurt his self-esteem. In the event that the female in the family finds an alternative source of income, traditional family roles and norms of
behavior are crossed and the family experiences a certain dysfunctionality. The empowerment that the female may feel could well be the source of demoralization for the male. This could strain family equilibrium.

Meanwhile, home and family cannot be readily called upon to provide a security net. A Tausug has a strong sense of family and relies greatly on his clan for support. If his kinship network is disrupted because of displacement, he suffers considerably because he has no one he could easily turn to. His sense of privacy would prevent him from approaching others outside his family network for help. One claims that he no longer feels assured and has lost his self-esteem. Still many are patient. They say that they return things to God and trust Him to fully help them in coping with their situation.

Meanwhile, community life is also affected. Livelihood, recreation and cultural propagation are severely disrupted. The Tausug IDP loses the assurance of this familiar environment and is put in an insecure position.

When asked about their dreams and aspirations, one shared that he wanted to have some leisure time activities. Another opines that there is no place like home and dreams to live life in a normal and peaceful situation, with his lost property regained and his farm rehabilitated. One Mau’boh IDP candidly admits, “We want to regain what we had before: self-esteem, dignity and status in the community. Now, when people see us they would always say, ‘Oh what a pity! Look at these evacuees. They come and go with no more means of livelihood.’ It really hurts to hear these kinds of comments.”

Yet another Talatac IDP bitterly exclaims, “If asked what we need, we want coffee and sugar because coffee will ease our tension and revitalize us so that we can perform our daily task here. But even this small dream we have is so hard to attain. The last time we received aid was three months ago when I received a small pack of Nescafe and 1/2 kilo of brown sugar.”

VI. GOVERNMENT’S ROLE IN MANAGING THE IDP SITUATION

If the local governing authority is strong and capable of managing the crisis, IDPs would have the opportunity to recover their bearings. But if the authority is weak, then the IDP crisis will be a continuing burden that may lead to more problems in the future.

When the IDPs were asked how the government has handled their
situation, they are candid about feeling neglected by the government. They claim that the government has no tangible, sustainable policies and programs to prevent, regulate nor end the IDP situation. The government could not even address the abuses and human rights violations committed by the military. On these concerns, the IDP Mau’boh FGD participant say, “We want improved governance and more development in our locality.

It is a certainty that physical displacement inevitably leads to socio-economic, psychological, emotional and cultural displacement. The negative consequences on the Tausug family will be far-reaching and its fruits will be borne once more by the next generation if appropriate interventions are not immediately undertaken.
Conclusions, Recommendations

CONCLUSIONS

The study on the Tausug Family and its Maternal and Child Care Practices focusing on the IDPs was conducted in Jolo, Sulu in 2007.

Highlights of the findings points to the importance of cultural practices in the management of maternal and child care. However, some of these practices are based on superstitious beliefs that proper Islamic and scientific education can slowly change. Similarly, some cultural attitudes regarding gender and violence are considered private rather than public and at times are hidden because of shame and family intervention.

The foremost institutions in maternal and child care are the traditional healers and midwives known locally as Apoh Panday. Their medical skills rely on experience, knowledge of rituals and use of herbs. However, each healer and Apoh Panday has their own cornucopia of herbs and the knowledge remains with them. Much can be done to make a systematic assessment of these herbs for wider usage. Some of the rituals were found to be un-Islamic.

Tausug families generally remain culturally robust, adjusting to change in many areas of life in spite of the continuing peace and order problem. This cannot be said of the IDPs who suffer from economic, social, emotional and psychological trauma as a result of their situation. This is aggravated by the demographics of Sulu as a province. Unless improvement in the quality of life becomes a serious commitment of government, both local and national, more and more will join the rank of dysfunctional families. This means that not only the IDPs are affected but the consequences of a continuing war will eventually make many Tausug families vulnerable.

Having said this, the following recommendations are forwarded:

RECOMMENDATIONS

1. Given the patriarchal and hierarchal structure of Tausug society, it would be prudent to engage this traditional authority structure when
initiating community development activities.

2. The participation of traditional midwives (Apoh Panday) and healers in providing health care should also be regularly enlisted, as they have been the longest serving health institution in the province. However, upgrading of skills seems indicated to help these practitioners weed out some of their superstitious beliefs.

3. Herbal medicine figure prominently in Tausug health care, so a more systematic and scientific promotion of these products can be made.

4. Since cultural feeding practices of children do not provide adequate nutrition to infants and young children, women need non-formal training/education courses on health and nutrition, with particular attention to feeding practices. Such training should be guided by Islamic principles for easy acceptability. In addition, nutritional requirements should make use of local resources which are cheap and easily accessible.

5. Livelihood opportunities, particularly home-based, can provide families with financial stability and maintain feelings of solidarity and dignity.

6. Infrastructure development to improve quality of life is urgent, e.g., water supply, public health services, basic education like learning centers or functional literacy classes, and housing.

7. Wider circulation of law on violence against women can encourage more reports on marital abuse or rape. Again, this law is better contextualized within the Islamic framework regarding relations between gender. Shari’ah law on marriage and divorce should also be discussed.

8. The long range goal of all community development should be the establishment of permanent peace in the province.


