

## Transcultural Nursing Assessment of Maranao Older Adults in the Philippines: Utilizing Andrew's and Boyle's Model

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### Abstract

**Background:** Transcultural nursing has emerged as a significant component of healthcare delivery, with increasing recognition in the global health sector. This notion emphasizes the importance of nurses integrating cultural understanding and sensitivity into their work, thereby ensuring favorable patient results. **Objectives:** This study aims to assess and understand the unique health needs and developing culturally competent nursing care of displaced Maranao older adults at Lanao del Sur. **Methods:** This study used non-experimental methods and model of Andrews and Boyle's Transcultural Nursing Assessment Guide for Individuals and Families to assess the health-related practices, nutrition, religion and spirituality, and values orientation of displaced Maranao older adults living in Lanao del Sur, Philippines. **Results:** Findings shared that Maranao older adults believed that illnesses and diseases are normal part of life inflicted by God (Allah). Their ideal self-image is maintaining their faith by following Islamic beliefs and practices with reliance on scientific and culturally congruent approach on health. They considered nutrition as the greatest blessing from the creator and always ensure that the foods served are halal that adheres to Islamic beliefs and practices. **Conclusion:** Transcultural nursing assessment is crucial in addressing the cultural beliefs and practices of Meranao older adults that potentially affect the extent of the delivery of quality healthcare services and their health status in general.

Keywords: Transcultural Nursing; Older Adults; Meranao; Culture; Andrew's and Boyle's Model.

### Introduction

Transcultural nursing is a critical aspect of healthcare delivery that is rapidly gaining traction in the global health community. The concept recognizes the need for nurses to incorporate cultural awareness and sensitivity into their practice to ensure optimal patient outcomes (Andrews & Boyle, 2016). In the Philippines, where cultural diversity is rife, nurses must utilize effective models to conduct transcultural assessments sensitive to the nuances of the various cultures (Finucane&McMullen, 2008). The Maranao community, in particular, is known for its unique cultural practices that have been preserved for centuries (De La Cruz & Aviso, 2018).

The Maranao people are one of the largest Muslim ethnic groups in the Philippines, with a population of approximately 1.1 million. They have a distinct culture deeply rooted in Islam, which

shapes their beliefs, practices, and way of life (Hadji Abdul Racman, 2019). Maranaos have a strong sense of community and family ties and highly value respect, honor, and dignity. Their unique health beliefs and practices reflect their cultural heritage and Islamic faith (Olowa&Demayo, 2015).

Moreover, Maranao culture emphasizes the importance of interdependence and respect for elders, influencing their health-seeking behaviors. Maranao older adults, value traditional healing practices and may prefer seeking care from traditional healers rather than modern healthcare facilities (Agga, 2022). This cultural preference may challenge providing modern healthcare to Maranao older adults, highlighting the need for culturally competent nursing care (Maghuyop-Butalid et al., 2015; Malawani et al., 2017).

A literature review of several studies has explored the health needs and challenges of Maranao older adults in the Philippines. A study identified that health challenges such as hypertension, arthritis, and diabetes as prevalent among Maranao older adults (Montero&Geducos, 2021). The study further revealed that Maranao older adults faced barriers to accessing healthcare due to their cultural beliefs and practices. A separate study by Olowa and Demayo (2015) found that Maranao older adults preferred traditional healing practices, such as herbal medicine and faith healing, due to their cultural beliefs. They are an indigenous group with their unique culture and traditions and distinct health beliefs and practices that affect their health-seeking behaviors and response to healthcare. Therefore, nurses must understand and incorporate their cultural beliefs and practices when caring for Maranao older adults.

Andrew and Boyle's Model of Transcultural Nursing is a framework that helps nurses provide culturally competent care to patients of diverse cultural backgrounds. The model comprises six interrelated cultural phenomena: communication, space, social organization, time, environmental control, and biological variations. The model encourages nurses to identify cultural similarities and differences between their culture and the patient's culture to provide culturally congruent care (Andrews & Boyle, 2016). This research aims to utilize Andrew and Boyle's model to assess the health practices and beliefs, nutrition, religious practices or spirituality, and value orientation of displaced Maranao older adults at Lanao del Sur, Philippines.

## Methods

This research employed non-experimental methods to explore and describe the phenomenon under investigation. In this inquiry, a descriptive qualitative research design has been applied to assess the health-related practices, nutrition, religion and spirituality, and values orientation of the older adult Maranaos as participants based on Andrews and Boyle's model for a transcultural nursing assessment guide for individuals and families (Andrews & Boyle, 2016).

The research setting for this study was Lanao del Sur, a province in the Bangsamoro Autonomous Region of Muslim Mindanao in the Philippines. Specifically, the study focuses on displaced Maranao older adults forced to flee their homes due to conflict or other reasons (e.g., the Marawi City siege) and residing in temporary shelters or with host families in Lanao del Sur. The setting is characterized by its unique cultural, economic, and social contexts that may impact the health practices and beliefs of Maranao older adults (Pangandaman et al., 2019). The study will be conducted in the shelters or homes where the displaced Maranao older adults reside.

The participants were displaced Maranao older adults living in Lanao del Sur, Philippines. Individuals aged 60 to 65 have been forced to leave their homes due to Marawi City's armed conflict and have been displaced in Pantar and Balo-I as home-based or temporary shelter-based evacuees for at least six months. These older adults are likely to have unique health needs, challenges, and cultural beliefs and practices that may differ from those of the general Maranao population (Pangandaman et

al., 2019; Pangandaman & Bangcola, 2020). Therefore, assessing their health practices and beliefs, nutrition, religious practices or spirituality, and value orientation is essential to understanding their health-seeking behaviors and developing culturally competent nursing care. They were recruited through purposive sampling. They have been invited to participate, with informed consent secured before data collection.

This research study used Adrews and Bowle's Transcultural Nursing Assessment Guide for Individuals and Families to assess the participant's (Maranao older adults) health-related beliefs and practices, nutrition, religion and spirituality, and values orientation. Health-related beliefs have ten questions addressing how the participants attribute illness and disease or factors that influence its acquisition, cultural beliefs about ideal body size and shape or self-image, description of health-related conditions and the own expression of pain, discomfort, or anxiety, belief about family members promotion of health, religious affiliation and practices in the religion, reliance on cultural healers; and perception towards biomedical or scientific health care providers.

The assessment on nutrition consisted of eleven (11) questions about the following: the influence of cultural background on nutritional factors, views on eating or nutritional disorders, usual mealtime plans and patterns, the definition of foods, adherence to nutritional beliefs and practices, influence of religious beliefs on nutrition, fasting practices, and the use of special utensils, and home and folk remedies in the treatment of illnesses.

Moreover, the assessment of religion and spirituality comprised four open-ended questions with follow-up examples given. Questions are related to family's religious affiliation affecting health and illness, the role of religious beliefs and practices during health and illness, healing rituals or practices or beliefs of participants that can hasten recovery from illness, and the significant role of Islamic Imam representatives during health and illness. Lastly, the part on the values orientation asks questions about the participant's attitudes, values, and beliefs about their health and health status and their influence on promoting health and treating disease. It also asks questions about how participants relate body image change resulting from illness or surgery to the culture, their views about work, leisure, and education, and their perceived reaction to change (Andrews & Boyle, 2016). The questions has been transcribed to Maranao language to facilitate more precise understanding and comprehension on the part of the participants during the interview or data gathering. Assistance from family members as interpreters was also requested to avoid barriers and gaps in communication. The college-based ethics committee reviewed the research and found no ethical grounds. The data gathered has been processed through N-vivo software categorically as: Health Related Beliefs and Practices, Nutrition, Religion and Spirituality, and Values Orientation.

## **Results**

### ***Health-Related Beliefs and Practices***

Older adult Maranao attributed illnesses and diseases as caused by a pathogenic organism, past behaviors like skipping meals and taking something (foods) that are haram (or not halal), and with the increasing age or wear and tear. They also believed that diseases or illnesses are a normal part of life and have been inflicted by God (Allah) as a punishment, time of repentance, and remembrance of the creator. Cultural beliefs about ideal body size do not apply to older adults as they are more concerned with internal attributes (good heart, moral, respectful, and religious) than physical outlook. The participants claimed their ideal self-image is wearing clothes and maintaining faith following Islamic beliefs and practices.

Moreover, older adult Maranao coined health-related conditions in the Maranao language as "kapipiya a ginawa" and "kapipiyakambubulawasan," which both means health in good condition. It has been noted that expressions of pain, anxiety, and discomfort are commonly shared or reported to the parents or eldest family members for decision-making as either to consult a faith healer or hospitalization. The participants believe in promoting health through performing the "salah" or five times prayer daily and getting enough restful sleep, reducing stress, exercising, and getting good nutrition. Islamic faith and practices strongly influence the health-related aspects of Maranao. Participants expressed that they have been practicing Islamic faith healing through reciting verses in the Quran that they learned from "Ulamas" or Islamic preachers while attending regular Islamic seminars. The participants' families (older adults) agreed that they also recite "surah," or verses in the Quran. The most common is the recitation of "Bismillahi Rahman Nir Raheem" (in the name of Allah, the most gracious, the most merciful) in every activity or ceremony and in caring for the sick.

On the other hand, within the rich nature of Maranao culture, despite the strong influence of Islam, is reliance on "pamomolong" or cultural healers. One of the two participants stated that doctors and hospitalization could not cure some diseases or illnesses which only cultural healers could. However, decision-making always ended up with the family's elders, usually the older adults like a leader or "Datu" as a part of paying respect. Participants and their families have also noted self-medication as they acknowledged the high potential effects of herbal medicines and healing rituals. Some of the herbal medicines mentioned were as follows dahon or "raon" ng bayas, steamed gata ng niog in the treatment of fractured bones, use of 'tawa tawa' leaves being boiled in the treatment of dengue, and blood-related problems (not explicitly mentioned by the participant). Furthermore, Maranao, according to older adults as participants, does sincerely acknowledge the positive role of biomedical or scientific health care providers. They perceived nursing as a highly respected profession that plays a significant role in the health and wellness of the client, either as an individual, family, or community. Participants verbalized that nurses are expected to provide direct care. In the Maranao setting, the mother usually takes responsibility for the eldest daughter when providing care. This is also why some of the Maranao with mental disorders are not being sent to a proper facility, aside from the feeling of shame and guilt due to some acceptable behaviors.

### *Nutrition*

Nutrition and food are distinct indicators in determining Maranao culture. They consider food and eating the greatest blessing from the creator; eating and serving foods has been regularly part of special activities such as "Kanduri," or giving alms in the form of food and catering. Older adults have no eating or nutritional disorders like their family members. During a meal or eating time, older adults usually eat rice and spicy and hot foods with their family. Most dishes served are yellow because of "kalawag" or ginger ale.

Older adult Meranao defined food as essential to the body's nutritional needs. They believe skipping meals is an unhealthy diet regardless of the type of foods, and a healthy diet means taking food on time or as scheduled. The choice of food is based on what will be handed by the breadwinner of the family, either mother or father. Regarding nutritional choices, participants said, "sudon so ina e lubi a matao," or Mothers know best. The mother always prepares food and uses "kalawag" or turmeric, coconut oil, coconut water extracts, and sometimes processed seasoning like magic sarap. The foods served by the mother, sometimes with the daughter's assistance, are always halal, which means no pork, alcohol or wine, and other fermented beverages. Family members always ensure that they adhere to such beliefs and practices.

Moreover, Maranao, as Muslims, have some religious practices that influence their family's diet, such as during Ramadan and optional Islamic holiday fasting, in which they refrain from drinking or eating foods from dawn to sunset. Ramadan among Maranao Muslims is a feast which means they prepare many foods aside from the shared and donated foods by their neighborhood Muslims. During mealtime, family members do not use special utensils such as spoons and a fork; they mostly use their washed bare hands in eating. When it comes to the home remedies in treating illness, participants verbalized that they sometimes use native eggs mixed with royal soft drinks to treat some illnesses like fever and flu and other herbs like guava, papaya, and tawa tawa leaves in dealing with hypertension and dengue. Accordingly, most over-the-counter medications are paracetamol, solmux, and neozep.

### ***Religion and Spirituality***

Islam, as the religion of the Maranao, mainly defines their way of life. Their practice of health is based chiefly on their Islamic faith and beliefs. During a terminal illness, Maranao considered their religious faith the only option to help them recover from such a condition. Prayers are often performed in the presence of an "Imam" (Islamic priest) within their lineage or close relatives to perform rituals. According to the older adult participants, the needed materials are "masala," a prayer carpet, and water for ablution. Family members are usually involved in the process. The imam is sometimes required to have "kandori" for the sick family member. Kandori means giving food, money, and other resources to relatives and people in need in the belief that it will somehow decrease the burden of the illness or hasten recovery by asking them to include the sick person in their prayers. Older adults expressed that before the Marawi siege, they had performed kanduri in the mosque or masjid for one of their sick family members. They said that performing kanduri in that place and giving food to the "tuan," which means Muslim people praying in the mosque, ensures the inclusion of the sick person in their prayers.

### ***Values Orientation***

Maranao, especially older adults, have distinct attitudes towards illness, as they tend to engage in some ritual practices. Their values and beliefs about health and illness are like a blessing and an awakening of faith. The participants conveyed that having sickness or illness is good sometimes, as it makes them realize that life in this world is temporary. This attitude somehow affects the healing process of the sick person, as they may tend to refrain from taking medications that go against their faith. It is common during Ramadan for fasting to be observed. According to participants, this attitude and belief are overt to their family members.

Moreover, participants articulated that no intense cultural stigma is associated with their sick family members or relatives, such as from illness or surgery. However, they have an intense stigma of AIDS or HIV among Maranaos. They viewed the sick person living with HIV or AIDS as a sinner and avoided it because they believed it was a communicable disease and may infect others. The participants and his/her family members view education as an essential prerequisite to landing an excellent job and a better future. Maranao leisure, as described by the participants, is more on socialization with family members and relatives, such as attending "dialaga" (marital engagement), clan reunions, and weddings.

Furthermore, participants defined Maranaos as resistant to change if the change to occur or happen is not following Islamic beliefs and practices. When it comes to the result of surgical procedures, they perceive that a lifestyle change is routine and an expected part of the outcome. They viewed biomedical care or scientific health care as a critical, acceptable, and unquestionable

undertaking in healing or recovery. In acquiring health-related services, they value privacy, touch, and relationships with others, especially with female family members. Maranao, older adults, explained the importance of respecting women's rights, like choosing the same gender to care for and covering private parts as they may feel exploited and harassed. They also tend to prefer the same cultural group to care for them. With this withdrawal sometimes could be observed.

### Discussion

The health beliefs and practices of the older adult Maranao were explored in this study. The participants attributed illnesses and diseases to various causes, including past behaviors like skipping meals and eating haram foods, increasing age or wear and tear, and pathogenic organisms. Participants also believed that diseases or illnesses are a normal part of life and have been inflicted by God (Allah) as a punishment, time of repentance, and remembrance of the creator. In terms of promoting health, participants emphasized the importance of performing the "salah" or five times prayer daily, getting enough restful sleep, reducing stress, exercising, and getting good nutrition. The study found that cultural beliefs about ideal body size do not apply to older adults as they are more concerned with internal attributes than physical outlook, which suggests a need for tailored interventions that account for cultural values and beliefs in promoting healthy behaviors (Miloyanet al., 2017).

The study also noted that older adult Maranao use both faith healers and biomedical healthcare providers to address their health needs. While faith healing through reciting verses in the Quran and using herbal medicines were commonly mentioned, decision-making regarding health interventions often ended up with the family's elders, usually the older adults like a leader or "Datu." Participants acknowledged the positive role of biomedical or scientific healthcare providers, with nursing being perceived as a highly respected profession that plays a significant role in the health and wellness of the client. This accord to a study that Muslims feel that listening and reciting the Quranic verses may bring about a sensation of pleasure and tranquility to the listeners and reciters (Kannan et al., 2022) and high respect to elderly Muslims (Bensaid&Grine, 2014).

Regarding nutrition, the study found that older adult Maranao consider food and eating the greatest blessing from the creator. Eating and serving foods have been regularly part of special activities, such as "Kanduri," or giving alms in the form of food and catering. The choice of food is based on what will be handed by the breadwinner of the family, either mother or father. Participants emphasized the importance of not skipping meals, taking food on time or as scheduled, and having a healthy diet that is halal. Maranao older adults have the typical nutritional needs similar to other Asean Muslims in neighboring countries (Ong et al., 2019).

Part of the limitation of this research is the sample participants, which consisted of older adult Maranao participants, which may not represent the beliefs and practices of younger generations and may limit the generalizability of the findings to the broader Maranao population. Moreover, the study did not explore the role of gender in health-related beliefs and practices among the Maranao, which is an essential factor to consider as it may influence cultural beliefs and practices, particularly in the context of health and illness. Moreover, the study did not examine the impact of acculturation or globalization on Maranao health-related beliefs and practices, which may have implications for health promotion and disease prevention efforts.

### Conclusion

This study sheds light on the health beliefs and practices of older adult Maranao and the role of both faith healers and biomedical healthcare providers in addressing their health needs. The study

highlights the importance of understanding cultural beliefs and practices when providing healthcare to older adults from diverse cultural backgrounds.

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