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Efficacy of Panginam: A Low-Intensity Psychological Intervention (LIPI) for Armed Conflict Family Survivors in Bangsamoro

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Abstract. This study seeks to measure the efficacy of Panginam, a researcher-constructed low intensity psychological intervention (LIPI) program, among family survivors of armed conflict in Bangsamoro from the internally displaced persons (IDPs) of the 2017 Marawi Siege. Panginam as LIPI incorporated teachings of Islam as it is designed for Bangsamoro family survivors of armed conflicts. Using a Mixed Methods sequential exploratory research design utilizing ethnographic research and quasi-experimental methods, results reveal the adverse impact of armed conflict on the living situations of participants. A significant decrease was noted in the mean score of pre-test and post-test measures on levels of stress, anxiety, and depression of participants. Thus, Panginam as LIPI is efficacious in reducing levels of stress, anxiety, and depression of family survivors of armed conflict. Further, Panginam improved family processes and dynamics. Lastly, Panginam changed the view of Marawi Siege family survivors on armed conflict from negative to positive meaning.

Keywords: Low Intensity Psychological Intervention (LIPI), Bangsamoro, family survivors, armed conflict, internally displaced person (IDP)

Introduction

On May 23, 2017, Marawi Siege broke out in Marawi City. In the coming days, hostage-takings, killings, carnage, burning, fire, and bombings enveloped the city. Residents were forced to leave their homes, properties, and possessions to evacuate for safety. There was war. Mranaws, the inhabitants of the place were exposed and subjected to potentially psychologically damaging experiences of stress, crisis, and trauma. The war lasted for five months. Based on the Bangon Marawi Comprehensive Rehabilitation and Recovery Program a total of 369,196 individuals were displaced by the crisis. UNCHR Philippines claimed that 98 percent of the total population was affected. These internally displaced persons (IDPs) were brought to evacuation and temporary shelters in Lanao del Sur, Lanao del Norte, Iligan City and other neighboring municipalities and cities.

While there is a consensus that internally displaced persons (IDPs) who had exposure to potentially traumatic events may recover faster with interventions such as resilience enhancement and psychosocial support, such interventions are often focused on the individual. An emerging practice in post-disaster mental health and psychosocial support services tries to expand the focus to the family. One such intervention being initiated today is the low intensity psychological intervention (LIPI), which might be useful in addressing the mental health needs of IDP populations in transit such as those families housed in temporary shelters. Ergo, there is a need to investigate the efficacy of a low intensity psychological intervention (LIPI) in addressing collectively family's armed conflict experiences and its consequences to facilitate rehabilitation and healing.

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Studies by UNHCR, Oxfam, WHO and IOM found out that mental health and the psychosocial burden is present and a major concern among displaced populations. Witnessing traumatic events such as bombings, gunfights, and deaths, material losses, and displacement are significant and life-changing stressors affecting displaced populations. These, in part or as a whole, have been shown to impact mental health and psychosocial well-being. Findings from humanitarian responses claimed fear, sadness, and anger as common emotions during and after displacement from an armed conflict. The study by Benjamin Mitchell Wood and Per Kallestrup (2018), reviewed more than 219 published literatures of non-specialized group-based intervention. It only ended with 11 qualified articles based on the inclusion and inclusion criteria. All these addresses either anxiety, depression, or post-traumatic stress brought by armed conflict which are the long-term results of exposure to fear, sadness, anger, and other negative emotions. It is interesting to note that more than the majority of these interventions are directed towards children and adolescents. And in the Philippines, most of the armed conflict is in Mindanao.

In an armed conflict, the family is subjected to stress and crisis that may generate anxiety and depression. The entire family is affected. The experience of war is a family affair. Armed conflicts create and inflict a great deal of suffering and hardship among individual members of the family from the youngest to the oldest member. Default designs of intervention automatically address children, adolescents and women needs (Kuhhus, 2017; Tamayo-Agudelo, Vaughan Bell, 2018; Betancourt & William, 2008; Wood & Kallestrup, 2018). Categorically, whatever is achieved by a child, an adolescent, and/or a woman who is affected by war is reduced if he/she goes back to a family that is not attended to. The experience of armed conflict is a shared experience of the family; therefore, any intervention should involve the entire family and not family members individually.

A low number of registered and licensed psychologists and mental health professionals in the Bangsamoro region responded during the Marawi Siege. Responding mental health workers were volunteers from other professions who have undergone at least one training on Mental Health. Most mental health workers were professionals from a non-psychology field who were trained on Mental Health and Psychosocial Support (MHPSS). This amplifies the possibility of non-provision of mental health services in post-conflict areas of Bangsamoro due to the lack of specialists and professionals. This gap can be filled in by low intensity psychological interventions (LIPIs) that can be implemented by locally trained professionals and paraprofessionals. LIPIs refer to interventions that do not rely on specialists. It is delivered by paraprofessionals with a primary focus on teaching self-management skills. LIPIs offer an important opportunity to provide evidence-based treatments to people with mild to moderate symptoms of mental problems while overcoming barriers such as limited-service resources and specialist skills, stigma, and inaccessibility of face-to-face mental health services. LIPIs can be cost-effective and can successfully reduce a client's symptoms while ensuring the right level of care is matched to the client’s needs at the right time (McEvoy, Landwehr, Pearcy, & Campbell, 2021). As compared with high intensity psychological interventions (HIFI) which require registered psychologists or specialists to deliver in 16-20 sessions in a span of 6-9 months, LIPIs would take a mere 6-8 sessions in a 12 to16-week period, delivered by paraprofessionals and other trained professionals. Further, the focus of LIPI is in reducing mild to moderate levels of psychological concerns. Its forms include guided self-help interventions, structured group activity programs, and Psycho-educational sessions. HIPIs focus from mild to severe cases and are delivered as psychological therapies (Carswell, 2015). Lastly, LIPIs are particularly well suited to communities affected by adversity such as those affected by armed

conflict, as they require spare resources to implement.

Studies published by the United Nations documented the impact of armed conflict on children. The report "State of the World's Children" (UNICEF 1996) claimed that armed conflict affects all aspects of children's development - physical, mental, and emotional - and that these effects accumulate and affect each other. The report further implied that the effects of armed conflict are not only contained among children but also women, families, and the community. Lloyd and Penn (2010), citing UN reports (UNICEF 2002; 2006) documented many reports of severely traumatized children who escaped from war zones. It was added that aside from the threat to their physical health, very young children caught in armed conflicts are deemed to be vulnerable from an educational, psychosocial, and welfare point of view. This exactly summarizes the entire being of any child.

The study "Mental Health Aspects of Prolonged Combat Stress in Civilians" Hamblen and Schnurr (n.d.) conducted among adult respondents discussed the types of traumatic events civilians experience during the war. These experiences are life-threatening, such as being bombed, shot at, threatened, or displaced; being confined to one's home; losing a loved one or a family member; suffering from financial hardships; and having restricted access to no access to resources such as food, water, and other basic needs. The effects of these experiences as claimed by research conducted in refugee samples is the exhibition of high rates of PTSD, depression as well as other psychiatric problems.

Millions of children and young people worldwide are affected by armed conflict. They are confronted with physical harm, violence, danger, exploitation, fear, and loss. Many children are forced to flee. Communities are ripped apart and can no longer provide a secure environment for children. During the conflict, children and young people's rights are violated on a massive scale, their rights to be protected from violence, abuse, and neglect, and to live in dignity and be supported to develop their full potential. As a consequence of conflict, children and young people can lose their confidence, trust in others, and their trust in the future. They often become anxious, depressed, and withdrawn or rebellious, and aggressive (Romenzi, 2017).

The effects of war are devastating in life. Throughout the many centuries, war has always displaced people, broken apart families, and, in many instances, erased the only homes people have ever known. The loss of property, destruction of the environment, and displacement of people are the most apparent effects. There are so many effects that war has on the lives of people - one is the loss of human life, the worst impacts of war. Survivors of the war suffer physical and psychological effects which could be long-lasting. Both civilians and combatants may suffer physical incapacitation as a result. (What are the Effects of War on People Lives, 2017).

Psychological trauma may occur after a life distressing and threatening event. Psychological trauma is the unique individual experience of an event or enduring conditions, in which the individual's ability to integrate his/her emotional experience is overwhelmed, or the individual experiences (subjectively) a threat to life, bodily integrity, or sanity (Pearlman & Saakvitne, 1995, p. 60).

In summary, the mental health of any individual exposed to armed conflict is inevitably affected in the immediate aftermath of any armed conflict and there could be long-term adverse effects on psychological and social functioning (Inter-Agency Standing Committee (IASC) Guidelines, 2007), especially among the most vulnerable.

This study intends to gain understanding of the experiences and processes of coping by family survivors to survive any armed conflict in Bangsamoro. This study also intends to assess Panginam as

a low intensity psychological intervention (LIPI) efficacy in reducing stress, anxiety, and depression among family survivors of armed conflict. It is anchored on Family Systems Theory, an approach to understanding human functioning that focuses on interactions between people in a family and between the family and the context(s) in which that family is embedded. Family Systems Theory has been applied to a wide variety of areas including psychotherapy in general and family therapy (Watsons, 2012). It staked its unique claim by proposing that psychological challenges and psychopathology does not reside in the individual, but rather in a disturbed system of family relations. One of the fundamental underlying assumptions of this theory is that where there is a patient, there is a troubled family system (Kerig, 2011). The consideration of the theory is to enrich the understanding of the experiences of families who survived the armed conflict. Panginam focuses its object of intervention on the family and not the individual. As claimed by Family Systems Theory, it does not treat disturbed individuals but rather disturbed families.

In the conduct of literature reviews for this study, it adopted the concept of Dr. Catherine Panter-Brick (2014) in constructively defining resilience. She proposed resilience to be "a process to harness resources to sustain well-being". Accordingly, it is a ''process'' because it implies that resilience is not just an attribute or even a capacity. The phrase ''to harness resources'' asks to identify what are the most relevant resources to people. The expression ''sustained well-being'' involves more than just a narrow definition of health or the absence of pathology (Panter-Brick, 2014). Her view that resilience is "hope" is adopted and became the central theme of the proposed intervention in this study. The cultural adaptation of resilience as hope provided leeway towards contextualization of hope as resilience across cultures. In this study, it is Bangsamoro culture.

With the disastrous events that ensued since May 23, 2017, and recognizing the impact of the Marawi Siege to Mranaw families, research geared towards knowing "what intervention can facilitate the recuperation, rehabilitation and rebuilding of families exposed to the psychologically damaging effects of armed conflict?" is proposed to be answered. It is a study that focused to explore understanding, experiences, and processes of armed conflict survival; and assess the efficacy of an intervention which is in this study is Panginam. Panginam, a researcher-constructed low intensity psychological intervention (LIPI) program, Panginam as LIPI incorporated teachings of Islam as it is designed for Bangsamoro family survivors of armed conflicts

Method

This research undertaking follows a sequential exploratory mixed method design (Creswell & Creswell, 2018) composed of two parts: qualitative and quantitative. A mixed-method design is used to overcome the limitations of a single design. This study requires exploration and understanding of a phenomenon, and evaluation of the efficiency of the proposed intervention.

The qualitative part explored the understanding, experiences, and processes of survival of armed conflict family survivors. Ethnographic research is the design and Focus Group Discussion (FGD) is the specific methodology to be used. Ethnographic research is a qualitative method where researchers observe and/or interact with a study's participants in their real-life environment.

The quantitative method part measured the efficacy of the proposed low impact psychological intervention (LIPI) model which is Panginam using a quasi-experiment design. Panginam, which means hope, is a low intensity psychological intervention (LIPI). It is a researcher-made intervention

envisioned to address stress, anxiety, and depression generated by armed conflict situations among family survivors. It is an indigenous and evolving low intensity psychological intervention that combines original works based on Islam and context-sensitive evidence-based cognitive-behavioral stress management techniques. It is composed of eight modules written and administered in Mranaw language. It encompasses orientation, catharsis, emotion awareness and processing; psychoeducation on stress, anxiety, and depression; stress management techniques, problem-solving, effective communication; and emotion regulation strategies to address stress, anxiety, and depression. It is administered in a family as a group. It utilizes emphatic listening; arts; voluntary sharing; processing techniques such as reflections, probing and insights drawing; and behavioral demonstrations.

This study was conducted in a transitory shelter facility established by the government for the Marawi Siege-displaced population. It is the current location of 1175 transition homes for internally displaced persons (IDPs). At the time of the study, there are about 800 units occupied and other units are nearing completion. The selection of this locale is due to the following considerations: (1) residents are from the Most Affected Area (MAA) of Marawi City, (2) semi-permanency of stay of residents which ensures the population sample of the study until its completion, and lastly, (3) while a significant number of Marawi Siege survivors are housed in various evacuation centers also in Marawi City or in nearby municipalities, this is the only well-established transition settlement for the IDPs of Marawi Siege

The participants of the study are IDP families. Family in this study refers to the mother, father and children aged 11 years old and above. Selection and recruitment of participants followed inclusion and exclusion criteria. The inclusion criteria of the study are: (1) the family participants are internally displaced due to the Marawi Siege with pre-siege residence at one of the 24 barangays in the MAA; and (2) at least one member of the family has mild to moderate level score in either stress, anxiety, or depression as measured by selected objective assessment tools on stress, anxiety and depression. The levels measured and considered are post-siege. Participant who failed to meet any criterion enumerated in the inclusion criteria did not qualify as research participant. Due to the reason that the entire population of those who may qualify is unknown, the sample size is not computed. Rather, the participants considered is at least 8 families.

Focus Group Discussion (FGD) guide questions based on the statement of problem of the study are the instruments used in data gathering for the qualitative phase of this study. Tools measuring levels of stress, anxiety and depression are the research instruments for the quantitative phase of the study. These objective tests are adapted by translating them to Mranaw language and context. Necessary accommodation procedures to suit the population sample of the study is considered. Validation and pilot testing follows to establish validity and reliability of adapted tests. The standardized objective measurement tools used in the study are: Perceived Stress Scale (PSS) by Sheldon Cohen; DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure — Adult, DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure — Child 11-17, DSM 5 LEVEL 2—Depression—Adult (PROMIS Emotional Distress—Depression—Short Form), DSM 5 LEVEL 2—Anxiety—Adult (PROMIS Emotional Distress—Anxiety— Short Form), DSM 5 LEVEL 2—Depression—Child Age 11–17and DSM 5 LEVEL 2—Anxiety—Child Age 11–17. Perceived Stress Scale by Sheldon Cohen, DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure — Adult, and DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure — Child 11-17; are used to identify study participants. DSM 5 LEVEL 2—

Depression—Adult, DSM 5 LEVEL 2—Anxiety—Adult, DSM 5 LEVEL 2—Depression—Child Age 11–17, and DSM 5 LEVEL 2—Anxiety—Child Age 11–17, are used to determine the level of anxiety and depression of participants. Only mild to moderate levels were considered to participate in the study. Except for the Perceived Stress Scale, these standardized objective measurement tools are offered by American Psychiatric Association (APA). Note that "emerging measures" are still for further research and clinical evaluation. These patient assessment measures were developed to be administered at the initial patient interview and to monitor treatment progress. They should be used in research and evaluation as potentially useful tools to enhance clinical decision-making and not as the sole basis for making a clinical diagnosis (https://www.psychiatry.org).

The conduct of the study involved the following procedures: (1) Community groundwork identifying possible research participants. Potential community members who can be participants are identified and recommended. Validation of names and finalization of the listings of potential qualified respondents. (2)Validation of Panginam modules and recruitment of members of research team. (3) Training of research team members. (4) Translation and establishment of psychometric properties of selected objective standardized assessment tools to be used. Validation and pretesting followed. (5) Participants are invited to participate in the study. Letters of invitation and consent were sent. Only individuals who accepted the invitation and signed the letters of consent were involved in the study. Minor participants (aged below 18) were required to accomplish and present parental/guardian consent before participating. Inclusion and exclusion criteria are strictly be followed in the selection of participants. (6) Conduct of first series of focus group discussions. (7) Provision/Conduct Panginam (intervention). (8) Post testing followed the completion of intervention. The same objective standardized assessment tools during the pre-testing are used. (9) Conduct of second series of focus group discussions. And (10) analyses of collected data.

The qualitative phase of the study relied on the data shared during the series of Focus Group Discussions (FGD). Collected data are subjected to content analysis and thematic analysis techniques. The exploratory nature of these qualitative data analysis techniques makes them appropriate to consider and use. For the quantitative phase, T-test is used for pre-test and post-test scores on levels of stress, anxiety, and depression. Analysis of variance is used to determine the relationship of developmental stages, sex, family roles with levels of stress, anxiety, and depression.

This study adhered to legitimacy by considering varied ethical issues in its conduct. Throughout the study, ethical standards and procedures are strictly followed and implemented. Letters of invitations, agreements, consent, and assent are provided to ensure that no participant is coerced to participate. Documentation procedures also followed strict ethical standards and procedures. No photo and/or audio are shared, posted, and/or publish without the consent of the participant. Informed Consent and Voluntary Participation. The researcher provided letters of invitations, agreements, consent, and dissent to ensure that no participant was coerced to participate. Any concern from the participants (guardians/parents for the minor) regarding the research is addressed and attended. Participants are allowed to withdraw his/her participation at any time if he/she intends to. Confidentiality and Anonymity. In documenting the data gathered for this research, the identity of the participants is not disclosed. No photo and/or audio is shared, posted, and/or published without the consent of the participant or by the guardians/parents of a minor participant. Safety and Protection of Vulnerable Populations. Minimum health standards and provision of applicable personal protective equipment are

adhered to in the conduct of the study since the study occurred during the time of CoViD19 Pandemic. Furthermore, the delivery of this intervention was coordinated with the Marawi City Health Office. Cultural Sensitivity. Using family sessions as the modality of delivery with the intent to help IDP families rework the communication lines to address family trauma is consistent with the Mranaw culture of close family ties. Facilitators who delivered the interventions were on-boarded not only with the protocol, but also with guidelines on cultural norms and traditions of the Mranaw. Most of the facilitators were ethnic Mranaws. The two who were not had long exposure to working with Mranaw populations. Most of the sessions used the Mranaw language.

Findings

Descriptions of experiences of participants of their living conditions before, and after armed conflict and Panginam intervention are presented in this section. Results and responses are from series of focus group discussion as well as psychological evaluation of participants levels of stress, anxiety, and depression before and after the conduct of Panginam (low intensity psychological intervention).

Socio-Demographic Profile of Participants. Nine family-participants took part in this study. Table 1 presents the composition of the nine family-participants of the study.

Table 1. *Family- Participants of the Study*

Family	Mother	Father	Daughter	Son	Total
One	Participant	Non-participant	0 Participant	3 Participants	4 Participants
Two	Participant	Participant	2 Participants	0 Participants	4 Participants
Three	Participant	Non-Participant	3 Participants	1 Participants	5 Participants
Four	Participant	Participant	2 Participants	2 Participants	6 Participants
Five	Participant	Participant	1 Participant	1 Participant	4 Participants
Six	Participant	Participant	2 Participants	0 Participant	4 Participants
Seven	Participant	Non- Participant	2 Participants	1 Participant	4 Participants
Eight	Participant	Participant	2 Participants	0 Participant	4 Participants
Nine	Participant	Participant	1 Participant	2 Participant	5 Participants
Total	**9 Participants**	**6 Participants**	**15 Participants**	**10 Participants**	**40 Participants**

Family One is composed of four participants; this is a solo-parent family. The husband and wife are officially separated. The mother has custody of all her three children. Family Two is composed of four participants: a couple and their two daughters. Family Three is composed of five participants. It can be observed that the father is a non-participant. The reason for non-participation is because the father of the family is a survivor of cerebro-thrombosis which left him to have difficulties in gross and fine locomotion as well as speech difficulties. Family Four is composed of six participants, these are the mother and father, two daughters and two sons. Family Five is composed of four participants: the couple and a son and a daughter. Families Six and seven are also composed of four members each. Family Seven solo-parent family due to death of the husband. Family Eight is composed of four members: the mother, father and two daughters. And lastly, Family Nine is composed of five members - children aged 11 below and those who are married were excluded as participants.

Table 2. *Age, Sex and Roles of the Participants*

Categories	Frequency	Percentage
Age		
11 – 20 years old	18	45%
21 – 30 years old	7	17.5%
31 – 40 years old	3	7.5%
41 – 50 years old	10	25%
51 – 60 years old	0	0%
61 years old and above	2	5%
Sex		
Male	16	40%
Female	24	60%
Role in the Family		
Father	6	15%
Mother	9	22.5%
Son	10	25%
Daughter	15	37.5%
Total	**40**	**100%**

Age, sex, and role in the family of the individual participants are presented in Table 2. A total of 40 respondents participated in the intervention program. Age ranges between 11 and 63 years old. Most of the respondents are between the age of 11 to 20 years old (45%). Some were also between 41 and 50 years old (25%). A few of them are between 21 and 30 years old (17.5%), 31 to 40 years old (7.5%); and 61 to 63 years old (5%). There were also more female respondents (60%) than male respondents (40%). With a total of nine nuclear families, most participants are daughters (37.5%), followed by sons (25%), mothers (22.5%), and fathers (15%). All of them were living in a temporary shelter during the intervention program.

Impact of the Marawi Siege to the lives of family survivors. This presents description of living conditions before Marawi Siege, experiences on Marawi Siege, processes of survival and feelings of the armed conflict. Living conditions are the circumstances or factors affecting the way in which people live, particularly about their well-being. The term 'living conditions' is closely related to that of 'quality of life.' The latter is the degree to which an individual is healthy, comfortable, and able to participate in or enjoy life events.

The term 'quality of life' then can refer to both the experience an individual has of his or her own life and to the living conditions in which individuals find themselves (https://www.eurofound.europa.eu). The standard of living varies between individuals depending on different aspects of life. The standard of living conditions consists of having at least the basics such as food, shelter, safety, education, and social interaction which all contribute to wellbeing. These are the aspects considered in the summary table presented above illustrating the impact of Marawi Siege to the living conditions of family-survivors.

Table 3. *Summary of Impact of Marawi Siege on Family Survivors' living conditions*

Aspects of Living Conditions	Before Marawi Siege	Impact of Marawi Siege		
		Experiences on Marawi Siege	Processes of Survival	Feelings of Marawi Siege
Food	There is source of food because there is livelihood.	Hunger and thirst	Reliance on dole out from GO and NGOs.	Hardship, suffering, Stress, anxiety, depression, worry, anger, irritation, desperation
Shelter	Family respondents have houses of their own	Destructed either by burning, indiscriminate firing and/or bombing	Crowding in a small space tents/ spaces at evacuation camps	Horror, fear Stress, anxiety, depression, anger, irritation, discomfort, Hardship, suffering,
Safety	Marawi City is perceived safe.	Displacement. Life threatening due to exchanges of indiscriminate gunfights and bombing	Mandatory evacuation	Horror, fear Stress, anxiety, depression, anger, Hardship, suffering,
Education	Children are attending schools as well as Madaris education	Interrupted and discontinued.	Stopped attending school	Sadness, depression, suffering,
Social Interaction	There is camaraderie between and among relatives and friends.	Altered due to the changes in environment	Deal with the new environment and new individuals at their social spaces.	Stress, worry, anxiety, depression,

In general, Marawi Siege bear negative impact in the quality of life of family survivors. It threatened life, damaged properties, and caused psychological distress to family survivors. Descriptions of their living conditions before Marawi Siege, experiences of the armed conflict, processes of survival and feelings of the armed conflict are presented below to illustrate the negative impact of the armed conflict in details.

Family Survivors' Description of Living Condition Before Armed Conflict

The participants have shared during the series of focus group discussions that life prior to May 23, 2017 (before the armed conflict) was generally good. They describe economic comfort where basic needs are met and provided, children are attending schools, and family problems are managed and solved. They said there were family bonding moments, ease in daily life, and a sense of contentment.

Family Survivors' Description of Experiences of the Armed Conflict

Ramadan, the holy month of Muslims was coming in a few days prior to the eruption of Marawi Siege. There was an air of joyful anticipation and jubilation among the participants as they made special preparations for the Ramadan. There were participants who were in Padian (Marawi City Market) buying food and goods for the coming holidays. Some were there because they own and run business. It was a very busy day as there were many people in Padian. A number of participants described that they were at home cleaning and decorating for the month-long holiday, while some were visiting their relatives. As shared, Ramadan preoccupied the respondents at that time. Nobody expected that an armed conflict would soon break out in Marawi.

Horror is the general description of participants' experience and reactions to Marawi Siege. They feared for oneself and family members, as expressed by the fathers, mothers, daughters, and sons. Everybody was in disbelief with the prolonged indiscriminate firing, conflagration, killings, and dead bodies. It was chaotic, scary, and disturbing. The reported specific reactions of family-participants at that time were fear, running away to safety, panic, confusion, nervousness characterized by agitation,

shaking and being edgy, various body pains, crying, fear for the safety of the family, jumpiness or being easily startled, worries, sadness, memory lapse, thoughts of losses of life and possessions, and the urgent need to save the non-Muslims from ISIS-affiliate terrorists.

Upon the assault of government troops to secure the city and eradicate the terrorists and along with the declaration of Martial Law in Mindanao, evacuation to safety became mandatory and necessary. Displacement of Marawi residents became the direct effect of the armed conflict that enveloped the city. The need to be out of Marawi emerged as the scope of the armed conflict widened. Getting out of the city was marked by hardship. However, there were individuals who were not able to leave for various reasons. Some believed that the armed conflict would last only for a few days. Hardship and suffering are the general themes deduced from the narratives of survival and evacuation of the family participants. Accounts of long walks, danger, hunger, thirst, separation, fear, crying, lack of sleep, and hiding are the descriptions of the respondents of their experiences as the armed conflict went to full scale.

As summarized by the participants after the eruption of armed conflict the only means of survival was to evacuate. This process of survival was characterized by hardships and suffering. It marked the start that majority if not all residents of Marawi City became internally displaced.

Family Survivors' Description of Processes of Survival During the Armed Conflict

The battle of Marawi started on the 23rd of May 2017 and officially ended on the 17th of October 2017, following the confirmation of the deaths of militant leaders Omar Maute and Isnilon Hapilon. The armed conflict lasted for almost five months. This section of the study discusses the processes of survival of the respondents from their displacement to the time of liberation of Marawi with focus on physical, psychological, relationships, communication, health, livelihood, social, spiritual, and environmental aspects.

Description of processes of physical survival

The participants of the study collectively mentioned that their survival during this trying time can be summarized as reliance on relief goods. From the time that they left Marawi for a safer ground they started relying on relief goods from various government and non-government agencies.

Description of processes of psychological survival

There is admission among the participants that what they went through was a difficult situation. It challenged their psychological make-up. The overwhelming emotions they have since the start of the armed conflict until the time of being at the evacuation centers continued to generate stress, fear, worries, anxiety, sadness and hurt. When asked how they survived and their ways of surviving, the participants mentioned a variety of coping mechanisms and strategies. Responses under this section are categorized according to five general types of coping strategies: problem-focused coping, emotion-focused coping, social support, religious coping, and meaning-making. Responses are presented in tables that follow in this section.

Table 4. *Participants' Problem-focused Coping*

Problem-focused coping			
Mother	Father	Daughter	Sons
		*"Pukalek ako oba kaparomani so Marawi Siege. Di ako blag ko pamilya ko." (*Scared that Marawi siege might be repeated again, I always stay beside my family members.)	*"Kanamar a kalipatan so Marawi Siege."* (Trying their best to forget Marawi Siege.)
		"Di akun kalipatan so so miyasowasowa sa Marawi Siege. Di ako torogon igira gagawii. Aya akun kapaturog na igira miyakanaw siran." (I cannot forget what happened in Marawi Siege. I cannot sleep in the evening. I just sleep when my family is awake.)	
		"Di ako mliyo. Sisii ako dun kumakadaun igira mararata a ginawa ko." (I do not go out. I am staying inside when I am feeling bad.)	

Table 5. *Participants' Emotion-focused Coping*

Emotion-focused coping			
Mother	Father	Daughter	Sons
"Kagoraok." (Crying)		*"Kagoraok igira kiyatanodan akun so miyada rukami."* (Crying when I recall what we lost.)	*"Kapangilay sa ipakapiya a ginawa."*(Looking for relief)
"Rela," (Forgiveness, letting go of the losses)		*"Da a kaliyo ka tataman so rata a ginawa*." (Staying inside because the hurt is so much.)	*"Sisandun so rata ginawa kagiya katawan ka so miyada. Tigurun ta dun oto."* (Bad feeling persists because you know what is lost but you must persevere.)
"Tomutuntong- kapamogaw sa shaitan." (Staring-cursing away evil)			*"Kagoraok igira miyakasakisakit dun."* (Crying sometimes, when it feels so painful)
			"Sinusubukan na maging happy dahil wala na kami sa Marawi pero malungkot." (Trying to be happy because we are already out of Marawi, but it is still sad.)
			"Mahirap labanan ang takot, lungkot at galit. Umiyak minsan." (It is difficult to fight fear, sadness, and anger. Sometimes crying.)

Table 6. *Participants' Social Support Coping*

Social Support coping			
Mother	Father	Daughter	Sons
		"Igira miyagdam akun so kaluk na moobay ako ki Ina." (When I feel fear, I stay beside mother)	*"Usap usap kasama tropang bago."* (Talks with new set of friends).
			"Sama sama sa grupo." (Hanging out with friends.)

Table 7. *Participants' Religious Coping*

Religious coping			
Mother	Father	Daughter	Sons
Surrender to Allah swt	*"Kasabar"* (Acceptance with patience)	*"Kasabar"* (Acceptance with patience)	*"Kapagamal."(*Performing faithful activities)
"Sambayang" (praying 5 times a day)	*"Tawakal"* (Surrendering everything to will of Allah swt)	*"Katawakal"* (Surrender everything to Allah swt)	"Kasambayang." (Praying 5 times a day)
"Du'a" (Supplications)	*"Kapagama"* (increased practice of faith)	"Kasambayang" (Praying 5 times a day)	
"Sab'r" (Acceptance with patience)		*"Kapamangni ko Allah sa bagur."* (Asking for strength from Allah swt)	
"Dhikir" (Remembrance of Allah swt)			
"Kapagamal"(Performing faithful activities)			

Table 8. *Participants' Meaning Making Coping*

Meaning Making			
Mother	Father	Daughter	Sons
"Kapanalamat a uyag-uyag ta." (Thankful to be alive)		*"Tanggapin na ang siege na mala a lesson."* (Accept that this is a big lesson to all)	
"Pamikirun a adun pun a lawan saya" (Thinking/comparing self to others)			
"Giyaya na kadakdaklan." (This happened to many of us)			
"Sambi-sambian bo." (Whatever lost will be replaced.)			

Among the five general types of coping strategies, it is religious coping that is found to be common among all the participants. More than the majority of the participants' expressed various Islam-based coping mechanisms. These are sab'r (patience and acceptance), tawakal (surrendering everything to the will of Allah swt), increased practice of faith such as salah, dhikir and du'a. These are mentioned by participants across family roles. Problem-focused and social support coping are found only among the off-springs of the family participants. It is worth noting that emotion-focused coping is not documented among the fathers of the family-participants. And lastly, meaning-making coping is found only among the females of the family participants.

Table 9. *Participants' Coping Strategies*

Coping Strategies	Mother	Father	Daughter	Son
Problem-focused			✓	✓
Emotion-focused	✓		✓	✓
Social Support			✓	✓
Religious Coping	✓	✓	✓	✓
Meaning Making	✓		✓	

Description of processes of survival in terms of relationships

The number of IDP families in the evacuation centers do not represent half of the total numbers of IDPs because there are significant numbers of IDPs who were taken in by relatives. It should be noted that Mranaws as a Bangsamoro tribe are known to have a close-knit family tie, motivating them to provide shelter and other needs to family members and relatives displaced by Marawi Siege. These are the home-based IDPs. Adding those IDPs who have the means to support themselves, it made the Camp-based IPDs less of the majority of the total IDPs. Nevertheless, the number is still massive. As of May 24, 2022, more than 23,700 people (4,740 families) are still staying in various transitory sites while the rest of the IDPs are in home-based settings. About 740 families are relocated to permanent shelter projects while 95 families have returned to the most affected areas (https://reliefweb.int/report/philippines). In general, the relationship of the family is affected as well as with their social dealings with relatives and friends.

Description of processes of survival in terms of communication

In terms of communication, there are marked changes in the family. When asked how they survived these changes, the marked response is that the family is not talking about Marawi Siege in the family. The "silence" on Marawi Siege seems to mark the family's denial of the disaster and manifestations of its effects in the family. The mother participants expressed that their husbands were not opening up.

Description of processes of survival in terms of health

Participants shared that there are heath issues affecting them. There are infirmities in the family including death after their displacement. Weight loss or gains due to over-eating or non-eating and sleep disturbances were also reported. Accordingly, although they are not used to eating sardines, noodles, and canned goods with National Food Authority (NFA) rice. They must force themselves to consume because they have limited to no choice at all. Adding the small, crowded space they live in, the hot and humid temperature in the camps, and limited water supply; it was a challenge to their health. To survive, respondents constantly reminded themselves to stay well because they are not allowed to get sick especially after cases of deaths happened in the camps due to infirmity. There are participants who shared that no matter how hard money is at that time, the provision of maintenance medicines and vitamins for family members with pre-existing medical and health issues was made a priority. Further, they avail of the free health services provided by different medical and health organizations in the camps. It is just unfortunate that one of the family-respondents lost a female member due to fever. Accordingly, the camp where they are staying in does not have medical services at that time and they failed to bring her to the hospital.

Description of processes of survival in terms of livelihood

The loss of livelihood was the most expressed negative impact of armed conflict. Participants shared that the displacement was tantamount to loss of means of living and source of income. Majority of Mranaws in Marawi City earn money through informal businesses. Stalls selling various items or grocery stores, eateries and restaurants were all over Marawi City prior to Marawi Siege. These informal businesses thrived and abundantly provided for the people of Marawi City. There are seven family-respondents who earned their living through these forms of businesses. When they were displaced, they lost their livelihood. When asked during the FGD how they would describe survival in terms of livelihood, participants shared that there is no stable and dependable livelihood for IDPs in the evacuation camps, as reflected in Table 10. They are totally dependent on relief goods and other support from various government and non-government organizations for their daily sustenance and other essentials. It is reported that for other needs, participants will skip them because of lack of means to buy them. Table 10 below shows other reported responses in terms of how respondents described their survival in terms of livelihood.

Table 10. *Respondents Description Their Survival in Terms of Livelihood.*

Means of Survival	Mother	Father	Daughter	Sons
"Mayto-mayto" (Small means)	✓	✓		✓
Job Hunting	✓	✓		
Accept work far from family	✓	✓	✓	✓
"Kapamasahero sa tricycle" (Driving tricycle)		✓		
"Konstraksyon ago kapanday" (Construction and carpentry)		✓		✓
No Livelihood	✓	✓	✓	✓
"Makontento ka" (Be contented)	✓	✓	✓	✓

Description of Processes of Survival in Terms of Social Aspect

The evacuation camp is a new environment for the IDPs. As described by the participants, it is composed of families and individuals from different barangays of Marawi City. It is highly probable that the occupants of the tent beside you would be people you never knew or somebody you knew too. Descriptions provided imply that the evacuation center became the new social circle of survivors of armed conflict. Fellow IDPs at the evacuation camps became their social allies. That is the theme generated in their description of processes of survival in terms of social aspect. Table below lists the descriptions of the participants.

Table 11. *Respondents Description Their Survival in Terms of Social Aspect*

	Means of Survival	Mother	Father	Daughter	Son
1.	*"Aya ta mimbaloy a layok na so mag pud ta sa evacuation center*." (Our friends are the people in the evacuation center.)	✓	✓	✓	✓
2.	*"Miyakiplayok ta sa camp."* (Make friends at the camp.)	✓	✓	✓	✓
3.	*"Bago a mga layok."* (Our friends are new.)	✓	✓		✓
4.	*"Bagong kakilala na aya ta pud".* (New acquaintances are our company)		✓		✓
5.	*"Miyaclose kano kasi sila lang dumadamay."* (We became cose to one another because they reach out.)	✓	✓		
6.	*"Miyadakul so layok ka ayang ka dun layok na langon a taw sa evacuation center."* (You got so many friends because everyone in the evacuation center is your friend.)	✓	✓		✓

During FGD, one of the issues raised by the participants are their experiences of discrimination. All respondents have expressed that becoming an IDP made them easy targets of discrimination. They are discriminated against because they are evacuees.

Description of Processes of Survival in Terms of Spiritual Aspect

All participants have shared that in this difficult and challenging time, they all resort to faith and spirituality to survive. There is no challenge experienced in this aspect but rather this aspect of themselves became their primary shield to address their challenges and difficulties. Participants reported that they exerted more effort in practicing their faith and strengthening their belief in Allah (Subhanna Wa Taala). Due to the armed conflict, they attended more often to their religious obligations and rituals such as the performance of their 5 times a day salah (prayers), say their Du'as more seriously, and Dhikir. Furthermore, the participants place high hopes that something good will come out of Marawi Siege. And they keep repeating that what happened is meant to happen because it is the will of Allah.

Description of Processes of Survival in Terms of Environmental Aspect

This aspect of FGD explored the living conditions of the participants. When asked about their environment It is evident in the sharing of the participants that their environment at the evacuation center is difficult and challenging. The cramped space, lack of household materials, the extreme temperatures at different times of the day, water source, and the number of individuals in each tent are contributing to the hardships, difficulties, and challenges experienced by the displaced families. Despite the limitations in resources, respondents were able to address these in their own ways. The results are summarized below:

Table 12. *Participants Description Their Survival in Terms of Environmental Aspect*

	Description	**Means of survival**
Mothers	*"Hindi comfortable*." (Not comfortable)	*"Tiis lang talaga*." (Patience.)
		"Kasakrpisyo kagiya da a pud songowan." (Sacrifice because there is nowhere to go.)
	"Da a manga gamit, kurang." (No household items, lacking)	*"Osar ta sa apiya antona a sisan."* (Make use of anything from environment)
Fathers	*"Tanto ko mayto so tent*." (The tent is too small.)	*"Kaparo-paro"* (Finding ways)
		"Extensions sa mayto-mayto." (Extending for space little by little.)
	"Super init sa umaga, super lamig sa gabi." (Too hot in the morning, too cold in the evening.)	*"Kaliyo sa kapipita. Katanggub sa gagawii."* (Staying outside in the morning, use blanket in the evening)
	"Da a ig." (Water is scarce)	*"Pamasa o kasalod sa oran*." (Buy or wait for the rain)
Daughters	*"At first na marugun."* (Difficult at the beginning.)	*"Imanto na kiyalayaman*." (We got used to it)
	"Marugun so ig" (Water is scarce)	*"Kanagub ba din."* (Does water fetch)
	"Tanto kami ko madakul sa evacuation center." (There is so many of us at the evacuation center)	*"Transfer kami sa shelter*." (We will move to the shelter)
Sons	*"Marugun sii."* (It is difficult here)	*"Miyakadajust kami bo sa mga kiyambakwitan ami."* (We were able to adjust to where we evacuated.)

Family Survivors' Descriptions of Feelings about the Armed Conflict

The main themes of feelings are horror, fear, nervousness, pain, sadness, anger, and discrimination. All these themes were expressed in the narratives of mothers, fathers, daughters, and sons. Family-participants collectively shared from their memories their experiences of horror, fear, and nervousness as the series of heavy exchanges of gunfire between and among government forces and the pro-ISIS militants. Horror is brought back whenever there is recollection of witnessing killings and seeing dead bodies. It also brought about experiences of fear. Fear for their life is the primary expressed reason for being afraid. The sight of burning buildings and dead bodies in public were horrifying, according to all family-respondents. Sightings of armed individuals either male or female stirs nervousness which was manifested accordingly by shivering and breaking out in sweat.

Emotional pain was felt when family-participants unwillingly left their abode and experienced displacement in their search for refuge and safety. Sadness enveloped them within their uncomfortable and crowded stay in the evacuation camps. Anger surfaces every time frustrations, thoughts of losses, lack of livelihood and threat of hunger is felt. Ultimately, discrimination is felt by family-respondents at the camps whenever there is relief distribution because accordingly there is no order in the process wherein, they are sometimes overlooked, by-passed, and/or consciously excluded. Added to these are the unjust and prejudicial treatment accorded to them by the host community on the grounds of ethnicity and because they are (IDPs).

Levels of Stress, Anxiety, and Depression of Family Survivors Before and After Panginam

On stress levels, before Panginam there were three participants on high level, 30 on moderate level and seven on low level. After Panginam, none of the participants registered high stress levels, 16 measured moderate and 24 at low level. There is an observed decrease in levels of stress among participants after Panginam. On anxiety levels, before Panginam 15 percent measured at moderate level, 30 percent measured at mild level, and 22.5 percent at none to slight level. There was 32.5 percent that did not meet the criteria of being tested on anxiety. After the conduct of Panginam, no participant was measured at moderate level, only 10 percent measured at mild level, while 42.5 percent measured at none to slight level. There was 47.5 percent that did not meet the criteria for anxiety evaluation. It can be viewed that after the conduct of low intensity psychological intervention, which is Panginam, there is a decrease in the anxiety level of family survivors. Lastly, on depression, there are seven participants at moderate level before and 1 after intervention; 12 participants at mild level before intervention but 0 after intervention. At none to slight level, there were seven before intervention and 14 after intervention. There were 14 participants before interventions that did not meet the criteria for testing on depression and after the intervention it increased to 25 participants. There is marked observation of decrease of depression level after the conduct of Panginam.

Table 13. *Levels of Stress, Anxiety, and Depression Before Panginam (Intervention)*

Categories	Before Panginam		After Panginam	
	Frequency (n=40)	Percentage	Frequency (n=40)	Percentage
Stress				
High	3	7.5%	0	0%
Moderate	30	75%	16	40%
Low	7	17.5%	24	60%
Anxiety				
Moderate	6	15%	0	0%
Mild	12	30%	4	10%
None to Slight	9	22.5%	17	42.5%
Did not meet Criteria	13	32.5%	19	47.5%
Depression				
Moderate	7	17.5%	1	2.5%
Mild	12	30%	0	0%
None to Slight	7	17.5%	14	35%
Did not meet Criteria	14	35%	25	62.5%

Participants' Stress, Anxiety, and Depression Levels Before Panginam

Family-respondents' levels of stress, anxiety, and depression before the conduct of Panginam are presented in Tables 14 and 15 below.

Table 14. *Pre-Test Demographic Profile according to their score levels*

Categories	Frequency	Percentage
Stress		
High	3	7.5%
Moderate	30	75%
Low	7	17.5%
Anxiety		
Moderate	6	15%
Mild	12	30%
None to Slight	9	22.5%
Did not meet Criteria	13	32.5%
Depression		
Moderate	7	17.5%
Mild	12	30%
None to Slight	7	17.5%
Did not meet Criteria	14	35%

Table 14 shows the frequency and percentage distribution of stress levels, anxiety levels and depression levels before Panginam (intervention) according to their scores. Seventy five percent of the respondents have moderate levels of stress, 17.5 percent scored low and 7.5 percent scored high. As for the anxiety levels, 32.5 percent of them did not meet the criteria for the Level 2 CCS measure while most takers (at 30%) scored between 55.1 to 59 which indicated "mild" levels of anxiety. It was then followed by 22.5 percent from those whose scores indicated "none to slight" symptoms, and 15 percent from those with "moderate" symptoms. On the depression symptoms, 35 percent did not meet the criteria, 30 percent indicated "mild" symptoms, and 17.5 percent indicated for both "moderate" and "none to slight" symptoms.

Table 15. *Pre-Test Demographic Profile according to mean and standard deviation*

Categories	Stress			Anxiety			Depression		
	M	*SD*	*N*	*M*	*SD*	*N*	*M*	*SD*	*N*
Age									
Adult (18 and above)	17.9	5.2	28	46.9	20.6	21	51.8	18.9	19
Adolescents (11–17 years old)	18.2	5.7	12	47.4	24.2	11	50.3	19.3	10
Sex									
Male	14.7	5.1	16	43.6	20.8	13	44.5	24.3	10
Female	20.2	4.2	24	49.5	22.2	19	54.8	14.5	19
Role in the Family									
Mother	21.7	4.0	9	57.3	2.2	8	58.5	2.8	8
Father	11.8	5.1	6	55.6	5.6	5	46.3	31.0	4
Daughter	19.3	4.2	15	43.8	28.3	11	52.2	18.8	11
Son	16.4	4.4	10	36.2	23.6	8	43.4	22.0	6
Total	18.0	5.3	40	47.1	21.5	32*	51.3	18.7	29**

*Anxiety omitted data: 8 due to not meeting the criteria pre- and post-test

**depression omitted data: 11 due to not meeting the criteria pre- and post-test

Table 15 shows the demographic profile of the participants, stress, anxiety, and depression levels before Panginam (intervention) according to the specific categories such as developmental stage, sex, and role in the family. The participants have a general average stress score of 18 which indicates a moderate level. General average score on the respondents' anxiety level is 47.1 which indicates none to slight symptoms. And the general average depression score was 51.3 which indicates mild symptoms. Adolescents aging between 11 to 17 years old and female participants scored consistently higher on the three measures than male respondents and adults aging 18 years old and above. Mothers also have consistently scored the highest according to their mean scores. Fathers' stress scores were the lowest whereas sons' anxiety and depression scores were the lowest.

Participants' Stress, Anxiety, and Depression Levels After Panginam

Family-participants' levels of stress, anxiety, and depression after the conduct of Panginam are presented in Tables 16 and 17 below.

Table 16. *Post-Test Demographic Profile according to their score levels*

Categories	Frequency	Percentage
Stress		
High	0	0%
Moderate	16	40%
Low	24	60%
Anxiety		
Moderate	0	0%
Mild	4	10%
None to Slight	17	42.5%
Did not meet Criteria	19	47.5%
Depression		
Moderate	1	2.5%
Mild	0	0%
None to Slight	14	35%
Did not meet Criteria	25	62.5%

Table 16 shows the frequency and percentage distribution of stress levels, anxiety levels and depression levels after the conduct of Panginam (intervention). Starting from the stress levels, none of them scored high and most of them scores low (60%). As for the anxiety levels, 47.5 percent did not meet the criteria of anxiety while most participants' scores indicated "none to slight" symptoms (42.5%) and followed by "mild" symptoms (10%). Finally, depression levels of the participants showed that 62.5 percent did not meet the criteria, 35 percent of them indicated "none to slight" symptoms and followed by one participant (2.5%) with a "moderate" symptom.

Table 17. *Post-Test Demographic Profile according to the mean and standard deviation*

Categories	**Stress**			**Anxiety**			**Depression**		
	M	**SD**	**N**	**M**	**SD**	**N**	**M**	**SD**	**N**
Age									
Adult (18 and above)	12.5	4.9	28	34.9	22.8	21	26.1	23.2	19
Adolescents (11 – 17 y.o.)	11.1	3.5	12	27.7	26.8	11	16.8	22.9	10
Sex									
Male	12.3	6.3	16	32.6	22.9	13	25.1	22.1	10
Female	11.9	3.0	24	32.3	25.5	19	21.8	24.2	19
Role in the Family									
Mother	13.3	2.6	9	32.0	26.5	8	22.8	24.3	8
Father	10.8	5.9	6	28.0	25.8	5	21.3	25.0	4
Daughter	11.1	3.0	15	32.5	26.0	11	21.1	25.3	11
Son	13.2	6.6	10	35.4	22.3	8	27.7	22.0	6
Total	12.1	4.5	40	32.4	24.1	32*	22.9	23.1	29*

*Anxiety omitted data: 8 due to not meeting the criteria pre- and post-test

**depression omitted data: 11 due to not meeting the criteria pre- and post-test

Table 17 shows the demographic profile of the participants, stress, anxiety, and depression levels after the intervention according to the specific categories such as developmental stage, sex, and role in the family. The respondents have a general average stress score of 12.1 which indicates a low level. General average T-score on the participants' anxiety level is 32.4 which indicates none to slight symptoms. And the general average depression score was 22.9, which indicates none to slight symptoms. This time, adults and male participants scored higher than adolescents and females, respectively. Stress scores of the mother in the family were the highest while the sons were highest for the anxiety and depression scores. The fathers of each family scored lowest in terms of stress and anxiety measures. Daughters scored lowest for depression.

Efficacy Of Panginam

One of the primary objectives of this study is to measure the efficacy of *Panginam*. *Panginam* is a researcher-made low intensity psychological intervention (LIPI) envisioned to address stress, anxiety, and depression generated by armed conflict situations among family survivors. It is an indigenous and evolving LIPI that combines original works and context-sensitive evidence-based cognitive-behavioral stress management techniques. In the sections that follow, comparison of participants' levels of stress, anxiety, and depression before and after Panginam using paired T-test to measure significant difference is presented. Also, the effect of Panginam in the levels of stress, anxiety, and depression of participants in terms of developmental stage, family role, and sex utilizing Analysis of Variance (ANOVA) is presented.

Results have shown that in terms of comparison of levels of stress, anxiety, and depression before and after Panginam using paired T-test, there is significant difference in the effect of intervention on the levels of stress, anxiety, and depression of participants. There is a significant decrease in the levels of stress, anxiety, and depression after Panginam based on the decrease in mean score. Table 18 presents details of the measurements. Other details of statistical measurements and analyses are presented in this section.

Table 18. *Comparative Mean Scores Before and After Panginam*

Categories	**Before Panginam (n=40)**				**After Panginam (n=40)**				**Mean Decrease**
	f	**%**	**Mean**	**SD**	**f**	**%**	**Mean**	**SD**	
Stress									
High	3	7.5%			0	0%			
Moderate	30	75%			16	40%			
Low	7	17.5%	18	5.1	24	60%	12.1	4.5	**5.9**
Anxiety									
Moderate	6	15%			0	0%			
Mild	12	30%			4	10%			
None to Slight	9	22.5%			17	42.5%			
Did not meet Criteria	13	32.5%	47.1	21.5	19	47.5%	32.4	24.1	**14.7**
Depression									
Moderate	7	17.5%			1	2.5%			
Mild	12	30%			0	0%			
None to Slight	7	17.5%			14	35%			
Did not meet Criteria	14	35%	59.3	18.7	25	62.5%	22.9	23.1	**28.5**

Comparison Of Participants' Levels of Stress, Anxiety, and Depression Before and After Panginam

This study aims to determine whether there is a statistically significant difference between the participants' levels of stress, anxiety and depression brought by the intervention. Using pre-test and post-test results, mean differences of stress, anxiety, and depression levels were respectively compared using a paired-samples t-test. Significant difference at the levels of stress, anxiety, and depression of participants before and after Panginam (intervention) is presented in Table 19.

Table 19. *T-test findings*

		Mean	Std. Deviation	Std. Error Mean	95% CI of the difference Lower	Upper	t	df	Sig. (2-tailed)
Pair 1	pre_stress - post_stress	5.900	6.476	1.024	3.829	7.971	5.762	39	0.000
Pair 2	pre_anxiety - post_anxiety	14.6875	36.2489	6.4080	1.6184	27.7566	2.292	31	0.029
Pair 3	pre_depression - post_depression	28.3552	33.2289	6.1705	15.7156	40.9948	4.595	28	0.000

Statistical results showed that stress levels of participants before the intervention (M = 18, SD = 5.1) was greater than their stress levels after the intervention (M = 12.1, SD = 4.5), showing a statistical mean decrease of 5.9, 95% CI [3.83, 7.97] t (39) = 5.76, p = .000, d = 0.91.

Their levels of anxiety before the intervention (M = 47.1, SD = 21.5) were higher compared to their anxiety levels after the intervention (M = 32.4, SD = 24.1), indicating a significant mean decrease of 14.7, 95% CI [1.62, 27.76], t (31) = 2.29, p = .029, d = 0.4.

Finally, their levels of depression before the intervention (M = 59.3, SD = 18.7) was also higher than their depression levels after the intervention (M = 22.9, SD = 23.1), thus a statistically significant mean decrease of 28.5, 95% CI [15.72, 40.99], t (28) = 4.60, d = 0.85.

We can infer from these findings that Panginam intervention contributed to the decrease of the participants' levels of stress, anxiety, and depression.

Based on these findings, the following null hypotheses are rejected and their corresponding alternative hypotheses are accepted.

Ho: There is no significant difference in the effect of Intervention on the level of stress symptoms of participants.

Ho: There is no significant difference in the effect of Intervention on the level of anxiety of participants.

Ho: There is no significant difference in the effect of Intervention on the level of Depression of participants.

The Effect of Panginam on rhe Levels of Stress, Anxiety, And Depression of Participants in Terms of Developmental Stage, Family Role, And Sex

The effect of Panginam in the levels of stress, anxiety, and depression of participants in terms of developmental stages such as adulthood and adolescence; family roles such as being a mother, father, daughter, or a son; and sex being male, or female are presented below.

On Stress

There were three two-way mixed analysis of variance (ANOVA) that were used to determine if there was a significant difference between the participants' levels of stress as an effect of the intervention in terms of sex, developmental age, and family roles.

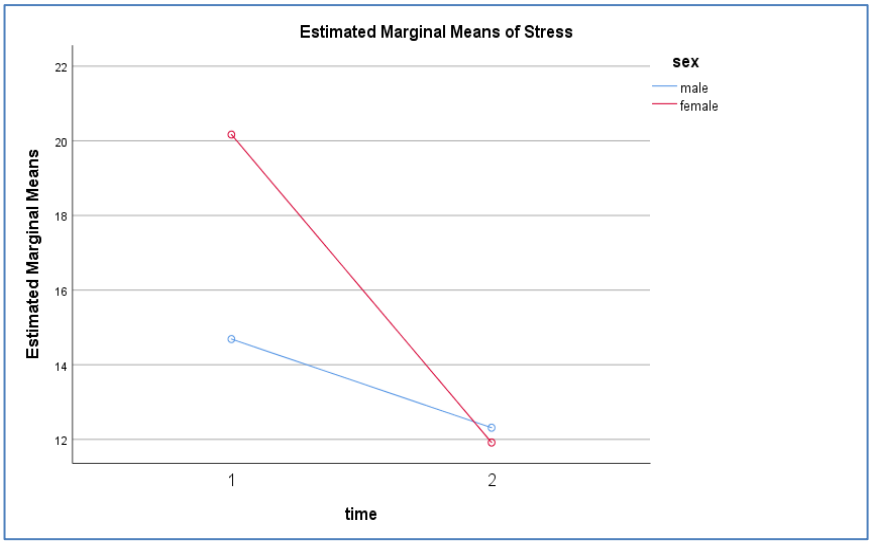

Figure 3.1. Panginam's Effect on Stress According to Sex

The first two-way mixed ANOVA was used to determine whether there was a significant difference between the participants' levels of stress as an effect of the intervention in terms of sex (See Fig 3.1). There were no outliers as assessed by boxplots. The data was normally distributed as assessed by Shapiro-Wilk's test of normality ($p > .05$). There was homogeneity of variances and covariances, as assessed by Levene's test of homogeneity of variance ($p > .05$) and Box's test of equality of covariance matrices ($p > .001$) The two-way mixed ANOVA showed that there is a statistically significant interaction between time and sex ($F (1, 38) = 9.65$, $p < .05$, partial $\eta 2 = .203$). Simple main effects showed that before the intervention, there was a significant higher stress levels among females ($M = 5.48$, $SE = 1.49$, $p < .05$). But after the intervention, there was no significant difference between the two sexes in terms of stress levels ($M = 0.40$, $SE = 1.486$, $p > .05$). Between-subjects comparisons also showed significant changes among females with lower stress scores after the intervention ($M = 8.25$, $SE = 1.07$, $p < .05$).

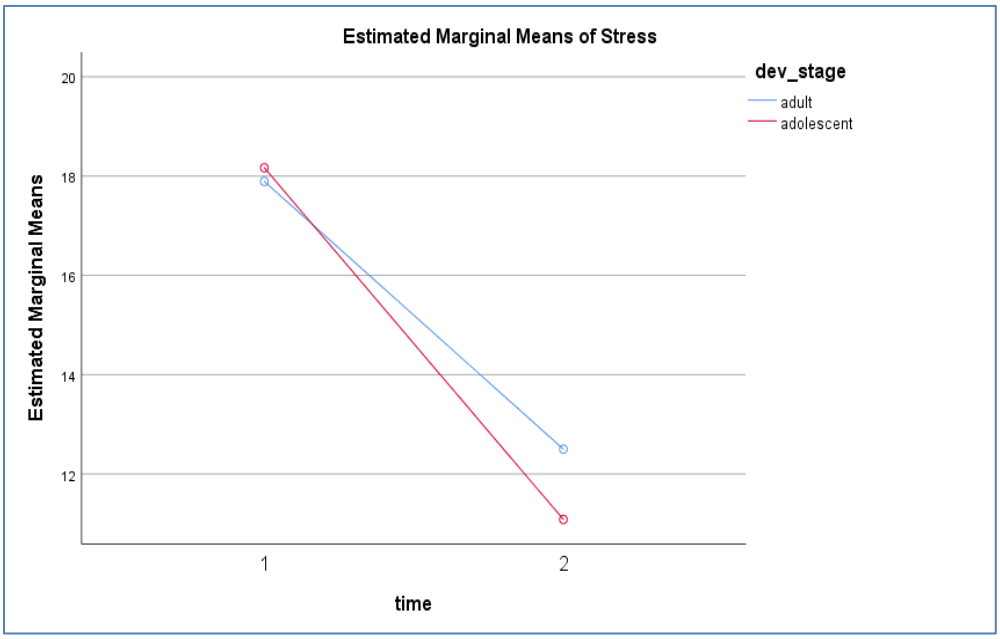

Figure 3.2. Panginam's Effect on Stress According to Developmental Stage

The second two-way mixed analysis of variance (ANOVA) was used to determine whether there was a significant difference between the respondents' levels of stress as an effect of the intervention in terms of developmental stage. There were four outliers detected from the boxplots. The data were normally distributed except for the stress scores of adults after the intervention ($p < .05$). There was homogeneity of variances and covariances, as assessed by Levene's test of homogeneity of variance ($p > .05$) and Box's test of equality of covariance matrices ($p > .001$). Results showed that there was no significant interaction between the effects of intervention in terms of developmental stage ($F (1, 38) = 12$, $p = .456$, partial $\eta 2 = .015$). Main effect on time showed statistically significant decrease between stress levels ($F (1, 38) = 30.83$, $p < .05$, partial $\eta 2 = .448$).

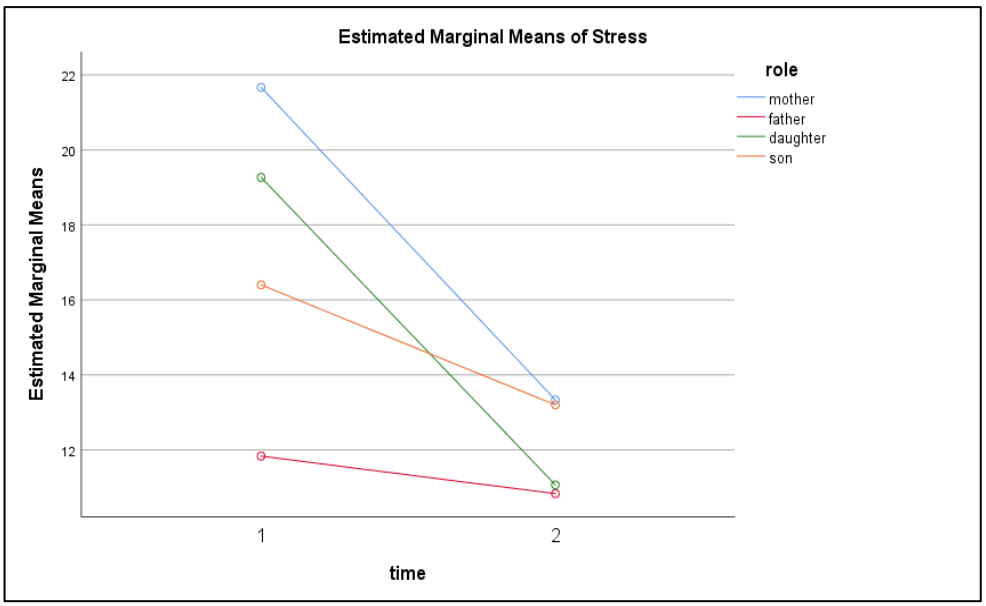

Figure 3.3. Panginam's Effect on Stress According to Roles

The third two-way mixed ANOVA used was to determine whether there was a significant difference between participants' levels of stress as an effect of the intervention in terms of family roles. There were no outliers detected from the boxplots. The data were normally distributed except for the stress scores of adults after the intervention ($p < .05$). There was homogeneity of variances and covariances, as assessed by Levene's test of homogeneity of variance ($p > .05$) and Box's test of equality of covariance matrices ($p > .001$). Results showed that there is a statistically significant interaction between time and roles ($F(3,36) = 3.26$, $p = .032$, partial $\eta 2 = .214$). Simple main effects also showed that before intervention, fathers have significant lower scores compared with mothers ($M = 3.83$, $SE = 2.32$, $p = .001$) and daughters ($M = 7.43$, $SE = 2.13$, $p = .007$). After the intervention, there are no significant difference on scores between the family roles ($F(3,36) = .817$, $p = .433$, partial $\eta 2 = .064$). Moreover, between-subjects comparisons presents that there were significant changes of stress scores with mothers ($F(1,8) = 17.241$, $p = .003$, partial $\eta 2 = .683$; $M = 8.3$, $SE = 2.01$, $p = .003$) and daughters ($F(1,14) = 4.48$, $p = .000$, partial $\eta 2 = .748$; $M = 8.2$, $SE = 1.27$, $p < .05$) which was brought by the intervention. Fig 3.3 shows the summary of the findings.

On Anxiety

There were three two-way mixed analysis of variance (ANOVA) used to determine if there was a significant difference between participants' levels of anxiety as an effect of the intervention in terms of sex, developmental age, and family roles.

The first two-way mixed ANOVA was to determine if there was an interaction between participants' changes of anxiety levels according to their sexes. There were five outliers detected on the pre-test. The data were not normally distributed, as assessed by Shapiro-Wilk ($p < .05$). There was homogeneity of variances, as assessed by Levene's test of homogeneity of variance ($p > .05$). There was homogeneity of covariances, as assessed by Box's test of equality of covariance matrices ($p < .05$). Results showed that there is no significant interaction between the changes of anxiety levels with both sexes ($F(1,30) = .215$, $p = .646$, partial $\eta 2 = .007$). Main effect on time supports the t-test findings on anxiety ($F(1,30) = 4.56$, $p < .05$, partial $\eta 2 = .132$) and the significant decrease of participants' anxiety levels ($M = 14.113$, $SE = 6.6.$, $p < .05$).

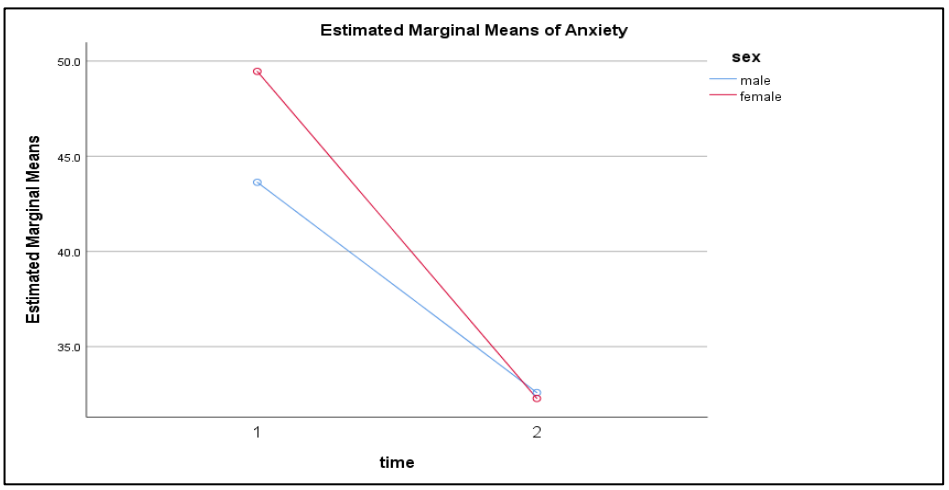

Figure 4.1. Panginam's Effect on Anxiety According to Sex

The second two-way mixed ANOVA was to determine if there was an interaction between participants' changes of anxiety levels according to their developmental stage. There were six outliers detected in the boxplots. The data were not normally distributed, as assessed by Shapiro-Wilk ($p > .05$). There was homogeneity of variances and covariances, as assessed by Levene's test of homogeneity of

variance (p > .05) and Box's test of equality of covariance matrices (p > .001). Results also showed that there is no statistical significant interaction between the changes of anxiety scores over time and age (F(1,30) = .312, p = .58, partial η2 = .01). Main effect on time supports the t-test findings on anxiety (F (1,30) = 5.41, p < .05, partial η2 = .153) and the significant decrease of participants' anxiety levels (M = 15.88, SE = 6.8, p < .05).

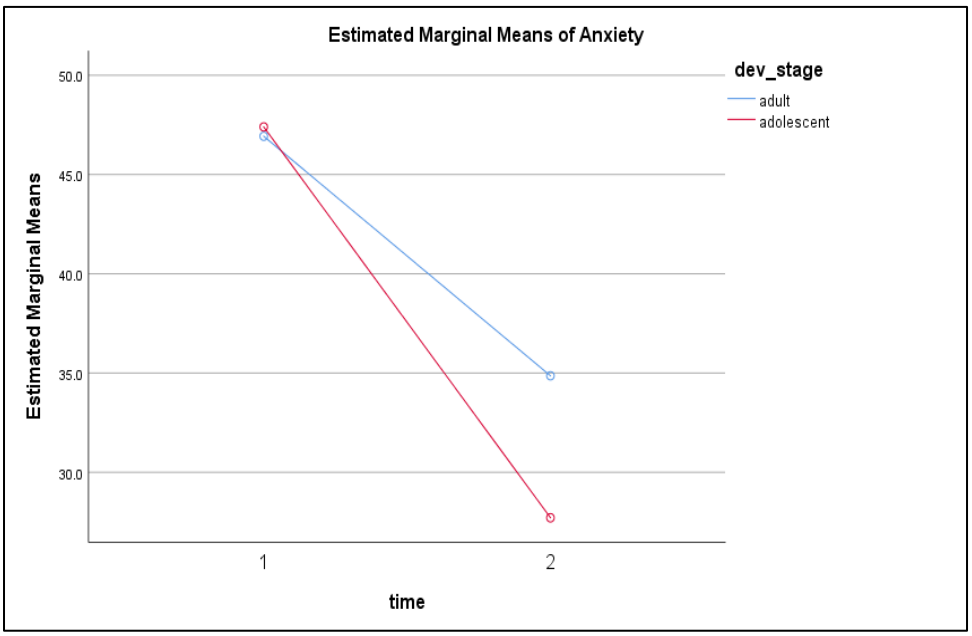

Figure 4.2. Panginam's Effect on Anxiety According to Developmental Stage

The third two-way mixed ANOVA was to determine if there was an interaction between participants' changes of anxiety levels according to their family roles. There were two outliers detected from the boxplots. The anxiety scores of the daughters before and after the intervention were not normally distributed as assessed by Shapiro-Wilk (p < .05). Data scores after the intervention for each role were not normally distributed except for the scores from the fathers. There was homogeneity of variances and covariances, as assessed by Levene's test of homogeneity of variance (p > .05) and Box's test of equality of covariance matrices (p > .001). The results showed that there is no significant interaction between time and family roles in terms of anxiety levels (F (3,28) = .85, p = .478, partial η2 = .083). Main effect on time supports the t-test findings on anxiety (F (1,28) = 5.83, p < .05, partial η2 = .172). and the significant decrease of participants' anxiety levels (M = 16.2, SE = 6.71, p < .05).

Main effects on time for the three statistical treatments were consistent with the t-test results where participants' anxiety levels have decreased after the intervention. Since there is no significant difference between their levels of anxiety regardless of their respective categories, their quantitative results can imply that participants have the same ways of dealing and managing their anxiety levels.

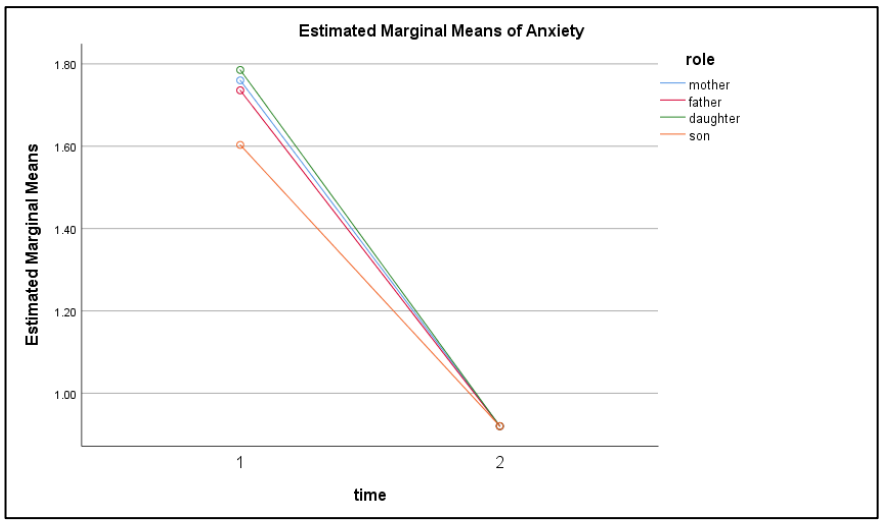

Figure 4.3. Panginam's Effect on Anxiety According to Role

On Depression

There were three two-way mixed analysis of variance (ANOVA) used to determine if there was a significant difference between participants' levels of depression as an effect of the intervention in terms of sex, developmental age, and family roles.

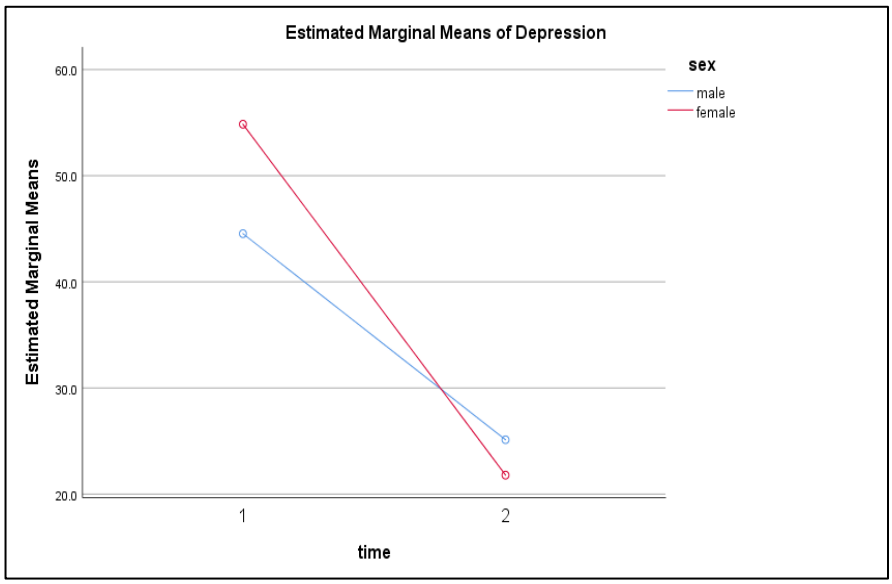

Figure 5.1. Panginam's Effect on Depression According to Sex

The first two-way mixed ANOVA was to determine if there was an interaction between participants' changes of depression levels according to their sexes. There were five outliers detected in the boxplots. Data scores were not normally distributed, as assessed by Shapiro-Wilk ($p < .05$). There was homogeneity of variances, as assessed by Levene's test of homogeneity of variance ($p > .05$). There was homogeneity of covariances, as assessed by Box's test of equality of covariance matrices ($p > .001$). Results showed that there is no statistically significant interaction between the changes of depression levels over time and sex ($F (1, 27) = 1.11$, $p = .302$, partial $\eta 2 = .039$). Main effect on time supports the t-test findings on depression ($F (1,27) = 16.4$, $p < .05$, partial $\eta 2 = .378$) and the significant decrease of the respondents' depression levels ($M = 26.24$, $SE = 6.48$, $p < .05$).

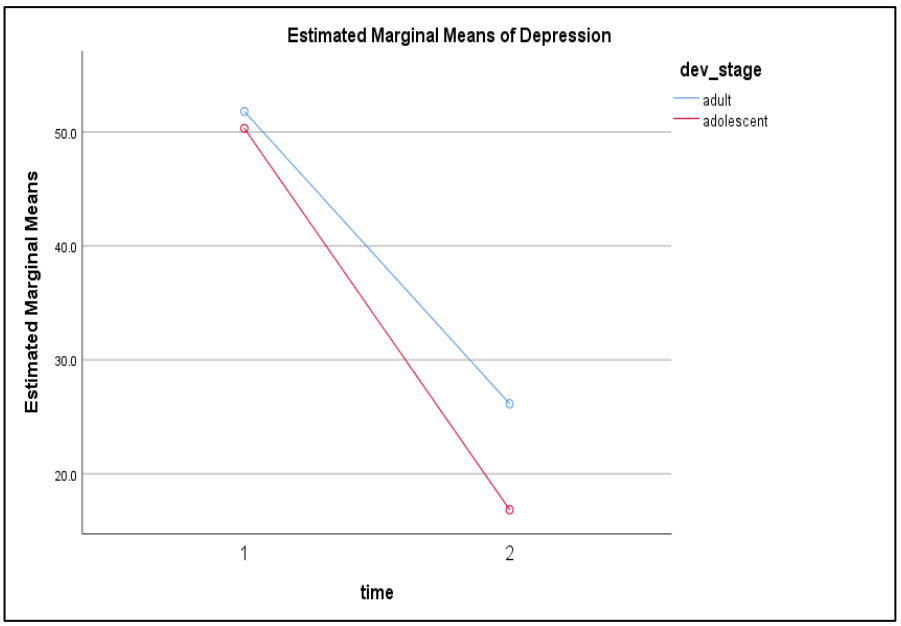

Figure 5.2. Panginam's Effect on Depression According to Developmental Stage

The second two-way mixed ANOVA was to determine if there was an interaction between participants' changes of depression levels according to their developmental stages. There were four outliers detected in the boxplots. Data scores were not normally distributed, as assessed by Shapiro-Wilk ($p > .05$). There was homogeneity of variances, as assessed by Levene's test of homogeneity of variance ($p > .05$). There was homogeneity of covariances, as assessed by Box's test of equality of covariance matrices ($p > .001$). Results showed that there is no significant interaction between changes of depression levels over time and age/developmental stage ($F(1,27) = .355$, $p = .556$ partial $\eta 2 = .013$). Main effect on time supports the t-test findings on depression ($F(1,27) = 20.27$, $p < .05$, partial $\eta 2 = .429$)) and the significant decrease of participants' depression levels ($M = 29.6$, $SD = 6.57$, $p < .05$).

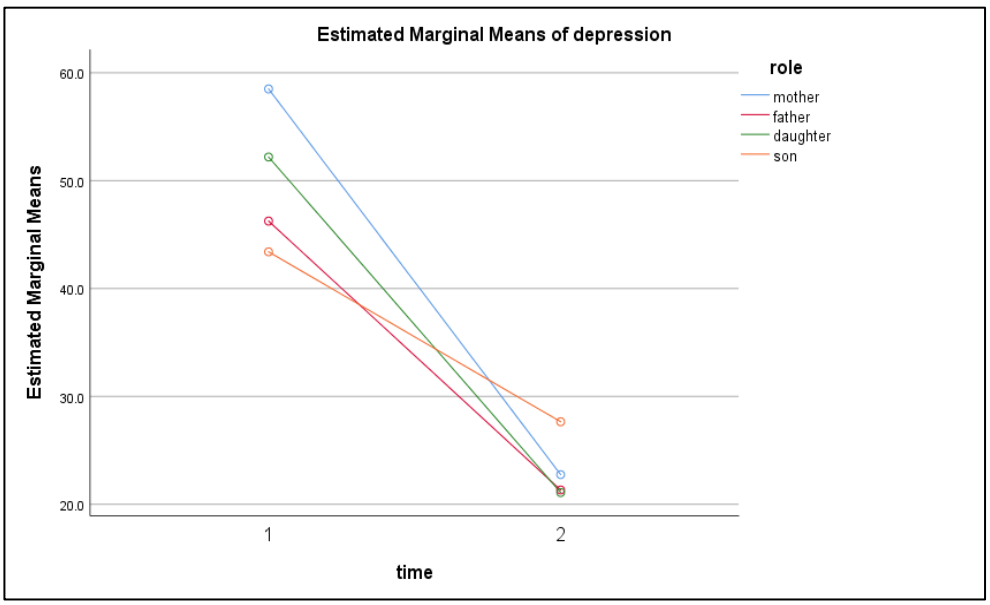

Figure 5.3. Panginam's Effect on Depression According to Role

The third two-way mixed ANOVA was to determine if there was an interaction between participants' changes of depression levels according to their family roles. There were three outliers detected from the boxplots. Most data were not normally distributed as assessed by Shapiro-Wilk. There was homogeneity of variances, as assessed by Levene's test of homogeneity of variance ($p > .05$). There was homogeneity of covariances, as assessed by Box's test of equality of covariance matrices ($p > .001$). Results showed that there is no significant interaction between time changes of depression levels and family roles ($F (3,25) = .431$, $p = .733$, partial $\eta 2 = .049$). Main effects on time showed a significant difference between the depression levels of the participants before and after the intervention ($F (1,25) = 15.54$, $p < .05$, partial $\eta 2 = .383$) and that depression levels have significantly decreased ($M = 26.9$, $SE = 6.81$, $p < .05$).

Similar with the findings on anxiety levels, main effects on time for the three statistical analyses showed support to the t-test findings where depression levels of the respondents have decreased. Since there are no significant difference between their levels of depression regardless of their respective categories, there quantitative results can imply that respondents have the same ways of dealing and managing their depression levels.

Based on the results of conducted Analysis of Variance (ANOVA), the null hypotheses offered which states that there is no significant difference in the effect of Intervention between the levels of Stress of participants in terms of sex is rejected.

While the following null hypotheses offered

Ho: There is no significant difference in the effect of Intervention between the levels of Stress of participants in terms of developmental stages.

Ho: There is no significant difference in the effect of Intervention between the levels of Stress of participants in terms of roles.

Ho: There is no significant difference in the effect of Intervention between the levels of anxiety of participants in terms of sex.

Ho: There is no significant difference in the effect of Intervention between the levels of anxiety of participants in terms of developmental stages.

Ho: There is no significant difference in the effect of Intervention between the levels of anxiety of participants in terms of roles.

Ho: There is no significant difference in the effect of Intervention between the levels of depression of participants in terms of sex.

Ho: There is no significant difference in the effect of Intervention between the levels of depression of participants in terms of developmental stages.

Ho: There is no significant difference in the effect of Intervention between the levels of depression of participants in terms of roles.

are accepted.

Description of Family Survivors' Living Conditions Before and After Panginam

There is marked positive changes from the ***d***escriptions on the situation of the family survivors before and after the *Panginam.* Summary of these changes are presented in Table 20.

Table 20. *Description Of Family Survivors' Situation Before and After Panginam*

Aspects	Before Panginam	After Panginam
Psychological	Hardship and difficulties in day-to-day living, fear, anxiety, worries, sadness, depression, pity (including self-pity), grief, startling, confusion, recurring memories, blank stares, inability to fall sleep and stay sleep, bad dreams, irritation, anger, uncontrollable shaking, body pains, Episodes of difficult breathing, stress	Peace of mind, learned stress management techniques, openness to the family, empowerment, and acceptance
Relationship	Increase in the frequency of arguments, bickering and quarrels within and among family members. Feelings of suspicions/doubts among themselves.	Developed order and unity, openness to each other, closeness, and cooperation in the family.
Communications	Awkward silence and limited to no communication.	The openness and closeness of the family improved communication within the family.
Health	Physical aches, pains, diseases, and a death are reported.	Less physical pains and infirmities.
Livelihood	There is loss of livelihood and income. There is no livelihood. The need to survive daily needs is a struggle.	Unchanged as they remained to have no livelihood. However, sense of hope, empowerment, and motivation to continue to strive to have and/or create means of livelihood is developed.
Social	Neighbors, friends and relatives, socialization venues and socializations agencies are changed and replaced.	Acceptance of changes, new social circle, gained understanding and improved engagements are positive changes in their social interaction.
Spiritual	Is the major coping strategy used. There is increase in the practice and observance of religious practices, activities, and rituals.	Enhanced. Panginam as a low intensity psychological intervention (LIPI) is appreciated because it is aligned and within the principles and teachings of Islam.
Environment	Uncomfortable and crowded	No marked changes as they remain in their respective shelters. Patience is prolonged, sacrificing is easier and adjusting became bearable due to the improved family dynamics.

Family-Survivors' Description of The Meaning of Armed Conflict Before and After Panginam

Similar to the section that it followed, there is positive changes reported by participants in terms of their description of the meaning of Armed Conflict after their experience of Panginam. These descriptions is based on their views as an individual, as a Mranaw, and as a follower of Islam. Data gathered covers descriptions before and after the conduct of *Panginam.* As mentioned, the term armed conflict refers to the 2017 Marawi Siege. Negative meanings are attributed to armed conflict before Panginam while after the conduct of Panginam it is changed to more positive meanings are attributed to the armed conflict that they lived through. Table 21 presents summary of these findings.

Table 21. *Description of the meaning of armed conflict before and after Panginam*

	Before Panginam	After Panginam
Meanings	War, Destruction, Hardship, Curse from God Change Anger	Acceptance, Close family, Empowerment, Hope, Strengthened faith. Learned stress management techniques

Discussion

This research aimed to document descriptions of experiences of survivor-families of armed conflict. Marawi Siege is the armed conflict in the study. Pre-conflict, conflict, and post-conflict (after intervention) descriptions of experiences were collected. Mixed Method Design is used in this research. Thus, aside from the documentation of IDP families' experiences, the researcher also implemented *Panginam*. *Panginam* is a low intensity psychological intervention (LIPI) that addresses stress, anxiety and depression due to the experience armed conflict. This study also primarily measured the efficacy of *Panginam* in reducing stress, anxiety, and depression.

Impact Of Marawi Siege to The Living Conditions of Family Survivors

Living conditions are the circumstances or factors affecting the way in which people live, particularly about their well-being. The term 'living conditions' is closely related to that of 'quality of life.' The latter is the degree to which an individual is healthy, comfortable, and able to participate in or enjoy life events. The term 'quality of life' then can refer to both the experience an individual has of his or her own life and to the living conditions in which individuals find themselves (https://www.eurofound.europa.eu). The standard of living varies between individuals depending on different aspects of life. The standard of living conditions consists of having at least the basics such as food, shelter, safety, education, and social interaction which all contribute to wellbeing. The Marawi Siege bore a negative impact in the quality of life of family survivors. Family survivors' well-being was negatively affected. Armed conflict challenged the physical, psychological, relationships, communication, health, livelihood, social and environmental aspects of family-survivors. It threatened life, damaged and destroyed properties, and caused severe psychological disturbances such as stress, anxiety, and depression to family survivors. Life prior to 23 May 2017 was perceived to be generally good. There were adequate and sufficient resources for the family to meet basic needs and provide for the children's schooling. Problems were managed and solved, and the family had time for bonding moments, ease in daily life, and a sense of contentment. There was a good quality of life. Days before the armed conflict, there was anticipation of joy and jubilation among the participants as Ramadan was to come. The thought of Ramadan preoccupied the participants at that time. Respondents were generally engaged with various activities and places involving preparation for the incoming holy month of Ramadan. Marawi Siege erupted on 23 May 2017. The scope of the armed conflict became far and wide. The government came in to secure the city. Government troops came. They fought against the terrorists. There were exchanges of gun fires and bombings. Martial Law was immediately declared in Mindanao by then President Rodrigo R Duterte. This armed confrontation between government forces and pro-ISIS militants in Marawi City has forcibly displaced 98 percent of the total population of the city, as well as residents from nearby municipalities (https://www.unhcr.org). The intense fighting and aerial bombing of the city led to a massive humanitarian crisis, displacing approximately 300,000 people leaving many of them homeless and without property. About 200,000 of those displaced went to

evacuation centers, while the rest opted to be home-based (https://www.lowyinstitute.org). Horror is the general description of participants' experiences and reactions to Marawi Siege. Fear was present among all members of the family - fear for oneself and family members was expressed by the fathers, mothers, daughters, and sons. Everybody was in disbelief with the prolonged indiscriminate firing, arsons and fires, killings, and dead bodies. It was chaotic, scary, and psychologically disturbing. Horror was expressed in the forms of fear, running away for safety, panic, confusion, nervousness, shaking, uncontrollable bodily reactions such us urination and fecal discharges, sudden various body pains, crying, startling, worries, sadness, memory lapses, thoughts of losses of life and possessions, and the urgent need to save the non-Muslims from ISIS. Hardship and suffering are the general themes gathered from the narratives of survival of family-participants. Accounts of long walks, danger, hunger, thirst, separation, fear, crying, lack of sleep, and hiding are the descriptions family-survivors' experiences as the armed conflict went full-scale. Accordingly, during armed conflict survivors often become anxious, depressed, and withdrawn and aggressive (Romenzi, 2017). It is undeniable that family survivors in an armed conflict experience trauma. Experiences are differing for each family and all families experience trauma differently. Traumas can cause traumatic stress responses in family members with consequences that ripple through family relationships and impede optimal family functioning (https://www.nctsn.org/). Further, trauma also impacts the broader community. Marawi Siege broke apart the community of Mranaws. Community trauma, also referred to as collective trauma, is defined as "an aggregate of trauma experienced by community members or an event that impacts a few people but has structural and social traumatic consequences." The definition for "community" can vary. "Community" can be defined geographically (e.g., a neighborhood), virtually (e.g., shared identity), or organizationally (e.g., a place of worship) (https://icjia.illinois.gov/).

Study participants collectively mentioned survival can be summarized to reliance. From the time that they left Marawi for safer grounds they started relying on relief goods and services from various government and non-government organizations and/or agencies. Armed conflict challenged the IDPs' psychological make-up. Psychological distress is marked. The overwhelming emotions since the start of the armed conflict generated stress, fear, worries, anxiety, sadness, hurt, depression, irritability, and anger. In surviving these psychological challenges, they engaged in various coping strategies and mechanisms. Problem-focused coping, emotion-focused coping, social support, religious coping, and meaning making were reported by family-survivors. Among these five general types of coping strategies; religious coping is the most common among all participants. This is specifically, Islam-based coping. More than majority of the respondents expressed various Islam-based coping mechanism such as the practice of *sab'r* (patience and acceptance), *tawakkal* (surrendering everything to the will of Allah swt), increased practice of faith such as *salah, dhikir and du'a*. These are mentioned by respondents across family roles, sex, and developmental stages. Problem-focused and social support coping are found among the off-springs of the family participants. Emotion-focused coping is not documented among the fathers of the family-participants. And lastly, meaning making coping is found only among the females of the family participants. Daughters of the family participants seems to have better options in terms of coping as they reported the most number and variety of coping strategies and mechanisms. Fathers of the family on the other hand reported the least coping strategy. They only reported religious coping as their coping strategy. Family-survivors' held on spirituality to address the impact of armed conflict specifically Islam. IDPs resort to faith to survive. They exerted more effort in practicing their religion and strengthen their belief in Allah (swt). They attended their religious obligations and rituals more than before, such as the performance of their five times a day *salah* (prayers), say their *du'as* more seriously, and *dhikir*.

Collectively, the participants' descriptions of their feelings that went with the armed conflict experiences are negative. It was highly stressful and brought to bear unfavorable psychological implications specifically on armed-conflict family survivors' mental health condition. Armed conflict

has significant negative impact to the living conditions and quality of life of family survivors. This confirmed the claims of "What are the Effects of War on People Lives" (2017) wherein it claimed that the effects of war are devastating in life. War has always displaced people, broken apart families, and, in many instances, erased the only homes people have ever known. The loss of property, destruction of the environment, and displacement of people are the most apparent effects. Survivors of the war suffer physical and psychological effects which could be long-lasting in nature. Post-traumatic stress disorder is one of the most common psychological conditions diagnosed with war victims. Other mental health conditions include depression, insomnia, and anxiety disorders. During wars, people suffer from poverty and malnutrition contributing to intense human suffering. The study "Mental Health Aspects of Prolonged Combat Stress in Civilians" by Hamblen and Schnurr (n.d.) reflected the result of this paper. Conducted among adult participants, the study discussed the types of traumatic events that civilians experience during war. The experiences are described as life-threatening, being bombed, shot at, threatened, or displaced; being confined to one's home; losing a loved one or a family member; suffering from financial hardships; and having restricted or no access to resources such as food, water, and other basic needs are also documented in this study.

Levels Of Stress, Anxiety, And Depression of Family Survivors Before and After Panginam

Levels of stress, anxiety, and depression before the administration of Panginam (intervention) is measured using selected adapted psychological measures of stress, anxiety, and depression levels. As reported qualitatively participants experiences stress, anxiety and depression. This is also confirmed quantitatively with the use of selected psychological tests. After the conduct of Panginam, data collected have shown that there is marked decrease in the levels of stress, anxiety, and depression of family survivors.

Efficacy Of *Panginam*

Using pre-test and post-test data results; mean differences of stress, anxiety, and depression levels were respectively compared using a paired-samples t-test to test the efficacy of *Panginam.* Findings have shown that in terms of comparison of levels of stress, anxiety, and depression before and after *Panginam* using paired T-test, there is significant difference in the effect of intervention on the levels of stress, anxiety, and depression of participants. There is significant decrease in the levels of stress, anxiety, and depression after *Panginam* based on the decrease in mean score. Panginam is efficacious in decreasing the levels of stress, anxiety, and depression of family survivors of armed conflict. In terms of details of significant difference of levels of stress, anxiety, and depression of participants before and after Panginam (intervention); statistic results showed that stress levels stress levels of the respondents before the intervention ($M = 18$, $SD = 5.1$) was greater than their stress levels after the intervention ($M = 12.1$, $SD = 4.5$), showing a statistical mean decrease of 5.9. Their levels of anxiety before the intervention ($M = 47.1$, $SD = 21.5$) were higher compared to their anxiety levels after the intervention ($M = 32.4$, $SD = 24.1$), indicating a significant mean decrease. Finally, their levels of depression before the intervention ($M = 59.3$, $SD = 18.7$) was also higher than their depression levels after the intervention ($M = 22.9$, $SD = 23.1$), thus a statistically significant mean decrease. It is inferred from these findings that Panginam intervention contributed to the decrease of participants' levels of stress, anxiety, and depression. Panginam as a low intensity psychological intervention for armed conflict survivors is efficacious. Panginam has demonstrated that as a low-intensity psychological intervention is an efficacious intervention for service users with mild to moderate levels of stress, anxiety, and depression in community settings. Additionally, this study shows that the delivery format of Panginam where in it is delivered by non-specialists matters and can be related to positive outcomes. A delivery design that is supported by World Health Organization as it is also the design of Problem Management Plus (PM+). Dawson (2019) have expressed in a study that the evidence for the

applicability of psychological interventions by non-specialists. Low-intensity psychological interventions can be effective for older adults with mild-to-moderate mental health problems (Cremers et al, 2019). This is also the claim of Castro et al (2015). Accordingly, low-intensity psychological interventions could be an efficacious and cost-effective therapeutic option for depression treatment. On effectivity, it should however be considered that despite the large amount of evidence backing the effectiveness of low-intensity psychological interventions comparisons between low-intensity psychological therapies are scarce (Palacios et al, 2022). Further, there is inadequate evidence to determine the clinical effectiveness or cost-effectiveness of low-intensity interventions for the prevention of relapse or recurrence of depression. Many uncertainties remain and further primary research is required. (Rodgers et al, 2017)

The efficacy of Panginam in the levels of stress, anxiety, and depression of participants in terms of developmental stages such as adulthood and adolescence; family roles such as being a mother, father, daughter, or a son; and sex being male, or female is measured through Analysis of Variance (ANOVA). In terms of stress, a three two-way mixed analysis of variance (ANOVA) that was used to determine if there was a significant difference between the participants' levels of stress as an effect of the intervention in terms of sex, developmental age, and family roles. The first two-way mixed ANOVA was used to determine whether there was a significant difference between participants' levels of stress as an effect of the intervention in terms of sex. The two-way mixed ANOVA showed that there is a statistically significant interaction between time and sex (F (1, 38) = 9.65, $p < .05$, partial $\eta^2 = .203$). Simple main effects showed that before the intervention, there was a significant higher stress levels among females (M = 5.48, SE = 1.49, $p < .05$). But after the intervention, there was no significant difference between the two sexes in terms of stress levels (M = 0.40, SE = 1.486, p > .05). Between-subjects comparisons also showed significant changes among females with lower stress scores after the intervention (M = 8.25, SE = 1.07, p < .05). The second two-way mixed analysis of variance (ANOVA) was used to determine whether there was a significant difference between participants' levels of stress as an effect of the intervention in terms of developmental stage. Results showed that there was no significant interaction between the effects of intervention in terms of developmental stage (F (1, 38) = 12, p = .456, partial η2 = .015). Main effect on time showed statistically significant decrease between stress levels (F (1, 38) = 30.83, p < .05, partial η2 = .448). The third two-way mixed ANOVA used was to determine whether there was a significant difference between participants' levels of stress as an effect of the intervention in terms of family roles. Results showed that there is a statistically significant interaction between time and roles (F(3,36) = 3.26, p = .032, partial η2 = .214). Results revealed that Panginam intervention has significant difference of participants' levels of stress in terms of sex. This reflects claims of studies evaluating gender differences in the use of coping strategies, and in associations between those strategies and stress. Result found out that women used slightly more social support seeking than men, but men and women did not differ in the use of problem-solving or avoidance. There were no gender differences in associations between stress and coping for problem-solving or social support seeking (Gary Felsten, 2007). In terms of developmental stage and roles in the family, it can be inferred from the findings that Panginam intervention has no significant difference on stress levels. Thus, the null hypotheses of the study stating that Panginam has no significant difference in the levels of stress in terms of developmental stage and roles in the family of the research participants is accepted and the alternative hypotheses stating that Panginam has significant difference in the levels of stress in terms of sex of the research participants is accepted.

On anxiety, there were three two-way mixed analysis of variance (ANOVA) that was used to determine if there was a significant difference participants' levels of anxiety as an effect of the intervention in terms of sex, developmental age, and family roles. The first two-way mixed ANOVA was to determine if there was an interaction between participants' changes of anxiety levels according to their sexes. Results showed that there is no significant interaction between the changes of anxiety

levels with both sexes ($F(1,30) = .215$, $p = .646$, partial $\eta 2 = .007$). Main effect on time supports the t-test findings on anxiety ($F(1,30) = 4.56$, $p < .05$, partial $\eta 2 = .132$) and the significant decrease of the respondents' anxiety levels ($M = 14.113$, $SE = 6.6.$, $p < .05$). The second two-way mixed ANOVA was to determine if there was an interaction between participants' changes of anxiety levels according to their developmental stage. Results also showed that there is no statistical significant interaction between the changes of anxiety scores over time and age ($F(1,30) = .312$, $p = .58$, partial $\eta 2 = .01$). Main effect on time supports the t-test findings on anxiety ($F (1,30) = 5.41$, $p < .05$, partial $\eta 2 = .153$) and the significant decrease of the respondents' anxiety levels ($M = 15.88$, $SE = 6.8$, $p < .05$). The third two-way mixed ANOVA was to determine if there was an interaction between participants' changes of anxiety levels according to their family roles. The results showed that there is no significant interaction between time and family roles in terms of anxiety levels ($F (3,28) = .85$, $p = .478$, partial $\eta 2 = .083$). Main effect on time supports the t-test findings on anxiety ($F (1,28) = 5.83$, $p < .05$, partial $\eta 2 = .172$). and the significant decrease of the respondents' anxiety levels ($M = 16.2$, $SE = 6.71$, $p < .05$). Main effects on time for the three statistical treatments were consistent with the t-test results where participants' anxiety levels have decreased after the intervention. Since there are no significant difference between their levels of anxiety regardless of their respective categories, there quantitative results can imply that participants have the same ways of dealing and managing their anxiety levels. We can infer from these findings that Panginam intervention has no significant difference on participants' levels of anxiety in terms of sex, developmental stage, and roles in the family. Thus, the null hypotheses of the study stating that Panginam has no significant difference in the levels of stress in terms of sex, developmental stage, and roles in the family of the research participants is accepted.

Lastly on depression, there were three two-way mixed analysis of variance (ANOVA) that was used to determine if there was a significant difference between the respondents' levels of depression as an effect of the intervention in terms of sex, developmental age, and family roles. The first two-way mixed ANOVA was to determine if there was an interaction between participants' changes of depression levels according to their sexes. Results showed that there is no statistically significant interaction between the changes of depression levels over time and sex ($F (1, 27) = 1.11$, $p = .302$, partial $\eta 2 = .039$). Main effect on time supports the t-test findings on depression ($F (1,27) = 16.4$, $p < .05$, partial $\eta 2 = .378$) and the significant decrease of participants' depression levels ($M = 26.24$, $SE = 6.48$, $p < .05$). The second two-way mixed ANOVA was to determine if there was an interaction between participants' changes of depression levels according to their developmental stage. Results showed that there is no significant interaction between changes of depression levels over time and age/developmental stage ($F (1,27) = .355$, $p = .556$ partial $\eta 2 = .013$). Main effect on time supports the t-test findings on depression ($F (1,27) = 20.27$, $p < .05$, partial $\eta 2 = .429$)) and the significant decrease of participants' depression levels ($M = 29.6$, $SD = 6.57$, $p < .05$). The third two-way mixed ANOVA was to determine if there was an interaction between the respondents' changes of depression levels according to their family role. Results showed that there is no significant interaction between time changes of depression levels and family roles ($F (3,25) = .431$, $p = .733$, partial $\eta 2 = .049$). Main effects on time showed a significant difference between the depression levels of the participants before and after the intervention ($F (1,25) = 15.54$, $p < .05$, partial $\eta 2 = .383$) and that depression levels have significantly decreased ($M = 26.9$, $SE = 6.81$, $p < .05$). The same with the findings on anxiety levels, main effects on time for the three statistical analyses showed support to the t-test findings where depression levels of the respondents have decreased. Since there are no significant difference between their levels of depression regardless of their respective categories, there quantitative results can imply that respondents have the same ways of dealing and managing their depression levels. We can infer from these findings that Panginam intervention has no significant difference on participants' levels of depression in terms of sex, developmental stage, and roles in the family. Thus, the null hypotheses of the study stating that Panginam has no significant difference in the levels of depression in terms of sex, developmental stage,

and roles in the family of the research participants is accepted.

Description Of Family Survivors' Living Conditions Before and After Panginam

Comparison of descriptions living conditions before and after Panginam is marked by positive changes. Living conditions before Panginam is described to be negative while after Panginam it is described to be better than before. There are changes in the living conditions of participants is the qualitative evidence that Panginam as a low intensity psychological intervention is efficacious among armed conflict family survivors of Bangsamoro.

One distinct feature of Panginam that can be considered as attribute of its success is its contextualization of low intensity psychological intervention reflecting the language and culture of Mranaw and Islam. The need for cultural contextualization as essential in the design of LIPI is expressed in the study of Akhtar (2021), when he expressed that "given the increasing use of low-intensity psychological interventions in humanitarian mental health and psychosocial support work, more attention is needed to strengthen the intersection between evidence-based interventions and cultural contextualization. Undertaking the process of cultural adaptation ensures the appropriateness and acceptability of psychological interventions in these contexts". *Panginam* in its entirety attempts to address the cultural context of Mranaw. There is conscious effort exerted in the design of this low intensity psychological intervention (LIPI) to be culture sensitive. Known and observed to be a close-knitted family wherein the sharing of family issues outside the family is a taboo, thus, as an intervention it is conceptualized to be a family intervention. That is to address cultural need and necessary cultural adaptation to address stress, anxiety and depression affecting the family caused by the armed conflict. Further, it also in a way improves family's cohesion, unity, and reintegration. This are contributing factors towards the efficacy of *Panginam.* Akhtar (2021) also pinned that necessity of family engagement of the intervention which is a major attribute of Panginam as it considered the study of Benjamin Mitchell Wood and Per Kallestrup (2018). In their study "A review of non-specialized, group-based mental health and psychosocial interventions in displaced populations" emphasized that an inclusive approach to intervention makes it successful. Thus, the need to engage everyone in the family. This is a major argument that is considered by *Panginam*. Reviewed literature presented studies focusing on children, adolescents, and women but none on family as a single unit affected by armed conflict at personal and group levels. The study problematized that thus the design of Panginam focusing on family as one unit. Panginam as a LIPI addresses the entire family at personal and group levels making it inclusive. This makes Panginam efficacious. As seen in the result, there are positive changes in the processes and dynamics of the family that can be attributed to the inclusion of family members during the intervention. Yongmei, Hou, et al (2014) documented the same result in their study exploring the effect of cognitive behavioral therapy (CBT) in combination with systemic family therapy (SFT) on mild to moderate postpartum depression and sleep quality wherein improved family relationship is recognized as a factor in the improvement of symptoms of mild to moderate postpartum depression.

Family Survivors' Description of Meaning of Armed Conflict Before and After Panginam

With the purpose of documenting any change in view and perception of Marawi Siege after the conduct of Panginam, participants were asked again about their view of Marawi Siege. There is marked change in the meaning of armed conflict from their previously held views. The themes that emerged from the narratives of participants are acceptance, closer family, empowerment, hope, strengthened faith and learned stress management techniques. After the conduct of Panginam it is changed wherein more positive meanings are attributed to armed conflict. This result implied that there is cognitive restructuring on family survivors' view of armed conflict after the *Panginam* as a form intervention. Cognitive restructuring, or cognitive reframing, is a therapeutic process that helps the client discover, challenge, and modify or replace their negative, irrational thoughts (Ackerman 2018). Panginam as a

low intensity psychological intervention (LIPI) contributed to the change of views of armed conflict among family members. It is facilitative of cognitive restructuring wherein there is change in perspective that leads to attitude and behavior change.

Scope and Delimitation

The study is conceived as mixed-method research. Thus, the need to draw its scope and limitations is a must. The qualitative phase gathered Marawi Siege narratives experiences of participants**.** The narratives are captured through focus group discussion covered participant's constructs of armed conflict. Their understanding, experiences, and accounts of survival. Since the phase is qualitative in paradigm, the research results generated is not necessarily leading to specific causes or impact. Generated results are inconclusive and cannot be used for generalizations. In consideration of the scope and limitations of this study's quantitative phase; sex (male and female); developmental stage (adulthood and adolescence) and family roles (mother, father, daughter, and son) are the independent variables, and the dependent variables are as follows: Stress, anxiety, and depression levels as measured by selected objective standardized assessment tools.

Conclusion

Families and individuals exposed in armed conflict experiences hardships, difficulties, and sufferings. Armed conflict brings danger, distress, and dysfunction. Added to danger and threat to life; armed conflict causes holistic distress to the entire being of the affected. It inflicts feelings of stress, anxiety, depression, anger, and other negative emotions. Further, distress brought by armed conflict negatively changes family's dynamics. It disrupts daily living and functioning. It has negative impact to one's mental health. Armed conflict challenges family survivors' well-being and quality of life.

Panginam as a low intensity psychological intervention (LIPI) is efficacious quantitatively and qualitatively in addressing minor to moderate levels of stress, anxiety, and depression among family-survivors of armed conflict in Bangsamoro Region. This conclusion is documented and measured in this study involving nine (9) family-survivors of Marawi Siege. It is a researcher-made intervention envisioned to address stress, anxiety, and depression generated by armed conflict situations among family survivors. It is an indigenous and evolving low intensity psychological intervention that combines original works based on Islam and context-sensitive evidence-based cognitive-behavioral stress management techniques. It is composed of eight modules written and administered in Mranaw language. It encompasses orientation, catharsis, emotion awareness and processing; psychoeducation on stress, anxiety, and depression; stress management techniques, problem-solving, effective communication; and emotion regulation strategies to address stress, anxiety, and depression.

Quantitative data showed that it significantly decreased the level of stress, anxiety, and depression during the times of testing. Sex, developmental stages specifically adolescence and adulthood and roles in the family are found to bear no effect in the decrease of levels of stress, anxiety, and depression.

Qualitative data revealed that *Panginam* is efficacious. *Panginam* restored peace of mind leading to acceptance. It improved family processes and dynamics through catharsis; recognition of atrocities in one's life; accounting one's resources both internal and external; exploring, developing, attaining, and maintaining resources for oneself and others; identifying and working on solutions and actions; and renewing and strengthening relationships; improving family dynamics and processes, enhancing spirituality; and learning and practicing various stress management techniques.

In considerations of the findings and conclusions of the study, the following recommendations for stakeholders, program implementers at various levels, researchers, and specifically among Mental Health and Psychosocial Support (MHPSS) offices of Bangsamoro Autonomous Region of Muslim Mindanao (BARMM) Ministry of Health and the Department of Health (DOH):

1. As a pioneer context-based study and with the evidence of efficacy, it is strongly recommended to consider *Panginam* to be used as part of a holistic and integrated MHPSS emergency response in the areas of BARMM affected by armed conflict. Specifically, to be included at the third level intervention (focused, non-specialized services) of MHPSS service delivery as defined by United Nation's Inter-Agency Standing Committee on Mental Health (IASC).
2. Capitalizing on the proven efficacy of *Panginam*, it is strongly recommended that *Panginam* be a part of community mental health services as required by RA 10036 (Mental Health Law) to address mental health and psychosocial support (MHPSS) needs of Bangsamoros.
3. As *Panginam* is established to be qualitatively and quantitatively efficacious, it is also recommended to explore its utilization for other populations such as families caught in issues of gender-based violence (GBV).
4. Though found to be efficacious among family survivors of armed conflict and to address existing gaps and needs in other forms of emergencies and disasters; it is highly recommended that Panginam be replicated as a study involving family-survivors in other emergency and/or disaster situations such as flood, earthquake, and fire.
5. It is recommended that the study be replicated involving populations outside BARMM, and for individual and group intervention involving individuals-in-distress.
6. Lastly, either for service implementation, further study and/or research; it is recommended that any user should undergo training on *Panginam* as trainer and/or service provider to ensure cultural competence and sensitivity towards Bangsamoro in the provision and usage of *Panginam.*

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