

PHILIPPINES

CULTURAL COMPETENCY AND TUBERCULOSIS CONTROL



The information below is from the Philippines Cultural Competency and Tuberculosis Control Country Guide. For more information and a list of references please see the complete guide, available at no cost, online at: <http://sntc.medicine.ufl.edu/Products.aspx>.

THE INFORMATION PROVIDED IS AN INTRODUCTION ONLY AND DOES NOT CHARACTERIZE ALL INDIVIDUALS FROM THIS COUNTRY.

OFFICIAL LANGUAGE

Over 150 distinct languages, referred to as dialects, are spoken in the Philippines.

- **Official languages:** Filipino (based on the Tagalog dialect) and English
- **Major dialects:** Tagalog, Cebuano, Ilocano, Hiligaynon or Ilonggo, Bicol, Waray, Pampango, and Pangasinan

Note: The largest numbers of Filipino immigrants come from the Tagalog-speaking regions of Luzon, and the Ilocano-speaking region of Northern Luzon.

CULTURAL COURTESIES TO OBSERVE

- A smile and slight bow of the head is a respectful greeting.
 - *Kumusta* translates as “How are you?” in both Tagalog and Ilocano.
 - A handshake is used in formal situations. Men should wait for a Filipino woman to extend her hand.
 - Close female friends will greet each other with a hug and kiss.
- Filipinos also greet each other by making eye contact, then raising and lowering their eyebrows.
- It is disrespectful to address someone by their first name only, especially an elderly person. Always use “Mr.,” “Mrs.,” or “Miss” before the full name.
- If a Filipino person offers a healthcare professional a food item, refusal would be viewed as a snub or insult.

CULTURAL VALUES

- Healthcare providers who demonstrate an unhurried manner during patient interactions are perceived as someone who truly cares for their patients. It is important to explain the time constraints that staff face, and at the same time, emphasize that the patient is very important to the providers.
- Informal or immodest clothing worn by healthcare professionals may be interpreted as a sign that they consider their patients to be “low-class.”
- Treating all persons with civility is valued. Maintaining cordial relations at all times is essential. Negativity of any kind can cause “loss of face,” which can damage a person’s reputation and sever friendships and bonds/connections between people.
- The concept of “machismo” is a strong influence in Filipino culture and overly aggressive behavior in women is not well received.

- Filipinos believe they must live up to the accepted standards of behavior; if they fail to do so, they bring *hiya* (shame) upon themselves and their family. Also, if someone is publicly embarrassed or criticized, they feel *hiya* and lose self-esteem.

VERBAL AND NONVERBAL COMMUNICATION PATTERNS

- Healthcare professionals who speak loudly or abruptly may be viewed as rude, immature, or lacking finesse. If an individual is spoken to loudly, the person may feel scolded.

Note: A low, controlled tone of voice projects an authoritative, confident image.

- Interrupting while someone else is talking is usually considered offensive; instead, a Filipino may try to get your attention by brushing a finger against your elbow.
- To save face, Filipinos will often say “yes” when they don’t actually mean it. A “yes” may be used to disguise a lukewarm response such as “I’ll think about it” or an outright “no.”
- Patients from the Philippines will often avoid making eye contact with healthcare professionals as a sign of respect. This should not necessarily be interpreted as embarrassment, disagreement or a lack of interest in what is being said.

Note: Break eye contact several times during conversation: looking at a Filipino too intently may be interpreted as “gawking” rather than a sign of attentiveness.

- Smiling may be used to mask embarrassment, nervousness, and other feelings of distress. Thus, Filipinos may smile or laugh seemingly inappropriately during somber or tense moments.
- A Filipino person may raise their eyebrows at you to indicate you have been understood.
- To beckon someone, hold your hand out palm downward and make a scooping motion with the fingers. Beckoning with the palm up, wagging one finger, can be interpreted as an insult.
- Except when conducting a physical exam, avoid body contact with patients (particularly touching between men and women) – even a simple pat on the back may be viewed as rude. Also, touching the head is often viewed by patients as degrading.

The following may be considered offensive:

- Do not place your hands on your hips when talking.
- Pointing a middle finger at a person or thing is considered the most obscene gesture in the Philippines. Since pointing is an inappropriate gesture, Filipinos may indicate objects or directions with a glance or by pursing their lips.
- Phrases that include the words “silly” or “crazy” (e.g. “That is crazy” or “Don’t be silly”) may be taken literally and interpreted as an indication that a healthcare professional perceives a Filipino client to be mentally ill – which is highly stigmatized in Filipino culture.

COMMON ATTITUDES, BELIEFS AND PRACTICES RELATED TO TUBERCULOSIS

Misperceptions Related to Disease Etiology/Cause

- The body becoming dry or dehydrated
- Overwork
- Sweat drying on a person’s back following labor
- Wearing wet clothing
- Alcoholism
- Heavy smoking
- Not eating nutritional food
- Unsanitary/dirty housing
- Genetic inheritance within families
- Frequent pregnancies
- Worrying/anxiety
- A cough (due to a cold or bronchitis) that was not treated and developed into a serious disease
- Exposure to the elements, particularly during weather changes

Note: While TB is associated with malnutrition, poverty, overcrowded living conditions, and the use of alcohol, drugs and tobacco, some view these factors as the direct cause of the disease.

Misperceptions Related to Disease Transmission

- Filipinos may believe that children cannot have TB, due to the belief that the illness only affects adults.
- Sharing eating utensils, telephones or beds
- Blood transfusion
- Drinking water
- Sexual intercourse
- Touching a person with TB
- Talking to a person with TB*

**Providers may need to clarify if/when this is an issue when counseling clients and their loved ones.*

Misperceptions Related to Diagnostic Procedures

- X-rays cause a person to become sterile or develop cancer.
- Diet can affect the results of an X-ray:
 - Drinking a cup of milk will result in a “negative” chest X-ray.
 - Drinking vinegar will cause an X-ray to be blurry.

Cures/Treatments That May Be Used

- *Vitamin sa baga* (vitamin for lungs)
 - Note: This “vitamin” is actually isoniazid – taken as a monotherapy.*
- Herbal remedies
- Prayer
- Drinking milk or large quantities of water
- Smoking cessation
- Improving sanitary conditions within the home or work setting. Some believe boiling the clothes and linens of an infected person can prevent further spread of TB.
- Correcting imbalances in the body through: (1) exercise, (2) avoiding problems or worries, (3) eating a balanced diet, (4) resting, (5) not bathing when fatigued or sweating, (6) avoiding salty foods, (7) avoiding sweet foods, and (8) avoiding eating crabs or shrimp.

Stigma Surrounding TB

- Misperceptions regarding TB transmission can lead to extreme isolation of TB patients. Patients are thought to be dirty and dangerous; they may be shunned or avoided by family members. Even spouses may refuse to have any interactions with the TB patient.
- In the Philippines, TB patients fear loss of jobs, divorce or a reduced chance of marriage as consequences of their diagnosis.

COMMON ATTITUDES, BELIEFS AND PRACTICES RELATED TO HIV

Misperceptions Related to Disease Transmission

- Mosquito bites
- Sharing food or casual contact with an HIV-positive person
- Using a public restroom

Cures/Treatments That May Be Used

- Antibiotics
- Herbs
- Prayer

Stigma Surrounding HIV

Note: In the Philippines, HIV-positive individuals may face discrimination both in the community and within some healthcare facilities. This discrimination may include:

- Healthcare providers’ refusal to provide care based on a person’s HIV status
- Lack of confidentiality within healthcare settings
- Segregation and quarantine in hospitals, clinics, and nursing homes
- Family members’ refusal to provide care to an infected relative
- Loss of employment
- Harassment and ridicule