

Asian Culture Brief: Philippines

A collaborative project between NTAC-AAPI and the Center for International Rehabilitation Research Information and Exchange (CIRRIE) at the State University of New York at Buffalo

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Mission:

To increase employment opportunities for Asian Americans and Pacific Islanders with disabilities nationwide.

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The purpose of this brief, developed as part of a series of Asia and Pacific Island culture briefs, is to present readers with a quick overview of the Filipino culture and to introduce references that will provide more in-depth perspectives. It is adapted from: de Torres, S. (2002). *Understanding persons of Philippine origin: A primer for rehabilitation service providers*. Buffalo, NY: Center for International Rehabilitation Research Information and Exchange (CIRRIE).

Introduction

This brief provides an overview of introduction to Filipinos in the United States, including their perspectives on disability and rehabilitation, and ways in which they may interact with rehabilitation service providers. It is important to understand that in the Philippines, exposure to – and information about – persons with disabilities are minimal, and rehabilitation services are very limited. These factors contribute to Filipino-American perspectives on disability and rehabilitation. However, the reader is cautioned not to generalize the information that follows to all Filipinos in the US; as with all ethnic groups, there is great diversity within groups.

Numerous but Invisible in America

From 1981 to 1996, the Philippines was the second leading country of origin of immigrants to the US (Mexico was first).¹ People from the Philippines are called Filipinos and are also known as *Pinoy*. Despite their numbers and long history of immigration to the US, Filipinos tend to be an invisible ethnic group here, often mistaken for Latinos due to their Spanish-sounding names, Chinese because of their Asian features, or African Americans, due to their skin tone. If people correctly identify Filipinos as Asian, they usually cannot distinguish them from other Asians.

Most Filipinos know English and are familiar with American culture before coming to the US. This makes adaptation to American life somewhat easier than for many other immigrants. Filipinos in the US are known for their industriousness and upward mobility: they are the least poor of all major ethnic groups in the US. In 1990, only 4 percent of Filipino families were poor; in 2000 the number fell to 1 percent.²

Filipinos' Country of Origin

Isolated by water from the rest of Asia, the Philippines is unlike its neighbors: it is the only Asian Christian nation and is a prominent democracy in Asia. And, because the Philippines is an archipelago, many of its provinces are separated from each other by water. On the other hand, its large islands like Luzon and Mindanao are dotted with mountain ranges that separate land areas. As a result of their physical isolation from each other, Filipinos have a rich,

multi-cultural heritage. There are 150 different languages and dialects spoken in the Philippines. *Tagalog* is the most widely spoken of the Filipino languages. *Filipino*, which is based on *Tagalog* and formerly spelled as '*Pilipino*' – and English – are the official languages. Most textbooks, laws, signs, and mass media are in either English or *Filipino*.

Perspectives on Health and Rehabilitation

Poverty and religious beliefs have fueled the development of alternative forms of medicine in the Philippines. Instead of going to medical doctors, some people go to *folk healers* called *manghihilot* or *albularyos*, who use herbs, massage, oils, or prayers as treatments. *Faith healers*, on the other hand, claim to perform mystic surgeries and healings using their bare hands. Although some aspects of faith healers rely on trickery and sleight of hand to convince individuals they are being operated on, it has been noted that faith healers tend to be more compassionate than western-trained medical doctors.³

Because Filipinos value relationships, they generally flock to rehabilitation service providers who truly listen to them. They are accustomed to having a supportive network of family and friends, especially during difficult situations. Filipinos tend to seek compassionate, personalized care. They expect to be understood before they undergo medical or rehabilitative procedures. Health workers need to understand how folk practices and beliefs may function in meeting the needs of some Filipinos.⁴

Filipinos with disabilities seem to relate well to medical or rehabilitation practitioners who have disabilities themselves. Their commonalities give rise to an unspoken bond between them. For instance, doctors with orthopedic problems are popular with patients. Also, Special Education teachers who themselves have children or relatives with disabilities are considered to be more attuned to the needs of children with disabilities.

Social Relationships

Unlike westerners who value individualism, Filipinos are usually collectivists. They identify with their families, regional affiliations, and peer groups. Among these groupings, the family is the pillar of strength for Filipinos who need rehabilitation services.

Filipinos' self-concept and identities are strongly tied to their families. From birth to death, they see themselves in the context of their families. For many, everything they do – or fail to do – will ultimately affect their family's reputation. This is because from childhood they have been admonished to accomplish and be the pride of the family. They are told that to do otherwise would shame the family. Although this may no longer be true to modern city-based individuals, many Filipinos in the Philippines and abroad are still family-centric.^{5,6}

Family is a complex network of relatives by blood and affinity. Affinity may come through marriage or religious rituals such as being a god-parent of newly baptized children. Parents and their children form the core family. Extended families are common in a single household composed of the core family, plus aunts, uncles, grandparents, cousins, or other relatives from the mother's or father's side of the family. Sometimes, the *inaanak* – or child – of a godparent, also lives in the household as a transient. Adult Filipino singles usually stay with their parents until they marry. Also, married children may stay with their parents when they cannot afford to live on their own.

Important decisions and problems are only discussed within the immediate family – not among all the other relatives. Filipinos may be generous and hospitable to their extended family, but it is the welfare and wishes of their immediate family that drives them to work, sacrifice, and achieve.

After the parents, the elder brother (*kuya*) and the elder sister (*ate*) are responsible for their younger siblings. The youngest daughter usually takes care of her aging parents. If the youngest daughter is married, the elderly mother or father stays with her family.

Other important relationships

Filipinos value relationships among their peer groups or *barkada*. Pinoys are seldom seen alone and are usually found in clusters especially in public places. Individual preferences are overshadowed by group choices. Filipinos would rather watch a bad movie together with friends than enjoy a film of their choice alone. Time spent with friends and peers also serves as a time-out from the pressures of family obligations. However, if Filipinos have to choose between friends and family, they usually choose to be with family, especially during family occasions and holidays.

Attitudes and Perspectives on Disability

Filipino families tend to cope with illness through the help of family, friends, and faith in God.⁷ The slightest improvement of the child is viewed as a miracle. Nevertheless, parents need to feel that they can do something to alleviate the condition.

When a family learns its child has a disability, initial reactions are shock and disbelief. As reality sinks in, parents tend to seek assistance from relatives, friends, and professionals. When financial and moral resources dwindle, families often turn to religion and faith for hope and strength.

After overcoming their initial grief, parents adjust to their roles and make the child with disability the priority. Some ask their other children to stop going to school to assist in taking care of the child. All the family members feel obligated to direct their attention and effort to the child in need. In terms of time, money, and effort, they adjust their lives and priorities to meet the child's needs. Eventually, most parents learn to accept their child's condition and treat him/her with patience, tolerance, and understanding,¹⁰ while learning how to cope with their guilt and others' pity or rejection.

Relatives generally have positive attitudes towards the child with a disability and display deep concern and pity towards the family. Filipinos' attitude toward the disabled often has a spiritual component. Some Filipino families view children with mental handicaps as "bringers of luck" especially in business;⁸ others may think that they are being punished if they have a disabled member. Some Filipinos think that sickness is caused by "mystical, personalistic, or naturalistic causes."⁹ Causes include punishment by evil spirits, the environment or genetic susceptibility. But, whatever the cause, because of Filipinos' overriding obligation to family, they generally wholeheartedly accept and fight for their disabled family members, sacrificing time, effort, career, and sometimes marriage, in order to take care of a sibling or parent.

Concept of Independence

The norm in Philippine culture, as in Asia, is mutual caring and support within the family. Families typically hold to the idea that "There is no need for disabled persons to live physically and financially apart from their families."¹⁰ Instead, the disabled family members are taught to be a contributing part of the family rather than to live on their own.

While Filipinos have been described as overprotective of family members with disabilities,¹¹ it has also been noted that the physical environment in the Philippines impedes the development of their independence.¹² Some persons with disabilities assume that their conditions disqualify them from employment. Because of that assumption, they become dependent on charity from their relatives, friends, and institutions. As a result, they suffer from low self-esteem and self-confidence. Others, however, are gainfully employed.

All in all, levels of independences of Filipinos with disabilities can be said to be determined by a combination of factors: the inaccessibility of buildings, transportation, and other basic services; limited opportunities for employment, quality education, and medical services; and, the characteristics and beliefs of the individuals and their families.

Recommendations to Rehabilitation Service Providers for Effectively Working with Persons from the Philippines

- Take the time to explain procedures. Make sure the consumer understands. Do not accept a shy “*Yes, I understand,*” because to save face, many may claim to understand when they do not. Patiently repeat explanations.
- Use phrases that connote relationships: “*Our aim is...*”, “*This is our problem...*”, or “*We are working on this.*”
- Listen to the consumers’ beliefs about health and illness. Be respectful of their behaviors. Patiently explain what has to be done and why, from your perspective.
- If the consumer arrives at an appointment with a small gift, accept it. Open it after they have left (contrary to the American practice of opening gifts in front of the giver). Filipinos love to give gifts to those who help them.
- As a service provider, keep in mind physical, economic, and cultural barriers that may hamper the development of independence for Filipinos with disabilities. (The Western concept of independence for persons with disabilities may not meet traditional Filipino familial and peer expectations.)
- Be aware that many Filipino persons with disabilities, and their families, embrace empowerment, especially when they immigrate to the US.

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