



Philippines

A Guide for Health Professionals

This profile provides an overview of some of the cultural and health issues of concern to migrants from the Philippines who live in Queensland, Australia. This description may not apply to all people as individual experiences may vary. The profile can, however, be used as a pointer to some of the issues that may concern your client.

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Introduction

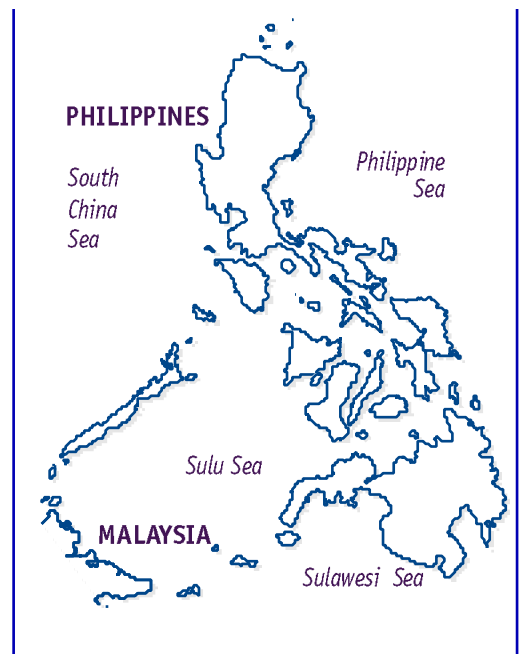
In Queensland there are approximately 10,000 female migrants from the Philippines and 3,300 male migrants.

A high proportion of migrants came to Australia to marry Australians or to join Australian husbands. Others migrated to join family members, or to escape political oppression under the Marcos regime. Many of those in this latter group have been sponsored to Australia by relatives.

Patient Interaction

The word "Filipina" refers to women from the Philippines; "Filipino" may refer to people in general from the Philippines or men in particular.

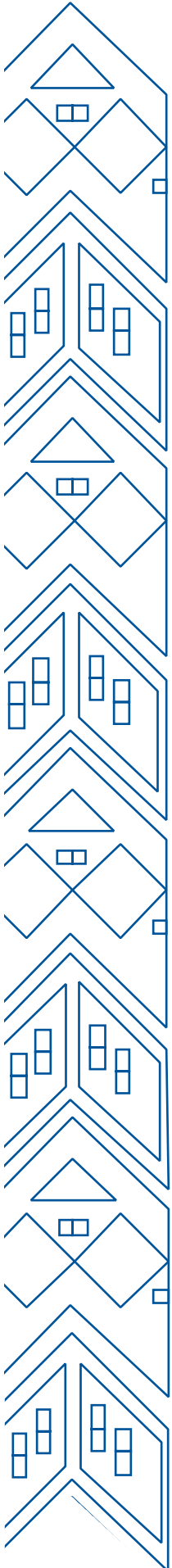
Many Filipinos are familiar with American English, which is used in government and some mass media. They may not, however, be comfortable with the Australian accent or Australian idiom. Filipinos also speak a number of other languages. *Tagalog* ("Filipino") is the national language. Other languages commonly used are *Ilocano* and *Visayan*. A *Visayan* dialect, *Cebuano*, is widely spoken among the Filipino communities in Australia.



- ⊙ Filipinos generally consider it impolite to stare or look directly at people with whom they are talking. This should not be mistaken for mistrust or lack of confidence.
- ⊙ Doctors and nurses are generally highly respected for their knowledge, education and expertise; thus few Filipinos would question these professionals.
- ⊙ Filipino clients, especially from rural areas, may not like to voice their concerns to health professionals.

An important cultural value of Filipinos is *hiya*, which could be roughly translated as "embarrassment", "shame" or "face". It has been described as a kind of anxiety, a fear of being left exposed, unprotected and unaccepted. Having *hiya* means that people may feel very sensitive to social slight and as a result are very careful of the feelings of others.

When visiting Filipino clients in their homes, it should be remembered that visitors are customarily offered food and/or some kind of beverage. Acceptance of the refreshment signifies acceptance of the giver and their household; refusal may cause offence.



Health in Australia

The major health issues for Filipinos include:

- ⦿ Problems associated with adopting a more Australian lifestyle, including alcohol consumption and smoking.
- ⦿ Reproductive health problems, particularly those associated with late pregnancy and a relatively short gap between child bearing and the onset of menopause.
- ⦿ Gambling.
- ⦿ Social problems such as poverty and domestic violence.
- ⦿ Mental health problems.

Utilisation of Health Services

Filipinos generally expect their families to care for them and to be with them when they are sick. Fear of isolation from families is one reason why Filipinos may present to hospitals and health care providers late.

Health care for many immigrants in the first two years of living in Australia is not covered by Medicare and the costs of treatment are often prohibitive. As a consequence, check-ups and preventive health services may be avoided.

Other barriers to access may include difficulties making the initial contact, cultural issues associated with asking questions, practical constraints and differing perceptions of health risk.

Some Filipinos feel that doctors do not provide enough information or explain alternative forms of treatment, and these people may switch doctors fairly regularly.

Sometimes this means that important medical information may not be passed on to the next provider.

When a patient is hospitalised it is often worthwhile for a familiar person, such as a husband or friend, to be present to help to explain diagnoses or procedures. Having familiar people present will help approximate the continuing family care which would occur in a Filipino hospital.

Standard isolation procedures, such as isolation rooms, visitor restriction and barrier nursing, may be unfamiliar to Filipino patients and cause anxiety. The procedures should be explained to the patient and friends or relatives if this is necessary. If possible, a patient may like to have a companion with them at all times to help reduce any anxiety.

Dietary preferences may also need to be discussed with them and with the hospital kitchen.

Health Beliefs and Practices

In the Philippines, biomedical services are supplemented by herbalists and other healers who specialise in herbal remedies, massage or healing by spiritual means, through power derived from devotion to Christian saints. Women in both rural and urban settings may seek treatment from both healers and modern health centres.

People may use concepts of "hot" and "cold" to classify and explain illnesses. Foods, medicines and temperature/weather conditions are classified according to their "heating" or "cooling" quality and their effects on the body. Sudden changes in body temperature may be perceived as harmful. Beliefs about the relationship of water and bathing to health differ substantially: bathing can be associated with a draining of strength from the body, particularly if a person is already ill.

Psychosocial Stressors

A number of issues affect Filipinos' ability to feel comfortable in Australia.

Racial discrimination

Filipinos have reported incidents of racism in the general community as well as in health services.

Given recent trends in Australian politics, the occurrence of discrimination may increase and Filipinos may become more aware of such incidents.

Loss of autonomy

In the Philippines, women are often responsible for managing household finances and affairs. This frequently differs from the situation in which they find themselves in Australian households, where men often expect to be in charge of finances.

Isolation

Home sickness can be a major problem. Some husbands exacerbate their Filipina wives' sense of isolation by:

- ⊙ Forbidding them to contact or visit friends and family, including associating with other Filipinas.
- ⊙ Forbidding them to work.
- ⊙ Preventing them from learning to drive. (This is particularly problematic in areas without adequate public transportation).

Family issues

In mixed marriages differences in the understanding of "family" and the way families interact with each other often add a degree of tension and can be disorienting. These issues may be exacerbated because of the outsider status of Filipinas, and because of age differences between many women and their partners.

Domestic violence

Power imbalances in relationships can in some cases escalate to domestic violence. Catholic beliefs and values may influence some women's decisions to remain in abusive relationships despite personal cost.

Women's options for domestic violence services are limited in many parts of Queensland. In addition, women may be reluctant to seek help if they think that other Filipinas will find out about their marital difficulties, and they may not feel comfortable discussing issues of domestic violence with strangers.

Mental Health

Accessing mental health services is an area in which a number of Filipina women experience difficulties. It is not uncommon for them to have symptoms of depression postnatally, because of social isolation or domestic violence, but they are often reluctant to talk about this with outsiders.

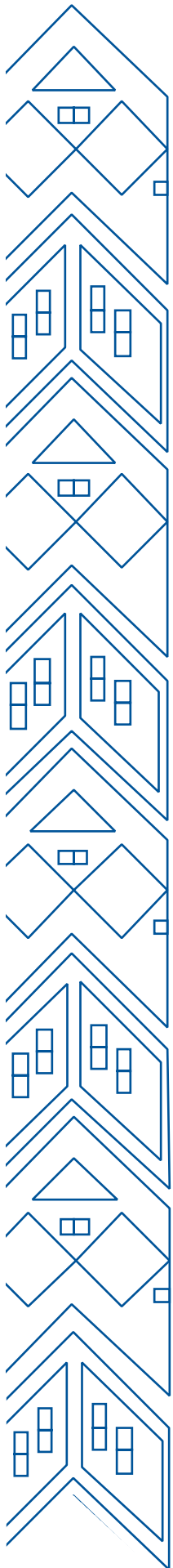
Maternal and Child Health

Home visits by Child Health and Community Health nurses may be an unfamiliar concept for newly arrived Filipinas. In general they are not used to unsolicited offers of help and may feel that they are being singled out for attention, or that the offer puts them under some obligation. It may be necessary to explain that the service is offered to all mothers.

Childbirth

Women often have children within a year of getting married in Australia.





Traditional custom in the Philippines dictates that women should not bathe for about ten days after giving birth and during menstruation. Bathing during these times is seen as a cause of ill health and complaints such as rheumatism during old age. Sponge baths, herb poultices and steam baths are used as alternatives. Many women do not fully subscribe to these beliefs in Australia, but they still may impact on the acceptability of health care practices. For example, women may object to having a shower immediately after giving birth.

Many women expect contemporary hospital care, but would also be familiar with some traditional practices which may include bed rest for at least one week, or even a whole month, after birth. Women fear what is referred to as a "relapse" if they become active too soon. This involves extreme tiredness, weakness and chronic headache. In the Philippines this would be treated by a traditional healer.

Infant feeding

New and lactating mothers are often given rice porridge (rice boiled soft to a consistency halfway between soup and puree). This may be served with sweet, salty or spicy accompaniments. Soup made of meat and vegetables is also believed to help promote lactation.

Breast feeding on demand is normal practice for rural Filipinas. Women in cities may adopt mixed feeding because of the demands of work outside the home. Some women may be reluctant to feed colostrum to their newborns.

Some mothers believe that a mother's mood could be transmitted through breast milk and therefore do not feed if they feel sorrow or anger. Breast feeding may also cease if the child contracts diarrhoea, in case the illness becomes worse.

Child rearing

Many women have difficulty coping with the daily routine of looking after a baby in a country where generally they do not have the support of an extended family. In the Philippines when a woman has a baby she rests while her relatives do all the housework and cooking. The concept of child care or respite care for children is relatively unusual in the Philippines, therefore options where mothers can stay with babies (such as mother care centres) may be more appropriate.

Small babies are thought to be susceptible to fright, which causes crying and trembling. A traditional belief is that a baby may be hexed by an admiring glance, but many Filipinos in Australia are likely to be ambivalent or doubtful about such beliefs.

In the Philippines, both rural and urban mothers are aware of the risks associated with diarrhoea. Colds and rashes may be accepted as natural in young children, although some are regarded as serious. In rural Philippines women will often take a child with a cough to a traditional healer.

Traditionally, parents sleep with their children or have their children sleep with another relative, and do not separate them when they are ill.

Filipino adults are typically very tolerant with young children and include them in all adult activities. Small children attend social gatherings at night as these are considered family activities.

Respect for parents and elders is stressed with older children. Discipline may be enforced by scolding, spanking or pinching.

Women's Health

Women prefer female doctors but may see male doctors for certain conditions because of ease of access. In this case the presence of a female attendant may be important. Female doctors are essential for specific services such as Pap smears and breast screening. For similar reasons male interpreters may not always be acceptable. However, most women speak English well.

Pap smear services are available in the Philippines but are not promoted widely. It may be necessary to explain what is involved. Many women find this test frightening. Those who have not had children find it very painful and may be worried about the procedure.

Complaints such as thrush may be untreated, because women are afraid to mention them to male doctors but do not feel it warrants a special visit to a female doctor.

Resources

Queensland Ethnic Affairs Directory 1997.
Department of the Premier and Cabinet.
Office of Ethnic and Multicultural Affairs.

Brisbane Migrant Resource Centre
Tel: (07) 3844 8144

Ethnic Community Council of Queensland
Tel: (07) 3844 9166

Logan City Multicultural
Neighbourhood Centre
Tel: (07) 3808 4463

Ethnic Communities Council Gold Coast
Tel: (07) 5532 4300

Multicultural Information Network Service
Inc. (Gympie)
Tel: (07) 5483 9511

Migrant Resource Centre Townsville-
Thuringowa Ltd.
Tel: (077) 724 800

Translating and Interpreting Service
Tel: 131 450

Acknowledgments

This profile was developed by Pascale Allotey, Lenore Manderson, Jane Nikles, Daniel Reidpath and Jo Sauvarin at the Australian Centre for International and Tropical Health at The University of Queensland, on behalf of Queensland Health. It was developed with the assistance of community groups and health care providers. This is a condensed form of the full profile which may be found on the Queensland Health INTRANET - QHiN <http://qh.in.health.qld.gov.au/hssb/hou/hom.htm> and the Queensland Health INTERNET <http://qh.in.health.qld.gov.au/hssb/hou/hom.htm>. The full profile contains more detail and some additional information. It also contains references to additional source material.

Material for this profile was drawn from a number of sources including various scholarly publications. In addition, *Culture & Health Care (1996)*, a manual prepared by the Multicultural Access Unit of the Health Department of Western Australia, was particularly useful.

