

Understanding Persons of Philippine Origin: *A Primer for Rehabilitation Service Providers*

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John Stone, Series Editor



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UNDERSTANDING PERSONS OF PHILIPPINE ORIGIN: A PRIMER FOR REHABILITATION SERVICE PROVIDERS

Preface

Immigration to the U.S. from the Philippines is second only to immigration from Mexico. In spite of their large numbers, Filipinos are sometimes called an invisible immigrant group, perhaps because they are often mistaken for other Asian groups or sometimes for Latinos. Because the U.S. administered the Philippines from 1898 until 1946, most Filipinos speak English in addition to Filipino languages. Unlike many other immigrant groups, Filipinos in the U.S. have a very low rate of poverty.

In spite of language skills and relatively high economic prosperity, Filipinos retain many cultural traits that can influence the effectiveness of rehabilitation programs for Filipinos with disabilities in the U.S. Service providers who work with Filipinos would benefit from a basic understanding of some of the themes and values that underlie Filipino culture. The purpose of this monograph is to provide an introduction to the culture of the Philippines, especially as it relates to disability and rehabilitation.

The author of this monograph, Sheila de Torres, is well qualified to assist readers in the U.S. to interpret Filipino culture. A citizen of the Philippines, Ms. de Torres holds a Masters degree in Mass Communication with a major in Journalism, and has been an independent corporate writer in the Philippines since 1988. She has a son who has autism and is currently completing her Ph.D. degree in Special Education.

The author joins me in thanking two reviewers who provided suggestions that have enriched this monograph: Venus Ilagan, a Filipino disability leader and Chairperson of the Asia-Pacific Region of Disabled People's International, and Rosalinda L. Baer, JD, who is legal analyst for Through the Looking Glass in Berkley, California, an organization that serves families with disabilities.

This monograph is part of a series developed by CIRRIE -- the Center for International Rehabilitation Research Information and Exchange -- at the University at Buffalo, State University of New York. The mission of CIRRIE is to facilitate the exchange of information and expertise between the U.S. and other countries in the field of rehabilitation. CIRRIE is supported by a grant from the National Institute on Disability and Rehabilitation Research of the U.S. Department of Education.

In addition developing this monograph series, CIRRIE conducts workshops on providing rehabilitation services to foreign-born persons. We hope that this monograph will be useful to you in your work with persons born in the Philippines. We welcome your comments that will help us to deepen our understanding of ways to increase the effectiveness of rehabilitation services for persons born in other countries.

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UNDERSTANDING PERSONS OF PHILIPPINE ORIGIN: A PRIMER FOR REHABILITATION SERVICE PROVIDERS

I. INTRODUCTION

How can rehabilitation service workers better understand persons who were born in the Philippines? This monograph aims to describe Filipinos in the United States and their concept of disability and rehabilitation. This is a difficult task considering that people from the Philippines, in spite of their large number and long history of immigration to the United States, comprise an invisible ethnic group in America. In addition, rehabilitation services are very limited in the Philippines. Filipinos have minimal information about or exposure to persons with disabilities.

Numerous but invisible in America

The United States Immigration and Naturalization Service (2001) reports that from 1981 to 1996, the Philippines was the second leading country of origin of immigrants to the United States, second only to Mexico. Unlike Mexicans, who are separated from America only by land boundaries, Filipinos have to travel across the Pacific Ocean to go to the "land of opportunities." In spite of the great distance, Filipinos have been immigrating to the United States since the 16th century. In spite of their large number and long history of immigration to America, most people in the United States fail to recognize them. They are mistaken for Latinos due to their Spanish-sounding names or for Chinese because of their Asian features. Some even mistake dark Filipinos for Blacks. If they correctly identify Filipinos as Asian, they usually cannot distinguish them from other Asians. Brian Ascalon Roley (2001) is of Filipino heritage. Author of a New York Times 2001 Notable Book of the Year entitled American Son, he asks: "Given our numbers and status as formerly colonized subjects, why are we so invisible to other Americans?" (p. 13).

A former American colony

The Philippines became a United States colony after America defeated Spain during the Spanish-American War in 1898. Filipinos were under Spanish rule for 333 years before Americans came to the Philippines. The United States stayed in the Philippines until 1946. As a result of 48 years of American rule, most Filipinos know English and are familiar with American culture. Unlike other ethnic groups, when they arrive in the United States, many of them can easily adapt to the American way of life, due to the absence of language and cultural barriers.

Understanding patients of Philippine origin: Common themes

The invisibility of Filipinos is a concern for rehabilitation providers who truly want to be culture brokers. How can they understand a group of people who cannot be readily identified in America regardless of their large number and long immigration history?

Nevertheless, research shows common themes about the causes of Filipinos' invisibility in the United States. Scholars and authors point to regionalism, class differences and colonial history as the roots of Filipino disunity in the United States.

People from the Philippines are called Filipinos but they are also known as *Pinoy*. Despite their differences, *Pinoys* display common values that set them apart as a people. For instance, Filipinos are known for their industriousness and upward mobility, especially when they emigrate. Based on a United States census, Arroyo (2002) reveals that, among ethnic groups, Filipinos are the least likely to be poor. The census shows that in 1990, only four percent of Filipino families were poor, and in 2000, the number fell to one percent. Professor Dowell Myers concludes that, "Filipinos have almost negligible poverty. It's lower than every other group including college-educated Jews"(in Arroyo, 2002). Adrienne Sanders, who wrote about the census in the February 2002 issue of the San Francisco Examiner, (in Arroyo, 2002) adds that, "No matter where they were found in the social ladder, Filipino-Americans tended to climb up and begin owning land and houses. They moved away into richer communities."

Regardless of Filipinos' inconspicuousness in America, they have commonalities. Thus, even though Filipinos seem to be disunited and invisible in American soil, they share common attributes. This monograph focuses on Filipino commonalities that may likely be displayed when they interact with rehabilitation service providers. It briefly discusses relevant information that may help readers increase their understanding of Filipino culture.

II. REGIONALISM IN THE PHILIPPINES

Regionalism in the Philippines can be traced to its history and geography. The Philippines is separated from the rest of Asia by water. It is an archipelago with approximately 7,000 islands and islets. According to the Philippine National Statistics Office (2000,) the population of the Philippines is 76.5 million. More than half of the people (58 %) live in cities. The majority of the population is of Malay origin. Today, 91.5% of Filipinos are Christian Malays while Muslim Malays comprise only 4% of the population (1998 World Fact Book, CIA).

The Philippines has a total land area of 300,780 square kilometers (115,600 square miles), and is totally surrounded by water. Because of its isolation by water from the rest of Asia, the Philippines has qualities unlike its Asian neighbors. It is the only Asian Christian nation and is a prominent democracy in Asia. Niels Mulder (1997), who observed the Philippines intermittently for 10 years, opines that the Philippines fail to demonstrate the cultural autonomy and depth of history to which he has grown accustomed in other Asian countries. (Mulder is an independent foreign anthropologist studying contemporary Southeast Asia.) Perhaps, the Philippines is unlike its Asian neighbors because of its physical separation from the rest of Asia and its colonial history.

Physical and language barriers

Because the Philippines is an archipelago, many of its provinces are separated from each other by water. On the other hand, large islands like Luzon and Mindanao are dotted with mountain ranges that also separate different land areas. As a result of their physical isolation from each other, Filipinos have a rich, multi-cultural heritage and speak 150 different languages and dialects. Physical and language barriers have also contributed to the growth of regionalism. It must be noted that even though Filipinos speak many languages, there are only eight major languages based on the number of speakers: *Tagalog*, *Cebuano*, *Ilokano*, *Hiligaynon/Ilonggo*, *Waray*, *Bikolano*, *Pangasinense*, and *Kapampangan*. Of these, *Filipino*, which is based on *Tagalog* and was formerly spelled as 'Pilipino', is the official language along with English. Most textbooks, laws, signboards and mass media are either in English or *Filipino*.

Regional differences are heightened in urban centers. At the University of the Philippines in metro Manila, students tend to group themselves according to their regional orientations. Espiritu (2002) notes that regionalism also dictated the "choice of residence, network of friends and patterns of organization" (p. 89) of Filipino immigrants to the United States. Indeed, Filipinos who hail from the same regions tend to group together wherever they are. They tend to warm up to others who come from the same province as theirs. As Philippine historian Teodoro Agoncillo (1975) concludes, the Filipino "does not think in terms of national boundaries, but of regional homogeneity" (p. 13).

Regionalism as a result of colonialism

Another cause of regionalism is the colonial past of the Philippines under Spain and the United States. Spaniards encouraged regionalism to dissipate any nationalist revolt against them. They practiced a "divide and rule" policy wherein they employed Filipino soldiers from one region to put down an uprising in another region (Agoncillo, 1975, p. 14). In addition, Spanish friars, in their desire to evangelize, studied the native tongues and incorporated Catholicism

into Filipino social customs and religious observances. In doing so, the Spaniards preserved the native languages and dialects of the Filipinos. They also implanted Roman Catholicism in the Philippines, and influenced the Philippine legal system, social institutions, literature and arts (Arcadio, 1997). Meanwhile, the American colonial rule also unwittingly encouraged regionalism. But unlike the Spanish rule that promoted regionalism on Philippine soil, the United States encouraged Filipino regionalism in the United States, through its recruitment and immigration practices.

III. REGIONAL AND SOCIOECONOMIC COMPOSITION OF FILIPINO IMMIGRATION WAVES

Espiritu (2002) argues that Filipino immigration into the United States is shaped by the colonial and post-colonial relationship of the United States with the Philippines. She adds that the "United States' colonial rule, recruitment practices and labor conditions have shaped the regional and socioeconomic composition of Filipino immigrants and thus have profoundly affected their group formation...." (Pp. 86-87).

Filipinos have immigrated into the United States in batches called immigration in waves. These waves are composed of people who have different class distinctions and regional loyalties. It is helpful for rehabilitation service workers to find out when the consumer arrived in America because it may help them understand the person better. Knowing what immigration wave the person belongs to may provide useful clues about regional affiliation and social status back in the Philippines. Espiritu identifies three major waves or groups of immigrants who share a common regional and economic background:

1. Pre-World War II farm laborers in Hawaii (1906-1946)
2. Filipinos in the United States Navy (1920s-1970s)
3. Post 1965 family reunification and occupational immigrants

Even before Filipinos came to Hawaii as farm hands in 1906, there were other Filipino immigrants to the mainland: the galleon trade seamen and the students called *pensionados*. There are also farm hands in the United States mainland as well as in Hawaii.

The earliest Filipino immigrants to the United States were the seamen aboard Spanish galleons that brought goods to America starting in 1587. The seamen were called Luzon Indios after the biggest island in the Philippines, which is Luzon. By that time, the Philippines was under Spanish rule. Many Filipino seamen who were aboard the Spanish vessels that were plying the Manila, Philippines - Acapulco, Mexico galleon trade route, jumped ship to avoid the harsh treatment of the Spaniards. "They traveled east to Vera Cruz where they boarded another ship, or traveled by land until Louisiana," wrote Mateo (1999).

Espiritu (1995) added that, "As early as 1765, Filipinos lived along the south-eastern coast of Louisiana...these Filipinos were believed to be descendants of Filipino seamen who had escaped Spanish galleons---ships that carried cargoes of luxury goods between the Philippines and Mexico from 1565 to 1815."

After the United States acquired the Philippines as a colony in 1898, they sent Filipino students to the United States for further education beginning in 1903. These students were called *pensionados* because they are government scholars. During the 1920s, wealthy parents also sent their children to study. Espiritu (1995) wrote that the original set of *pensionados* returned home and attained lucrative employment. Inspired by their achievements, other young Filipinos sought to earn their fortunes through American education. From 1910 to 1938, non-sponsored students went to the United States to work as laborers while studying.

From 1906 on, other Filipinos traveled to Hawaii and mainland United States to work as cheap plantation laborers. Because the Philippines was a colony of the United States, Filipinos could freely travel to the United States. Filipinos were considered United States nationals, but not citizens. As a result, farm recruiters could easily send Filipinos to the United States.

Mateo (1997) of the Filipino-American Historical Society of Hawaii said, "To sustain the constant demand for labor, the Hawaiian Sugar Planters Association conducted a systematic, organized recruitment of Filipino laborers" (p .2). Filipinos also worked as traveling seasonal laborers in the mainland United States. Although the first recruits were from the *Tagalog* region, the succeeding recruits were mostly *Ilocanos* belonging to the lower socioeconomic class. Other recruits were poor peasants from the *Visayan* region. During that time, there were limited economic opportunities in the *Ilocos* region and the people viewed the Hawaiian jobs as their gateway to prosperity. However, they suffered from low wages and poor working conditions. In spite of their common problems in a foreign land, Filipinos were divided into *Ilocanos* and *Visayans*. But because of their common social class, they eventually cooperated with each other to solve their problems. (Espiritu, 2002, pp. 91-92).

In 1934, the Tydings-McDuffie Law limited Filipino immigrants to 50 per year. Eventually, the immigration of Filipino farm workers dwindled. However, the United States Navy was allowed to continue enlisting Filipinos to their fleet. Actually, the Navy had been recruiting Filipinos ever since 1898, when Americans acquired the Philippines. Although Filipino recruits came from all parts of the country, many hailed from Tagalog-speaking regions. Espiritu (2002) noted that the two United States military bases are located in the *Tagalog* region, and it followed that people from those areas were the ones who joined the Navy. She revealed that the Navy preferred to enlist Filipinos without technical background like engineering (pp. 95-96). Thus, the Filipino immigrants

who belonged to the United States Navy recruits shared common educational, social and regional backgrounds. As a result, these Navy-related immigrants form a distinct Filipino-American community who share similar backgrounds.

In 1965, the Immigration and Naturalization Act abolished the national immigration quotas, and permitted entry to the United States by virtue of family reunification and occupational qualifications. The 1965 act produced two distinct Filipino immigrant groups: relatives of Filipinos who went to America prior to 1965 and professionals. In 1986, 52% of United States-bound immigrants came from metro Manila, the urban center of the Philippines. The rest of the immigrants came from different regions throughout the country. Most of the immigrants who came from metro Manila were upper to middle-class medical professionals. The rest came from diverse social classes (Espiritu, 2002, pp. 97-100). Yuchengco and Ciria-Cruz (2000) added that, "Up to 85 percent of Filipinos who came between 1965 to 1977 were professionals...." and that Filipino-Americans who were born in the Philippines were an aging sector with the median age being 38.7 years as of 1993. In contrast, 35% of the Filipino community were born in United States and have a median age of 14.1 years.

Many Filipinos are willing to sacrifice and separate from their families in exchange for a better income. Professionals in the Philippines earn a fraction of what their counterparts in the United States earn. For instance, special education (SPED) teachers in the Philippines earn 12,250 Philippine pesos (Php) or less (approximately \$240 in United States currency) per month. If they worked in the United States, they would earn ten times more. As a result, SPED teachers are migrating to the United States yearly with many more waiting for their turn. The same is true with information technology, medical and other professionals.

All in all, Filipinos who immigrated to the United States came in batches that have various economic and regional characteristics. They traveled to the United States to escape poverty and earn more money for their families. Sadly, this is still true today.

IV. REHABILITATION IN THE PHILIPPINES HAMPERED BY POVERTY

One third of the Philippine population is suffering from poverty. The Philippine National Statistical Coordination Board (2001) reports that in 2000, 34.2% of Filipino families have income below the poverty line. Poverty is higher in the rural area (47.4%) than in urban areas (20.4%).

John Burton commented about Filipino poverty in the December 27, 2001 issue of the London Financial Times. He wrote that, "Poverty is at the root of the myriad problems that plague the Philippines..." (p. 6). At the same time, he implied

that the country is in good hands when he called Philippine President Gloria Macapagal-Arroyo the "Iron lady of Asia." Although it is plagued with economic problems, he acknowledges that, "The Philippines has emerged as one of the strongest Asian economies this year [2001]...." (p. 18). Nevertheless, poverty is taking its toll, hindering the development of rehabilitation services.

Although there are already laws that protect and promote the welfare of people with disabilities in the Philippines, medical, educational and vocational rehabilitation services rarely reach the majority of them. The National Council for the Welfare of Disabled Persons (NCWDP) estimates that ten percent of the population is disabled. Of this number, 75 to 85 percent live in rural areas (Agcaoili, 2000, p.18). Ironically, the majority of rehabilitation services are based and concentrated in urban areas and cater to only three percent or less of the estimated persons with disabilities (NCWDP, 1995, p.1).

The status of rehabilitation in the Philippines is similar to other countries in the Asia-Pacific Region. Yukiko Oka (1988) in a paper presented at a post-congress Rehabilitation International Seminar, reveals that in the Asia-Pacific region, "...among those who need rehabilitation, only 1-2 percent have access to any services" and "...most institutions provide rehabilitation only for certain types of disabled people and for certain age groups" (p. 11).

The availability of special education services in the Philippines is also grim. Although the first special needs school was established in 1908 in the Philippines, less than one percent of children with disabilities are given educational intervention at present. Quijano (2000) estimates that there are 4.5 million children with special needs, 3.75 million of whom have disabilities while 0.75 million are gifted. Government enrollment data in both private and public schools show that little more than 100,000 or 2.32 percent of children with special needs are being educated. Sixty percent of the children receiving special education services are considered fast learners. Thus, less than one percent of children with disabilities in the Philippines were given educational intervention during school year 1998 to 1999. Quijano assumes that others are being educated at home, in community-based rehabilitation centers or in regular schools if they have not yet been identified as children with special needs (pp. 4-6).

Furthermore, most Filipinos with disabilities are poor and lack basic necessities like food, shelter and education. They lack the resources to avail themselves of services and would spend their money on food rather than on transportation and rehabilitation expenses.

Some non-governmental organizations try to fill the widening gap between the needs of the people and the services the government is able to supply. One nationwide organization that actively brings rehabilitation services to the mass-

es is KAMPI, a federation of grassroots organizations, founded by Venus Ilagan for people with disabilities in the Philippines. As of July 2000, KAMPI has 231 member organizations in 58 Philippine provinces that provide free therapy, early intervention and other rehabilitation services. It also gives livelihood training to parents of children with special needs to help them earn money. Lately, KAMPI has actively coordinated with the Department of Education in training public school teachers about inclusion of special children in regular classrooms.

Erlinda Camara, a University of the Philippines SPED professor and mentor of this writer, verifies that poverty is a barrier to rehabilitation services in the Philippines (interview, June 30, 2001). The situation was true in 1985 when she published her landmark book on Philippine rehabilitation, *Rehabilitation Policy in the Philippines: An Analysis of Major Institutions for the Disabled* (1985). She confirms it is still true, although she mentions several projects conducted by different organizations that aim to uplift the status of persons with disabilities.

This does not mean that there are no modern medical facilities and special schools in the Philippines. Modern medical facilities and rehabilitation services are available in modern hospitals in the urban areas and some government-funded medical centers. However, they are costly and can be afforded only by those with excess resources. Government and private medical insurance benefits are minimal. Only a few people have them, especially in the provinces.

Meanwhile, special schools are increasing, especially in the cities and metro Manila. There is a growing awareness about inclusion and mainstreaming of special children in regular classrooms. Since 1956, public SPED classes have been offered in metro Manila. An ongoing mobile teacher-training program by the Department of Education and the University of the Philippines trains regular and SPED teachers on how to educate children with special needs. As of June 2002, 18 mobile programs have been conducted nationwide. In addition, more public and private school administrators are becoming supportive of SPED and vocational programs for persons with disabilities. However, many more disabled children need to be reached especially in the rural areas.

In spite of the efforts of different stakeholders to increase rehabilitation services, many Filipinos have limited exposure to disabilities. Unless they have relatives with disabilities, they rarely know anything about it and are at a loss on how to react when they encounter persons with disabilities. In public places, they avert their gaze from the child or adult with disability, pretending not to notice. In most cases, they just do not know how to behave without hurting the feelings of disabled children and companions or caregivers.

When parents suspect that something is wrong with their children, they usually do not know what to do. Friends usually tell them that the child is just delayed and will catch up. Finally, after knowing that the child has a disability, they do

not know what to do or where to seek help. Their ingrained sense of religion will lead them to church. Others go to faith healers wishing that through incantations and rituals, the disability will go away. The rest will ask for help from medical practitioners, educators or other people who may seem knowledgeable. Meanwhile, precious time that may have been used for early intervention is lost.

This writer, based in metro Manila, said she has experienced being at a loss when her child did not develop normally. From 1994 to 1997, she asked doctors, relatives, speech therapists, friends and teachers what to do with her child. Everyone gave conflicting opinions and left her more confused on what to do. Being a writer and researcher, she used resources and the Internet to find out more and is now finishing her doctorate in Special Education in the University of the Philippines. Through the academic network, she was able to interact with principal movers and advocates among the disabled community. Many other parents are doing likewise, educating themselves on how to help their children. Other parents who are saddled with everyday household duties and jobs or who live in rural areas and are financially limited, cannot do likewise.

Information dissemination about disabilities and rehabilitation must increase. But as long as the Philippines is burdened with problems rooted in poverty, increasing rehabilitation services and information campaigns on disability are dependent on a few advocates, charitable institutions and civic organizations.

Alternative forms of medicine

Because of poverty, coupled with a strong sense of religion acquired from Spanish friars, alternative forms of medical practices have developed in the Philippines. Instead of going to the doctors, some people go to folk healers called *manghihilot* or *albularyos*. These healers use herbs, massages, oils or prayers. If a child is developmentally delayed, relatives convince the parents to take him to a folk healer. When this writer visited the province with her son, who was five years old and rarely spoke, she and her child were taken to a nearby *albularyo*. The folk healer prayed over the child, looked at his hands, and poured melted candle over a basin containing hot water. The healer declared that the child is "possessed" by a "*lamang-loob*" or a mystic creature underneath the earth. This writer disregarded the folk healer's claims and later confirmed from different educational and medical diagnosticians that her child has autism. Some of her friends, who also have children with disabilities, have reported similar incidents with their relatives and well-meaning neighbors in the cities, but mostly in the provinces.

Meanwhile, *folk* healers are different from *faith* healers who claim to perform mystic surgeries and healings using their bare hands. In the 1970s to 80s, the Philippines became a haven for faith healers, and foreigners from afar came to

seek them.

Dr. William A. Nolen, a Minnesota surgeon, visited the Philippines in 1973 to observe Filipino faith healers in action. He confirmed that what he saw was just plain trickery, wherein animal parts and blood were used to convince patients that they were being operated on. However, he also observed that faith healers are more compassionate than doctors. He notes that the faith healers he visited were warm and caring (True, 1997). Nolen discovered one important factor that links Filipino patients with rehabilitation providers: compassion.

Filipinos prefer compassionate rehab service

Kuan (1975) confirms what Nolen found. Filipinos seek compassionate, personalized care. They expect to be understood before they undergo any medical or rehabilitative procedure. Kuan believes that health workers need to understand how folk practices and beliefs function in meeting the needs of Filipinos, especially in the rural areas. Recently, this writer interviewed Lisa Rey-Matias, a former dean of a private school that teaches physical therapy (personal communication, August 23, 2001). Rey-Matias corroborates Nolen and Kuan's findings and adds that folk healers have gained the people's trust and therapists have to work hard to earn the community's trust.

At present, there are fewer faith healers who claim to perform surgery. There are still a few who practice it and have a steady following. Simple folk healers and herbal practitioners still abound. Because medicine is expensive, many urban dwellers are rediscovering herbs for healing.

It has been observed that Filipinos with disabilities relate well to medical or rehabilitation practitioners who have disabilities themselves. Their commonalities give rise to an unspoken bond. For instance, doctors with orthopedic problems are popular with patients. Also, SPED teachers who have children or relatives with disabilities are considered to be more attuned to the needs of children with disabilities.

V. POTENT FORCE: FAMILY AND FRIENDSHIP NETWORK

Generally, Filipinos flock to rehabilitation service providers who truly listen to them because Filipinos value relationships. They are accustomed to having a supportive network of family and friends, especially during difficult situations. Many Filipinos may be poor but most have a steady supply of relatives and friends who help them cope with their problems. Sometimes, Filipinos simply survive through their family and friendship network.

Unlike westerners who value individualism, Filipinos are basically collectivists. They identify with their families, regional affiliations and peer groups. Among

these groupings, the family offers strength to Filipinos who need rehabilitation services.

Filipinos' self-concept and identities are strongly associated with their families. From their birth to death, they see themselves in the context of their families. For most of them, everything they do or fail to do will ultimately affect their family's reputation. Of course, there are exceptions.

From childhood, they have been admonished to accomplish and be the pride of the family. If they do the opposite, the family will be put to shame. Although this may no longer be true to modern city-based individuals, many Filipinos in the Philippines and abroad are still family-centric. Aguilar (2002) corroborates this and writes that, "Among Filipino immigrants in the United States, the family is often said to be the cornerstone of what it means to be Filipino" (p.26). Jocano (1999) adds that Filipinos' lives revolve around their families. All family members are involved in what is happening to every other member. Major decisions are usually decided by the whole family and not only by the head of the family.

In the Philippines, the family is a complex network of relatives by blood and affinity. Affinity may come through marriage or Catholic rituals like godparenting newly baptized children or newly married couples. It is a custom in the Philippines to invite friends or someone in high position like politicians to be the godfather or godmother. Sometimes, there are as many as ten pairs of godparents for a wedding or a baptism.

The core family is composed of the parents and their children. However, extended families are common where a single household is composed of the basic family plus aunts, uncles, grandparents, cousins, and 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.

Unlike in the United States, it is rare to find single *Pinoys* living independently away from their families. Filipino singles usually stay with their parents until they marry. Some married children stay with their parents until they can afford their own house. Regrettably, due to bad economic times, many married children are unable to separate themselves from their parents for a long time.

In spite of the Filipino's numerous relatives, they are more family-centric than clannish. For instance, this writer resides in the Philippines and her father lives in Nevada. She knows and respects all the relatives of both her parents. However, important decisions and problems are only discussed within the immediate family and 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 basic family, not the whole clan, that drives them to work, sacrifice and achieve.

Extended family dynamics are heightened during family get-togethers, special occasions and Christmas. During these gatherings, Pinoys rekindle and strengthen their network of relatives and friends who may be of help to them in the future. For instance, if a family member got acquainted with a third cousin who is a personnel manager of a multinational corporation, he may later ask for help in finding a job. On the other hand, long lost uncles who have helped a nephew years ago may still be introduced to the nephew's children as a favor-giver who must be thanked. This is one example of Filipinos' unending gratitude (*utang-na-loob*) that calls for a person who received a favor to replicate it. Sometimes, even the children are indebted and are expected to pay back in the future. On the other hand, long standing grudges may still be felt when two sisters who fought over a suitor twenty years ago see each other during a family reunion. But in spite of past differences, many family members feel obliged to honor their parents and grandparents by attending the family affair.

Filipinos celebrate a long Christmas season that starts on December 16 and ends during the Feast of Three Kings on January 6. Traditional dawn masses called *Simbang Gabi* herald the start of the Christmas celebration. For nine dawns before the Christmas Eve Mass, families go to the church to hear Mass while it is still dark. Afterwards, they rush home and partake of a breakfast of native delicacies like *bibingka* (rice cake) and *puto bumbong* (purple sticky rice delicacy). The start of the dawn Masses also signal the beginning of Christmas caroling. Sadly, many urban families do not go to the mass together anymore, and a lot of beggars use caroling as an excuse for soliciting alms.

On or before Christmas, families gather in their ancestral homes, usually the houses of their grandparents. Some families attend midnight Mass on December 24 and go home to eat and exchange gifts. Others make it a point to arrive on Christmas Day to pay their respects to their elders.

Filipinos are respectful of their elders and others in authoritative positions. Even the dead are respected during All Saints Day on November 1 when Filipinos visit the cemetery and watch over graves in a festive mood. During town fiestas, the saints are honored with festivities that include processions, parades and indigenous games and competitions that use local produce. Patron saints are honored for the bountiful harvest they bestowed during the past year and are requested to bless the town with bountiful crops and other produce the following year. Fiestas are held mostly during May, but they may occur on any day of the year, depending on the location or the feast of the particular patron saint. Other important holidays in the Philippines are:

- Maundy Thursday - three days before Easter
- Good Friday - two days before Easter
- Easter Sunday

- April 9 - Day of Valor
- May 1 - Labor Day
- June 12 - Independence Day (from Spanish rule)
- November 30 - Bonifacio Day (death anniversary of Philippine hero Andres Bonifacio)
- December 30 - Rizal Day (death anniversary of national hero Jose Rizal)

Filipinos prepare festive food during the Christmas season and fiestas. They also cook special food during birthdays, anniversaries and fiestas. During other national holidays, they quietly spend some time with their families and friends.

During celebrations, they prepare tasty dishes like *pancit* (a noodle dish), *adobo* (meat or chicken cooked with vinegar, soy sauce and garlic), *kare-kare* (ox tail with peanut sauce), *lechon* (roasted pig), and *kinilaw* (raw fish cooked in vinegar) and large fried fish covered with sweet and sour sauce. These dishes are eaten with white rice. Desserts include fresh fruits, *leche flan* (custard) and other native sweets and delicacies. In addition, each region has its own specialties like *ginataan* (cooked with coconut milk) in the Tagalog region.

After eating, pictures are usually taken. Children are introduced to elders and are expected to pay their respects. Sometimes, there is dancing and singing. Men group in one corner and drink beer while women exchange stories and children play games. The festivities usually last all night and some guests stay for the night.

Regular food and eating habits

Filipinos love to eat and talk. They usually mix socialization with eating. They get acquainted with each other while eating and, for men, while drinking beer. New friendships, businesses and even romances are formed while sharing food. Women exchange gossip and talk about themselves while feeding babies. Old-time friends share their problems while eating a bowl of noodles and teenagers exchange secrets while finishing up a pizza or a bagful of peanuts.

Food is abundant in the Philippines because it is rich in natural resources. The Philippines has only two seasons: rainy and dry (summer) seasons. Fruits, vegetables and aquatic resources are available throughout the year.

Because the Philippines is surrounded by water, fish and other seafood are abundant. Fish is also available from rivers, brooks and waterways. It is fried, steamed, stewed, grilled or eaten raw after being dressed in vinegar and lime-juice. If fish is abundant, it is opened and salted (*tuyo*). Some are smoked (*tapa*). There are also a variety of meat products available including chicken, beef, pork and goat. They are cooked by simmering in broth, boiling, frying or grilling. Sometimes, fruits are used in place of vegetables and cooked with dishes.

Guavas, coconuts and bananas add flavor to Filipino cuisine.

Basically, Filipinos eat steamed rice as a staple in place of bread or potatoes. Rice is usually eaten with fish, meat or vegetables. Sauces made of *kalamansi* (Philippine lemon) and soy sauce, vinegar with peppers or ketchup are always available. Food might be cooked at home or bought from various food establishments. Although there are numerous fast food chains that deliver, native *turo-turo* (pick and choose) food counters still abound. There are also neighborhood *sari-sari* (variety) stores that sell snacks and soft drinks.

Breakfast is usually prepared quickly from leftover rice and dishes. If there is no rice, bread with or without filling (*palaman*), is eaten. Lunch is eaten at noon and dinner as early as 6:00 in the evening. Snacks or *merienda* are eaten twice; the first one before lunch at around 10:00 am and the second around 3:00 pm. All food is served at once and laid on the table. The diners decide on what food combinations they will eat.

Although food is abundant, many Filipinos lack food because of poverty, especially in the rural areas. But because of their network of relatives and friends, many survive and eat two or three meals a day. A lot of people subsist on instant noodles and canned sardines. Some eat just rice and salt. Others are fed by civic organizations and charitable institutions, while a few are forced to beg or pick garbage for food.

Family-centric values

Filipinos are family-centric. Their immediate family shapes their values and behaviors. The husband and the wife share responsibility in major decisions like finances, education of the children and social activities. If there are problems, the whole family will discuss it, but the parents will finally decide what to do. All members are expected to help and support one another.

After the parents, the elder brother or *kuya* and the elder sister or *ate* are responsible for their younger siblings. They usually support the younger children's education once they earn a living and postpone marriage until they have seen their siblings through college (Arcadio, 1997). 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. There is a hierarchical structure in the family authority and responsibility.

One common value of Filipinos is their high regard for education. Many think that a college diploma is a passport to a better life, not only for the graduate, but for the whole family. Parents invest in their children's education in the hope that when they finish schooling, they will secure a lucrative job and provide income

for the family. In order to fund the children's education, one or both parents may work abroad. They willingly suffer isolation, homesickness and hard work in order to give a better life to their children.

Other important relationships

Besides placing a premium on their families, Filipinos value relationships among their peer groups or *barkada*. They are concerned with maintaining harmonious relationships within their groups. Pinoys are seldom seen alone and are usually found in clusters especially in public places. Often, individual preferences are overshadowed by group's 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 break from the pressures of family obligations. But in the end, if Filipinos have to choose between peers and family, they usually choose to be with family, especially during family occasions and holidays.

How families cope with disabilities

Arcadio (1997) reports that families cope with terminal illness through the help of family, friends and faith in God. The slightest improvement of the child is viewed as a miracle. Nevertheless, parents need to feel that they could do something to alleviate the condition. When families learn about the disability, their initial reactions are shock and disbelief. As reality sinks in, parents immediately seek assistance from relatives, friends and professionals. When financial and moral resources dwindle, the family turns to its religion and faith as a reservoir of hope and strength. The families cope with the help of acceptance, problem-solving, seeking help from friends and professionals and religion.

After overcoming their initial grief, parents adjust to their roles and make the child with disability or sickness the priority. Some ask the siblings to stop going to school to assist in taking care of the child. All of the family members feel obligated to give their attention and effort to the child in need. Arcadio adds that the family adjusts its lifestyle and prioritizes the needs of the child in terms of time, finance and effort. Eventually, the parents learn to accept the child's condition and relate to the child with deliberate patience, tolerance and understanding (Arcadio, 1997).

Parents are instrumental in facilitating the child's educational therapy and rehabilitation. They discover ways to teach the child at home. At the same time, the family members learn how to cope with guilt or responses of pity or rejection from others in relation to the family member's handicap.

Attitudes and beliefs of others toward the disabled family member

Other relatives generally have positive attitudes towards the child with disability and display deep concern and pity towards the family. Neighbors, on the other hand, do not display a change in attitude towards a family when a child with cerebral palsy is born (Quimbo, 1979).

On the other hand, Pontenila (1979) reports that residents of Dumaguete City have a positive attitude towards persons with mental illnesses. There is limited personal rejection of persons who recovered from mental illnesses. They may be willing to befriend and interact with them but may not accept them as room boarders or as employees. The rejection is based on the belief that persons with history of mental illnesses are dangerously unpredictable. It must be noted that room boarders in the Philippines live with the family and share their facilities. Employees of small business, on the other hand, are also treated like family members. People may limit their acceptance of recovered persons because they want to ensure their family's safety. However, Pontenila discovered that the more educated the city dweller is, the more accepting he is of the person with the mental handicap. While the city dwellers are willing to let the family take care of the person they prefer institutionalization. Generally, the public has a more scientific understanding of the cause of the illness and does not stigmatize the mentally ill.

Trinidad Baldo (personal communication, February 2001), a University of the Philippines SPED professor, adds that Filipinos' attitude toward the disabled has a spiritual component. Talking about her research on the gifted, she found that Pinoys hold the same beliefs as westerners on the cause of giftedness, but have added a spiritual dimension. They believe that the gifted child is a gift from God. On the other hand, Carandang (1987) wrote that Filipino families view children with mental handicaps as "bringers of luck" especially in business. Regrettably, other families think that they are being punished if they are given a disabled or sick member. McBride (2001) mentions that some Filipinos think that sickness is caused by "mystical, personalistic and naturalistic causes."

An example of mystical cause is retribution from ancestors because of unfulfilled obligations. Personalistic causes include punishment by evil spirits. Naturalistic causes are more scientific: the cause of the disability is the environment or genetic susceptibility. But whatever the cause, because of the Filipinos' strong sense of family obligation they usually wholeheartedly accept and fight for their disabled family member. Also, they sacrifice time, effort, career and sometimes, marriage, in order to take care of a sibling or parent.

VI. CONCEPT OF INDEPENDENCE

Yukikio Oka (1988) discloses that the concept of independent living in Asia Pacific is different from developed countries. He confirms that the norm in Asia is mutual caring and support and that, "there is no need for disabled persons to live physically and financially apart from their families" (p 3). Instead, the disabled family member is trained to be a contributing part of the family rather than to live on his own. This is also true for Filipinos where family support abounds.

Filipinos tend to be overprotective of their wards. This writer has observed that parents of special children who are enrolled in a public SPED school in Manila are very protective of their children inside and outside the school grounds. Even if the children are over ten years old, the parents hold their hands while walking, and do things for the children which they can do. Some dress their wards in public places even if they are already adolescents, treating the special needs teens like small children.

Dr. Ed Dizon, the Philippines' leading educational diagnostician who is also a SPED professor in the University of the Philippines, relates that when he gives his assessment, there are times when the parents and the two sets of grandparents are present. Also, he notices that parents and caretakers tend to do simple tasks for the disabled children that they can do for themselves. Usually he teaches parents, teachers and caretakers to let the disabled children do simple everyday tasks themselves to increase their independence. Camara (1985) concludes that, "the solicitousness of the disabled's families [is] seen as fostering dependency and constituting a block to the rehabilitation process" (p. 30). It is likely that dependency will develop because of the caregiver's over protectiveness and service that extends to tasks that the person with disability can do.

On the other hand, Adato (1998) claims that the physical environment in the Philippines impedes the development of independence among persons with disabilities. The inaccessibility of most buildings, transportation and other basic services to persons with disabilities hampers their independence. She reports that there are limited opportunities for employment, quality education and medical services for persons with disabilities in the Philippines.

Vergara (1997) reveals that some persons with disabilities assume that their condition disqualifies them from employment. Because of their frame of mind, they become dependent on charity from their relatives, friends and institutions. As a result, they suffer from low self-esteem and self-confidence. However, Vergara also writes about persons with disabilities who have gainful employment. She added that the Office of the Philippine President has initiated a program that will train persons with disabilities to help them become gainfully employed.

Another barrier to independence is the misuse of pity or *awra*. Some institutionalized persons with disabilities feel that pity from other people results in more donations and support for the institution. Some capitalize on pity to earn more money. For instance, an amputee might leave his artificial leg at home while selling flowers so that more people will buy from him (Camara, 1985).

Lastly, persons with disabilities and their family are hampered by poverty. Camara (1985) records the difficulty of families to raise transportation money to regularly go to rehabilitation centers. Camara (1985) concludes that institutionalized rehabilitation did not result in independent living for persons with disabilities. Instead, it "uprooted him and his family from his former socioeconomic milieu...and bound them to the institution" (page XI). When she saw some of the persons with disabilities she interviewed for her 1985 book in 2000, they were notably more independent. She attributes the change to the increased awareness of the public and the disability community.

VII. IMPLICATIONS FOR REHABILITATION SERVICE WORKERS

First and foremost, rehabilitation service workers should consider Filipino immigrants' immigration history because it may provide clues about their socio-economic beginnings and regional orientation. Workers must respect the Filipinos' pride about their sometimes-humble beginnings or regional affiliations. Simply asking when they arrived in the United States may give a hint of their family background.

Second, many Filipinos immigrated to the United States to escape poverty and to give a better life to their family. More often than not, their motivations and actions may be connected to their family's welfare or reputation. They are usually more comfortable in discussing illness and other important matters in the presence of family.

Gender preferences are overshadowed by compassion. It matters more for the Filipino to have a compassionate listener as a rehabilitation service provider than to have someone of the same gender. However, most Filipinos are shy, tend to dress in private and prefer that touching of male parts by female health providers be discrete (McBride, 2001). Women spontaneously touch a hand or arm to express gratitude instead of kissing as a sign of thanks. In general, Filipinos want caring, understanding service providers.

Filipinos may have little knowledge about rehabilitation procedures. Because of the lack of rehabilitation services in the Philippines, they may not be aware of procedures and may be hesitant about them. Medical and education service providers should take time to patiently explain procedures and make sure that the Filipino understands. Do not accept a shy "Yes, I do understand." To save

face, many Filipinos claim to understand when they may be at a loss. Just repeat your explanation patiently. If, during the next appointment, they arrive with a small gift, accept it and open it after they have left (contrary to the American practice of opening gifts in front of the giver). Filipinos love to give gifts among themselves and others who help them.

Although most Filipinos understand English, they may have a heavy accent, depending on their regional background. Visual cues or written words may help in facilitating communication. In addition, use phrases that connote relationships like "our aim is...", "this is our problem" and "we are working on this." Bear in mind the Filipinos' collectivist or group orientation versus individualism.

Third, Filipinos tend to have a mixture of religious, mystical and naturalistic approaches to sickness and disability. There are numerous documented rituals and practices, which vary greatly from region to region. These may include wearing of amulets, not taking baths on certain days, using oils and wearing special garments. If all of these practices were listed, the rehabilitation worker may be confused and may erroneously apply them to all Filipinos. Generally, it is best to listen, be compassionate of their behavior and patiently explain what has to be done and why it should be done.

Lastly, because of the Filipino's strong familial and peer structure, they have a different concept of independence for the disabled. Also, there are physical, economic and cultural barriers that hamper the development of independence. As time goes by, many persons with disabilities and their families learn how to become empowered especially when they immigrate to the United States.

Filipinos are a cheerful, fiesta-loving people. Spend some time eating simple meals or snacks with them and you will build rapport with them. Once you get to know them, some may be your friends for life. They will show gratitude for the rest of their lives because you have helped them cope with their disabilities.

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