

ACT Health Community Profile

Philippines

There is great diversity and change within communities and people do not fit into a pre-determined and unchanging cultural box or stereotype. The information presented here will not apply to all people from the Philippines in Australia and this profile should be considered as guidance only. For example, while the 2011 Census provides useful and reliable data on a large number of characteristics, the dynamic nature of the communities means that important demographic changes may have occurred since 2011.

Key things to know:

- The Philippines-born population in the ACT is one of the **largest** overseas-born communities and is growing.
- The two most common languages spoken by Philippines-born people in the ACT are **Tagalog and Filipino**, but most speak English well or very well.
- It is very important to provide an **interpreter** when needed, and to make sure the interpreter speaks **the right language**.
- The majority of Filipino people in the ACT are **Christian** (mainly Catholic), and may see their religion as a very important part of their lives.
- Filipino people's **families** often play a very important support role, especially during illness. This should be respected.
- Filipino people may have nicknames that don't have an obvious connection to their formal name. It is considered respectful to ask a patient what their **preferred name** is, rather than guessing.
- While many people from the Philippines have lived in Australia long-term, others may be **unfamiliar** with the Australian health system.
- Philippines-born people may wish to take **traditional medicines** or eat special foods to help them recover from certain illnesses.
- Philippines-born people may be at an increased risk of certain conditions including **hepatitis B**.
- People from the Philippines, especially women, may prefer to be seen by health staff of the **same gender**.



For an interpreter, call **131 450** for the Translating and Interpreting Service (TIS).

If you don't know your TIS client code, contact the Multicultural Health Policy Unit by phone on (02) 6205 1011 or email at multiculturalhealth@act.gov.au.

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2011 Census data: Philippines-born people

Population (Australia):	171,233 people ⁱ
Population (ACT):	2,423 people ⁱ
Gender ratio (Australia):	60.6 males per 100 females ⁱⁱ
Median age (Australia):	The median age of Philippines-born people was 39 years compared with 45 years for all overseas-born people ⁱⁱ and 37 years for the total Australian population. ⁱⁱⁱ

Age distribution of Philippines-born people (ACT, 2011):ⁱⁱ

Age (years)	Number	Per cent
0-19	365	15
20-39	908	37
40-59	892	37
60+	257	11

Philippines-born arrivals, past five years^{iv}

Year	Australia	ACT
2009	11,546	183
2010	10,765	170
2011	11,296	196
2012	10,136	194
2013	7,839	125

Migration history

In the early 1900s, there were about 700 Philippines-born people in Australia, mainly employed in the pearling industry in Western Australia and Queensland. Immigration restrictions from 1901 led to the exclusion of non-Europeans from entry to Australia, resulting in a decrease in Philippines-born settlers in Australia.

By the 1947 Census, there were only 141 Philippines-born people in Australia. This increased in the 1950s, when Filipino students entered Australia under the Colombo Plan, with many remaining after graduation. The gradual easing of immigration restrictions from 1966, together with the 1972 declaration of martial law in the Philippines by President Ferdinand Marcos, led to the rapid growth of the Philippines-born population in Australia.

During the 1970s and 80s, many Filipino women migrated as spouses of Australian residents, under the then Family Reunion Program, and then most Philippines-born settlers were sponsored by a family member. Over the last twenty years, many have migrated as skilled migrants, particularly nurses and other health professionals. The Philippines-born and Filipino community is one of the fastest growing in Australia.^{v,vi}

Ethnicity

The Philippines archipelago is made up of over 7000 islands and is home to many different ethnic groups. The largest ethnic groups in the Philippines in 2000 were:

Ethnicity	Percentage of population
Tagalog	28
Cebuano	13
Ilocano	9
Bisaya/Binisaya	8
Hiligaynon Ilonggo	8
Bikol	6
Waray	3

Other ethnic groups make up the remaining 25 per cent of the population.^{vii}

Language

Filipino (which is based on the local Tagalog language) and English are the official languages of the Philippines. There are also eight major dialects spoken: Tagalog, Cebuano, Ilocano, Hiligaynon or Ilonggo, Bicol, Waray, Pampango, and Pangasinan.^{viii} In total, there are between 120 and 175 languages spoken in the Philippines.^{ix}

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Religion

Religion is a very important part of Filipino culture. The following religions are followed in the Philippines:

Religion	Percentage of population
Catholicism	81
Islam	5
Evangelicalism	3
Iglesia ni Kristo	2
Aglipayan Church (Philippine Independent Church)	2
Other Christian denominations	4

Ancestry, language and religion in the ACT (2011 Census data)ⁱⁱ

The most common ancestry responses* of Philippines-born people in the ACT were:

Ancestry	Percentage of population
Filipino	90
Spanish	5
Chinese	5
Australian	2
English	2

An additional 1,155 people in the ACT, who were not born in the Philippines, identified Filipino ancestry.

The most common languages spoken at home by Philippines -born people in the ACT were:

Language	Percentage of population
Tagalog	39
Filipino	31
English	25
Bisaya	1
Cebuano	1

Philippines -born people in the ACT spoke English at the following levels of proficiency:

Proficiency	Percentage of population
Very well	53
Well	19
Not well	2
Not at all	0
Not stated/not applicable	26

The most common religions of Philippines -born people in the ACT were:

Religion	Percentage of population
Western Catholic	78
No religion (not further defined)	4
Christian (not further defined)	4
Pentecostal (not further defined)	2
Baptist	2

Communication and respect

Nicknames are common among Filipinos and may bear no obvious resemblance to the person's name.^x Older Filipino Australians may prefer to be addressed by their title (e.g., Mr or Mrs) and surname.^{xi} Filipino people may prefer to use titles for doctors and other health professionals instead of first names.^{xii}

Filipinos take special care to maintain respect in relationships and avoid confrontation in any type of communication. Filipino Australians may be reluctant to show disagreement and may say 'yes,' 'maybe' or 'I don't know' or maintain a smile when they do not agree, to avoid offence.^{xiii}

While Philippines-born people generally have good English proficiency, it should not be assumed that a patient understands or accepts all features of the Australian health system. Many Filipinos may prefer to speak their native language when ill or in other stressful situations.^{xiv}

* At the 2011 Census, up to two responses per person were allowed for the ancestry question. These figures represent people that identified the given ancestry in either response.

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Health professionals should ensure that the patient understands and accepts all instructions, such as by asking open-ended questions. Questions such as ‘Do you understand?’ or ‘Do you follow?’ may also be considered disrespectful. It may be more appropriate to ask ‘Do you have any questions?’^{xv}

If an interpreter is needed, it is important to accurately determine the patient’s preferred language, as there are large differences between Filipino languages. Sensitivity is required in introducing the need for an interpreter as many Filipinos take pride in their ability to speak, read and write English.^{xvi,xvii}

Health in Australia

In 2012, average life expectancy in the Philippines was 69 years (65 years for males, 72 years for females) compared to 83 years for the total Australian population (81 years for males, 85 years for females).^{xviii}

Among Australian-based migrant groups, people born in the Philippines and other Asian countries had a lower likelihood of overweight and obesity than European-born migrants.^{xix} However, Philippines-born women are often at risk for diabetes and coronary heart disease. Filipinos, especially women, often take sun protection measures and may be at increased risk of vitamin D deficiency as a result.^{xx}

Hepatitis B is common in the Philippines.^{xxi} Philippines-born people may therefore have an increased risk of hepatitis B infection than the general population.

Filipino migrants in Australia may face ongoing psychosocial challenges that impact their mental health, including being separated from family support networks.^{xxii,xxiii}

Research has shown that Philippines -born women experience greater distress and poorer social networks than Australian-born mothers in the early years after they have given birth to a child in Australia. A reason for this may be decreased access to formal or informal sources of support such as child care.^{xxiv} However, mental health symptoms tend to decrease over time, indicating the adaptation of Philippines -born women to their new environment.^{xxv}

Health beliefs and practices

There is considerable variation in beliefs among Filipino Australians, including between earlier migrants and those who migrated more recently. It is recommended that health practitioners acknowledge these variations and seek the preferences of patients and their families.^{xxvi}

Filipino Australians originating from rural areas in the Philippines are often knowledgeable about home remedies, traditional healing techniques and faith healers. Filipino Australians originating from urban areas may be more likely to rely on Australian medical treatments and over-the-counter medicines. Traditional therapies such as *hilot* (therapeutic massage), herbs, nutritional supplements and home remedies may be used in conjunction with Australian medical treatments and prescribed medications.^{xxvii,xxviii}

Filipino Australians may classify and explain illnesses using concepts of hot and cold. Foods, medicines and temperature/weather conditions are classified according to their heating or cooling qualities and their effects on the body. Sudden changes in body temperature may be perceived as harmful, especially sudden exposure to cold (e.g., through contact with water).^{xxix} Some Filipino patients may not wish to bathe or shower when ill, recovering from illness, or directly after birth, as bathing can be associated with a draining of strength from the body.^{xxx,xxxi,xxxii}

Filipino patients may wish to eat certain foods when recuperating, such as fresh fruit, vegetables and soup with chicken and ginger. These preferences should be accommodated by hospital staff as much as possible.^{xxxiii}

Many Philippines-born people cope with illness with the help of family, friends and religious faith, and Filipino families can greatly influence a patient’s decisions about health care. Health professionals should be supportive of patients’ family members being involved in their care (e.g., being flexible if family members wish to visit the patient outside normal visiting hours).^{xxxiv}

Philippines-born people generally treat doctors and other health professionals with high levels of respect.^{xxxv,xxxvi}

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Social determinants of health

The overall literacy[†] rate in the Philippines in 2008 was 95 per cent (95 per cent for males, 96 per cent for females).^{xxxvii}

In 2011, 69 per cent of Philippines-born people aged 15 years and over in Australia had some form of higher non-school qualifications compared to 56 per cent of the total Australian population. Of the Philippines-born aged 15 years and over, 7 per cent were still attending an educational institution. The corresponding rate for the total Australian population was 9 per cent.

Among Philippines-born people aged 15 years and over in Australia, the participation rate in the labour force in 2011 was 75 per cent and the unemployment rate was 5 per cent. The corresponding rates in the total Australian population were 65 per cent and 6 per cent respectively.

The median individual weekly income in 2011 for Philippines-born people in Australia aged 15 years and over was \$673, compared with \$538 for all overseas-born and \$597 for all Australia-born. The total Australian population had a median individual weekly income of \$577.^{xxxviii}

Utilisation of health services in Australia

Migrants from the Philippines in Tasmania have reported generally positive experiences with Australian health care services, although it may take several years for migrants to feel they could navigate the health system confidently. For example, some experienced confusion around processes for seeking specialist care, and whether they could request a GP of the same gender for a Pap test. Some Filipino migrants feel more comfortable communicating with GPs who understand their cultural understandings and beliefs regarding health.^{xxxix}

Migrant women from South East Asia, including the Philippines, are less likely than Australian-born women to participate in cervical screening (Pap tests) at the recommended interval.^{xl}

Philippines-born women living in remote/rural areas of Queensland had the same levels of health knowledge as their urban counterparts but experienced greater barriers in accessing health services and information. Differences in the use of health services were mainly due to lack of bulk billing doctors, long waiting and/or travel times for specialist services, young and inexperienced doctors, limited after hours services, and lack of female doctors. Short consultations meant that women were often unable to get the information they needed.

These problems were exacerbated because of differences in expectations about health services and providers, and lack of information and explanation about the way different health services are accessed and health problems are treated in Australia.^{xli} Some of these issues are also likely to occur in the ACT.

Adapted by ACT Health Multicultural Health Policy Unit (2014) from Queensland Health Multicultural Services (2011) *Filipino Australians: Community Profiles for Health Care Providers*. Brisbane: State of Queensland (Queensland Health).

A full list of references is available on request from the Multicultural Health Policy Unit at multiculturalhealth@act.gov.au or (02) 6205 1011.

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[†] People aged 15+ years who can read and write.