



PHILIPPINES

CULTURAL COMPETENCY AND TUBERCULOSIS CONTROL

A Practical Guide for Health Professionals
Working with Foreign-born Clients

A map of Southeastern Asia with the Philippines highlighted in white. The map shows the outlines of the Philippines, Indonesia, and parts of Vietnam and Malaysia. The Philippines is located in the eastern part of the region, between the Philippine Sea and the South China Sea.

GEOGRAPHIC LOCATION¹

- The Philippines are located in Southeastern Asia.
- The Capital is Manila.¹
- The country is an archipelago made up of 7,107 islands and is located between the Philippine Sea and the South China Sea, east of Vietnam.¹
- The country is divided into 3 main geographical areas, comprised of 17 regions, 80 provinces and 39 chartered cities.¹
- **3 main geographical areas:** Luzon, Visayas, and Mindanao¹

Note: The information provided within is an introduction only and does not characterize all individuals from this country.

BACKGROUND INFORMATION

OFFICIAL LANGUAGE(S):

- Over 150 languages are spoken in the Philippines. Philippine languages tend to be referred to as dialects.²

Note: These dialects are distinct and not understood by all Filipinos.

- **Two official languages** – Filipino (based on Tagalog) and English.¹
 - The largest number of Filipino immigrants come from the Tagalog-speaking regions of Luzon, and the Ilocano-speaking region of Northern Luzon.²
- **Major dialects** – Tagalog, Cebuano, Ilocano, Hiligaynon or Ilonggo, Bicol, Waray, Pampango, and Pangasinan.¹

MAJOR ETHNIC GROUPS:

- **Majority:** Tagalog 28.1%, Cebuano 13.1%, Ilocano 9%¹
- **Minority:** Bisaya/Binisaya 7.6%, Hiligaynon Ilonggo 7.5%, Bicol 6%, Waray 3.4%, other 25.3% (Koreans, Indonesian, Spaniards, Chinese, South Asians) (2000 census)¹

DOMINANT RELIGION(S) WITHIN THIS COUNTRY:

- **Christian:** Catholic 82.9% (Roman Catholic 80.9%, Aligpayan 2%), other Christian 4.5%
- **Other religions:** Muslim 5%, Iglesia ni Kristo 2.3%¹

LITERACY OF CITIZENS: *Defined as persons age 15 years and older that can read and write.*

- Total population: 96.3%¹
 - Male: 95.8%
 - Female: 96.8% (2015 est.)

MEDICAL SYSTEM:

- The medical system within the Philippines is a mix of public and private providers.³
- In the Philippines people with TB symptoms will often first approach a physician. This is often followed by “shopping” for a diagnosis and treatment from alternative healthcare providers due to a lack of trust in public health services and a perceived need to explore alternative providers – especially when symptoms persist.^{4, 5}

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MAJOR INFECTIOUS DISEASES WITHIN THE BIRTH COUNTRY:

- **Food or waterborne diseases:** bacterial diarrhea, hepatitis A, and typhoid fever.¹
- **Vector borne diseases:** dengue fever and malaria.¹

FERTILITY RATE OF WOMEN RESIDING WITHIN THE BIRTH COUNTRY:

- 3.09 children born/woman (2015 est.)¹

THE ESTIMATED NUMBER OF INDIVIDUALS FROM THIS COUNTRY EMIGRATING ANNUALLY TO THE UNITED STATES:

- According to data compiled in 2013 by the United Nations, approximately 2,000,000 individuals originating from the Philippines reside in the United States.⁶
- 52,955 persons from the Philippines obtained legal permanent resident* status within the USA during fiscal year 2013.⁷
- The average number of persons from the Philippines who obtained legal permanent resident status annually (2010-2013): 55,511.⁷

**Legal permanent residents are foreign nationals who have been granted the right to reside permanently in the United States. Often referred to simply as “immigrants,” they are also known as “permanent resident aliens” and “green card holders.”*

According to 2012 US Homeland Security Data, individuals who became legal permanent residents from this country indicated the following top 10 states as their state of residence.

The percentage of the total number of legal permanent residents by state.⁹

1. California	37.2%
2. Texas	5.3%
3. New York	5.0%
4. Florida	4.8%
5. Illinois	4.5%
6. New Jersey	4.0%
7. Washington	3.2%
8. Nevada	2.3%
9. Virginia	2.3%
10. Maryland	2.2%

THE ESTIMATED NUMBER OF INDIVIDUALS FROM THIS COUNTRY EMIGRATING ANNUALLY TO CANADA:

- 40,035 persons from the Philippines were granted permanent resident status within Canada during fiscal year 2014.⁸
- The average number of persons from the Philippines who become legal permanent residents of Canada annually (2005-2014):23,492.⁸
- In 2012, Filipino immigrants granted permanent residence in Canada accounted for 14.8% of all immigrants originally from Asia and the Pacific and ranked number 1 among the top 10 source countries of immigrants granted permanent residence in Canada.⁸

THE ESTIMATED NUMBER OF INDIVIDUALS FROM THIS COUNTRY EMIGRATING ANNUALLY TO COUNTRIES WITHIN THE EUROPEAN UNION:

- According to demographic statistics from 2007, the greatest numbers of Filipino immigrants reside in the United Kingdom, Italy, Germany, France, and Spain.¹⁰

TUBERCULOSIS EPIDEMIOLOGY

BASED ON THE ESTIMATED INCIDENT CASES (ALL FORMS) OF TUBERCULOSIS IN 2013, THIS COUNTRY IS RANKED NUMBER 7 OUT OF 176 COUNTRIES WORLD-WIDE.¹¹

Estimated Burden of Tuberculosis (2015):

Incidence: 288/100,000¹²

Prevalence: 417/100,000¹²

Reported Cases of TB (2015):

267,436¹² *Note: Including new cases and retreatment cases*

Estimated Burden of HIV Infection (2012):

Estimated prevalence: <0.1%¹³

Low estimate (adults): <0.1%¹³

High estimate (adults): <0.1%¹³

WHO Estimates 6,100-13,000 Filipinos are living with HIV.¹⁴

TB/HIV Co-infection (2006):

Estimated co-infection: < 1%¹³

Adults ages 15-49 yrs:

- **Estimated New HIV Infections Incidence(2012):** <.10¹³
- **Estimated people living with HIV:** 15,000¹³
- **Reported cases of co-infection:** 108¹³

ESTIMATED LEVEL OF MULTI-DRUG RESISTANT TB:

- 2% of new TB cases are multi-drug resistant.¹²
- 21.0% of previously treated TB cases are multi-drug resistant.¹²

STANDARD TB DRUG TREATMENT/TB MEDICATIONS READILY AVAILABLE FOR THE TREATMENT OF TB IN THIS COUNTRY:

- Standard TB Regimens are used (Category I + III: 2HRZE/4HR and Category II: 2HRZES/1 HRZE/5HRE).^{15,16}

TB CONTROL/DOTS COVERAGE:

- According to the World Health Organization, 84% of the country's citizens are covered by DOTS.¹²

TB MEDICATION AVAILABLE AT NO COST:

Yes No Information Not found/Unknown

Comments: Patients treated in both the private and public health sectors receive medications at no cost, using DOT.¹⁵

TB MEDICATIONS AVAILABLE ONLY THROUGH NATIONAL TB PROGRAM:

Yes No³ Information Not found/Unknown

Comments: In the past, INH and Rifampin had been sold in some pharmacies under the label “vitamins for lungs” and are used in short duration for non-TB related illnesses or to strengthen the lungs of children. Additionally, locally produced and imported fixed dose combinations of HRZE and HR are available for purchase with a prescription through local pharmacies. These medications are expensive.

TB MEDICATIONS AVAILABLE THROUGH PRIVATE PHARMACIES WITH A PRESCRIPTION:

Yes No Information Not found/Unknown

Comments: See comment above

USE OF BCG VACCINE:

Yes No

Approximately what percent of the population is covered by the BCG vaccine:
87% coverage (WHO estimates, 2014)¹⁷

Nicknames/Common Names for TB :

- *mahina ang бага* or “weak lungs” (to describe TB without hemoptysis)^{5, 17}

Note: For many Filipinos the term “weak lungs” is more socially acceptable/less stigmatizing than revealing a diagnosis of TB.⁵

- Before using this nickname in conversations with Filipino clients, note that some Filipinos view “weak lungs” as less serious than TB and “weak lungs” are often thought to be non-contagious.¹⁸

COMMON ATTITUDES, BELIEFS AND PRACTICES RELATED TO TUBERCULOSIS

GENERAL COMMENTS:

- Regional differences with respect to education, socio-economic status and language exist within the Philippines. The misperceptions, attitudes, and beliefs listed below are derived from the literature. It is important to keep in mind: immigrants from the Philippines may not hold these beliefs and attitudes.¹⁹

Note (related to contact investigations): Family bonds are very strong. When approached in a sensitive manner, family members are receptive to undergoing examination for the benefit of the rest of the family and children.²⁰

- Filipino immigrants may not believe a diagnosis of TB and subsequently fail to adhere to TB treatment. These patients doubt their diagnosis, reasoning that they passed the TB screening portion of the immigration process and were permitted to immigrate.¹⁸

- Case findings and treatment are often complicated by Filipino immigrants' fears of being deported following a TB diagnosis and concerns that the immigration of other family members will be affected due to their diagnosis.¹⁸
- Most Filipinos recognize the need to take medications/pills to treat tuberculosis.⁵
- In the event a Filipino TB patient develops a common respiratory tract infection (cold or flu) they may lose faith in the prescribed TB medication regimen, fear relapse, and/or seek additional treatments.¹⁸
- Filipino TB patients, particularly those who feel better after the intensive phase of therapy, may be inclined to share TB medication with other family members to treat other respiratory tract infections or horde their pills to be used when family members develop respiratory tract infections.¹⁸

Common Misperceptions Related to TB Etiology/Cause

- The body becoming dry or dehydrated¹⁸
- Overwork/sweat drying on a person's back following labor^{5, 18, 21}
- Alcoholism^{5, 18, 21}
- Heavy smoking^{18, 21, 22}
- Not eating nutritional food^{5, 18, 21}
- Unsanitary/dirty housing^{18, 21}
- Genetic inheritance within families^{5, 18, 21, 22}
- Worrying/anxiety^{18, 21}
- Frequent pregnancies¹⁸
- Wearing wet clothing¹⁸
- A cough (due to a cold or bronchitis) that was not treated and developed into a serious disease.^{18, 21}
- Exposure to the elements, particularly during weather changes⁵

While TB is associated with malnutrition, poverty/overcrowded living conditions, and the use of alcohol, drugs, and tobacco, some individuals view these associated factors as the direct cause (or etiological agent) of tuberculosis disease.

COMMON MISPERCEPTIONS RELATED TO DISEASE TRANSMISSION:

- Sharing eating utensils, telephones or beds^{18, 21, 22}
- Touching a person with TB^{18, 21}
- Talking to a person with TB^{18, 21}

Note: Providers may need to clarify when this is an issue, and when it is not – when counseling clients and their loved ones.

- Sexual intercourse²²
- Blood transfusion²²
- Drinking water²²

Note: Filipinos may believe that children cannot have TB, due to the belief that the illness only affects adults.⁵

MISPERCEPTIONS RELATED TO DIAGNOSTIC PROCEDURES:

- Filipino patients may be reluctant to undergo X-rays, fearing that X-rays will cause a person to become sterile or develop cancer.¹⁸
- The results of an X-ray can be affected by a person's diet. Examples: drinking a cup of milk will result in a "negative" chest X-ray; drinking vinegar will cause an X-ray to be blurry.¹⁸

CURES/TREATMENTS THAT MAY BE USED:

- **Correcting imbalances in the body through:** (1) exercise, (2) avoiding problems or worries, (3) eating a balanced diet, (4) resting, (5) not bathing when fatigued or sweating, (6) avoiding salty foods, (7) avoiding sweet foods, and (8) avoiding eating crabs or shrimp.^{18, 21}
- Improving sanitary conditions within the home or work setting.^{18, 21}
 - Some believe boiling the clothes and linens of an infected person can prevent further spread of TB.
- Herbal remedies¹⁸
- Prayer¹⁸
- Drinking milk^{18, 22}
- Drinking large quantities of water¹⁸
- Smoking cessation^{18, 21}
- Vitamin for lungs (*vitamin sa baga*)

Note: This vitamin is actually isoniazid – taken as a monotherapy^{5, 22}

USE OF TRADITIONAL HEALERS:

- *Albularyo* (traditional healers) are often consulted for herbal treatments that may include eucalyptus or seeds from Chinese plants.¹⁸
- *Spiritista* (faith healers) are often consulted for healing through prayer and holy oil.¹⁸

Note: Some Filipino patients may believe that in order to be effective, the use of traditional healing methods must exclude any other types of treatment.¹⁸

Stigma and Stigmatizing Practices Surrounding TB in this Country

- Beliefs regarding how TB is transmitted can lead to extreme isolation of TB patients.²³
- In the Philippines, TB patients fear loss of jobs, divorce or a reduced chance of marriage as consequences of a TB diagnosis.
- TB patients are thought to be dirty and dangerous – consequently they may be shunned or avoided by family members and even their spouse. Spouses may refuse to have any interactions with the TB patient.²³

IMPORTANT TUBERCULOSIS EDUCATION POINTS:

Note: The Philippines is comprised of many islands, consequently regional differences exist. Do not assume Filipino patients will believe the common misperceptions described above.

- Patients may wish to include family members in discussions concerning TB therapy and medical decision-making. Ask patients whether they prefer to have family members present during conversations with providers.¹⁸
- Explain to patients, family members, and members of a patient's social network how TB is transmitted. Emphasize appropriate precautions to take to avoid transmission and discuss when, during treatment, a patient is no longer contagious.
 - Discuss how a person is infected with TB; emphasize the concept of latent infection, the progression of latent infection to active disease.
 - Emphasize that TB is curable.¹⁵
 - Emphasize the value of LTBI treatment.²⁴
- Assure patients that a diagnosis of TB is not a cause for deportation, and will not pose a barrier to the immigration of other family members. Discuss confidentiality policies.
- Educational materials that include testimonials from peers tend to be viewed as more credible sources of information and draw more attention from Filipino patients.¹⁸

COMMON ATTITUDES, BELIEFS AND PRACTICES RELATED TO HIV AND AIDS

GENERAL COMMENTS:

- The predominant mode of HIV transmission in the Philippines is heterosexual contact, followed by homosexual and bisexual contact.¹⁴
- The December 2005 UNAIDS update notes that adult HIV prevalence has stayed low even among at-risk populations, but warns that there are signs of possible change. Studies have shown that (a) condom use during commercial sex is infrequent (especially among non-brothel based sex workers), (b) the prevalence of sexually transmitted infections has been rising, and (c) high rates of non-sterile needle use among drug injectors has been found in some parts of the Philippines.²⁵
- The Philippine National AIDS Council describes the HIV epidemic as “hidden and growing,” primarily because all known routes of HIV transmission exist in the country: low condom use, high-risk adolescent sexual activity, large numbers of overseas workers, and rising prevalence of other sexually transmitted diseases and infections.²⁶

COMMON MISPERCEPTIONS RELATED TO DISEASE TRANSMISSION:

- Mosquito bites²⁷
- Sharing food or casual contact with an HIV positive person^{27, 28}
- Using a public restroom²⁹

CURES/TREATMENTS THAT MAY BE USED:

- Antibiotics²⁸
- Herbs
- Prayer

STIGMA AND STIGMATIZING PRACTICES:

- In the Philippines, HIV positive individuals may face discrimination in the community and within some healthcare facilities.^{27, 30}

Discrimination may include:^{27, 30}

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

IMPORTANT HIV EDUCATION POINTS:

- Emphasize that in the event an HIV test is positive, currently available treatment can enable HIV positive individuals to lead a normal life.¹⁵
- Discuss the benefits associated with condom use, and offer instruction in the proper use of condoms.
 - **Within the Philippines barriers to proper and consistent condom use include:**
 - (a) lack of knowledge that condoms can prevent the transmission of STDs,
 - (b) fear of adverse effects or health problems, (c) the association of condoms with illicit sex (which has lead some Filipinos to view condoms as dirty and something that shouldn't be used with girlfriends or wives), (d) objections to condom use raised by husbands or relatives, and (e) religious reasons.^{27, 30-31}

GENERAL PRACTICES

CULTURAL COURTESIES TO OBSERVE:

- A smile and slight bow of the head is regarded as a respectful greeting. A handshake is used in formal situations.^{34, 35}

Note: Men should wait for a Filipino woman to extend her hand.^{34, 35}

- It is disrespectful to address a patient by their first name only, especially when speaking with an elderly person. Always use “Mr.,” “Mrs.,” or “Miss” before the full name.¹⁸
- A common greeting is to slightly bow the head and say, *Kumusta*, which translates to: “How are you?” in both Tagalog and Ilocano.¹⁸

More About Greetings:

- Filipinos often greet each other by making eye contact, then raising and lowering their eyebrows.³⁴
- Close female friends will greet each other with a hug and kiss.³⁴
- Close male friends may exhibit close physical contact, such as holding hands or walking with an arm around a friend’s shoulder.³⁴

- When a healthcare professional interacts in an unhurried manner, Filipino patients often interpret this as a sign that the healthcare professional truly cares for them. It is important to explain to patients the time constraints that often face staff in healthcare settings, and at the same time, emphasize that the patient is very important to the healthcare provider.¹⁸
- If a Filipino patient or family member offers a food item to a healthcare professional, refusal of the item is viewed as a snub or insult.¹⁸

Is There a Need to Match Client and Provider by Gender?

Yes No¹⁵ Information Not found/Unknown

FAMILY

- Filipinos are extremely family-oriented and tend to uphold close family ties. The extended family is a source of personal identity, emotional and material support, and the focus of an individual’s duty and commitment. These family ties can also influence health outcomes of patients.^{2, 18, 22}
- The family is the prevailing influence in Filipino culture. Before taking action, each person must seek the consensus of the family. Generally, there is not a sense that the individual has the authority to have “the final say.”³²

CULTURAL VALUES:

- The concept of “machismo,” (the need for men to prove and exhibit their masculinity) is a strong influence in Filipino culture. Consequently, overly aggressive, domineering behavior in women will not be well received.³⁴
- Although there are many social inequalities, there is a belief that everyone must be treated with civility. Moreover, as people rise in importance, they are expected to behave with heightened modesty and graciousness, especially in their dealings with the poor.³⁴
- Maintaining cordial relations at all times is essential in the Filipino culture. Making only positive comments during a conversation is a good place to start. Negativity of any kind can cause “loss of face,” which has negative consequences in this culture – including the loss of a person’s reputation and severing of friendships and bonds/connections between people.³⁴
- Shame (*hiya*) is a motivating factor behind behavior. It is a sense of social propriety and conforming to societal norms of behavior. Filipinos believe they must live up to the accepted standards of behavior and if they fail to do so they bring shame not only upon themselves, but also upon their family. If someone is publicly embarrassed, criticized or does not live up to expectations, they feel shame and lose self-esteem.²
- To persons from this country it is particularly important that healthcare professionals dress neatly and modestly. An informal (i.e. jeans) or immodest (clothing that reveals the chest, or is short) style of clothing may be interpreted as a sign of disrespect or an indication that the healthcare facility views their patient population as “low-class.”¹⁸

NAMES:

- Filipino culture is a fusion of indigenous traditions, and Spanish and American culture. The Filipino culture has also been influenced by Chinese, Indonesian, and Indian cultures.³⁴
- Chinese and Spanish surnames (last names) are common.
- Upper-class Filipinos follow the Hispanic tradition of having two surnames: one from their father, which is listed first, followed by one from their mother. The father’s surname is used when addressing someone.³⁴
- Most Filipinos have nicknames, many of which sound unusual to visitors. Once a Filipino asks you to address him or her by a nickname, honor this request.³⁴

COMMUNICATION PATTERNS (VERBAL AND NON-VERBAL):

- Speaking loudly or in an abrupt tone of voice to a patient may cause the patient to view the healthcare provider as rude, immature, or lacking finesse. Also, if an individual from this country is spoken to loudly, the person may feel they are being scolded.^{18, 34}

Note: A low, controlled tone of voice at all times projects an authoritative, confident image.^{18, 34}

- Interrupting while someone else is talking is usually considered offensive.³⁴

Note: A Filipino may try to get your attention by brushing a finger against your elbow.

- As a “face-saving” measure, Filipinos will often say “yes” when they don’t actually mean it. A “yes” may be used to disguise a lukewarm response such as “I’ll think about it” or an outright “no.”³⁴
- It’s recommended that you break eye contact several times in the course of a conversation. When you look at a Filipino too intently, it is often interpreted as “gawking” rather than a sign of attentiveness.³⁴
- Patients from this country will often avoid making eye contact with healthcare professionals as a sign of respect. Thus, a lack of eye contact should not necessarily be interpreted as a sign of embarrassment, disagreement or a lack of interest in what is being said.¹⁸
- When a Filipino person raises his or her eyebrows at you, it is often a way of indicating that you have been understood.³⁴
- Don’t assume that a smile is an indication of amusement or approval. Frequently, smiling is used to mask embarrassment, nervousness, and other feelings of distress. For this reason Filipinos may smile or laugh seemingly inappropriately during somber or tense moments.³⁴
- To beckon someone, hold your hand out, palm downward, and make a scooping motion with the fingers. Beckoning someone with the palm up and wagging one finger can be interpreted as an insult.³⁴
- Except when conducting a physical exam, avoid body contact with patients (particularly touching between men and women) – even a simple pat on the back may be viewed as rude. Also, touching the head is often viewed by patients as degrading.¹⁸

The following gestures may also be considered inappropriate or offensive to a patient from this country:

- Do not place your hands on your hips when talking.³⁴
- Pointing a middle finger at a person or thing is considered the most obscene gesture in the Philippines. Since pointing can easily be perceived as an insulting gesture, Filipinos rarely indicate objects or directions by pointing with their fingers. Instead, they indicate with a glance or by pursing their lips.³⁴

Phrases or terms to avoid

- Avoid phrases that include the words “silly” or “crazy” (example: “That is crazy” or “Don’t be silly”). These words may be taken literally and interpreted as an indication that a healthcare provider perceives a Filipino client as mentally ill – which is highly stigmatized in Filipino culture.³⁶

DIET AND NUTRITION:

- Filipino cuisine is heavily influenced by Spanish and Chinese cuisine.

TRANSLATED EDUCATIONAL MATERIALS AVAILABLE ONLINE

TUBERCULOSIS SPECIFIC MATERIALS:

BROCHURES AND FACT SHEETS

General disease information

- **Dagiti Masapul a Maammuan Tayo Maipapan Iti Sarut/What you should know about tuberculosis (TB):**

(Ilocano) http://www.powershow.com/view/195a5-NGZlO/Dagiti_Masapul_a_Maammuan_Tayo_Maipapan_Iti_Sarut_powerpoint_ppt_presentation

- **Ano ang kailangan kong malaman tungkol sa latent tuberculosis impeksiyon/What do I need to know about latent tuberculosis infection?**

(Tagalog) <http://www.sftbc.org/#!/resources>

- **Ano ang kailangan kong malaman tungkol sa mga aktibong sakit na TB/What do I need to know about active TB disease?**

(Tagalog) <http://www.sftbc.org/#!/resources>

- **Takpan ang iyong ubo: ihinto ang pagkalat ng mga mikrobyo na gumawa ka at ang iba ay may sakit/Cover your cough: stop the spread of germs that make you and others sick**

(Tagalog) <http://www.cdc.gov/flu/protect/covercough.htm>

Diagnostics

- **Ako ay nailantad sa tuberculosis (TB) , ano ang gagawin ko ngayon/I have been exposed to tuberculosis (TB), what do I do now?**

(Tagalog) <http://www.sftbc.org/#!/resources>

- **Ako ay maaaring may impeksyon sa mikrobyo ng TB ... Paano ko malalaman para bang/I may be infected with the TB germ... How can I know for sure?**

(Tagalog) <http://www2.sdcounty.ca.gov/hhsa/documents/TB-455tIMayBeInfectedwTBGerm.pdf>

- **Ano ang ibig sabihin ng isang pagsubok positibong TB skin/What does a positive TB skin test mean?**

(Tagalog) <http://www2.sdcounty.ca.gov/hhsa/documents/TB-474t.pdf>

- **Ano ang ibig sabihin ng isang pagsubok negatibong balat TB/What does a negative TB skin test mean?**

(Tagalog) <http://www2.sdcounty.ca.gov/hhsa/documents/TB-473t.pdf>

Treatment

- **Programang Paggamot Na Tuwirang Inoobserbahan/Directly Observed Therapy (DOT) program**
(Tagalog) <http://www2.sdcounty.ca.gov/hhsa/documents/TB-476tDOTProgram.pdf>
- **Parasaiyo At Saiyong Pamilya-Maiiwasan Ang Tb Sa Pamamagitan Ng Paginom Mga Gamut/Pills to prevent TB: For you and your family**
(Tagalog) <http://ethnomed.org/patient-education/tuberculosis/tbpills-tagalog.pdf>

TB/HIV

- **Isang Mapanganib na Pagsasama/TB & HIV: A dangerous partnership**
(Tagalog) <http://www.vdh.virginia.gov/TB/Patients/brochures/TBHIVTag.pdf>

HIV/AIDS SPECIFIC MATERIALS (TITLES PROVIDED IN ENGLISH):

BROCHURES AND FACT SHEETS

- **Mas ligtas na sex/Safer sex**
(Tagalog) <http://apiwellness.org/pdf/safesex/tagalog.pdf>
- **HIV: Isang panimula/HIV: An Introduction**
(Tagalog) http://www.mhahs.org.au/index.php?option=com_content&view=article&id=230&Itemid=601&lang=en

Please note that this resource list is not all inclusive and does not represent all the resources available for this subject. Additional TB educational resources may also be found at www.findtbresources.org

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