



Kagalingan: The Filipino's Search for Well-Being, Happiness and Health
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Summary

Kagalingan is a Filipino (Tagalog) word with various meanings --- well-being, health and happiness, being proficient at something. Living in harmony with one's fellowmen, nature, and a Higher Being (relationality, sociality), and having access (however limited) to the '*good things in life*' (material sufficiency, food security) are essential to a Filipino's sense of well-being. The reciprocal link between health and well-being is such that health (physical, mental) influences well-being (and even happiness), and well-being itself influences health.

Social relationships are rooted in material conditions of living, and consequently, are integral to well-being and health. Hence, well-being is not all about health (whether it be good health or poor health) as it is usually defined from a biomedical perspective. The shared perceptions and experiences (intersubjectivity) of daily living are material, subjective, and relational processes and experiences intersecting and operating at different levels (individual, family, community, societal). Such intersubjectivity contributes to *kagalingan*, and '*a good society*' (not just 'a good life' or 'the good life').

This dissertation gives a better understanding into how Filipinos articulate and experience well-being amidst socio-economic inequalities and the shifting epidemiological burden in the Philippines. Chapter One discusses the Filipino's search for well-being (the '*good things*' in life), happiness and health. The story of fictive characters (Rosario and her husband Jose) gives deeper insights into the varied ways by which well-being is experienced and understood from the Filipino perspective. Rosario and Jose's story is a composite of real life accounts which are based on my multiple interactions with similarly situated individuals.

Chapters Two to Eight (in contrast to the aforementioned emphasis on biomedical definitions of health problems) discuss interdisciplinary research projects on people's notions of well-being and health experiences, and how such information may be elicited among different groups in the Philippines.

Chapter Two explores experiences with, and perceived risk and vulnerability to malaria.

Chapters Three to Seven are from a cohort study on cardiovascular disease epidemiology (LIFE course study in CARdiovascular disease Epidemiology –

LIFECARE). The LIFECARE research design (as applied to 4 Southeast Asian countries – Philippines, Malaysia, Indonesia, Thailand) is explained in Chapter Three. Chapter Four looks at the prevalence of metabolic syndrome (MeTS) in relation to sociodemographic factors (age, residence, educational attainment, employment status). Similarly, Chapter Five also examines demographic factors (age, civil status, educational attainment, employment status) with regard to stress experienced in the past year. The validation of the Philippines (Tagalog) version of the Short-Form 36 Version 2® (a widely used measure of a person's perception of the state of one's own health) is described in Chapter Six. Self-reported preferences for food taste and cooking methods are discussed in Chapter Seven.

Chapter Eight describes the linguistic validation and translation into 5 Philippine languages (Tagalog, Ilocano, Cebuano, Hiligaynon and Bisaya) of a patient-reported outcome questionnaire on gastroesophageal reflux disease (GERD).

Chapter Nine looks into living well, being well from the Filipino perspective, crossing and mixing methods in health research; and the socialities of well-being. There are different ways of knowing and doing health --- be it at individual and collective levels within one's own community, culture and beyond; through present and past experiences, or based on logical thinking.

Improving and monitoring health outcomes are essential. However, such efforts need to incorporate various ways of thinking about well-being and health; and recognize that health and well-being (whether it be from the people's perspective or even from a biomedical perspective) are socially constructed. What can be considered as good (or ill) health, good (or less than optimal) well-being are shaped and recognized, negotiated by people who interact with each other within a specific socio-cultural milieu. The opportunities and challenges which individuals, their families and communities face in learning how to *live well* and *be well*, and still *feel good* and *feel well* need to be better understood.