
Tagay: The Culture of Sharing Glasses

The Common Glass

Joel filled a glass with tuba (a local coconut liquor; see **Exhibit 1**) and extended it to Brian's lips. Brian's face flushed as he held the common glass. It was 6 p.m. when he bumped into Joel and Resty relishing a birthday drinking session. Brian had just come from a barangayⁱ health center in Cebu, Philippines, trekking an hour toward home on Camotes Island. Joel, the barangay captain of the village, and the birthday boy, Resty, a well-respected elder of the community, enticed him to take a shot. When they noticed that Brian was hesitant to take the shot, Joel took the glass from him and consumed it. He refilled the glass and handed it to Resty. When Resty consumed his share, Joel refilled it again and pressured Brian to take a turn.

It is a local practice among Cebuanos to drink after work for leisure with a common glass. Sharing a glass is a form of comradery and rejecting an offer is an insult. Brian did not want to share the glass, but was indecisive over the cultural implications of saying no.

ⁱ A barangay, formerly called barrio, is the smallest administrative division in the Philippines and is the native Filipino term for a village, district, or ward.

Tagay as a Cultural Practice

For Cebuanos, alcoholic beverages are an indispensable part of any occasion. The word “tagay” literally means “bottoms up.” It typically refers to a group of men gathered around a small table, in front of a barrio, sari-sari store,ⁱⁱ or in someone’s backyard. However, on Camotes Island, it refers to the act of drinking round-robin style using a common glass. One man drinks bottoms-up before passing the glass on to the next person. One person usually volunteers to pour the drink. Declining an invitation to a tagay is unheard of. This ritual is just one of the many cultural traditions among Cebuanos on Camotes Island that defines the value of pakigka-uban (comradery). For them, saying “no” is a form of disrespect.

Madeleine Leininger, Brian’s Favorite Nurse Theorist

When Brian was still in his first year of nursing school, he admired Madeleine Leininger, the author of Culture Care Universality and Diversity Theory. Her theory advocates caring processes that are synchronized with the social philosophies and lifestyle of the client. Leininger calls this “culturally congruent care.” In culturally congruent care both the nurse and the client productively plan the client’s care routine. This entails the consideration of both generic and professional knowledge. As consumers, patients play a part in identifying, planning, implementing, and evaluating each decision and action in their care plans.¹

Leininger defines three culturally congruent nursing care actions and decisions:

- *Culture care preservation or maintenance.* Refers to nursing care activities that help people of particular cultures retain and use core culture care values related to healthcare concerns or conditions.
- *Culture care accommodation or negotiation.* Refers to creative nursing actions that help people of a particular culture adapt to or negotiate with others in the healthcare community in an effort to attain the shared goal of an optimal health outcome.
- *Culture care repatterning or restructuring.* Refers to therapeutic actions taken by culturally competent nurses or family. These actions enable clients to modify their personal health behaviors to achieve beneficial outcomes, while respecting the clients’ cultural values.²

Culture care obliges nurses to: (1) be aware of their personal biases, partialities, cultural stances, and ethnocentric propensities; (2) obtain broad knowledge of the client’s culture; (3) explore research-based data to build culturally congruent care practices; and (4) incorporate ethical and moral cultural knowledge as well as human rights principles in a client’s care.³ (See **Appendix A** for more terminologies).

ii A sari-sari store is a convenience store found in the Philippines. “Sari-sari” is Tagalog for “variety.” Such stores are important economic and social locations in Filipino communities. Most sari-sari stores are privately owned shops and are operated inside the shopkeeper’s house.

Sharing Fomites is Sharing Bacteria, Viruses, Allergens

Previously, Brian was assigned to the Central Visayas Regional Office for Communicable Diseases. He roved around the region delivering health seminars concerning the prevention of communicable diseases. One of his topics was indirect contact contamination, which leads to communicable diseases (bacterial or viral) and cross-contact allergic reactions.

Indirect contact transmission occurs from contact with inanimate objects or fomites. Fomites are anything an infected individual (or reservoir) can touch, upon which they leave residue of a contagious pathogen. It is more difficult to avoid indirect contact transmission than it is to avoid direct contact transmission. The best ways to prevent indirect contact transmission are by: (1) avoiding contact with fomites; (2) avoiding contact with mucous membranes; (3) using barriers when handling fomites; and (4) disinfecting fomites before handling.⁴

Decide Now

“Tagay!” Resty summoned. Within a split second, Brian had to respond appropriately. Would he take the shot or pass? Brian said, “Not for now, maybe next time.” He told his friends that sharing fomites is tantamount to sharing bacteria, viruses, and allergens. He enumerated the diseases and allergic reactions that could be caused by the ritual.

“Splash! Bang!” A glass filled with tuba splashed and then broke on the ground. A fragmented table was strewn around a coconut tree. Brian kept still, stunned by what he saw. He thought to himself: “Where did I go wrong? What could I have done differently?”

Appendix A

Terminologies

<ul style="list-style-type: none">• Cultural Imposition: The inclination of nurses to impose their beliefs, values, and patterns of behavior on clients from another culture.
<ul style="list-style-type: none">• Cultural Ignorance: Unfamiliarity with a culture.<ul style="list-style-type: none">○ Culture Shock: Becoming bewildered or incapable of reacting aptly to the client or circumstance due to a phenomenon that is culturally unfamiliar.
<ul style="list-style-type: none">• Cultural Blindness: The inability to be familiar with or cognize the culture of others.
<ul style="list-style-type: none">• Ethnocentrism: The certainty of nurses that their professional ways are the finest, most superior, or most favored ways to act, believe, or behave
<ul style="list-style-type: none">• Cultural Bias: The firm position or stance of nurses that their values and beliefs must govern the situation.<ul style="list-style-type: none">○ Cultural Relativism: The theory that cultures are unique and must be evaluated, judged, and helped according to their own particular values and standards.
<ul style="list-style-type: none">• Racism: Cultural discrimination.
<ul style="list-style-type: none">• Cultural Pain: Suffering, discomfort, or being greatly offended by an individual or group that shows a lack of sensitivity toward another's cultural experience.

Source: Leininger, M.M., & McFarland, M. (2002). *Transcultural Nursing: Concepts, Theories, Research, and Practice (3rd ed.)*. New York: McGraw-Hill.

Endnotes

- 1 Leininger, M.M. (2006). Part I. "The Theory of Care and the Ethnonursing Research Method." Transcultural Nursing (pp. 71-98; 3rd ed.). International Edition: McGraw-Hill Companies, Inc.
- 2 Leininger, M.M. (2001). Culture Care Diversity and Universality: A Theory of Nursing. New York: National League for Nursing Press.
- 3 Leininger, M.M., & McFarland, M. (2002). Transcultural Nursing: Concepts, Theories, Research, and Practice (3rd ed.). New York: McGraw-Hill.
- 4 Division of Public Health Surveillance and Informatics Division, National Epidemiology Center, Department of Health. Field Health Services Information System.