

CONCEPTS OF HEALTH, ILLNESS, CARING, AGING AND PROBLEMS
OF ADJUSTMENT AMONG ELDERLY FILIPINAS RESIDING
IN HAMPTON ROADS, VIRGINIA

by

Alice Z. Welch

A dissertation submitted to the faculty of
The University of Utah
in partial fulfillment of the requirements for the degree of

Doctor of Philosophy

College of Nursing
University of Utah

December 1987

THE UNIVERSITY OF UTAH GRADUATE SCHOOL

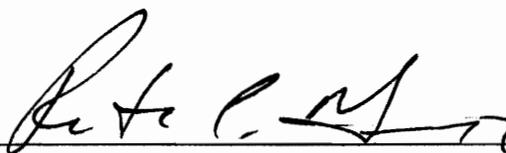
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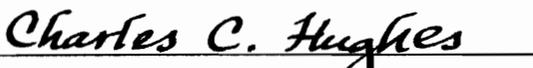
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H. Monte Hill

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Patricia C. Albers

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Margaret Dimond

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I have read the dissertation of Alice Z. Welch in its final form and have found that (1) its format, citations, and bibliographic style are consistent and acceptable; (2) its illustrative materials including figures, tables, and charts are in place; and (3) the final manuscript is satisfactory to the Supervisory Committee and is ready for submission to the Graduate School.

Nov. 19, 1987
Date

Peter C. Morley
Peter C. Morley
Chairperson, Supervisory Committee

Approved for the Major Department

Linda K. Amos
Linda K. Amos
Chairman / Dean

Approved for the Graduate Council

B. Gale Dick
B. Gale Dick
Dean of The Graduate School

ABSTRACT

This inductive, exploratory descriptive study of elderly immigrant Filipino women is conducted in Hampton Roads, Virginia. The epistemological basis of the study is phenomenological and hermeneutical. Data were collected from 124 informants. One hundred of the informants are elderly immigrant Filipinas between the ages of 51 and 91. The remaining 25 informants are predominantly Filipino physicians, nurses, dietitians, priests, educators, counselors, administrators and travel agents who interact with the elderly immigrant community on a professional basis. The majority of the elderly immigrant informants lived at least 50 years of their lives in the Philippines before immigrating to America. The informants represented a diverse population with a wide variation of ages, previous occupations, educations, languages, religions and geographical origins in the Philippines.

Descriptions are presented concerning the economic, political, environmental, social and cultural aspects of the Philippines and Hampton Roads to provide context for the immigrant elders. Data related to the elders' values, beliefs, roles, role expectations, problems with adjustment, social network of support, concepts of aging,

health, care/caring, and illness; use of herbal and over-the-counter drugs, dietary patterns and modifications, life styles and demographic attributes are presented. Themes which emerged from each area are presented and discussed.

A model for assessment of elderly immigrants for health, illness, caring and ethnonursing emerges from the data. Ethnohealth, ethnonursing and ethnocaring implications are presented. An extensive bibliography on Filipino immigrants and aged in America is included.

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ACKNOWLEDGMENTS

This dissertation is the culmination of eight years of study and research as a doctoral student. Many individuals contributed to the accomplishment of this goal. I am especially grateful to my dissertation committee for their unwavering belief in my intellectual and research abilities. They provided intellectually stimulating discussion during the planning phases of the research and unlimited freedom to conduct, interpret and culminate this research project. Thanks to each of you Drs. Morley, Dimond, Albers, Hughes and Hill for creating an environment in which research and scientific writing was an enjoyable and rewarding experience.

Foremost are the elders and their families who accepted me into their home and community, shared their lives with me, educated me concerning the immigrant experience and taught me their way of caring and dealing with health, illness, and problems of adjustment. I want to thank the leaders in the Filipino community of Hampton Roads, especially the officers of the Filipino American Senior Citizen Organizations, Tony Dizon and Dr. Azucena Batista, for formally introducing me to the Filipino elderly community and supporting this research project. Without the elders, professional informants and leaders of

the Filipino community this dissertation would not be possible.

I would also like to thank my family, friends and colleagues throughout the United States for "being there for me." To my dearest friends Carolyn Davis, Barbara Warrick, Barbara Criss, George Henry and Marjorie Andrews, thanks for the endless long distance telephone calls, visits and other forms of support provided during eight years of residence in Salt Lake City. Special thanks to my Mom for the many hours she spent accompanying me when I had to travel great distances at night during the data collection phase of this research project.

Special thanks also to JoAnn Whittier, Marguerite Duke and Stephanie Piani for editorial assistance with the manuscript; to Francia Caning for reading of the manuscript for correct spelling and interpretation of Filipino phrases, cultural values, and beliefs; and to Darlene Meservy for offering an avenue for pursuing doctoral education.

This research was partially funded by The American Nurses Association Minority Fellowship Program Ph.D. Fellowship which provided funding for education and research (1983-1986) grant number 5T32MH13923-1).

CHAPTER I

INTRODUCTION

A large percentage of the Pacific/Asian elderly population in the United States are immigrants (Kamikawa 1981:2). This population is comprised of 30 distinct cultural groups, each with its own culture, language, history, religion and immigration patterns. In the past, most attempts to understand this vast heterogenous population have been from the macroperspective of characteristics, values and beliefs of the Japanese and Chinese and generalized to the other groups. There is a paucity of literature on the individual health and welfare needs of Asian/Pacific elderly groups.

General Aim and Purpose

The general aim of this study is to describe the immigrant elder Filipina community of Hampton Roads, Virginia. This description includes dominant values, roles and relationships within the family and the elders concepts of aging, health, illness and caring. Problems associated with adjustment and networks for social support are also included in the description.

The purposes of this study are to:

1. Describe the general lifeways of the immigrant elder Filipinas residing in Hampton Roads area of Virginia.
2. Identify the problems associated with adjustment and their impact on the immigrant elder Filipinas' health.
3. Identify the components of a model which can be used to provide nursing and health care to immigrant elder Filipinas.
4. Generate problem areas and hypotheses to be investigated in future research.
5. Contribute to the transcultural health and nursing body of knowledge of the elderly.

Definition of Terms

For the purpose of this study, the following operational definitions are used:

1. Care refers to those assistive, facilitative, and/or enabling decisions or acts that aid another individual(s), group or community in a beneficial way (Leininger 1981:9).
2. Ethnocaring refers to the emic cognitive, assistive, facilitative, or enabling acts or decisions that are valued and practiced to help individuals, families and groups (Leininger 1984:134).

3. Ethnohealth refers to those emic cognitive beliefs, and actions used to preserve or maintain personal or group well-being, and to perform daily role activities (Leininger 1984:134).
4. Ethnonursing refers to emic learned knowledge, values and practices of caretakers used to provide assistive, facilitative and/or enabling actions or discussions beneficial to care recipients (Leininger 1984:135).
5. Emic refers to the language expressions, perceptions, beliefs and practices of individuals or groups of a particular culture in regard to certain phenomena (Leininger 1984:134).
6. Elders refers to the Filipino women age 50 and above participating in this study as informants.
7. Filipinas is the plural form of the Pilipino word meaning Filipino women.
8. Health refers to beliefs, values and action-patterns that are culturally known and are used to preserve and maintain personal or group well-being, and to perform daily role activities (Leininger 1984:134).
9. Professional Informants refers to all the physicians, dietitians, priests, social workers,

travel agents and professional nurses who participated in this study as informants.

Rationale for This Study

The continuous influx of elderly Filipino people into this country since 1970 has increased the Filipino elderly population fivefold. In 1984, 35,667 Filipino women age 50 and above immigrated to the United States. Four thousand four hundred and fifty-nine of these women were age 70 and above (U.S. Department of Justice, Immigration and Naturalization Service 1984:49). The numbers and advanced age of this population at the time of immigration make it more likely that they will enter the health care system of this country. We need data concerning the characteristics and health concerns of this population. It is documented that the eligibility and utilization of services, physical conditions, health concerns, needs and characteristics of people of Asian backgrounds is least understood (Kamikawa 1981; True 1980; Pacific/Asian Elderly Research Project 1977; Weaver 1976 & Lieu et al. 1976). One of the reasons offered for this lack of understanding is the unavailability of health statistics for the specific Asian groups (Yu, Drurg & Lieu 1981).

There is also a paucity of research on this population. There are two studies which look at the Filipino elderly. Specifically, these are Pedersen's

study of Elder Filipinos in San Diego (1979), and Cuellar and Weeks (1980) study of Minority Elderly Americans: Needs Assessment and Utilization of Public Programs in San Diego. Both of these studies are of a descriptive survey nature and did not obtain in-depth data concerning the population. Neither of these studies addresses aging from the female perspective or that of the elderly immigrant. Denton's doctoral study of Asian Women's Social Networks and Mental Health (1984) contains only four Filipino women aged 50 and above.

To date, there is an absence of research on elderly Filipino women specifically, and on Filipinos residing on the east coast generally. The influx of elderly Filipino parents into America (who have lived and worked in the Philippines until old age) has economic implications. Even though they will live with their adult offspring, they are not eligible for social security or other benefits available here in the United States.

Literature on Asian Cultures documents well the role of the family and its networks in providing for the economic and personal needs of the elderly (Pedersen 1979:21-23; Weaver & Constantino 1974:3; Shimamoto 1977:72; AoA 1973). The question which surfaces today is: can the family and network continue to sustain its elderly without assistance, in the face of a spiralling cost of living inflation, and other socioeconomic factors? To

what extent do elderly Filipino-Americans need financial assistance, home maker services, transportation, recreational facilities, meals on wheels and health care services? How do they perceive their health, aging, socialization and their economic plight? What do they visualize as their most pressing needs? The White House Conference on Aging (1979) stated that it is a myth to believe that because the families of Asian elderly traditionally provide support for the elderly they do not require social services and financial support.

In 1973, the Association on Aging (AoA) training project for Asian Elderly revealed that the elderly Asian does not receive social services because of the following: lack of publicizing of services in the Asian Communities, language, cultural and racial barriers and an unwillingness to participate in national health information surveys and benefits programs.

Finally, as the elderly Filipino population continues to expand, age and deteriorate in health, it will eventually enter the health care system as clients. This has implications for nursing education, research and professional practice.

The findings of this study will contribute to the development of transcultural nursing knowledge of the elderly. Knowledge of elderly Filipina beliefs, values, roles, networks and barriers to good health can enhance

nursing education's curricula, practicing nurses' interventions and health planners' programs.

Practicing nurses may use the knowledge to expand their present understanding of health/illness behaviors of elderly Filipino women. It will be useful in planning interventions which will be congruent with the client's concept of health, illness, beliefs and value system.

This study will provide knowledge of cultural clues which will be helpful when interacting and counseling elderly Filipinas. Finally, it should reduce the stress of the elderly Filipina client when she enters the health care setting because the health care team will be more cognizant and sensitive to her needs.

Knowledge gained from this study should assist health care planners in locating services within geographical proximity to the elderly Filipina. It also can assist with identification of the type of programs, services and facilities a multicultural center should include to meet the needs of its citizenry. In addition, the study identifies the type of bilingual employees needed by nursing, social and human services to communicate with the elderly Filipina population. Finally, the results will be useful in identifying "perceived barriers" in the community to healthy aging and well-being.

Leininger (1978:8-9) observes that health care providers must be knowledgeable of clients' lifeways and social

structure in order to provide cultural specific nursing and health care, avoid cultural conflict and increase compliance by the client. This knowledge is also required to develop a body of knowledge for transcultural gerontological nursing practice.

There is a paucity of research in the area of the health and welfare needs of the elderly Filipino, especially the female. This study seeks to describe the elderly Filipino Women of the Hampton Roads area of Virginia and identify their perceived needs.

Specific Research Questions

Since the aim of this research is to describe the elderly immigrant Filipina residing in the Hampton Roads area of Virginia, this study will seek to answer the following research questions:

1. Who are the elderly immigrant Filipinas of Hampton Roads area of Virginia?
2. What were their reasons for immigrating to the United States in old age?
3. What are their dominant values and beliefs?
4. Where in this area do they reside and what are their lifestyles?
5. What are the roles and responsibilities of the elderly Filipina residing in the homes of adult married offspring?
6. Is the role of the elderly immigrant Filipinas

living with married offspring altered by living in Virginia versus the Philippines?

7. How is leisure time spent?
8. What is the elderly immigrant Filipina's concept of "a healthy elderly person"?
9. What type of activities and foods do elderly Filipinas believe are necessary to maintain good health?
10. What are the dominant health problems of the elderly Filipino women?
11. How does the elder immigrant Filipina view aging? How has immigration influenced this view?
12. What kinds of behavior exhibited by family members indicate caring?
13. What behavior demonstrated by strangers/health care providers indicates caring and noncaring?
14. Who comprises the elders' major network for social support?
15. What is the relationship of the social, cultural and economic context of the Philippines and Virginia and the informants' lives, health belief practices and their perceptions of mental health?

16. What are the ethnonursing implications of the immigrant Filipina perception of aging, health and caring?

Limitations of the Study

There are several personal and cultural limitations to this study.

1. The researcher is non-Filipino and does not speak the native languages/dialects of the informants.
2. Family members and friends often serve as interpreters.
3. A large number of the interviews take place in the presence of family members.

The results of this study should not be generalized beyond the sample studied. It is, however, this researcher's opinion that similar results and trends would be obtained should the study be relicated.

Conceptual Framework

This study of elderly immigrant Filipinas is an inductive descriptive, exploratory study. As such, the conceptual framework emerges from the data. To impose a conceptual framework at this point would be incongruent with the underlying emic phenomenological assumptions of this research.

This research will be guided by the sixteen research questions formulated by the researcher and the responses of the clients. The researcher will trail the participants responses and explore them in depth. The conceptual framework which emerges from the data will reflect the interplay of the cultural, social and economic factors on the elder Filipina's role, view of aging, personal health, social support networks and perceived needs.

Risk and Potential Benefit to Study Participants

Minimal risk to subjects is anticipated by their participation in this study. Complete confidentiality will be maintained and participants will have the option of withdrawing at any time. The consent form will be translated into the dialect of the participant (Tagalog, Ilocano, or Visayan).

Review of Literature

The exact date of arrival of the first Filipinos on the land, which is now a part of the continental United States of America, is unknown. The ongoing research of Marina Espina has revealed that Filipinos known as "Manilamen" were living along the bayous and marshes of southeastern Louisiana in 1763 (Espina 1981:1).

During the Spaniards' rule of the Philippine Islands, (1565-1815), young Filipino men were drafted to work on

trading ships which traveled between Manila and Acapulco, Mexico (Espina 1981:3; Bartlett 1977:11; Hill 1970:63-64). These individuals were "forced to work on the ships as woodcutters, shipbuilders, crewmen and munitions workers" for many months and sometimes years without pay (Espina 1981:2). They frequently encountered brutality from their Spaniard masters during the course of the many voyages. As a result of the harsh treatment and erratic or non payment of wages, large numbers of Filipinos deserted the ships in Acapulco, Mexico and settled there. Others drifted and followed the mule trails to Veracruz and crossed the Gulf of Mexico into Louisiana (Espina 1981:4). Based upon the data generated in Espina's research, it can be concluded that Filipinos were present in Louisiana, at the time that the United States purchased Louisiana from the French in 1803.

There is a dearth of data to describe the pioneer Filipino immigrants' experiences in Louisiana. The sketchy descriptions which are available are based upon historical landmarks, old photographs, documents and oral histories conducted by Marina Espina with descendants of the early "Manilamen" of Louisiana.

The Filipino villages which were developed in the marshes and bayous of Louisiana consisted mostly of men. Generally, the presence of women in the villages was thought to cause strife and trouble among the inhabitants.

Women were banned from all villages except one, the Manila Village. This village allowed a few Filipino fishing families with children to reside there with the other men (Espina 1981:6).

The villages which were constructed in the bayous and marshes were replicas of villages in their homeland, the Philippines. Houses and stores were constructed on stilts in the water and marshes (Espina 1981:6)

Most of the men earned their livelihood as fishermen. They fished for shrimp and fish. Chickens and pigs were raised for the people's own consumption. Recreation consisted of gambling and cockfighting. There was very little family life due to the absence of women in the villages (Espina 1981:8).

It could be said in summary, then, that the push factor for the pioneer Filipinos to the United States was the harsh treatment and lack of pay by the Spaniard masters aboard the trading ships. The pull factor was the opportunity to make money as fishermen in the bayous and marshes of Louisiana. Also, Louisiana offered them an opportunity to begin a new life, free of the oppression aboard the Spanish trading ships.

The second group of Filipinos that come to the shores of America were students supported by the Philippine Colonial Governments. These students were expected to gain western knowledge to bring back to the Philippines

and implement into the school systems. A total of 300 students studied in the United States between 1903 and 1910.

Following the signing of the Treaty of Paris in 1899 ending the Spanish-American War, the Philippine Islands became a protectorate of the United States. Up until this time the United States had used first the Chinese, then Japanese as a source of cheap labor. The United States signed the Gentlemen's Agreement with Japan in 1907 to reduce the number of Japanese immigrants entering the United States. The signing of this agreement caused panic and fear in the Sugar Planter's Association of Hawaii. Their fear was that they would lose their cheap source of labor. In order to protect their fields, the Association began to actively recruit Filipinos.

In 1920, 5,603 Filipinos immigrated to the United States. This is historically referred to as the first wave. The push factor was poverty and chronic unemployment in the Philippines. The pull factors were the recruitment and transportation agents' propaganda rhetoric of the great opportunities which the United States and Hawaii offered, the image portrayed in the Filipino school system concerning America and the opportunity to make good money to help their families in the Philippines.

The educational system in the Philippines was western oriented (United States), and promulgated the myth that America was "the land of the free." "Economic success was possible if one was willing to work hard" (Banks 1975:344). Therefore Filipinos who responded to the call for work in the United States expected to be treated as Americans. After all, they were citizen of an American protectorate country and in addition, they were species of human kind.

Between 1925 and 1929 a total of 24,000 Filipinos immigrated to the State of California in search of work. The majority of these immigrants were young single men between the ages of 16 and 30 years of age (Knolls 1982:92). The immigrants encountered few employment opportunities, low wages, discrimination, racism and laws which prohibited interracial marriages, property ownership and free movement about the country. Employment opportunities were restricted to stoop field work on farms, wage labor work in restaurants, fisheries and canneries, domestic work and gardening for private residence. Salaries were very meager.

Family and social life was very restrictive. Filipino immigrants were predominantly male; miscegenation laws prevented intermarriage with American white women. Antisentiment was against socializing with white

women. Family life and heterosexual experiences was limited for the majority of the immigrants. A few Filipino men married Hungarian, Mexican, Hawaiian or Italian women, although this was also considered illegal.

Recreation for the immigrants consisted of shooting pool, gambling and cockfights. If Chinese dance halls were available, the men paid to dance with white or other immigrant women who were considerate prostitutes and or loose women (Knolls 1982:94)

The 1965 Immigration Act raised the Filipino immigration quota from 2,000 a year to 20,000. As a result, the total Filipino population in the United States doubled between 1965 and 1970. By 1980 there were 775,000 people of Philippine ancestry residing in the United States.

The push factor after 1965 continued to be poverty and lack of employment opportunities--especially for professionals such as nurses, physicians, dietitians and engineers. The pull factor in the United States was the attractive employment opportunities for professionals brought on by the technological explosion and expansion of health care facilities (Allen 1979:195-197).

Post-1965, Filipino immigrants found a difference in social, political and economic atmosphere, than their predecessors. Civil rights laws were being enacted and monitored. The general American public was cognizant of

Asian and other ethnic groups and of their push for recognition, equality and fair treatment.

Moreover, post-1965 immigrants themselves were different from earlier Filipino American. For one thing, they came with professional credentials and skills in such professions as nursing, medicine, social work, pharmacy, nutrition, teaching and engineering. Another distinguishing factor of the post-1965 immigrants was the inclusion of more females, elderly, children and married individuals. Fifty-five percent of the immigrant population in 1970 was male and 45 percent was female. This represented a dramatic shift from the 1940 census when 80 percent were females (U.S. Census Bureau 1970). A large percent of the men were enlistees in the United States Navy. This group also contained families, which was different from previous immigrant groups which consisted mostly of single individuals.

The post-1965 immigrants had a more realistic perception of racial problems they would probably face in America (Pido 1976:366). Their predecessors' perceptions were shaped by idealistic American educators employed in the Philippine school system, by Filipino teachers educated in the United States and the rhetoric of the labor recruiters. This group's perceptions were formed among other things from mass media accounts of the ongoing civil rights struggle and from communication with

relatives and acquaintances already in the United States. According to Pido, they realized that while geographical location and professional credentials would not change their brown skin color, it would permit them a smoother adjustment than the pre- 1940 immigrants, especially if they avoided the deep South. However, three studies (Pido 1976; Almirol 1977; and Pirovano 1977), reported that Filipino immigrants later learn after being in the United States that racism does not have territorial or socioeconomic boundaries. It exists among the poor, rich, educated and noneducated. Many of the immigrants also found that their professional training and credentials were not accepted in the United States. Some were unable to pass licensing or certification examinations (Wagner 1973:297). As a result, they were forced to take low-paying manual or semiprofessional jobs as orderlies, clerks, waitresses or as assistants to nurses, pharmacists, dentists and teachers (Pirovano 1977:261-62 Wagner 1973). Those who were able to pass the licensing or certification examination were able to find employment in their profession. Others were victims of racial and ethnic bias (Wagner 1973:297). The immigrants soon learned that United States or local experience requirements were cover terms for the "right skin color" (Pirovano 1977:261). As a result, Filipinos had the highest unemployment rate of the three major Asian groups

(Chinese, Japanese, Filipino) in the period 1977-1985. They were second only to American Blacks (Almirol, 1977:238).

Adjustment and assimilation of the post-1965 immigrants to the American culture varied according to profession, primarily because they had marketable skills (Pirovano 1977; Almirol 1977 and Pido 1976). Medical and nursing immigrants primarily because they had marketable skills were found to adjust to American life in six to 12 months, whereas nonhealth care immigrants required two to three years, depending on the time it took them to find employment (Pirovano 1977:253).

Filipinos in the pre-1950s, generally resided in urban ethnic neighborhoods because of racial bias. In the late '70s and '80s there is evidence that many of the Filipino families, especially in the east and southeastern parts of the United States, are moving into the suburbs in new communities. However there is still a clustering pattern noted in the new subdivisions.

Almirol also found that young Filipino-Americans appear to have an identity problem. They describe being an American as "being free of ethnic loyalties and being non-Filipino." They believe "their physical features are used as markers for separation.... They would rather be mistaken for any race other than Filipino." While they could not describe southern Europeans or Polynesian, a few

of the young participants verbalized that "physical appearance of southern Europeans or Polynesian was better than Filipino" (1977:87). This could be the result of the educational system espousing /teaching the concept of the melting pot and adoption of it by the Filipino students. The adult participants also had difficulty defining their identity according to Almirol (1977:72).

The social life of Filipinos who were participants in the three previously mentioned studies occurred predominantly with other Filipinos. There was very little socializing and visitation in the homes of the dominant population. Generally, socializing events included church, family activities, weddings, christening, barbecues and other social events and visitation between friends.

The characteristics of the third wave of Filipino immigrants also differed from the previous groups. Many of the immigrants of the 1970s and 1980s are retired elderly parents and relatives of the young immigrants who came during the '60s. They are not only less educated than the second wave of Filipino immigrants, but also, they are less educated than the total elderly population of the United States. This influx of immigrants increased the Filipino elderly population fivefold (Kamikawa 1981:5). It pushed the total Filipino population to 774,640 in 1980, making the Filipino population the second

largest Asian group in the United States (U.S. Dept. of Commerce, Bureau of the Census, 1980). The Filipino elderly reside predominantly in the U.S. communities of Honolulu, Los Angeles, San Francisco, New York, Norfolk, Boston, Seattle, Philadelphia, Denver, Washington, D.C., Stockton, Fresno, San Jose and San Diego (Kamikawa 1981:4).

CHAPTER II

METHODOLOGY

This chapter is divided into three main sections. The first section presents the epistemological and methodological basis of the study. The second section describes the research design, which includes the procedure for acquiring informants and obtaining their informed consent, research methods, recording of field notes, methods of coding and analyzing data. The third section reports the field experience of this researcher from the time initial contacts were made through the time she exited the field. Problems and questions which were encountered are also included. It is concluded with a brief evaluation of her role while being a participant observer.

The Epistemological and Methodological Basis of the Study

The epistemological basis of this study is phenomenological and hermeneutical. This stance is appropriate because the researcher is seeking to understand and interpret the world of the elder Filipina who has emigrated to Virginia following retirement. Both phenomenology and hermeneutics strive to understand all

data from the clients' point of view.

The steps involved in ascertaining meaning involve perception, interpretation and understanding. The three steps are intertwined. Keat and Urry assert that "interpretation of meanings is partly perceptual and perception is partly interpretive" (1982:240). Interpretation presupposes the understanding of linguistic meaning. Literary interpretation is a feature of understanding. Keat and Urry refer us to hermeneutics as being central to interpretation (Keat and Urry 1982:171-172). If hermeneutics is essential to both interpretation and understanding then we can agree with Reason and Rowan that "all understanding is hermeneutical, taking place, and to a very large extent determined by, our finite existence in time, history and culture" (1981:132). Hermeneutic understanding in interpretive social science cannot be applied from the outside. The assumption is the interpreter knows' to some degree the phenomena she or he seeks to understand (p.133).

Further, Reason and Rowan identify four canons of hermeneutic understanding:

1. the autonomy of the object
2. interpretation should make the phenomena maximally reasonable in human terms
3. the interpreter must achieve greatest possible

familiarity with phenomena (historical connectedness)

4. the most important canon is the hermeneutic circle (Reason and Rowan 1981:134).

Autonomy of the object requires that the interpreter must not project his or her views on the phenomena under study. Meaning must be derived from the phenomena themselves. To provide interpretation which is maximally reasonable it is necessary that the interpreter explore, identify, and relate the historical roots of the phenomena. The interpreter has a twofold task in achieving the greatest possible familiarity with the phenomena. First, the interpreter must have experiential knowledge in which to root the interpretation. Secondly, the interpreter must relate the meaning of the phenomena to his or her own situation. Nothing can be interpreted apart from one's personal history.

Finally, the dialectical process of the hermeneutic circle must be utilized. Thus "understanding...consists of circular and spiral relationships between whole and parts, between what is known and what is unknown, between the phenomena itself and its wider context, between the knower and the known" (Reason and Rowan 1981:135).

The phenomenological method is valuable in exploring the meaning and perceived structure of events or experience that affects human beings and has been

implemented in many areas" (Omery 1983:59). It is also useful in "examining areas such as attitudes toward an experience or the meaning that the experience has for the participant" (Hersh 1980:57-58). Therefore, "if an experience has potential meaning the phenomenological method can be utilized" (Omery 1983:59). Thus these two methodologies can be utilized for uncovering concealed meanings in the phenomena that are not immediately revealed to direct investigation, analysis and descriptions.

The techniques of ethnographic interview and participant observation are utilized to ascertain Filipino elders' beliefs, values, attitudes and behaviors. "The ethnography is a method of discerning how people construe their world experience from the way they talk about it" (Frake 1962:74). The technique involves eliciting information concerning specific topic/domains until the researcher is able to view the world through the eyes of the informants. Moreover, it allows the researcher to understand the motives, attitudes, interests, responses and conflicts of the participants (Pike 1954:11).

Participant observation is the technique of choice when one desires to see the world through the eyes of informants (Brink 1976:140). Participant observation allows one to observe how a people act or interact in specific situations. It goes beyond the data one obtains during an interview. "The interview elicits what people

say, think and do. Participant observation allows the researcher to observe, confirm, clarify or deny what individuals say they do in a particular situation" (Brink 1976:140).

Previous experience with this population underscores the importance of the use of participant observation in addition to the interview. Hence, the author conducts a preliminary study of health beliefs and attitudes toward aging among Filipino elderly residing in Utah in 1982. An interview guide and participant observation techniques are used. The researcher learns during the participant observation phase that segments of the information elicited during the interview are erroneous. By combining the techniques of participant observation and interview, the researcher enlarges the data base and thus increases the validity of the data.

The validity of the study is further enhanced by participant observation techniques because the frequency of the contact with participant over time increases the researcher's credibility. Finally, this technique provides opportunities for clarification of meaning of behavior, lifestyle and intergenerational relationships within and between families.

Research Setting

The study is conducted within the Hampton Roads area of Virginia. Area borders are the Atlantic Ocean and the Chesapeake Bay on the east and northeast, North Carolina on the south, and the James River on the northwest. Hampton Roads, Virginia is a commercial and military corridor stretching 200 miles along the east coast from the Maryland shores to the North Carolina borders. Hampton Roads is the home of the world's largest naval complex. It is the seat of the North Atlantic Treaty Organization. Over half of the population is uniformed or civilian employees of the military. The population in descending order consists of whites, blacks, Filipinos, Koreans, Chinese, Japanese, American and Asian Indians. Filipinos are the second largest ethnic group in Virginia. The 1980 census records 18,000 Filipinos residing in this state. This figure could be underrepresentative. The Council of United Filipino Organizations of Tidewater states that the population is 20,000. In any case, The National Pacific Asian Resource Center on Aging lists Norfolk, Virginia as one of the major elderly Pacific/Asian communities in the United States (1977:12-26). According to Kamikawa, these are "communities with social relationships and communication networks that tie individuals, families, friends, and

associations together for shared beliefs, interest and values" (Kamikawa 1981:4).

Informant Selection

During the 18 months that the researcher interacts within the Filipino Community of Hampton Roads, 100 elders are interviewed in their homes and in the trimonthly meetings of the senior citizens' organizations held on weekends. Twenty-five professional informants are also interviewed during this period.

The selection criteria for informants include all female Filipino elders who are:

- (1) Fifty years of age and older.
- (2) Born in the Philippines and spent a major part of their life there.

Professional informants

- (1) Physicians with a large Filipino elderly clientele.
- (2) The four physicians most frequently identified by elder informants as their family physician.
- (3) Professional nurses employed in the outpatient clinics most frequented by the Filipino elderly population.
- (4) Dietitians employed at the local hospitals in Hampton Roads where the elders are most frequently hospitalized.
- (5) Social workers employed at public health clinics

most frequented by the elder informants.

- (6) Catholic priests of congregations with large Filipino populations.
- (7) Travel agents most frequently used by Filipino families to initiate immigration of elders to America and frequent visits and return trips to the Philippines.
- (8) Community leaders and individuals who have frequent contact and interaction with elders through program offerings of organizations or community service.

Data Collection Methods

The research questions form the broad topic areas for the nonstructured in depth interviews. The major topic areas include roles, health maintenance activities/behavior, views of own health and attitudes towards aging, networks, values, beliefs and perceived barriers to enjoyment of life. Other areas may be explored based upon the responses of the informants. The formal interview requires three to five interview sessions in the informant's home. Informal interviews and participant observation occur in social gatherings and Senior Citizens' centers. The researcher attends celebrations, festive occasions and social gatherings. During such occasions, participant observation and photographic participant observation are utilized, with the prior

written consent of the host and others. Photograph albums are utilized for photo interviewing. This method allows the participants/informants to become the teacher of the researcher. Also, meaning of the phenomena, interpretation and understanding are enhanced. Field notes are to be kept on all interviews and observations. Taping of interviews is to be used if feasible. Field notes are to be completed as soon as possible following observation or interview. Duplicate copies of field notes and tapes are to be made.

Aspects of Leininger's Ethnographic-Health and Nursing Care Assessment Tool are utilized. The assessment tool contained open-ended questions for eliciting of cultural data. Demographic data are elicited to be utilized during the explanatory and interpretive phases of this study.

Interpreters are utilized for participants who do not speak English. Permission is obtained from elderly participants, peers, spouse or adult children. It is necessary to obtain permission from significant others because culturally Filipinos do not generally talk to strangers. Usually family members are present until trusting relationships are established.

Analysis and Interpretation of Data

Data analysis and interpretation proceeds concurrently with data collection. The taped interviews

are transcribed and coded. The interviews are analyzed using the scheme identified by Spradely (1980: 92-119). The ethnographic interviews are analyzed through domain analysis, asking structural questions, taxonomic analysis, asking contrasting questions, componential analysis and discovering themes.

The photographs are analyzed by conducting photographic interviews with participants, from which hypotheses and descriptions are generated. The final product (ethnography) is read by key informants for accuracy of interpretation and meaning, prior to submitting the document to the committee for final approval.

Confidentiality and Protection of Human Rights

In this section the researcher will describe the procedures followed to ensure the confidentiality and protection of the informant's human rights. First, the researcher introduces herself as a nurse, a faculty member of the university and a doctoral student, and explains to the community leaders the purpose of the research. Second, the researcher publicly informs the community, immediately following her official introduction, that participation is purely voluntary and that no one needs to feel pressured to participate. Third, when the elders come to the researcher and give their names, addresses and

telephone numbers, following the president's request for those interested individuals to see her at the table, the researcher again informs them that home visits would occur only at prearranged times, and that they could withdraw at any time. When they give their names, addresses and telephone numbers, they also include their daughter-in-law or daughter's name and ask her to talk with the family member prior to making an appointment to visit them. In every case the researcher obtains verbal permission from a family member prior to visiting the home and again before the initiation of the interview in the home. They are told that they could ask her to leave the house at any time they felt her presence was obtrusive. They are also instructed that it is acceptable for them to say they prefer to omit discussing a topic. They are assured that names would not be used and only the researcher would hear the audiotapes. It is also explained that audiotapes are used to eliminate the necessity of the researcher taking notes. Each informant is given the option of choosing to be audiotape recorded or notes made by hand.

Informed written consents are not elicited because the community leaders inform the researcher that the "fear concerning President Marcos' spies was too great. People would not talk if they had to sign a piece of paper." Also family members fear signing anything for fear it could be used against them or their family members in the

Philippines and jeopardize the petitioning process of offsprings.

Interviews

Most of the interviews are conducted with the assistance of an interpreter. Often family members serve as the interpreter; other times two multilingual elders who are retired elementary teachers accompanies the researcher to the homes and serves as interpreter. The elders and family members agree ahead of time to the person serving as interpreter. Both women who serve as interpreters are very active in all three Senior Citizens organizations. One of the interpreters speaks fluent English, Pangasinan, Ilocono and Tagalog. The other interpreter speaks Cebuano, Bicolano, Tagalog and English.

The interviews consist of nine domains which includes: health and health seeking behaviors, care and caring; food and nutrition; social networks and recreational activities; role and role relationships; aging, demographic and immigration data.

The interviews vary in length. The longer ones consist of three two-and-a-half hour sessions. Others consists of a four-hour session which include the sharing of a meal, a walk through the backyard garden, and answers questions concerning their present medication or diet regime prescribed by their physician prior to the researcher's exploration of the previously identified

domains. The researcher does not watch the clock. She takes her clue from the elder when to terminate the interview. The elders generally enjoy the experience of having someone with whom to share their feelings, worries and concerns. When the researcher sees the elders the following Sunday, she is greeted with a big hug and they introduce her to another elder for inclusion in the study.

The researcher has 10 women who give their names at the Senior Citizens meeting but refuse to grant the researcher an interview in their homes. However, they talk freely on various topics with the researcher at the trimonthly gatherings of the seniors throughout the data gathering period.

The Field Experience

In this section the researcher gives a brief description of the main steps followed in her field work. These descriptions are presented to illustrate some of the techniques of gaining access to a community in a natural setting.

Preparation for the researcher's entry into the Filipino elderly community of Hampton Roads is made many months prior to leaving Utah, in the middle of July, 1985.

The researcher knows at the beginning of her doctoral educational program that she wants to conduct research in the immigrant elderly Filipino population residing in Virginia. The researcher has practiced nursing within the

metropolitan Hampton Roads area for two and a half decades, and has watched the Filipino American population grow from several families to over 20,000 persons.

Three years prior to the beginning of the research, the researcher maintains telephone and mail contact with several Filipino nurses, physicians and secretaries in the Hampton Roads area. During the fall of 1984, when the proposal is being developed, the investigator discovers an article which identifies a retired Filipino U.S. Navy man in Hampton Roads who is working as a counselor with the elderly Filipino immigrant community. The investigator telephones him and obtains an appointment to see him in December when she would be in the area.

During the interview in December, this researcher learns of a survey research project which has been conducted on the adult Filipino community the previous year. The three researchers of the study are college professors. Two of the investigators are Filipino natives and the third is a distinguished Caucasian American specialist on Philippine politics. Two of these individuals become important links to the researcher's entry into the community.

When this researcher returns to Hampton Roads to collect data in July 1985, she makes telephone contact with several Filipino nurses, with whom she has previously worked and maintained contact. The researcher explains

her purpose for being in the area. One of the nurses explains to this researcher that the Miss Ilocandia U.S.A Coronation Pageant is being held on Saturday, August 17, 1985 and "she would love to have me accompany her; besides that would be a wonderful opportunity for others to know I am back in the area." Another Filipino nurse gives a dinner party on Saturday of the Labor Day weekend and invites other nurses and their immigrant mothers previously known to the researcher.

During the celebration which followed the coronation, the researcher is greeted with hugs, firm handshakes and warm expressions by 25 or more individuals previously known to her. The researcher is also introduced to other friends, family members and guests in attendance. The researcher is very visible to the other nine hundred or more Filipinos enjoying the occasion. The visibility of the researcher is enhanced by the fact that she is the only Black American attending the affair.

The following Friday this researcher meets with one of the local Filipino educators who is employed at a local university and is also a member of the research team previously mentioned. She spends two hours with this researcher, ascertaining what she hopes to learn from the research project as well as assessing her knowledge of the Filipino immigration and cultural literature. The educator shares names of community leaders and offers to

facilitate my formal introduction to the Filipino elderly community. She invites this researcher to attend an organization meeting of the Hampton Roads' chapter of the Filipino American National Historical Society which is being held the next day. The researcher attends the meeting and has an opportunity to share with 26 leaders of the various Filipino organizations the purpose, focus and the potential value of this research to the goals of the newly formed organization, and nursing. The researcher also obtains the names, and telephone numbers of all the leaders in attendances.

The retired Filipino U.S. Navy gentleman who works as a part-time counselor for the elderly also plays a key role in this reseacher's entree into the community. This researcher has lunch with the counselor and he offers to schedule three important introductions which later become the spring board for utilizing the snowballing technique for data collection. During this meeting this researcher learns that it is not culturally acceptable for her to call the presidents of the local senior citizens' organizations. Instead she should be introduced to them by someone who is known and trusted by them.

The counselor agrees to accompany this researcher to one of the local universities to meet three elders who are employed at the cafeteria, and also to accompany the researcher to two of the three senior citizens'

organizations meetings and introduce her. In addition, the counselor gives this researcher the name of a contact person (counselor) at the Community Service Employment of Older Senior Citizens Organization.

The researcher meets with the three seniors at the university and is invited to attend the Filipino Senior Citizens Organization of Tidewater meeting the coming Sunday. They inform this researcher that it would not be proper for her to visit their homes until after the formal introduction to the elderly community. On the following Sunday the counselor introduces this researcher to the president of the organization who in turn introduces her to the membership. The researcher explains the research project and the counselor interprets in Tagalog for those members present who do not speak or understand English. Following the introduction one of the elders sings a solo and dedicates it to this researcher, "Beautiful Alice Blue Gown." After the solo about 20 ladies come to this researcher and offer to participate in the project. The researcher obtains their names addresses and telephone number, and their daughter's or daughter-in-law's names. This same procedure is repeated the next two Sundays at the other two Senior Citizens organizations.

This researcher also is granted an interview by the chairman of the Council of Filipino Organizations of Tidewater. This gentleman describes the purpose of each

of the 26 organizations and how they identify and attempt to meet the needs of the growing elderly population. He introduces this researcher to his own mother who becomes a participant in the project. This researcher accepts all invitations to attend coronations, parties, dances, celebrations, concerts and social gatherings. Once an interview in the elders home is completed, the elder would introduce this researcher the following Sunday to her friend, townmate or neighbor. These introductions to friends, neighbors, townmates or newcomers to the community facilitate the snowball technique.

In summary, this researcher, gains access to informants through re-establishment of contact with the Filipino professional (educational and health care) community. These contacts introduce the researcher to the officers and leaders of the various Filipino-American communities. Following two months of visibility in the community this researcher is invited to become one of the charter members of the Hampton Roads chapter of the Filipino American National Historical Society. The researcher is introduced to community leaders, followed by introduction to the presidents of the senior citizens' organization who in turn formally introduces the researcher to the membership and encourages them to give their full cooperation and support.

CHAPTER III

THE DEVELOPMENT OF THE FILIPINO ELDERLY COMMUNITY OF HAMPTON ROADS

Reasons for Immigrating to the United States at this Period in Life

The elder Filipina community of Hampton Roads is approximately 20 years old. Its development can be linked to the large Filipino-American military population, the 1965 amendments to the U.S. Immigration and Nationality Act and the economic factors of the Philippines and the United States. The continuing growth of the community can also be related to the deteriorating economic and political climate of the Philippines during the past 10 years (1975-1985), especially the last five years (1980-1985).

The elder Filipina population consists almost exclusively of mothers and mothers-in-law of active Filipino-American enlisted U.S. Navy personnel. A few are wives and sisters of active/retired Filipino-American or Caucasian naval personnel.

The amendment of the Immigration and Nationality act in 1965 provides for the reunification of family categories and redefines immediate relatives of United

States citizens, and aliens with permanent residence status. The immediate relatives are defined as children, spouses and parents of citizens of the United States, and aliens with permanent residence status. A hierarchy of preference is established for priority of admission of immediate family members to the United States as immigrants. In descending order, the following family members may be petitioned for immigrant status: spouses, unmarried children, parents, married children, brothers and sisters. We will see later in the discussion that the petitioning of parents and children will become a major link in chain migration of the elders to America in general, and to Hampton Roads in particular.

The majority of the women in this study grow up in the Philippines, raise their children and at age 50 and above immigrate to the United States at the request of their adult offspring, who are U.S. citizens and U.S. naval personnel or dependents. The reasons given most often when asked why they choose to move to America at this age is: "my son or daughter petitioned me or needs me, so I have to come."

The economic conditions of the Philippines and America also impact the decisions of the adult offspring to petition the parents and influence the parents to accept their offspring's invitation to become immigrants/sojourners to the United States. During the

late '60s and early '70s, young men and women in the Philippines are unable to find employment. Economists and historians have related this to the population explosion, the large number of college graduates and the strategies the Filipino leaders/Government chose to modernize the country economically and politically (Myers 1986:28-39).

The solution many high school and college graduates choose is to immigrate to America by joining the U.S. Navy if they are males and if they are females, marry Filipino U.S. Navy enlistees, or file petitions for immigrant status as professional with knowledge and skills needed by U.S. industries, health care institutions and businesses to fill vacancies which U.S. citizens are unable to fill at that time.

The economic and modernization programs which were implemented by the Philippine government during the '70s hurt the (corn, coconut, rice and sugar) farmers and decreased their real income to below profit level. The world oil crisis drove the cost of fertilizer through the ceiling and made fertilizer unaffordable to the local farmer.

Since farming is the dominant occupation of families in the northern areas of Luzon and the Visayas Islands, families become unable to feed their families. Elders who had struggled to raise their children and provide them with a high school or college education now are unable to

make ends meet. Malnutrition is becoming more and more prevalent. At the same time their offspring in America are also beginning to feel the economic crunch.

Their married offspring in America who have begun to raise a family, need two pay checks to pay for the mortgage, a car and other expenses which accompany raising a family. Babysitters are needed to permit the wives to work. The U.S. during the late '70s and early '80s is experiencing double digit inflation. The meager salaries of the U.S. Navy enlistees does not permit paying of a full-time babysitter. Culturally, the Filipino prefers Filipino Elders as babysitters to facilitate inculcation of Filipino values of communication, showing of respect and the Filipino way of childrearing. In response to the financial crisis of the elders in the Philippines and young couples in America, mothers and mothers-in-law are petitioned from the Philippines to assist with providing child care and house work of their offspring.

During the '80s, the Philippine economy and political conditions continue to deteriorate. The peso is overvalued, the economy slides into one of its worst recessions since 1945. Inflation is 35 percent throughout the Philippines and unemployment is 23 percent. The national deficit is 56 billion pesos per 480 million and the country had a liquidity problem (Meyers 1986:28-39).

According to the informants in this study, people 45

years of age and older are forced out of the job market in an effort to make jobs available for the young. Several informants described what inflation had done to the economy in the Philippines.

The minimum wage is less than two dollars a day (35 peso).

Another informant states:

My daughter is a full professor at one of the major universities and her husband is an accountant for the government and their salary does not provide milk and food for their four children. Both husband and wife are working a second job.

Still another informant states:

People are stealing and robbing because they are hungry. It's terrible in my country. One egg costs 150 peso (90 cent) 36 pesos for one quart of milk. A pound of fish used to be one peso; now it costs 18 pesos. Our people cannot afford to eat apples; they cost 120 pesos for one apple; that is more than a day's salary. Meat is too expensive to eat daily. A family cannot afford it even if they raise chickens. Chicken feed is high. One chicken provides several meals for a family.

The political climate in the Philippine had also deteriorated. Informants describe how people are distrustful and fearful of their neighbors, government and country. One respondent states, "I am afraid the Philippines will become communist." Another states, "The Philippines is not peaceful, you don't know who to trust; young people are joining the communist guerrillas in the mountains. The communist soldiers make all sorts of demands on fellow Filipinos in the villages."

A review of Filipino immigration patterns to the United States over the past 78 years (1906-1986) will provide additional insight into why the elderly are now immigrating to the United States in large numbers.

Between 1906 and 1949 the predominant Filipino immigrants are single, uneducated males recruited by the Hawaiian Sugar Plantation for work in the fields. These young men came to the U.S. to obtain work to assist their families in the Philippines and also to obtain enough money to purchase land in the Philippines and pay for their dowries. The second wave of immigrants consists of young men who had enlisted in the U.S. Navy, and professional men and women seeking employment in health care and education. This group is seeking economic opportunities and a better life. At the same time, they are sending money back home to parents to assist with their care and the education of siblings and other family members. We could say the first 60 years of Filipino immigration is dominated by adult offspring seeking employment to assist elderly parents and siblings. This past 10 years is reflecting the opposite trend. Elderly parents are now immigrating to the United States to provide a mechanism for their single offspring to emigrate to America and enter the job market. In addition to immigrating, they are entering the job market so that they can earn money to send back to the Philippines to assist

with providing food, clothing and education of their adult offspring, grandchildren and siblings. At the same time, they are earning social security benefits so that when their health fails, they can return to the Philippines with a monthly income to provide for themselves and family. The exchange currency ratio for their social security check makes them wealthy in the Philippines.

The liberalization of the immigration laws placed aged parents in a key role in the chain migration process for they are the only ones that can petition their single offspring and siblings. The elders did not verbalize initially, that they come to America to provide a mechanism for their unmarried and unemployed offspring to immigrate to America. This reason is not given until after a trusting relationship is established and four months of visibility and interacting in the community. Initially, these questions cause the informants to become very suspicious and fearful that this researcher is working for the Philippine or U.S. government.

The above context provided the rationale for informants accepting their adult offspring's invitation to immigrate to the United States. Below are samples of frequent responses of informants to the question of why they choose to come to America at this period in their life.

I came to America for my granddaughters' sake. I came to babysit them until they became school age. Now they have started school, we must return to the Philippines to help with our other grandchildren.....Also I have petitioned my two single sons; one is here and a student at the community college; the other will be coming next month. They will be able to get a job here. We have accomplished both of our purposes in coming to America.

My son petitioned me...my people are hungry in the Philippines.... I work here to earn money to send for food for my children and grandchildren.

My son petitioned me. Life is hard in the Philippines; my family have little food . I work here to earn money to send for food for my grandchildren and unmarried children who do not have work. I have petitioned my three single children.

Jobs are scarce in the Philippines. Parents must come to the United States and stay five years in order to petition single offspring in the Philippines to have work in America.

Everything is very expensive in America, houses, cars, insurance and child care. I came to take care of my grandchildren so my daughter could work.

My daughter wrote and said, "Mom I need you to help me in America. There is no one to babysit the kids and help keep the house clean. Every thing is very expensive." So I came.

All of my children are in the United States. My daughter said, "Come to America so that we can all be together."

The Philippines is not peaceful; my son was fearful for my health and safety in the village; so he petitioned us.

We did not have a job so my son petitioned us. We work here in America so we can earn social security check so when we return to the Philippines we will have U.S. dollars to live

off. \$200.00 or 300.00 U.S. dollars will go a long ways in the Philippines. One U.S. dollar equals 18 pesos.

Many parents come to this country to facilitate their offspring obtaining employment and better opportunities. Over 85 percent of the parents come for this reason.

Summary and Conclusions

In summary, the major reason the informants in this study choose to immigrate to America at old age is not simply for their offspring to take care of them but rather to provide a mechanism of immigration to the United States for their single offspring, to obtain employment to assist family members in the Philippines, and at the same time earn social security benefits to secure their financial future. Providing child care and housekeeping services for their offspring is secondary to the reasons enumerated above.

The major reason why Filipino elders come to Hampton Roads is that their adult offspring who petition them have military duty assignments there or they have retired in the area.

Sociodemographic Characteristics

The elderly female Filipino population of Hampton Roads is estimated to be approximately 1,000 persons. This number almost doubles the 1980 U.S. Census figures of 504 individuals between the ages 50 through 80 (see Table 1).

The informants of this study consist of 100 Filipino

Table 1
Filipino Elderly Women in Virginia Ages 55 and Above
Based upon the 1980 Census
N=100

Ages	Numbers
50 - 54	101
55 - 59	117
60 - 64	122
65 - 69	92
70 - 74	56
75 - and above	16
Total	504

women ages 50 through 91 and 25 other individuals who are health care professionals such as counselors, program directors for the Senior Employment Program, and dietitians, nurses, priests, social workers college professors, travel agents and physicians. All of the professional informants are Filipino with the exception of five who are Caucasian. Table 2 displays these data.

The one 100 elder Filipinas in this study represents 10 percent of the estimated female elderly Filipino population in Hampton Roads area for the year 1985. The elderly informants in this study grow up, marry and raise their children in the Philippines and immigrate to the shores of America between the ages of 50 and 75.

This group of informants immigrate from the major islands of the Philippines: Luzon, the Visayas and Mindanao. Ninety-two percent of the informants come from the island of Luzon representing 21 provinces which encompass the four geographic regions of the island (see Tables 3 & 4). The remaining eight percent immigrate from the Visayan Islands and Mindanao.

The minimum number of years in the United States for these informants is three months, and the maximum time is 32 years (See Table 5). Forty-four percent of the informants come to the United States after the 1980 U.S. Census. Forty-three percent of the informants have

Table 2
Professional Informants

Categories	Numbers
Filipino College Professors	2
Filipino Physicians	4
Filipino Professional Nurses	3
Caucasian Professional Nurses	3
Filipino Social Workers	2
Filipino Dietitians	2
Caucasian Dietitians	2
Travel Agents	2
Catholic Priest	2
Filipino Counselor	1
Hospital Administrator	1
Caucasian Counselor	1
Total	25

Table 3
Main Islands of Philippines Represented
by Informants
N=100

Main Islands	Percentage
Island of Luzon	92%
Visayas Islands	
Leyte	2%
Albay	1%
Cebu	2%
Iloilo	1%
Tubigan Boxal	1%
Mindanao	1%

Table 4
Provinces Represented by Informants

Provinces	Numbers
Northern Luzon	
Bulungao	1
Banquet	8
Cagayan	2
Ilocos Norte	1
Ilocos Sur	4
Isabela	3
La Union	3
Nueva Viscaya	1
Pangansinan	13
Total	36
Central Luzon	
Bataan	2
Bulacan	2
Nueva Ecija	2
Pampanga	3
Zambales	12
Total	21
Capital Area	
Malabon	1
Manila	11
Rizal	4
San Mateo	1
Total	17
Southern Luzon	
Camarines Sur	1
Cavite	13
Batangas	4
Total	18

Table 4 (Continued)

Provinces	Numbers
Bicol Region	
Albay	
Visayas Islands	
Cebu	2
Leyte	2
Iloilo	1
Boxal	1
Total	6
Mindanao	
Lanao, Del Norte	1
Total Provinces	27
Total Informants	100

Table 5
Number of Years in the United States
N=100

Years	Percentages
Less than one year	16%
1 - 4 years	28%
5 - 10 years	43%
11 - 15 years	6%
16 - 20 years	3%
21 - 25 years	2%
26 - 30 years	0
31 - 32 years	2%
Total	100

been in the United States between five and 10 years. (See Table 5).

The ages of the informants as depicted in Table 6 range from 50 to 91, with the largest percentage (52%) of the informants between the ages of 60 and 69.

Fifty percent of the women are presently married and 44 percent are widowed (See Table 7). Ten percent of the married informants' husbands are in the Philippines and another three percent are in another state in the United States (See Table 8).

The average number of children for each informant is six; the range is 0 to 20 children. Most of the women's offspring are in the Philippines, only 10 percent of the women stated that all of their offspring are in the United States of America.

All of the elders in this study are grandmothers with the exception of one informant who is single and has never borne a child. She is a sister and auntie who has been and still is serving as a homemaker and provider of child care for her many nieces and nephew.

The primary languages spoken by informants in this study include seven of the eight major ethnolinguistic groups in the Philippines (See Table 9). The largest group 49 percent of informants speak Tagalog and the Ilocono speaking group is second with 33 percent. The remaining eight percent speak one of the following

Table 6
Ages of Filipino Elderly Female Informants
N=100

Ages	Percentage
50 - 54	9%
55 - 59	20%
60 - 64	29%
65 - 69	23%
70 - 74	11%
75 - 79	6%
80 - 84	1%
85 - 90	0%
91 -94	1%
Total Number of Informants	100%

Table 7
Marital Status
N=100

Status	Percentage
Married	50%
Widowed	44%
Divorced	4%
Separated	1%
Never Married	1%
Total	100%

Table 8
Immigrated to US With or Without Spouse
N=100

Category	Percentage
Both Husband and Wife Together	37%
Wife in U.S., Husband in Philippines	10%
Both in U.S. but separated due to Employment (separate states)	3%
Widowed, Divorced, Separated or Single	50%
Total	100

Table 9

Eight Ethnolinguistic Languages of Philippines

Languages

1. Bicolano
 2. Cebuano
 3. Ilocano
 4. Ilongo (Hiligaynon)
 5. Tagalog
 6. Waray
 7. Pangasinan
 8. Pampango
-

languages: Pangasinan, Cebuano, Pampango, Ilongo or Bicolano (See Table 10). Most of the informants communicate in their homes and social gatherings in their native dialect. The national language of the Philippines is Pilipino. It is based upon Tagalog with linguistic elements from the other major Philippine languages. Even though Pilipino is the present national language of the Philippines and Tagalog is the former, neither are spoken by all elders. It should be noted that Pilipino was not taught in the schools and universities of the Philippines until after 1977 (Peters 1983:35). Elders from non-Tagalog speaking regions are unable to converse in or comprehend Tagalog. The same is true of elders from Ilocono regions.

English or Tagalog is spoken as a second language by 80 percent of the informants. Most of the informants said they understand English but voiced difficulty in expressing themselves freely. The usual comment is: "I speak a little bit of English." Table 11 portrays the percentage of informants speaking a second and third language. Table 12 depicts the various language areas of the Philippines.

In the Philippines, 83 percent of the people are Roman Catholic, 10 percent are independent or Protestant and six percent are Muslim (See Table 13). The informants' religious affiliation reflects that of the general

Table 10
Primary Language Spoken by Informants
N=100

Language	Percentage
Tagalog	49%
Ilocano	33%
Pangasinan	8%
Cebuano	5%
Ilongo	1%
Pampango	3%
Bicolano	1%
Total	100

Table 11
Second and Third Languages Spoken by Informants

<u>Language</u>	<u>Percentage</u>
English	40%
Tagalog	40%
Ilocano	8%
Ilongo	2%
Cebuano	1%
Pampango	4%
Pangasinan	4%
Bisayan	4%
Spanish	3%
Bicolano	1%
*Total	107%

*Total more than 100% because not all informants spoke two or more languages.

Table 12
Language Regions of the Philippines

Regions

Ilocos Regions

Ilocos Norte, Ilocos Sur, La Union, Certain Areas of Cagayan, Nueva Ecija, Nueva Viscaya, Apayao-Kalinga, Ifugao, Isabela, Mountain Provinces, Certain areas of Pangasinan and Zambales, Tarlac

Tagalog Regions

Manila, Rizal, Bataan, Quezon, Laguna, Batangas, Camarines Norte, Marinduque, Aurora, Occidental Mindora, Oriental Mindora, Certain areas of Pangasinan.

Cebuano Regions

Cebu, Bohol, Leyte, N. Mindanao (except Surigao) Negros Oriental, Negros Occidental

Pangasinan

Pangasinan

Table 13
 Comparison of The Religious Profile of Informants
 with Overall Population of the Philippines
 N=100

Denomination	Informants Percentage	Philippine Pop. Percentage
Roman Catholic	80%	82.9%
Aglipayan (Catholic Church of Philippines)	4%	
Mormon (LDS)	3%	
Methodist	5%	10.4%
Seventh Day Adventists	3%	
Assembly of Yahweh (independent group of Seventh Day Adventist)	3%	
Church of Christ	1%	
Jehovah's Witnesses	1%	
Muslims	0	6.7%
Total	100	42,070,660

population in the Philippines. Eighty percent of the informants in this study are Roman Catholic, with the remaining 20 percent distributed between the Seventh Day Adventists, Methodist, Mormons, Aglipayans, Church of Christ, The Assembly of Yahweh, and Jehovah's Witnesses. Table 13 depicts the religious profile of the informants and compares them to the Filipino population in the Philippines.

The Aglipayans are the independent Church of the Philippines. This group broke away from the Roman Catholic Church during the early part of this century. The Aglipayan do not have a Pope. The name Aglipayan is taken from the founder of the church, Bishop Gregorio Aglipayan.

The Assembly of Yahweh is a group of people who broke away from the Seventh Day Adventists Church during the 1970s. The informants who identified the Assembly of Yahweh as their religious affiliation joined this group in the United States. They are Seven Day Adventists in the Philippines.

Table 14 depicts the diverse educational background of the informants. Over half of the informants have less than a high school education. In fact, 25 percent have less than a fifth grade education. The educational attainment of the informants ranges from no formal education to graduate level education. Those individuals

Table 14
Educational Attainment of Informants
N=100

Level of Education	Percentage
No Education	1%
Grade 1 thur 4	25%
Grade 5 thur 8	22%
Grade 9 thur 11	9%
High School Graduates	14%
Vocational Program	3%
3 Year Diploma Program Nursing	2%
College	
1 Year	1%
2 Year	1%
2-Year Degree	2%
2-Year Teaching Certificate	4%
3 Year	1%
B.S. Degree	11%
A.B. Degree	1%
Master's Degree	2%
Total	100%

with college level education include commerce, home economics, nursing, education, psychology, accounting, journalism and secretarial science.

Prior to coming to the United States, many of the women are in the work force in a variety of occupations and settings. Fifteen percent of the informants are educators, teaching in elementary, middle and high schools. Others are seamstresses, tailors, embroiderers, professional nurses, actresses and business women in the market place. Many of the women who are educators are also seamstresses. Others engage in "buy and sell" in the market place and/or in their home town. The term "buy and sell" means that the individuals buy items in the major cities or market place during their travel and resell them for profit to the local people in the village. Table 15 displays the occupations of the informants in the Philippines prior to arriving in the United States.

Now that these women are in America, 79 percent of them are living with their adult offspring, babysitting their grandchildren and managing the homes of their offspring. Many of these women babysit other Filipino children along with, or in addition to, their grandchildren for income. A small number of the informants are employed outside of the home as professional nurses, seamstresses in department stores and specialty dress shops, maids in hotels and malls, bus

Table 15
Occupations of Informants in Philippines Prior
to Coming to the United States

Occupations	Numbers
Educators	15
Retired Supervisor of Education	1
Retired Elementary Teacher	10
Elementary Teachers	2
High School Teachers	1
Home Economic Teacher	1
Business Women	25
Buy & Sell	9
Owner of Fast Food Restaurant	2
Selling in Market	4
Owner of Store	6
Manager of Hotel & Gift Shop	1
Chicken & Pig Vending	2
Cosmetologist & Beautician	1
Professional Seamstress	22
Dress Maker Shop	2
Seamstress Factory	2
Dressmaker at Home	17
Embroidering in Factory	1
Professional Actress	1
Professional Nurse	3
Retired Nurse	1
Active Nurse	2
Home Makers	19
Arts & Crafts Makers	2
Pottery Maker	1
Jewelry Maker	1

ladies in cafeterias, factory workers assembling televisions, Christmas trees, ornaments and furniture. Others are employed at the local newspaper company compiling and inserting supplements in the paper. Some of the women, in addition to baby sitting, cater parties from their home. The usual foods prepared included lumpia, rice cake pancit, sausage and other Filipino dishes for private parties and celebrations. Some of these are sold to Filipino stores, restaurants and the United States Naval Commissary.

Most of the women who are seamstresses in the Philippines continue to sew in their homes. They provide custom-made uniforms and other garments for health care professionals. The seamstresses make decorated costumes, gowns and folk attire for the Filipino coronations, folk festivals and they make the dresses for the local senior citizens' folk dance groups. Others sew for military wives who have been stationed in the Philippines and are aware of the special talent of these women. A few women still engage in "buy and sell" of Filipino, Italian and Spanish garments jewelry, handbags, linen and ceramics.

Most of the women who are employed outside of the home are employed in two or three part-time jobs without benefits. For example, those who are working at the newspaper work from 9:00 p.m. to 5:00 a.m. three or four

days a week and work 10:00 a.m. to 2:00 p.m. at another job on the same days.

In most cases employment in the United States is not comparable to the status of their employment in the Philippines. But earnings or wages are higher. Informants with a bachelor or masters degree who have been teachers for 25 years or more report that they earn more in the United States per month at minimum wage than they earn teaching in the Philippines with full benefits. Table 16 identifies the most common jobs held by informants.

Transportation is a problem for the majority of these informants. Eighty-seven percent of the participants are dependent on their adult offspring or friends for transportation. Only seven percent could drive an automobile, and six percent had access to, and used public transportation. Table 17 illustrates the informants access to public and private transportation.

Seventy-nine percent of the informants live with their adult son's and daughter's families. A small percentage of the informants reside in separate dwellings across town from their adult offspring (See Table 18). The majority of the elders reside in Virginia Beach and Norfolk areas of Hampton Roads. Table 19 depicts the city of residence of informants.

Most of the homes of the elders who reside with their adult offspring are located in new subdivisions which

Table 16
 Ten Most Common Jobs in 1985 for Filipino Elderly
 Immigrant Women

*Jobs	Percentage
Babysitters	87
Seamstresses/dressmakers	23
Newspaper (insert stuffers)	5
Food service workers and bus ladies	5
Hotel maids & housekeepers	2
Professional nurses	2
Factory workers assembling T.V Plastic decorations, furniture and ornaments	2
Sales	1

*Most Informants have two or more part time jobs.

Table 17

Mode of Transportation Most Frequently Utilized by Elders
N=100

Jobs	Percentage
Use Public Bus	6%
Drive Private Car	7%
Dependent on Offspring & Friends	87%

Table 18
 Living Arrangements
 N=100

Living Arrangement	Percentage
Alone--Low Rent Housing	2%
With Husband Separate Housing	8%
With another Elder	5%
Live in Babysitter	1%
With Brother or Sister-in-Law	1%
With Offspring's Family and Offspring-in-Law	4%
With Offspring's Family	79%
Total	100

Table 19
City of Residence of Informants
N=100

<u>City</u>	<u>Percentage</u>
Virginia Beach	70%
Norfolk	27%
Chesapeake	2%
Newport News	1%
Total	100%

have been constructed within the past two years. The subdivisions usually contain schools, churches, emergency health care centers and shopping centers. The shopping centers contain food markets, convenience stores, pharmacy, laundry, dry cleaners and gasoline and auto care centers. In some cases, the shopping centers serve two or more subdivisions depending upon the geographical configuration of the community. Most subdivisions are very large, and even though shopping centers are part of them, the geographical structure may prohibit walking to them for many of the residents. Personal transportation is a necessity for residents of Chesapeake and Virginia Beach because a public transportation system is not available.

Many elders, who live apart from their adult offspring, tend to live in Norfolk in low rent public housing. These areas are located within walking distance of shopping centers, food stores, recreational facilities and the public bus lines.

The health of the elders during the data collection phase of this study varies from no physical illness or disease to multiple chronic illness such as hypertension, heart disease, diabetes, peptic ulcers, cataracts, etc. Table 20 provides a profile of the illnesses, diseases, hospitalizations and surgeries of the informants. Twenty-two percent of the informants are disease free, while 48

Table 20
Present Illnesses and Diseases,
Hospitalization, and
Surgeries

Category	Numbers
Diseases & Illness	
Hypertension	48
Arthritis	25
Peptic Ulcer	11
Diabetes	12
Cataracts	6
Heart Disease	7
Gout	1
Spot on Lung & TB	3
Urinary Tract Infection	4
Back Pain Disc	2
Homesick & Loneliness	12
Kidney Problems	1
Asthma	1
Glaucoma	3
Hyperthyroidism	2
Retinopathy Secondary Hypertension or Disease	1
No Illness - Clean Bill of Health by MD	22
Surgeries	
Cataract Removal	5
Mastectomy	2
Hysterectomy	2
Corneal Transplant	1
Cholecystectomy	1
Nephrectomy	1
Pneumonectomy	1
Glaucoma Iridectomy	1
Insertion of Pacemaker	1
Cyst Removal on Neck	1
Hospitalization	
TB	1
Hypertension Crisis	3
Diabetic Acidosis	3
Congested Heart Failure	1
Stroke	1
Pneumonia	1

percent are hypertensive and 25 percent suffer from arthritis. Twelve percent are diabetic, 11 percent have peptic ulcers, six percent have cataracts awaiting surgery and five percent have already had cataract surgery.

Twenty-six of the informants have been hospitalized since their arrival in the United States. Fifty-nine percent of the informants have no medical or hospitalization insurance. The remaining 41 informants are covered by the U.S. Navy as dependents by medicaid, medicare or private insurance. Table 21 depicts the sources of payment for health care.

Table 21

Sources of Finances for Health Care
for Informants
N=100

Category	Percentage
Private Insurance	6%
U.S. Navy Dependent	13%
Medicaid	13%
Medicare	9%
No Insurance	59%

Summary and Conclusions

Who are the Filipino Elderly women of Hampton Roads? The elderly Filipino women are individuals of diverse education, language, occupation and religious backgrounds. Most of the women have come to America from the island of Luzon and a few from the Islands of The Visayas and Mindanao. Fifty-two percent of the women are between the ages of 60 and 69. Half of the women are married and half are widowed. Most are working in the home and a few have two or more part-time jobs outside the home. Babysitting and dressmaking are the dominant sources of income. The majority live with their offspring and a few live apart from them. Forty-four percent of the women have resided in America less than five years.

CHAPTER IV

TRADITIONAL FILIPINO VALUES

Introduction

This chapter describes and analyzes the traditional values and beliefs which the elder Filipinas of this study identified as germane to their culture. Dominant Philippine traditional values include family, religion, smooth interpersonal relationships, respect, reciprocity, hospitality and care of the elderly. These values are clearly visible to "outsiders" interacting or observing the elders living in Hampton Roads, Virginia. This chapter is concerned specifically with showing that the core values are interrelated and permeate all of the elders' activities and interactions with others, whether in the family, place of employment, community or society as a whole.

The chapter begins with a discussion of the centrality of the family in the Philippine social structure. The next section describes the "family centered" focus of religion in the Philippine culture. Following the discussion of religion, the bahala na attitude is presented and related to the elders' world view. The next section presents the concepts of utang na

loob, pakikisama, hiya, and amor propio. These concepts are skillfully used to achieve and maintain smooth interpersonal relationships with family, friends, neighbors, co-workers, employers, etc. The analyses of the value respect are accomplished by using Spradley's Model for domain analysis (Spradley 1980:102). The next section discusses the responsibility of offspring for the care of parents. The chapter closes with a discussion of hospitality and the value of education.

Pamilya

Pamilya (family) is the single most important institution in the Filipino social structure. Bulatao (1973) finds in his study that the family occupies the largest area of the total field of values. The family is viewed as "an end in itself, without subordinating it to other values." (1973:98).

The family's name, honor, needs and well-being supersede the personal needs and interest of the individual. One's responsibility and loyalty to the family are primary; obligations, duties and loyalties to friends, townmates, employers, church, community and country are secondary.

Individuals are taught from infancy through old age that their emotional closeness, security and well-being are in the family (Gunthrie & Jacobs, 1962:203). Interdependence between family members is primary, rather

than independence from the family, as the traditional Protestant middle class ethic espouses.

The composition of the Filipino family is much broader than the traditional American concept of family. The Filipino family is composed of individuals traced through the blood line, marriage, ritual kinship known as the compadre system, and a special system of reciprocal obligation called "Utang na Loob." The Filipino family is large, extended, and collateral (Alfonso, 1978:132).

The family's kinship is traced through both the father's and mother's blood line. The father's family name is taken by the wife and children. The mother's maiden name is used as a middle name for the children (Alfonso 1978,132).

Once a couple marries all of the relatives of both spouses are considered family. The individuals who participate in the marriage ceremony as official sponsors and coparents at baptism of children are also included as family. In Hawaii, it has been reported that a baby may have 20 to 30 people as godparents at the Baptism rite. These individuals provide a large base of support and extend the family constellation (Baysa, et al. 1980: 164).

These individuals comprise the compadre system and enter the family through ritual kinship. The kinship term for both coparents and official sponsors is godparents.

The compadre system creates obligation and

responsibilities between godparents, children and married couples. In the case of the married couple, godparents assist financially in the purchase of homes, automobiles, furniture and celebrations. Godparents assist children with religious teachings, educational expenses, entrance into the job market, etc. In return, godparents receive assistance and care in old age.

Individuals who go out of their way to perform services for a person without being asked or without pay create a "utang." This is a system of reciprocal obligation. A "utang" is a way of maintaining balance of obligations and favors. It protects the family's status and image within the community and society. Individuals and families must reciprocate hospitalities, gifts services and other social expressions of caring and concern.

The women in this study embrace the traditional Filipino concept of family. The majority of the women live with their adult offspring and grandchildren. Many of the homes contain both parents of the wife and husband. A few families contain nieces, nephews and godchildren in addition to the elderly parents. Some of the women introduce me to other women who are a part of the family through the compadre and utang systems.

The above description illustrates the presence of extended, collateral families in the Filipino elderly

community.

Religion

Religion is a strong cultural value of the elderly Filipinas in Hampton Roads. Church attendance is seen as a family affair and an obligation. Placing God first in one's life is viewed as a means of obtaining God's blessings of good health and a long and prosperous life.

Most of the Catholic women in this study have an altar set aside in their bedroom with their crucifix, patron saint(s), rosary, picture of the Holy Family and cloth. Many of these altars are very elaborate with life size figures of the saints. The women begin and end each day with lengthy rituals and prayers. One informant states:

I awaken about 4 o'clock every morning. I go and make pee pee: I come back and begin my prayers. It takes about two hours to complete my prayers; you know I'm a Carmelite Sister; a sister of the Sacred Heart and a sister of the Third order of St. Francis of Assisi....By the time I'm finish it is 7 o'clock a.m. I'm using my cloth of St. Joseph from the Philippines.

A Catholic informant states:

In the Philippines I worked daily in the Catholic Church. I belonged to many orders and say prayers daily. My devotion begins early in the morning. I say novena for each of the saints: The Sacred Heart, St Anthony, St Jude, Mother of Perpetual Heart and the Virgin Mary of Lourdes, before I place food in my body. I attend St Pius Catholic Church here. We have a Filipino Priest there.

A Seventh Day Adventists informant verbalizes the following:

The secret to long life is keeping the first and fifth commandments. Loving God and honoring your father and mother so that their days may be long upon the land which the Lord Thy God gives thee.

An Aglipayan Catholic informant states:

I watch religious programs on T.V. every day on CBN.

I pray for long life daily; you know my husband used to pray every day to reach age 70, When he got that age you know he died. I don't use a age I just ask for long life. My mother lived to age 90.

You know old age is the time to prepare for a good death. I have an altar in my room with the rosary, and patron Saints. I have prayer at my altar every morning and night. I was a member of the Legion of Mary in the Philippines. We wore special uniforms, blue and white.

Prior to coming to the United States, many of the women stated that they went to church daily to engage in prayers, penitence and to receive their community assignment for visitation to the sick and needy, as well as to encourage families who have drifted away to return to the church. The women also visited families to encourage marriage and baptism of children which had been omitted at birth. These community activities are carried out through various lay orders of the Catholic Church. Many of the women belong to one or more of the lay orders as described in the above statements.

Most of the women are unable to attend church regularly in Hampton Roads due to lack of personal transportation, work schedules of their adult offspring and their own housekeeping and babysitting responsibilities in the home. The women say they miss going to church daily, and the interaction in the community the various orders afforded them. They feel nevertheless that they are still able to fulfill their obligations to the various saints and orders through their morning and evening prayers and rituals at their private altars in the home.

Hunt, et al. (1954) found that religion in the Filipino family is more "family centered" than "church centered." This concept is illustrated in this study through the widespread use of family and individual altars in the homes of the majority of the Filipino elders. When many of these women are hospitalized their private altars/shrines are brought to the hospital, so that they and the family members may continue to meet their obligations to God and the patron saints.

Religion is also viewed as a protective system against illness/disease. The wearing of religious amulets such as the crucifix, rosaries, charms and other religious objects is believed to protect one from evil spirits as well as symbolize their beliefs. When recovery from illness is obtained, a Novena, vesper or special mass is

held to express humbleness and gratitude for God's blessings.

When the women are asked to identify the most important values they tried to instill in their grandchildren, they identified love of God, daily prayers, responsibility to family, the Filipino way of showing respect and the importance of education.

Religion permeates all of the major life activities of the elderly Filipinas: birth, marriage, illness recovery, celebrations, social affairs and daily activities. Religious rituals are used to gain God's favor and protection. Religious devotion is a traditional value which is still practiced in America.

Bahala na Attitude

The bahala na attitude is the belief that humankind should unquestioningly accept whatever life brings and trust God to solve and or work out the problem in his Providence and own time (Corpuz 1964:420). This attitude grows out of the elders' belief that God controls this universe through His supernatural power, and all the blessings and goodness one encounters in a lifetime are due to God's grace and not to the efforts of humans. Misfortunes, accidents, illnesses and loss are attributed to wrath of God. The elders further believe that God inflicts His wrath upon those who deliberately disobey His will. Thus, this becomes the basis for some western

scholars to label traditional Filipinos as having a fatalistic attitude towards life.

Smooth Interpersonal Relationships

The maintenance of good feelings and smooth interpersonal relationships among family, friends and co workers is a basic value in the Filipino culture. Smooth interpersonal relationships are achieved by utilizing the important concepts of "utang na loob," "hiya," "pakikisama," and "amor propio."

Utang na loob is a debt of gratitude and obligation which binds individuals together through feelings of love and respect and obedience (Affonso 1978:133). This obligation cannot be repaid by money but only through service, upon request. The debt of obligation is appropriate to the aid given. Refusal to return the obligation is believed to evoke the wrath of God on the offender resulting in shame to both the individual and the family. This concept forms the foundation for relationships with neighbors, friends, co-workers and business associates (Bautista, Bauzon and Hill 1984:7-8).

Hiya or shame is closely tied to the concept of utang na Loob. Shame results when individuals are unable to repay their debt of gratitude when it is requested. It can occur in culturally inappropriate behaviors such as not providing for one's parents in sickness or old age or failure to show respect for elders and people in

authority. Hiya (shame) is incurred by the offender as well as the family. Therefore, hiya affects the individual and family's position in the community.

Amor propio refers to self-esteem. It is being sensitive to the feelings of others and avoidance of harsh, critical and condescending words/phrases which inflict emotional pain, humiliation, shame, loss of face and self-esteem.

Parkikisma is the avoidance of open conflict and disagreement. It literally means to go along with, to agree in public and to avoid conflict. This concept inhibits resolution of delicate issues because individuals will be offended and or shamed.

The primary goals of most Filipino social interaction are to please others maintain a harmonious relationship, and to avoid injuring another ego. Often Filipinos will tell a "white lie" rather than offend when asked to express an opinion (Haskin 1979:63). Jokes are often used to express criticism because it is believed that they neutralize the sting of criticism (Haskin 1979:63).

Individuals who utilize open communication styles are considered very rude. It is believed that both the confrontee, and confronter's family suffer shame.

To avoid open disagreement, Filipinos may seek "go betweens," or third parties who are highly respected to intercede on their behalf to resolve the conflict, thus

avoiding face-to-face encounter. Other techniques utilized to facilitate smooth interpersonal relationships and avoidance of loss of self-esteem are the use of metaphorical speech, "beating around the bush," using euphemisms (Lynch 1973:11-13) and yielding to the will of the leader or majority to make group decisions unanimous.

The concept of smooth interpersonal relationships is observed in the business meeting of the elders' senior citizen meetings of this study. For example, prior to the Christmas season, the group is asked to vote on whether they want to exchange gifts. The membership vote unanimously to exchange gifts. But when the issue arises of how names are to be chosen, there is much rumbling and many small conversations between individuals. The leader has a difficult time getting people to openly express their views. The presiding officer finally states that every member is to be assigned a number that is placed in a hat. Each person is to bring a gift costing not less than five dollars to the December meeting.

When the December meeting opens, many individuals do not bring gifts or participate. A few are very angry because their gift is not believed to have met the minimum cost established for the gift. Others are unhappy because they did not know who the buyer of the gift was so they could properly thank him/her. I overheard several ladies saying, "That's why I did not participate because people

do not follow the rules." Others were heard saying, "I prefer buying gifts for a person rather than a number." These examples illustrates the reluctance of individuals to publicly express their opinions. They went along with the president and social chairman to prevent shaming or causing embarrassment. It also illustrate yielding to the will of the leader to make a group decision unanimous.

Respect

Another core value of the Filipino culture is respect (Haskin 1979:52). This value is central to the smooth operation of the Filipino family. Respect is shown for parents, elders, older relatives and people whose status is perceived to be superior to oneself or in authority over you (Haskin 1979; Orque 1983; Welch 1981).

Respect is demonstrated by smiling, using soft voice tones, obeying and listening to elders. Respect also is shown by not talking back or contradicting a person who is one's elder or one who is perceived to be in authority over you.

Respect and deference is also shown through the use of honorific terms such as po or o po or o ho when addressing elders. These terms denote respect in relation to age and position of the addressee. They may be used for parents, elders and superiors.

Younger siblings are expected to address older brothers and sisters deferentially. Tagalog terms such as

kuya (older brother), ate (elder sister), diko (2nd elder brother), and ditse (second elder sister), sanko (3rd eldest brother) and sanse (3rd eldest) are used preceding the siblings given name (Haskin 1979:49).

People in authority are addressed as ma'am or sir. Teachers, professors, nurses, doctors or one's boss are never addressed by their first name alone.

Finally, respect may be shown to elders by kissing their outstretched hand and placing it upon one's forehead. The receiving of the outstretched hand is also spoken of as "receiving a blessing from one's elder."

When the informants are asked which Filipino value they think is most important to teach nursing students in America when caring for Filipino elders, the overwhelming response is the Filipino way of showing respect.

Below are representative responses of informants:

They should always smile when they approach old people, pat the person's shoulder and address them as Nana or Po. "Po" is a very important word. Respond to elder by saying "yes, Po" "no, Po." This is always a sign of showing respect. When the elder hears the words "Nana" and "Po" it generates good feelings.

Address them as "Lola" or "Nana" or "Po." Some will accept Mr. or Mrs; never use first names. Speak kindly, always smiling.... Take time with them, avoid being in a hurry and scurrying about. Avoid making light of their faults; avoid being rude and not speaking or talking to them.

When my adult son speaks loudly to me, it distresses me, causes my heart to hurt; that's disrespect.

Summary

Respect is a dominant value in the Filipino culture. Respect is a cultural symbol which denotes a way of acting and culturally accepted behaviors displayed in the presence of elders and superiors. It provides a way of interacting in the family and community to facilitate smooth interpersonal relationships. The use of kinship and honorific terms provide status, respect and appropriate behaviors for members of the culture.

Hospitality

Filipinos are considered very hospitable people. Hospitality is extended both in their homes, place of employment and in the community (Orque 1983: Haskin 1979:72). Hospitality is extended to friends, neighbors, co-workers and employers. It is also a way of repaying debts of gratitude to individuals who have been kind and have provided unsolicited assistance and services to them.

Hospitality often takes the form of offering food, preparation of food, and festive Filipino dishes; having barbecues or dinner parties in the guest's honor; sharing of vegetables and fruits from one's garden or giving of gifts.

Several employers of elderly Filipinas comment to this researcher concerning the hospitable nature of Filipino employees.

Filipino elderly are very appreciative people. They remember you with gifts at Christmas. They prepare special Filipino dishes they know you like. They bring you gifts when they or relatives return from trips to the Philippines.... You can't refuse them; you don't want to hurt their feelings. They are some of our best workers.

Social acceptance is highly valued in the Filipino culture. Opportunities for families to welcome guests into their homes are prized. Filipinos often say to others, "Please call before you come." This is because they like to prepare special festive dishes and have articles to give to their guest. Often these articles are crafts made by the host or souvenirs from the Philippines. Each time this researcher visits the home of informants different Filipino dishes are prepared. The food becomes the initial topic of discussion: its content, preparation and the occasion for which it is prepared. Filipino fruits and vegetables from the garden are also shared with the researcher. It is important that the food and gift be accepted so as not to insult or offend the giver/preparer. Equally important to remember is that to refuse to accept the hospitality (food, personal gift) of one's host could cause him to lose face and incur hiya, shame.

Education

Education is another value of the Filipino elderly. Most of the women in this study take great pride in telling this researcher of the number of children they had and more importantly the number that completed high school and college. They go to great length to describe how they had to "struggle" to educate their children. Most feel that an education is essential for their offspring to be able to raise a family and enter the job market.

The second most frequent value they identify that they were instilling in their grandchildren here in the United States was the importance of education (a college degree) to obtain a good job and enhance the family's name and status. A family in which the children graduate from high school and college has status in the community.

This chapter has addressed research question number five: What are the dominant values and beliefs of the immigrant elder Filipinas residing in Hampton Roads, Virginia? The dominant values and beliefs include: family, religion, bahala na attitude, smooth interpersonal relationships, respect, care of elders, hospitality and education. All of the values are shown to be interrelated, and practiced in the elders' daily lives.

CHAPTER V

MAJOR ADJUSTMENT PROBLEMS OF ELDERLY

IMMIGRANT FILIPINAS

Loneliness

The areas of adjustment which the elderly immigrant Filipinas find most stressful are the following: (1) being confined to the house for long periods of time; (2) the emptiness and quietness of the streets; (3) communication patterns of their adult offspring and grandchildren; (4) childrearing behaviors; (5) loss of independence and status within the family; (6) inability to get around, and (7) being separated from spouses and other children and family and friends.

Coming to suburban America after living over 50 years in the towns, villages and cities of the Philippines is quite stressful for the elders. Many have lived in one village or town all of their lives. The elders say there are no strangers in the neighborhoods in the Philippines; everyone knows each other. Relatives, friends and acquaintances are across the street, or down the road. The same people and families have lived in the neighborhoods for years. Basically, Filipinos have a fear of strangers.

Below are samples of the informants' responses to the question: What were some of the major frustrations of moving to America at this period in your life?

The environment in America is very different from the Philippines. The pace is slower and more relaxed in the Philippines. U. S. people have many places to go; they are always rushing around.

It is very lonely in America. No people in the streets. Windows and doors are closed. All our neighbors are Americans. In the Philippines everyone knows each other. There are plenty of people to talk with. During the day we are three here, my husband, my daughter and myself. We have to talk to each other or look at T.V. We don't know anybody.

I was always left alone in the house. Most of the time it was too quiet. No one to talk to. I was teaching full-time in the Philippines. Now I am working two part-time jobs and a full-time job. I'm not bored or lonely.

When one looks out the windows in America there is no one. Your neighbors' windows and doors are shut. There is no activity on the streets. In the Philippines when one looks out, we see lots of people passing by, mothers, sisters, friends, neighbors waving and speaking. In America, one does not know the neighbors. They are constantly moving out and new neighbors moving in.

In the Philippines you have a relationship with your neighbors. You can go from house to house.

It is very lonely here. My family works all the time. I don't drive. I'm left alone most of the time. When I look out of the window there is nothing. In the Philippines there is lots of activity in the roads. Lots of people all the time. Plenty of jeepneys, buses, trucks and tricycles for transportation. There are sounds of laughter, music and conversation coming from the road. Here the streets are quiet

If you go to the market in the Philippines, there are plenty of people to talk to; not here;

mostly Americans.

When one goes walking in the neighborhood, there is no one, just closed windows, drawn drapes and manicured lawns.

Elders who live in Navy housing and low income public housing do not experience the same feelings of loneliness that the elders living in the suburbs express. The housing units in the public and governmental units are multifamily dwellings with lots of adults and children visible in the playground, yards and windows. Buses, cars and trucks can be heard and seen. Usually there is another Filipino family across the court, in front or back of their apartment or even down the street. The elders tend to visit each other daily and go for walks and to the market together. One informant stated, "Living here (public housing) is like living in the Philippines. The only thing is my 9 children and family members are in the Philippines."

Those elders who live in the suburbs tend to be spread out perhaps two or three per subdivision. In a couple of the subdivisions, however, there are ten or 12 elders living on the same street but do not visit because they are from different regions of the Philippines, speaking different dialects. The other reason is that some have political and family ties to the Marcos regime. Many of the non-Iloconos' neighbors are reluctant to extend trust for fear that these people are spies for

President Marcos.

In summary, the majority of the elders feel abandoned, lonely and bored because of the emptiness of the streets. Their neighbors are very busy with many places to go. The streets are empty because the children are in school and the adults are working. Very few of their neighbors are home during the day. Their greatest fear is that if they need help there will be no one nearby to call.

Analysis

The typical elder Filipina comes to America after 50 years of life in the Philippines. The decision to come to America is not a personal decision, but a family one. Often the women come after much discussion and persuasion that it is the best course of action, and their duty is to migrate and to provide a mechanism for their adult offspring to immigrate to America and secure a better economic future. At the same time this can be seen as guaranteeing the parents economic well-being throughout old age.

The elders arrive excited to experience life in America, to see their offspring and grandchildren. Following two to four weeks residence in the United States, the elders begin to miss the familiar sights, sounds and fragrances which typify the Philippines. Suddenly the quiet, neat, tree lined streets and manicured

lawns of the neighborhoods of American suburbia lose their appeal and become boring. The people in the neighborhoods are predominantly Anglo American with a few Black Americans, speaking a language with varying accents which is foreign to their ears. Many understand only a few words widely dispersed throughout a conversation. This is a sharp contrast with the typical Filipino village where most people are some combination of Malayan and Chinese, Japanese or Spanish ancestry, with brown skin tones being the dominant hue. Even though many dialects are spoken in the Philippines, the tones and sounds are not unfamiliar. Such sounds may be described as comforting.

In preparation for the arrival of parents, adult offspring usually purchase a home with enough bedroom space so that the elders will have their own private bedroom. These rooms are usually attractively decorated with American styled furnishings. In the Philippines, grandmothers who are widowed usually share their bedrooms with their grandchildren. In fact, a small grandchild usually shares the bed with the grandmother. Adjusting to sleeping alone in a bed in a separate room from the rest of the family is another aspect of the initial cultural shock experienced by the elders. This physical separateness from the rest of the family at night may contribute to the feelings of loneliness, crying, insomnia and longing to return to the Philippines.

Climate

Adaptation to the weather is particularly stressful to all of the elders. The most frequent comment is, "The weather is too cold or too hot." In the Philippines the climate is tropical, just two seasons: the rainy, typhoon season and the dry season. The elders often complain that the American "winters are not good for old people." When the weather is cold, the elders tend to stay inside for long periods and boredom results. They say cold causes joints to ache and become stiff. Most of the elders have never worn winter weight clothing. As a result they complain about feeling "weighted down" by wool and down coats, gloves, caps and boots. All of the elders wear insulated long underwear from fall through spring. They do not like the feel of the fabric, but without the clothing, they are cold. Often when the researcher visited them in their homes, they had sweaters and gloves on in addition to the long underwear. When the researcher asked them why they did not turn the thermostat up they responded they had been instructed not to touch it. Their offspring had set it at 65 degrees fahrenheit. The bills would be too expensive if they turned the heat up, and this would cause hardship on the offspring who already had many bills. Adjustment to summers also had its difficulties. The elders state they are not use to being in a house with all the windows closed and the drapes

drawn. They are accustomed to, and prefer, the feeling of the breeze flowing through. Here, their offspring want the house closed with the air conditioner running. The air conditioner is not liked because it causes the elder's joints to be stiff and ache. They prefer the fresh breeze.

In the Philippines they are accustomed to walking to the market each day. In the U.S., they can only walk in the spring and early fall. It is too cold in late fall, winter and early spring, and too hot during the day in the summer. Almost every participant/informant voiced distress caused by the weather.

Language

Those elders who speak only a single dialect and very little or no English at all feel very lonely. This is especially true of those who have been in the United States for less than six months. They cannot communicate on the telephone. If the phone rings they will not answer it. Until their offspring locate other elders from their home province or town, their communication is restricted to their offspring. Communication with their grandchildren and daughters-in-law or sons-in-law may also be limited due to the inability of both to speak the elder's dialect. One elder described her first experience in America thusly:

I could not speak the language. I could not go

out because everyone was working. I did not know anyone. I felt like a pig in the cage so I went back to the Philippines. This is my third time to live in America. I can speak little bit English. Now it's better.

Two elders who live with their daughter's family in one of the suburban developments are the same age. Their backyards are separated by a low fence. Both elders have large vegetable gardens the size of two lots each. They climb across the fence and assist each other with their garden and lawn care. Neither can speak or understand each other's dialect, but they communicate in sign language. One has been in America approximately two years and the other five months. Both daughters work together as professional nurses at a local hospital and the sons-in-law are stationed aboard the same ship in Hampton Roads. Neither elder is able to communicate with her grandchildren.

Not knowing the language is a common frustration of many of the elders who are age 70 and above. They express concern that they are too old to learn a new language. This researcher asked if they would attend a class if it was taught by a person who spoke their dialect and if only elders were in the class. The most frequent response was, "I'm too old to learn and there is no transportation or relief from our babysitting and housekeeping duties at home." Several elders prefer to be taught by another elder one-on-one and not in a formal class. Leaders in

the Filipino community express the following to this researcher: "We feel English can only be learned in the family setting. They are forced to learn English in order to interact with their grandchildren."

Several of the elders are enrolled in the Senior Community Service Employment Program. This is a federally funded project out of the Department of Labor under the Older American Act. The goal of the program is to help older economically disadvantaged persons find employment. Also, it helps elders to develop work capabilities and find permanent work in the private sector. The objective of the program is to provide temporary employment, usually six months.

Three of my informants have been in the program three years. They have excellent performance ratings, but according to the program director, poor language skills. The counselor and director have made several attempts to get the elders to enroll in the English as a foreign language course at the vocational high school, but the women would not attend. The director said she would have to terminate them from the program because they had already far exceeded the maximum enrollment period of the program by two years. The elders express concern that they were losing their jobs but did not feel they could go to class with high school youngsters, young adults and individuals with college education, when they had only an

elementary education. Besides, they felt they would not understand the teacher since she did not speak their dialect/language.

The language barrier can have a detrimental effect when it is coupled with loneliness, isolation, culture shock and suspicion. The example below was related to this researcher by natural helpers, by several of the elder Filipinas informants and professional health care informants (social workers, M.D.s and nurses).

An elder Filipino gentleman was admitted to the state hospital in Williamsburg for killing his daughter-in-law with a hammer. He could not speak English and his daughter-in-law and grandchildren were unable to speak his dialect. He was only able to communicate with his son who was in the Navy and often out at sea. One morning he observed his daughter-in-law placing a different substance in her coffee than his. He thought that she was trying to poison him so he locked the grandchildren in the bedroom and began to strike her with the hammer. It was learned once that he was hospitalized that he was diabetic and the daughter-in-law was placing artificial sweetener in his coffee and sugar in her own. This incident could have been avoided if some one could have explained in his language the alteration he had to make in his behavior now that he was diabetic.

Mothers-in-law and Daughters-in-law:
Intergenerational Relations

Another area of adjustment involves residing with daughters-in-law. In the Philippines elders reside in their own house. If their health is poor, then they will reside with their youngest daughter: "Residing with your own daughter's family is the Filipino way because you

raised her and both understand one another's ways. Your daughter-in-law's ways are foreign to you." In Hampton Roads a large number of the elders are residing with their sons' families. The elders are unhappy because this is not the Filipino way. The sons are frequently out to sea for three, six or nine months at a time. The women state that the daughters-in-law treat them differently when their sons are away. Daughters-in-law are supposed to treat elders like parents. Those elders whose daughters-in-law or sons-in-law are Caucasian do not purchase Filipino foods and do not allow them to prepare the traditional Filipino meals. They have to eat American foods when their offspring are out to sea. One elder states, "I only eat fish, crab, lobster and oysters when my son is home. He is at sea now. I will be glad when he comes home. I'm used to eating fish every day." Another informant states that when her son is at sea the daughter-in-law will not let her eat at the table with the rest of the family. She must eat alone in the other room. The elder states that often the daughter-in-law will not talk to her for long periods of time. This causes her to feel unhappy, sad and worried and to desire to return to the Philippines. When the elders gather, one of the main topics of discussion is daughters-in-law and the behavior of grandchildren toward grandparents. The discussion of grandchildren will be developed in a later section.

Problems with Daughters

Some of the elders are encountering problems living in the home of their daughters. They find it difficult abiding by the rules of their daughters' families. Some seek to resolve the problem by living apart from their daughters. The following is characteristic of conduct exhibited by several daughters which prompted the elders to obtain separate living quarters from their family.

I was lonely. I stayed in the house alone. My daughter went to work. My 8 and 14 year old grandchildren went to school. My husband returned to the Philippines after 2 years. I really miss him.

I had to move away from my daughter's house. She does not talk to me. Only the grandkids. I have petitioned my other children in the Philippines. She said she will take me back when her brothers and sisters come. I'm a live-in-baby sitter for a young Filipino family.

Daughter changed toward us since we have been in the U.S. We were very unhappy in her house. My husband and I moved to our own dwelling. My daughter did not want me to talk to you. That was her on the telephone. That's why I cancelled the other two times. My husband and I are happy now. We are free to have our friends over, to go fishing, to work, to come and go and not ask permission.

Communication Patterns within the Family

Wherever elder Filipinas gather, especially groups which contain new arrivals, there are conversations concerning the manners and behavior of adult offspring and grandchildren. In the Philippines the elders are accustomed to children obeying elders, showing respect to

grandparents, parents and people in authority. They are shocked and dismayed when they arrive in America and observe their grandchildren "talking to their parents like they were their equals." The children openly disagree, contradict, interrupt and answer back with parents and other adults. They refuse grandparents' requests to bring an item or do a task. Some grandchildren insist on calling their grandparents by their first names. Such experience is stressful.

Many elders experience their adult offspring raising their voices at them. Others complain their daughter/son arrives home from work and at times will not talk to them. The behavior and manners of grandchildren and some adult offspring cause such anxiety that many elders end up in the physician's office for lack of appetite, weight loss and inability to sleep. The physician observes that their blood pressure is elevated and the elders are depressed and lonely and desire to return to the Philippines. When the physician asks them what they thought was happening, they relate the interactions they experience and observe between grandchildren, their parents and themselves. What is most disturbing is that the adult offspring do not appear to be concerned. A Filipino physician relates the following:

Our children do not say ma'am even though we stress it.... We have to tell them these are your grandparents.... Our children talk to us like we are equals. They (our parents) say to

us how can you tolerate your children talking to you that way.

A 65-year-old elder from Cebu who has been in the United States five months states:

Children growing up in the U.S. are different. In the Philippines one looks at children and they obey. They do not make noise. Here children talk back; say I hate you are here. I cried. I wanted to go home, I knelt and prayed to learn to love them in spite of it.... It made me very depressed.

A 62-year-old elder Filipina from Cavite who has been in the United States two years describes her grandchildren's behavior and manners as follows:

Here if I asked my 6-year-old grandson to bring granny a glass of water he will say, "No, I'm tired. I don't like or I'm doing something." In the Philippines, my other grandchildren would bring it and say, "Lola, I love you." My grandchildren here say disrespectful things. I have to say, "I'm your father's mother. Don't talk like that to me."

A 65-year-old elder also from Cavite who is a college graduate and a retired elementary teacher relates her experiences:

Children in America talk back to grandmothers. I told my 3-year-old grandchild to stop opening the door. He shouted, "No, who cares." I was very surprised. I kept very quiet. Sometimes they say, "No way, Grandma." Other times they say, "Don't tell me, Grandma, I'm the boss." This is my house. I was so hurt I just cried. Sometimes he calls me by my name. I say, "I'm your grandmother do not call me Norma." He said, "That's your name." He also said, "My classmates call their grandmother by their first name."

My greatest surprise was the way children talk to their parents. I baby sat for a white minister and his family. The five year old

talked to me like she was my equal. She told me, "Nobody tells me what to do." I told her if she continued to talk to me that way I would leave and go home. She finally quieted down.

In Philippines, children are very respectful; here, kids say grandma come here. They call you by your first name. They say disrespectful things like, You are an old man. Okay old woman, shut up. You are stupid.

My daughter and grandchildren are different in America. They do not show respect by kissing your hand and saying nice things. I missed you, grandma. I love you, Mom.

There are a few elders who report that both their adult offspring and grandchildren treat them with respect. In fact, they treat them "just as they had raised them." These elders appear to think that their adult offspring's behavior depends upon "how you trained them when they were young."

Privacy

Several adult offspring and professional informants observe that when they came to America and obtained their own apartment, or home, they developed a sense of privacy which they had not experienced in the Philippines. When they come home from work in America they are met by their children and spouse. People call if they desire to visit. Otherwise, "you have private time with your family." Things are different in the Philippines. Parents and family are always there. Relatives just drop in any time unannounced. When their parents arrive in America to live with their offspring, they expect the homes to

function as they do in the Philippines. The living arrangements of two and three generations are viewed differently in America than in the Philippines. The parents see the home as one family living and sharing together. The adult offspring see it as two or three families in one house with a loss of privacy for the nuclear family. The elders view it as their offspring becoming Americanized and selfish. When both sets of parents are living with the petitioning adult offspring, tension increases for the couple and grandchildren. Tension revolves around age, status, childrearing practices, roles in the home, educational backgrounds and the expenses surrounding the arrival of brothers and sisters from the Philippines.

Four homes in this study have both the parents of the wife and the parents of the husband residing in the same dwelling. In each case, one of the elder Filipinas is a college graduate and retired school teacher, and the other elder Filipina has a grade school education. This difference in education causes conflict in childrearing practices, food preparation and general interpersonal relationships. A college education in the Philippines, especially in the profession of teaching, provides individuals/families with status. The description below by one such informant illustrates this conflict:

You know the parents of my son-in-law live here also along with my daughter, son-in-law,

grandchild and myself. I'm 58 years old. The mother-in-law of my daughter is 75. The father-in-law of my daughter is 76. They are uneducated. My daughter does not trust them with our granddaughter. The mother-in-law of my daughter is always telling me what to do. My blood pressure here is 200/120 because of the quarreling with the in-laws. I've been hospitalized once because my blood pressure went too high. Sometimes I don't answer them. She always says, "You are the teacher. I'm not educated."

You know, my daughter is the lady of this house and my son-in-law is the head of the family even though we are two sets of parents in the house. It is difficult observing the way they treat my daughter.... There is a conflict in role when there are three adult women in a home, especially when two are elders and parents.

Another set of elders describes a similar problem. Both women are 65. One is a retired teacher and the other is a high school graduate. The son is an offspring of the high school graduate. The son and his wife were having a disagreement. Both mothers-in-law entered the dispute. When it ended, the son asked his wife's parents to find their own place if they could not stop meddling in his disputes with his wife.

The rule in Filipino culture is that a parent-in-law should express support for his or her child-in-law in a family confrontation (Haskin, 1979). The adult offspring have acculturated to the American way, thus viewing disputes between husband and wife as private matters, and not exclusively the affairs of parents and/or in-laws.

A travel agent informed this researcher that parents often call her about returning to the Philippines because

of the ways their offspring and son/daughter-in-law speak to them during a family confrontation. Indeed, they see it as their duty to intervene and mediate disputes.

Another elder who is a retired school teacher informed the researcher that many of the women would "get along" with their offspring's family if they allowed the children to lead and set the pace, and if the parent was expected to follow them, offer suggestions if asked, prepare meals as requested and follow the rules as given.

This next section will begin with a brief description of how house work is accomplished in the homes of Filipino families in the Philippines. This will provide the context for understanding the shock the elders receive when they are given the task of operating the homes of their adult offspring upon their arrival in the United States.

Household Helpers

According to the elders in this study, it is common for most households in the Philippines to have an individual or individuals to assist the mother with the daily chores involved in running the home. These individuals are considered a necessity, and not a luxury because most of the household chores must be done by hand. The technology of the washing machine, refrigerator, vacuum cleaner and other items which reduce the time and energy expended by the homemaker are not commonplace in

the homes of most Filipinos.

Often clothes are washed by hand in a stream some distance from the house. Also, small children have to be accompanied to and from the bus stop for school. Food must be obtained from the market daily and prepared. Gardening must be done to provide the herbs and fresh vegetables for the family. When a family has many small children, it is impossible for one individual to perform all of these tasks: babysitting, childrearing, cleaning, gardening and marketing.

Household helpers hired to assist in the home are known as katulong in Tagalog and katubang in Visayan. The terms muchacha, cha, atsay, and Binatonan which mean maid are avoided because they are considered degrading by the individuals functioning in these roles.

A family may hire one or several household helpers, depending on the family size, financial status and location. In metropolitan areas such as Manila or Baguio City, household helpers are more specialized and are hired for specific tasks, such as preparation of meals, laundering of clothes, gardening, babysitting, cleaning and watching the house. In the rural areas the household worker may assist the family members in all areas of the household chores. Very poor families have at least one person to do the laundry. Doing the laundry means having the clothes ready to wear. The individual washes, irons,

sorts and places the garments in their proper place.

Helpers "live in" with the families because their chores begin very early in the morning and extend throughout the day. They are expected to rise early, prepare the meals, awake the kids and assist them to get ready for school. In the elite homes the baby sitter accompanies the child to school and remains until school is out. The household helpers work seven days a week. When they plan to visit their families, time must be requested at the convenience of the family.

Individuals working as household helpers usually have an elementary education. Those employed in the homes of the elite are high school graduates.

The wage scale for household helpers varies from 120 pesos per month in the barrio, to 400 pesos per month in Manila and Baguio City. Most of the women report that they pay the laundry helpers 200 pesos a month. The employer provides a bed, food and toilet articles (toothpaste, shampoo, deodorant, etc.). In the upper class homes the workers have private rooms in the servants' quarters.

Role of the Grandmother in the Philippines

The elders describe their role as a grandmother in the Philippines as "Queen," being on a "pedestal," "the center of attention of children and people," "being the head of the household," "having lots of power" and "being sought after for advice." The grandmothers live in their

own homes and their married offspring reside with them, or close by, until they are financially able to obtain a place of their own.

The grandmother essentially manages the household. She supervises the family members, household helpers and relatives in the daily performance and accomplishment of the many chores comprising housework. The grandmother "pampers" and "spoils" the grandchildren. She is responsible for socialization and molding of the children. Often she takes care of the small infant and/or child because she does not trust the household helper to provide care when they are so small and dependent. Babysitting by the grandmother is by choice rather than by obligation. When we describe the grandmother's role in America, this knowledge will be critical to understand adjustment to their role in America.

In addition to supervising the household workers, the grandmother does the marketing. The elders state that they prefer to do their own marketing for economic, social and health reasons.

The economic reasons include that they can bargain for foodstuffs and stretch their money. They are planning the menu; therefore, they are aware of which foods they need. Also, they are interested in good quality (and quantity) as well as a variety of foodstuffs. Grandmothers are afraid that the household helper may buy

a poor quality of meats because they may not recognize that the meat is about to spoil. Other reasons include the individual family members' favorites and preferences.

Socially, and in terms of health, the women prefer to do their own marketing because it provides an opportunity for walking, getting exercise and gossiping with friends and neighbors along the way to and from the market place.

Below are excerpts from selected responses of women as they describe their role as Grandmother in the Philippines:

A 72-year-old elder from Zambales: I watch over grandchildren, direct others in care of grandchildren. I'm pampered by my children. I do very little work.

A 54-year-old elder from Quezon City: Grandmothers are on a pedestal. She has lots of power. She is listened to and advice followed. She watches over grandchildren and directs others in their care.

A 64-year-old elder from Zambales: I don't work, I have a maid. I just go to the market.

A 67-year-old elder from Batangas: I had help with my seven children in the Philippines, people to assist with the laundry at the river, people to babysit. I just oversee the grandchildren's care.

A 62-year-old elder from Cavite: I go to the market, prepare meals, supervise others in cleaning of the house and child care.

A 70-year-old elder from Zambales: I was the center of attention of children, grandchildren and people. They always used affectionate terms when addressing you.

A 60-year-old elder from Cebu: I'm as a Queen. Grandchildren stay with me in my house. I

supervise others looking after the grandchildren.

A 61-year-old elder from Cavite: Grandmothers sit down and tell others what to do (relatives, maids and children). People will do your laundry for 200 pesos a month.

The Role of The Filipinos Grandmother in America

The women come to America, expecting to assist their adult offspring in child care and the running of the home. They know their daughter, or daughter-in-law will be the head of the house, but they still expect to be in charge.

When the women arrive, they find out that they are expected to provide child care, do the laundry, clean the house, tend the lawn, prepare the meals, mend the clothes and earn pocket money through babysitting, catering for Filipino parties, celebrations and or sewing/tailoring for hire. Since they prefer fresh Filipino vegetables they also have to plant and cultivate the vegetable and herbal garden.

Fulfilling their new roles did not come easy for the elders. It necessitated their learning new skills to perform regular household chores. Each of the elders had to learn to operate appliances with which they were unaccustomed, such as defrosting the refrigerator, cooking on an electric stove, washing and drying clothes in an automatic washer/dryer. Many of the women state that they still wash laundry by hand first before placing it in the automatic washer. The elders also found that it was

important to learn to prepare American foods because their grandchildren would not eat many of the Filipino style foods, especially the vegetables.

The elders are overwhelmed by the schedules the family members keep, and the jobs expected of them. Most of the women complain of being tied to the grandchildren seven days a week, 24 hours a day, without any time to call their own. They are left alone for long periods of time with child care, house work and meal preparation. Instead of feeling that they are special in the family they become depressed, bored, lonely, and feel as if they are the family "maid," picking and cleaning up after everyone. The women constantly state that they do not work in the Philippines, just supervise others. Here, they have to do everything. They are the housekeepers, babysitter, cook, laundry lady, gardener, seamstress and see to it that the children do their school home assignments.

Most of the elders admit the washing machine makes doing the laundry easier, and the vacuum cleaner aids in the rapid physical cleaning up behind grandchildren. But if the elders take into consideration the increased amount of work that is expected of them, the work is harder. Also their role is much different in America than in the Philippines.

A few of the elders whose children are physicians, professional nurses, social workers and dietitians are

responsible only for child care. The other chores are performed by family members together. These elders are the exception.

The women are aware that it is expensive living in the United States. They are surprised at the amount of money it takes to run a home. They feel that their offspring are over-burdened with high mortgages, utility bills, car and insurance payments, in addition to the food, clothing and school expenses of the children. Most of the women are aware that their offspring purchased new houses or larger ones so that the grandmother would have her own room. The elders feel obligated to do the housework without complaining because they have no money to contribute to the expenses of running the house. They attempt to keep healthy to avoid going to the doctor to keep expenses to a minimum and not be a burden to the family.

In some homes the women are also expected to babysit other Filipino children and sew for hire (in addition to the duties enumerated above) to obtain pocket money for personal items contributions to senior citizens groups and as a source of money to send to other offspring in the Philippines.

Some of the elders who are receiving supplemental income from the United States Social Security System report that most of it is taken by their offspring to

assist with the monthly household expenses.

The women talk at social affairs about the amount of work expected from them. They do not voice their unhappiness to their offspring, for that would be incongruent with the Filipino communication style. Disagreements are always arbitrated by a third person which saves "face" of both parties involved.

Below are examples of the informants' descriptions of their role in the adult offspring homes in America:

Babysit grandchildren, share the preparation of meals and house work.

Babysit grandkids, housekeeping, cleaning, cooking laundering and mending clothes. Yard work. Remove the leaves. Tend the vegetable garden.

Babysit the kids, washing and mending clothes. Cooking and cleaning. Make clothes for my son and daughter-in-law.

Babysit the kids, prepare meals, clean house, clean lawn, care for the garden and yard. Prepare the Filipino foods for parties for pocket money.

The grandmother is responsible for teaching grandchildren to love God, respect of parents and elders, ways of communicating and getting along with people the importance of education and how to speak our dialect.

When I lived with my other daughter in California, I had all the house work to do alone. I felt like a servant, cooking, cleaning, babysitting and sewing many party dresses. That's why I moved to Virginia with this daughter. I'm the chief but the daughter is the boss here.

Babysitter, housekeeper. I'm tied to the children most of the time. It's not fair. My husband and I do not have any time alone. We

try to teach the children how to communicate nicely.

Get the kids up so that they will be on time for school. Prepare meals, wash clothes, clean house, take care of vegetable garden, weed the lawn.

Babysit grandchildren, prepare the meals, care for the vegetable garden. Train the grandchildren how to cook, clean, and their responsibility to parents; also the Filipino way of greeting elders and showing respect.

Take care of grandchildren, manage and clean house. I did not work like this in the Philippines. I lived alone. The children supported me. I had household helpers to do the housework, the laundry and care for the kids. I did not expect to be doing all of this at old age. I expected to be free.

Summary

This section addresses research questions 5 and 6. What are the roles and responsibilities of the elderly Filipinas residing in the home of their adult married offspring? Is the role of the elderly immigrant Filipinas living with married offspring altered by living in Hampton Roads versus the Philippines?

In the Philippines it was shown that the grandmother was the overseer and supervisor of household help and family members. She did the marketing and child care by choice, but with assistance of many others. In America she functions as household worker performing all the housework, babysitting and gardening alone. Their task and responsibilities are harder and more time consuming than multiple household workers in the Philippines. In

America their roles are reversed. They are the workers instead of the overseers.

Loss of Independence: Living
under Children's Rules

In the Philippines, the women are accustomed to going to the market, visiting family, neighbors and friends, attending church and doing volunteer work with the various church auxiliaries on a daily basis. Transportation is readily available if they want to go to places which are beyond walking distance. Since they are the heads of the household and have household help, they are at liberty to come and go at will. They also can invite neighbors and friends into their homes and entertain them with food, beverages and games.

In America, many of the elders report that things are different: "We, the parents, must ask permission of the children before we do anything." "I had to ask permission for you to come talk with me today. We must consult our children before every move we make." When the elders are asked to explain to the researcher why they have to ask "permission for everything," a large number of them reply, "That's our way of showing respect to her, this is her family home. Here we cannot do what we want, we must ask their permission.... I must respect her. She respects us, that's the way to live in harmony. In the Philippines we are used to leading the children; here we must adjust

ourselves to follow the lead of our children."

Other elders appeared to be shocked at the expectation that parents would consult their offspring prior to any decision. The informants' responses below illustrates the shock and disbelief of the elders:

It is difficult living by the children's rules when you are the parents. In the Philippines, I'm the mother of my son; I do not ask his permission if I'm living in his house or he is living in my house. We do not understand why we must ask permission for people to visit us or to go places.

We do not understand why we must ask permission of our children for everything we do. I did not know I would have to obey my daughter until I got here.

It is difficult accepting daughters-in-law's rules...not being able to use the telephone, not being able to touch certain items in the home or not being able to cook and eat certain foods.

My children have become selfish since they have become American. We must abide by their rules, we can't make decisions on our own.... They say the Government will get them.

The house is not ours so we cannot invite people to visit us without first consulting our children.

The elders in this study go on to state that coming to America to the elders has meant loss of the following: position and status in the family, free time, liberty to come and go, income and freedom to make independent decisions at will. They have become totally dependent on their offspring for food, shelter, clothing, medical care, spending money and transportation.

Most of the elders report that they do not like being dependent; they prefer their independence. Elders have a need to feel they are contributing to the family and are not imposing on their children. They do not like the feelings which they have as a result of being dependent. One 58-year-old elder from Baguio expresses it this way:

We don't want to be dependent on our children. They have lots of bills on them, house payment, insurance, gas, light, water, sanitation, furniture payments and three school-aged children. We can manage if we go back to the Philippines. We own our house, have a store plus \$300.00 a month from the United States Government. My husband fought in W.W.II for the U.S. I am living here off my savings. I can't work because my husband is ill. He has had a stroke.

A physician states:

Filipino men and women are very independent. They will try to earn money doing odd jobs. They would like to be independent from their children. You will notice many have started going out working so that they can pay rent in low rent housing projects and purchase cars for transportation, both of which assist them to become independent from their children.

A 68-year-old elder from Ilocos Norte states:

I sew for hire so that I can have pocket money and also contribute to the expenses of the house.

Loss of independence, living under the rules of the children and the mental health problems are closely related to the offspring's interpretation of their responsibility under the Immigration Department's affidavit of support.

In an attempt to understand the problem of parents living under the rules of children from the adult offspring's perspective, this researcher talks with a travel agent, whose parents were in Virginia, but have returned to the Philippines for many of the same reasons previously enumerated. I also talk with several professional nurses whose mothers and mothers-in-law are presently living with them. The reasons the adult offspring give for establishing rules for parents and in-laws are related to the affidavit of support they signed at the time of the petitioning. The following explanation by a local Filipino travel agent presents the offspring's perspective of the problem:

You see they hear about medicare, medicaid, social security, welfare and all sorts of programs at Senior Citizens, on the televisions that the elderly are entitled to. They desire to be independent so they want to inquire about aid, so that they can become independent. You see in the affidavit of support, we have signed that they will not be a burden to the United States for three years. We have said we will provide for their every need during this period. The government will get us if they go on medicaid, obtain food stamps or assistance from other federally funded programs. That is why we must be consulted before they seek or give information to others. Because of the legal aspects of the affidavit of support, there is a reversal of roles; we the children must act like the parents. We must provide advice, choose for parents and answer for them. This is the reasoning for the rules concerning use of the telephone, inviting strangers into the house and participating in surveys, etc. Also there is a gap in their understanding of English. We must be there to be sure they are interpreting

questions or statements correctly.

One elder related an incident to the researcher which depicts the elders' lack of authority to spend his own money without the consent of his children:

I have a friend who is receiving SSI and bought some items from me. When the daughter-in-law saw it she made her return it, said it was too expensive. I asked her was not the SSI money hers.

Childrearing Practices

In America, the dominant child rearing practices (Anglo Protestant, middle class) are based upon open egalitarian principles. Children are encouraged to express themselves, debate the issues, and make decisions based on the facts. Decisions are in the individual's best interest. These skills are considered necessary to successfully interact within the American society.

In contrast, dominant child rearing practices in the Philippines are based upon a hierarchial structure rooted in respect and obedience toward elders in the family. Children are expected to consult elders for advice before making major decisions. Major decisions are made in the family, rather than the individual's best interest. Children should not argue, disagree, talk back or disobey elders, including elder siblings. Children (adults and minors) are expected always to address parents in deferential terms. Offspring are expected to obey parents unconditionally, even if they disagree.

In the Philippines, children are encouraged to be dependent upon the family; whereas in America independence is encouraged. Children are usually disciplined in the Philippines through the use of voice tones, facial expressions, spanking, shaming, scolding and cajoling. Discipline in America is based upon reasoning, losing privileges and choosing options.

Thus, when the elders arrive in America, this dichotomy in values and acceptable discipline measures is one of the main areas of cultural conflict. One of their major responsibilities is child care. Their dilemma is how to train and teach the children without a means of discipline. They learn from their co-Filipino elderly, adult offspring, grandchildren and television that the Filipino ways of disciplining children are considered child abuse in America and also that the children are taught in school, church and social programs to report their parents for abusing them. This places the elders in a situation of conflict. They are responsible to their offspring for training their children. The values they are attempting to impart are in conflict with the values the children are learning in the public and social institutions of school, church, recreation, etc. The elders are often threatened by the grandchildren that they will report the elders if they spank or scold the grandchildren very severely. Therefore, child care

becomes a burden, an obligation and an unwelcome task which causes feelings of ambivalence, rejection and depression in the elder Filipinas.

The conflict between the childrearing expectation and the traditional values of Filipina grandparents is equally frustrating for the young children who are eager to be accepted by their peers in American society. Children do not want to be stigmatized because of "weird" behaviors expected by grandparents from another country and culture. This is illustrated by a child who brought his Caucasian playmate home and introduced his grandmother by her first name. When the grandmother attempted to correct him, he said his friends called their mother and grandmothers by their first names.

Another area of conflict involves sleeping arrangements in the home. In the Philippines, infants and small children do not sleep alone in separate rooms. They share the bed with the grandmother, mother or both parents. When the elders arrive in America they observe their small infant, toddler or preschool grandchildren sleeping alone in their own rooms in a crib, bassinet and beds. They usually place the infant/child in the bed with them at night since this is their custom. This causes intergenerational conflict between elders and their adult offspring and or daughter-in-law. The adult offspring attempt to explain that American laws prohibit

newborns and infants from sharing the same bed with parents. They tell their parents that they are instructed in child care classes to use "dresser drawers or boxes if they could not afford a crib, but not to place the infant in the bed with them, or with other siblings." The elders find this difficult to accept since they have practiced the opposite behavior for several generations, and it is in conflict with their valued Filipino custom.

Dating

Dating practices and freedom to go and come without rigid time limits is also a source of cultural conflict in the area of childrearing. The elders of this study observe their young grandchildren going out to play in the neighborhood for extended periods of time. Adolescents are employed in the job market following school and come in at midnight. Teen age girls go out on dates to the beach, movies, concerts, parks, etc. without adult chaperons. When the elders speak out against this without good explanations, the children resent it and talk back, disagree and contradict the elders.

According to the informants in this study, in the Philippines, the elders are accustomed to the family gathering for dinner, followed by sharing, interaction and family prayers. Everyone is in bed by ten o'clock. Children, adolescent and unmarried females are not free to come and go as they choose. The Filipino custom

requires adult chaperons for daughters who go out on dates. A third person is believed to be a deterrent to the couple engaging in practices which will "besmirch" the young women's reputation. Chaperons are used for all unmarried females regardless of age. The researcher observed this same practice among elder Filipinas who were dating.

Elders constantly compare behavior of grandchildren in the United States with grandchildren in the Philippines. Unmarried adult offspring are expected to live with the family in the Philippines. In the United States the elders observe their unmarried grandchildren renting apartments when they graduate from high school. College age students live in apartments their second through fourth year of college. The elders are aware in many cases that this is a school regulation, but they still disapprove of it for the same reason chaperons are required for dates.

Conflict in Treatment of Childhood Illnesses

The elders have learned through experience and knowledge passed down from one generation to another how to successfully treat certain illness. Also, in the Philippines the Government in the past 10 years has promoted a massive educational program in public schools, colleges, public health clinics and television programs

where the value of using indigenous herbs and plants in the treatment of specific illness and diseases is emphasized. The elders are accustomed to maintaining health through self-care. They are also accustomed to treating their children and grandchildren with herbs. Their adult offspring have acculturated to the American practices of going to the doctor regularly for "check ups" and the use of baby aspirin and prescription drugs in the treatment of illnesses. However, the elders are often at home caring for the grandchildren when they are ill. Since they are accustomed to treating children they will give the herbs that they know "work." Others give the herbs and the prescription drugs, and still others give the prescription drug as instructed. This will be developed more in a later section on herbal medicine.

Below is a comment from a 65-year-old Assembly of Yahweh informant from Zambales who has been in America nine years. Interestingly, the informant has several offspring who are Board Certified physicians practicing in America.

We do not believe in taking lots of medications and drugs. We just promote good flushing and elimination. We do not use baby aspirin with our grandchildren. We just boil one clove of garlic in a bottle of water, give the garlic water and a sponge bath for elevated temperature. The temperature comes down every time. My two M.D. sons did not believe it till they observed us. Medications have no place in our homes.

Another informant, who was an adult offspring informed the researcher, that:

Mother knows which herbs to give the kids to bring the rash, chicken pox and measles eruptions out and lower the temperature. She uses the herbs from our garden or Filipino store without consulting me. I don't ask any more as long as the children are improving.

Adjustment and Mental Health

Living in America, often being physically separated from their husband, children, other family members, friends and homeland causes the new immigrant a great deal of anxiety. This anxiety is manifested in the form of sleepless nights, periods of sadness and crying, gastrointestinal upsets, headaches and elevated blood pressure. These symptoms ultimately lead to several trips to the doctor until they understand what is happening to them. For many of the elders this was the first period of separation from their husbands, children and other family members in 20 to 50 years of married life.

Even though the elders come to America knowing that they will have to stay at least five years in order to petition their single offspring, they do not anticipate the extent of the physical and mental stress of separation. Below are indications of such stress:

It is hard being in America with my husband and seven children in the Philippines. My husband has a fear of heights and flying. That is why he can't join me.

When all my children and husband were in the Philippines I was sick with worry. The doctor told me I was doing too much thinking about the Philippines.

My husband will not leave his job and travel to America. I miss him. I'm very lonely.

I was homesick for three years. I missed my son and daughter in the Philippines. I was worried about the availability of food and their safety.

Often I wake up in the middle of the night and cry. I miss my family, friends and grandchildren in the Philippines.

I would be more comfortable if all my children were here. I wake up two or three times a night thinking about others and my husband. My husband and I married in 1940. We have been very happy. I came here in 1980. I miss him so much. We plan to celebrate our fiftieth wedding anniversary in the Philippines. I have petitioned all of my children. I hope they will come soon. Some days I'm very sad because I miss him. I have lost lots of weight. Look at my picture. When I came I weighed 122 pounds. When I went to the doctor last week I was down to 90 pounds. Some times I'm having a bad headache. I'm eating an egg with nutmeg and milk to try to gain weight.

Most of the elders find it impossible to stop thinking about the little food and money available to their family remaining in the Philippines. Whenever they see large quantities of food, whether on their tables, in restaurants, or in shopping carts at the grocery store/commissary, it triggers their thoughts of family members in the Philippines and their hardships. It makes them sad to observe their grandchildren refusing to eat certain foods or their children throwing out food in order to keep a neat refrigerator. Some stated that their "heart

ached " knowing that people in the Philippines did not have that amount of food for the whole month for an entire family. One informant states:

I went apple picking and gathered two large baskets of apples. You know apples cost p 135 for one apple in the Philippines. I enjoyed picking the apples, but I could not sleep that night for thinking about my co-Filipinos, who could not afford to buy one apple.

Another informant states:

It is hard to stop thinking about the people in the Philippines when we have so much here. I could not forget the problems there.

Still another expresses it thusly:

I'm so worried about the conditions of children and family in the Philippines. If you are rich you can eat; if you are poor you will starve.

Often, the elders' husbands come to the United States with them or shortly follow them. Due to the condition of the job market the husband may move to another state to live with other offspring and work. This separation causes a crisis in responsibility for the elder Filipinas.

A few informants express it this way:

The most difficult thing to adjust to in America is being separated from my husband. I'm in Virginia and my husband is in New Jersey. I'm very sad most of the time. I'm being torn between my responsibility to my seven grandchildren in Virginia and my desire to be with my husband in New Jersey. My husband needs the job and we need the money to help our other kids in the Philippines.

I would like to stay in America but my husband does not like to come. This makes me worried. It's hard for me to be separated from my husband.

My son said it is best for you to come to America so that your children can come and have work. He petitioned me.

If you have citizenship you can petition your married sons and daughters. My husband wanted me to be an American citizen.

I have been in America for nine months. My husband is in California. He was in America five years before I came. All my children were here except my son and I. I got sick thinking about all of them being here. The doctor said I was doing too much thinking. I have high blood pressure. My husband is working in California and I'm here babysitting in Virginia Beach. (four children are in Virginia and 1 son is in California).

My daughter-in-law and son are forcing me to be an American citizen. I don't like it. Once my children come I want to return to the Philippines.

Sometimes elders state that their husbands become bored with the lack of employment and helping their wives with the housework, taking care of the grandchildren, and they would return to the Philippines. The women have to remain for five years to provide an opportunity for their other children to come to America, and at the same time insure their economic security in later years. An informant describe it as follows:

I miss my husband; he returned to the Philippines after two years. It is difficult knowing I must remain five years to petition my other children.

If a week passes and the elder does not receive a letter from offspring, siblings, grandchildren or spouses, they will "remain in their rooms, become very quiet, worry

and cry a lot." They fear something dreadful has happened and their relatives are being silent, to keep them from knowing. Others talk about "mail time" being both a happy, and a sad time, depending on the "news" in the letter. All state the letters made them "homesick" and lack of mail made them sad.

Most offspring deny that the elders suffer from depression. They call it homesickness. Depression appears to have a negative connotation in the culture. A daughter describes it this way:

Filipino women are not depressed. They are just homesick, they have been in America five years and they want to see the Philippines and their friends.

A few of the elders contradict the adult offspring assertions concerning the presence of depression. Some elders use the term depression while others describe behavior which indicates depression. It appears that elders with less than a high school education do not use the word "depress or depression." Below are indications of this discrepancy:

I have the head ache a lot and lots of sleepless nights. I have many problems, my husband is paralyzed on one side. He cannot go to the bathroom, eat or dress himself. In spite of my professional nurse daughter trying to teach him...my husband does not want to learn to care for himself.

I feel depressed a lot here. It is so different here. The children's behavior is so different.... This makes me depressed.

I talk with three of the Filipino physicians that had

large Filipino elderly clientele and they confirm my observation that there is a high incidence of depression within the elderly community. All three relate the depression to feelings of loneliness, isolation, winter weather, communication styles of offspring and family members, as well as becoming adjusted to a new country.

One physician relates the following:

There is a high incidence of depression which can be related to loneliness. Remember they come over to help out the family member but when they get here every one is scurrying about and they are left alone for long periods. People are running around a hundred miles per hour. It is difficult for them to get with the other elders because of work schedules and transportation difficulties. They have crying spells. They don't eat, lose weight and end up in my office. My role is more of a counselor than a family practice physician. I talk with them and tell them others have these same feelings and that it is related to becoming adjusted to a new country: and friends being elderly and so far from them... I talk to family members and stress the importance of paying more attention to them especially during winter time. You know that has a lot to do with it. They are not accustomed to winter and remaining inside for long periods of time. I encourage them to join Filipino Senior Citizens groups in the area. Also I encourage their relatives to include them in their social gatherings and invite other elders over for celebrations.

Another physician states:

As a family practice physician I have a large Filipino elderly clientele. My role is counselor. It is easy to place them on a diet and they will follow. But the problem is one of adjustment. I try to explain to them what is happening, relating symptoms to feelings and what they are seeing and hearing and point out the difference from the Philippines.

The above physicians are female. Below are samples of the male physician's comments.

Psychiatric care is frowned upon; I usually recommend to family members to introduce parents to senior citizens group and include them in family outings and affairs.

Filipino patients will not see the doctor for psychiatric problems. Psychiatry is frowned upon. However they will go to a family therapy session because of the orientation of the culture toward the family. The main psychiatric problems we see are related to communication problems. We see a lot of depression related to children raising their voice at parents and grandchildren not showing respect.

Several of the women come to the United States at a time when their husbands are terminally ill. They leave their husbands behind because of their insistence that it is more important that they come so that the other children may have an opportunity to immigrate to America and have a better life. Four of the elders that were in this situation have since lost their spouses. They are grieving the loss of their spouses and experiencing guilt for not being with them at the time of their deaths. They find little comfort in facilitating the other children's immigration. It is again an example of being torn between responsibility to children and husbands. It also illustrates the Filipino value of making decisions based upon what is best for the family and not for the individual's benefit. The presence of these ambivalent feelings generates continuing anxiety in the elders.

Several other women came to the United States with

their husbands, and on physical examination it was discovered that their husbands had metastatic cancer. Two are able to return to the Philippines before death, and the third one died in a Virginia hospital before arrangements could be completed for him to return to the Philippines. These examples illustrate the tremendous sacrifices the elder Filipinas are making by immigrating to America at old age:

I came here ahead of my husband in 1981. He died in 1984. It was very expensive to go home for the funeral. My children wanted me to come back to America so that they could have the opportunity to live in America. I get homesick for the Philippines. I can't sleep or eat I feel very sad.

My husband died two weeks after I arrived here. He had cancer of the colon. My husband wanted me to come to the U.S. so the children could come and earn a living. I still cry at night when I think about it. I miss him. He was very good.

My husband died here in the hospital after two years. Cost \$3,900.31 for funeral expenses and transportation to the Philippines. I was lucky my son convinced him to take out a life insurance policy.

My husband come first, eight months before me. He fought in World War II for the U.S. He got veteran benefits; also he was a United States citizen. Five months after I was here we went to the VA for a checkup. They said my husband was going to die. He had metastatic cancer of the colon. It was no use of admitting him or doing surgery. We returned to the Philippines, and seventeen days after we arrived he died.

My husband came 10 months ahead of me in 1983. I was in the United States one month when my husband died of cancer of the throat. I had to return with him to bury him. Lucky for us that we were U.S. Navy dependents, so they carried him back to the Philippines.

CHAPTER VI

SENIOR CITIZENS ORGANIZATIONS--A MAJOR NETWORK FOR SUPPORT AND ADJUSTMENT

Introduction

This chapter intends to show that the interpersonal ties and relationships which are established and maintained within the Filipino senior citizens organizations comprise the major network and mechanisms for social support and adjustment for the immigrant elderly Filipinas in Hampton Roads, Virginia.

Organization and Purpose

During the 1970s the number of Filipino elderly immigrating to the United States began to increase dramatically. By the end of 1981, the Filipino elderly constituted the largest group of individuals 60 years of age and older entering the United States (1981, U.S. Immigration and Naturalization Service).

This influx of Filipino elderly into the United States was reflected in the growth of the Filipino elderly community of Hampton Roads. As the population grows, the professional Filipino community (physicians, nurses, social workers and dietitians) become more acutely aware and concerned about reducing the amount of "mental health

problems" the elderly immigrants are experiencing in their adjustment to life in America. This awareness occurs because of the increasing number of Filipino elderly immigrants the health professionals are encountering in their daily practice who identify the same experiences that their own parents living in their home are also describing. Three senior citizens organizations are formed in an attempt to reduce the impact of adjusting to life in America for the elderly Filipino immigrants. The first senior citizens group organized in the late '70s for the Filipino elderly was the Philippine American Community of Tidewater (PACT). This group meets at Willoughby Recreational Center which is located in the navy housing area on the Chesapeake Bay in Norfolk. The basic language group it addresses is the Tagalog speaking groups of the elders residing in the Hampton Roads area. Those elders who reside in the Willoughby naval housing can walk to the center.

In 1979, a second group is organized among the elder members of the United Ilocanos Association which is made up of predominately offspring from the Ilocos area of the Philippines. This group meets in Virginia Beach's recreational center, which is centrally located for elders living in Virginia Beach.

A third group, the Filipino American Bayanihan Club of Tidewater, is organized in 1982, by a social worker. It

was called the Filipino American Bayanihan Club of Tidewater. Its officers and members represent the major areas of the Philippines. The FABCT meets at another recreation center near the Virginia Beach--Norfolk line.

These three Filipino senior citizen groups are organized to provide (1) opportunities for elders to interact with others in their same age and cultural group; (2) opportunities for elders to vent their feelings and see that others have observed and experienced similar situations; (3) opportunities for seniors to mingle and converse with people who can speak a common dialect; (4) opportunities for elders to share stories, pot luck and gifts with other elders; and (5) a mechanism for elders to build a network of social support.

The organizers of the Filipino senior citizen's organizations believe that the three groups are needed to meet the size and diversity of the elder population in Hampton Roads. According to the elders in this study, most of the members of all three groups are the same people. However, the officers in the groups are not the same.

The adult offspring attempt to convince the parents to attend only the meetings geographically close to their residence. However, the elders prefer to attend all three because it provides a greater opportunity for relaxation, dancing and interacting with friends three Sundays a month, instead of just once a month.

Sometimes the meeting sites are changed if the officers are unable to obtain a particular hall. On Saturday, elders are busy calling about the exact site of the meeting, transportation and the dishes their friends are bringing, to assure a variety of foods.

Attendance at the three meetings ranges between 100 to 200 elders, depending on the program and occasion.

Table 22 illustrates the percentage of informants attending Senior Citizens organizations.

Table 22
Attendance of Senior Citizens Group

N = 100

Attendance	Percentage
Attend all 3 groups	45%
Attend 2 groups	8%
Ilocano & Bayanihan	
Bayanihan	1%
Ilocano	1%
Tagalog	5%
Attended 1st time with researcher	5%
Attend infrequently	3%
Not attending	32%

Format of Meetings

The format of the senior citizens meetings consists of a formal program, the sharing of the meal, announcements, dancing, photographing of activities, celebrations of special events, health screening, sharing of news, buying and selling and opportunities to share with others through passing of the hat.

The atmosphere of the seniors gathering is very festive and happy. People who enter with stoic faces and a gait that is characteristic of a depressed individual can be observed smiling, laughing, dancing and interacting with others by the end of the meeting. Several of the elders comment that going to senior citizens is just like being in the Philippines. "It makes you happy." "You forget all about your worries." "Senior Citizens is a great party."

Most of the elders usually wear their traditional Filipino attire of long skirts with a fitted jacket and sleeves or blouse, known as "patadyong" and "saya" or the Maria Clara dress with an ornate top, embroidered "butterfly" sleeves and ornate top with a long skirt which may be fitted or loose. A few wear American-style clothing. In addition to their traditional attire, the elders during the winter wear thermal weight, long underwear which can be observed when they are dancing.

On Sundays, when the elders gather at the designated recreational center for senior citizens they speak in their native dialects of Tagalog, Ilocano, Cebuano, Pangasinan and Pampango. English is seldom heard except when used by American visitors, American born Filipinos, and mestizos who are unable to speak a Filipino language.

Conversation usually focuses on an exchange of news concerning mutual friends and families in the Philippines or other places in America. The news that is shared is usually obtained from arriving and returning members from the Philippines, correspondence, and long-distance telephone calls.

Other topics of discussion that can always be heard from new arriving elders (those who have only been in American 0 - 12 months) are the communication patterns between parents, grandparents and grandchildren; comparison of behaviors of grandchildren in the Philippines with those in the United States; and the expectations of offspring of parents in the daily care of the grandchildren, housekeeping, yard and garden duties.

The meetings always have a formal program which lasts approximately one hour. The meeting usually opens with the singing of the American national anthem followed by the singing of the Philippine national anthem. Both anthems are led by a soloist, accompanied by a pianist or

an electronic piano. Prayer is offered in Tagalog or Ilocano, depending upon the organization's language focus. On special occasions one of the local Filipino priests gives the prayer. Other times it is offered by the officers. The officers share news with members and friends in attendance. Their news consists of events such as damage incurred as a result of recent typhoons or communist insurgents, building projects of the Catholic Church, requests for funds, death of association members or family members in the Philippines.

Announcements are made concerning elders who are hospitalized, ill or have died, or elders who must return to the Philippines due to illness or death of spouse or family members. The brown paper bag is passed so that all may contribute to the expense of the return trip, hospital cost or whatever. The bag is also passed to send money to the Philippines to share in rebuilding churches destroyed by the typhoons. Usually those in attendance give one dollar to each of the fund requests. The number of requests varies from two to four.

Entertainment on a typical program consists of traditional folk dancers, vocalists, instrumentalists and group singing. Both the Ilocano and Bayanihan groups have folk dancers. These two folk dance groups perform at the three monthly meetings of the senior citizens. Each group usually is attired in dress characteristic of the region

of the Philippines they represent. The folk dances performed are also representative of the region.

The vocalist usually sings (in Tagalog or Ilocano) American and Filipino songs and ballads. The first meeting this researcher attends is Philippine-American Community of Tidewater (PACT). Following my formal introduction to the group, the vocalist, an immigrant of three months, sings "Alice Blue Gown" in English. I am pleasantly surprised and moved. The group singing is usually led by five to ten members acappella with strong voices who know the words and tune.

Filipino jokes are told in the major dialect of the organization. Individuals who do not speak the language in which the joke is told usually request translation from one of the individuals seated at the table with them.

During the program there is constant background conversation. Sometimes the background conversation drowns out the speaker. The background conversation is due to the translation of members and friends for those around them who do not understand the language being spoken. Usually at the Philippine-American Citizens of Tidewater, and the Bayanihan groups, most announcements are made in both Tagalog and Visayan languages. Therefore, these meetings tend to have less background conversation.

A portion of the program is set aside for the

introduction of new members, new arrivals and departing members. Newcomers desiring to join the organization are inducted through formal ceremonies.

New members are introduced by name, region of the Philippines they represent and members and/or friends who invited them to join the organization. Members and friends in the audience from their home region come forth and welcome them. Thus, senior citizens provides a mechanism: (1) for the introduction of new immigrants to the elderly community; (2) to meet people from their home province; (3) for a forum where departing members can say goodbye and formally thank those who have assisted them during their sojourn in Hampton Roads.

Those elders celebrating birthdays and anniversaries are announced. The honoree usually comes to the front of the room where a large birthday cake is decorated honoring all those with birthdays during that particular month. Often there are several birthday or anniversary cakes. Family members usually donate a cake with their parent's name on it. Photographs are taken of the honorees as a group, then with each honoree and his or her family, followed by those with special friends. During this time, friends bring gifts to the honoree.

Each member and guests that attend bring a dish and place it on the long food table. The food is referred to as "pot luck." The dishes include meats, vegetables,

desserts and delicious appetizers of the various regions of the Philippines. Certain foods such as adobo, pancit, lumpia, steamed rice cake, pig's blood chocolate, dinuguan, sinigang chicken or beef, bitter melon and pinakbet can always be expected at each meeting. There are always a dozen bowls of pancit each with a variation in ingredients. The variation usually is in the type of noodle. The lumpia is also available in a variety of sizes and ingredients reflecting the regional preference, meat and seafood included. Each member contributes \$1.00 to defray the cost of beverages, plates, napkins, eating utensils and rental of the hall. Each person usually asks others, "Did you share my dish? Did you like it?" Beverages consist of a variety of American sodas, colas, fruit drinks, orange, grape, root beer, lemon, lime, etc. The food is eaten following the business as part of the meeting.

Following the meal, a period of two hours is set aside for dancing, meeting and interacting with friends, new members and guests. During this time members and friends dance the jitterbug, boogie, cha cha, tango, charleston, bump, slow drag, and other dances which were popular during the '40s, '50s '60s, '70s and '80s. Women dance with each other and with men. Men dance with women and their grandchildren (male and female). Sometimes grandchildren dance with each other depending on

the number present. One can observe elders teaching each other to dance the tango, the cha cha or more present day dances.

Music at the PACT Senior Citizens Group is provided by a Filipino American intergenerational group consisting of a vocalist, electronic piano/organ keyboard, bass, drums and guitar. Recorded tapes are used for the Ilocano and Bayanihan groups meetings.

A Filipino photographer is present at all Filipino elder gatherings. He is constantly requested to take pictures of the elders dancing, interacting with their friends, or a guest in attendance. Elders purchase pictures of the previous meeting for \$2.00, and videotapes for \$35.00. Small groups can be observed throughout the room looking at photographs and sharing them with friends. Usually, at least two copies of the photograph are purchased so that they can send one back to the Philippines, and the other one is placed in their photo album or collage wallhanging in the home.

A table is also available for individuals with items to sell. "Buy and sell" is a common source of income in the Philippines. Filipino men's shirts, women's dresses, blouses, skirts, jewelry, pocket books and tote bags made in the Philippines are available for sale. Women's alligator pocket books and ceramics made in Italy are also available. Usually these products are obtained from a son

or son-in-law on overseas military assignment in Italy, and the Mediterranean, or from elders who visit New York, California or the Philippines. Many of the elder sell items they have brought from relatives' craft stores in the Philippines. These items are sold at a profit.

Valentines, Halloween, Thanksgiving and Christmas are celebrated by each of the organizations. The decoration of the hall, music, desserts and content of the program reflect the holidays.

Caroling groups are organized for the Christmas seasons. They visit the members' homes, "shut-ins," and shopping centers, and sing Christmas carols. Gifts are exchanged during Christmas meetings and Santa Claus is present.

Senior citizens organizations sponsor garden shows. Prizes are awarded to the elders with the top flower, herbal and vegetable gardens

The senior citizens organizations sponsor bus trips during the spring and summer to such places as Atlantic City, Washington, D.C., Luray Caverns, and historic and recreational sites in Virginia. Barbecues are also held for the elders and family at the parks in Virginia Beach.

Political candidates running for city, state and national office from the Hampton Roads area attend meetings and talk to the groups in an attempt to win the support (in upcoming elections) of the members who are

American citizens. The elders view their taking time to come to their meetings as a great honor.

Senior citizens' meetings serves as an information source for employment opportunities for elders. During the meeting announcements are made for jobs available through senior community service employment programs-baby-sitting jobs available with Filipino families, local nurseries, dress making shops, maid jobs at new hotels and others.

Health screening clinics are held during the meeting of the United Ilocano Association of Tidewater Senior Citizens Group and the Filipino American Bayanihan Club of Tidewater. Health screening is conducted on a voluntary basis for hypertension, diabetes and glaucoma. Filipino professional nurses and laboratory technicians volunteer their services. The clinics are sponsored by the Filipino American physicians of Tidewater.

Elders can have their blood pressure checked and urine tested for glucose two Sundays each month. Once or twice a year blood is drawn for chemistry. In particular, cholesterol, protein and glaucoma screening tests are conducted. Records are kept of the screening. The elders are told of the results and given a copy of the screening report. If indicated, they are encouraged to make an appointment with their physician. The nurses contact the elder's physician and relatives if blood pressure and

urine sugar are significantly elevated.

During the periods set aside for dancing, elders often will experience chest pain. They will seek the services of the nurses present for advice. The nurses also counsel the clients concerning diet, medication and activity. This dimension will be developed further in the chapter on health.

The elders can be overheard asking coelders about requirements for social security benefits such as supplemental income and number of quarters they have to work to qualify for benefits. Others want to know if they receive medicaid to assist with paying hospital bills, and how it would affect the petitioning of offspring. Senior citizens provide an opportunity to talk to elders who have separated from the offspring.

Elders who were experiencing intergenerational conflict would talk to other elders who were living in separate low income housing. They would inquire about monthly expenses of rent, light, gas and food, or if they were able to "make it" on the supplemental income check and food stamps. They often inquire about the possibility of several of the elders renting an apartment together. Elders are sought who desire to share an apartment. Often this researcher is asked about the cost of rent in Lakeland, the effect of receiving Medicaid on their petitioning process, as well as the availability of jobs.

Newsletters and Filipino Newspapers

At senior citizens a newsletter is distributed to members with information of interest to the membership. Examples of information include dates and times of trips, garden contests, and Christmas caroling.

Filipino-American newspapers published in California and Chicago are available during meetings for purchase. Sometimes members who have subscriptions bring their copies to meetings and give them to others to read.

Reasons for Not Attending

Senior citizen gatherings are a new experience for the elderly immigrant Filipinas. In the Philippines most social occasions are small family affairs with family members across the life span in attendance.

Social activities of the elderly Filipinas outside of the family context require adjustment and adaptation. Almost all have to be persuaded by family members, friends, co-Filipino elders and sometimes their physician to attend one of the senior citizens organizations the first time.

After attending the first meeting, most are "infected" with the "joy," "happiness" and "fellowship" which come from sharing, dancing, intermingling and eating with 200 other co-Filipinas their own age who are experiencing similar problems with adjustment to life in America. There are a few elders who do not attend senior

citizens some by choice, and others due to circumstances beyond their control.

This section will address the reasons given by the 30 percent of the elderly informants of this study who were not attending senior citizens. The elders' responses will be buttressed with a few of the reasons and explanation offered by professional informants.

A few of the elders stated, "I'm not used to going out to parties and dances. I prefer to be with my family." Being with one's family includes activities such as celebrations of birthdays, graduations and weddings, baptisms and other special occasions. In metropolitan areas of the Philippines, families go to the park for picnics.

Below are some comments by two professional informants regarding senior citizen organizations:

...(elders) don't like organizations but prefer small family affairs. Filipinos are inclined to take part in family affairs. Many prefer to go to church daily, that is the custom in the Philippines. They miss going to Novena. Elderly Filipinos in general are not that sociable; they really don't like going to parties. That's not the way back home in the Philippines.... They are accustomed to spending time with the family, not going to parties, taking bus trips, being a member of senior citizens.... This is a new adjustment for them.

One of the professional dietitian informants relates that she often has immigrant Filipino elderly as patients in the hospital who are lonely and unhappy in addition to having medical problems. The dietitian states that she

often tells them about the senior citizens organization.

The typical response she receives is:

I'm 70 years old, I don't want to be learning a craft or going out visiting places or going to the movies.

There are several elders who state that they are not interested in joining the seniors. Their reasons are they prefer sight seeing and picnicking with family members. Some prefer playing card games or Bingo to dancing. Four individuals describe themselves as "not being outgoing." They offer staying at home reading books, magazines and newspapers, watching T.V. game shows, world news and working in their gardens as their preferences. One informant who was a college graduate with a master's degree gave this explanation:

Recreation and leisure activities differ for the women. I can stay home. Others cannot stay home. Some want company. I'm not very sociable. I did not socialize much in the Philippines. If I have a job or hobby it provides a source of outlet. Reading I find a good outlet. Most elderly don't read. Many don't have an education. I find reading a good outlet. I can learn a lot.

Thirteen percent of the informants do not attend senior citizens because of lack of transportation and/or relief from babysitting duties. Those daughters and daughters-in-law whose employment requires weekend duty were unable to relieve their mother or mother-in-law from their babysitting and meal preparation assignments. The sons and sons-in-law are often out at sea or have weekend

duty. Those elders whose grandchildren are toddlers, or school age, often attend senior citizens if they can arrange transportation with another elder.

The eight informants in the study who are members of the Church of Christ (Iglesia ni Kristo), Jehovah's Witnesses, Seventh Day Adventists and Assembly of Yahweh do not participate in senior citizens organizations or affairs.

The informant who is an active member of the Jehovah's Witnesses congregation states that "occasions were avoided which will be detrimental to effective witnessing for Christ such as parties and dances." Neither congregation encourages its youth, young adults or the elderly to participate in public dancing and parties. Both believe that these circumstances can lead to immoral behavior. The informant from the Church of Christ expresses the same belief.

Senior citizens meetings and trips present another religious conflict for the Adventists and Assembly of Yahweh informants. Both of these denominations adhere to the dietary proscriptions and prescriptions of the eleventh chapter of Leviticus in the Holy Bible. These informants are basically vegetarians. Most of the traditional Filipino dishes served at senior citizens are seasoned with pork, ham, shrimp, etc. These foods are

forbidden and considered unclean by Adventists and The Assembly of Yahweh.

The trips which are sponsored by the seniors to Atlantic City to gamble and play the slot machines are also contraindicated by the doctrine of the Church of Christ, Jehovah's Witnesses, Adventists and Assembly of Yahweh.

In summary, elders whose religious affiliation is with the above congregations are prohibited by religious doctrine to participate in senior citizens' programs and trips. The programs offered are in direct conflict with their espoused belief, doctrine and health practices.

The three professional nurse elders do not participate in the senior citizens activities or organizations. Two of the nurses came to America as young adults 32 years ago. They are both actively participating in other Filipino organizations. They explain that their needs are different from the new immigrant elderly. They have acculturated to the American way in their 32 years of life in the United States. The other professional nurse elder who is 78 years of age, with 12 years of experience in the United States, does not attend senior citizens meetings for a different reason. She states, "I get bored at senior citizens. The people and I do not have anything in common. In Philadelphia I had more in common with the people to talk with."

Two of the informants state that their health is too poor to attend the "parties." One of the elders who has been in the United States for eight years now has a pacemaker, has had a stroke and is unable to attend. She talks on the phone with others who do attend. The second informant has been in the United States for three months. She is presently being treated for malnutrition and undergoing a series of diagnostic tests. She states, "walking, talking and dancing require more energy than I have at present."

The dominant reasons for elders in this study not attending senior citizens are lack of transportation, a conflict with offspring, work and duty schedule. Other reasons include religious restrictions, other interests, preference for family affairs, nothing in common with the seniors, and not being accustomed to going to parties and dances. Table 23 depicts this summary with the percent of informants in each area.

Dominant Themes from the Informants'
Expressed Value of the Senior
Citizens Organizations

Sixty-eight percent of the informants in this study attend senior citizens meetings regularly. All of them express the ways in which attending senior citizens assist them in adjusting to life in America. This section will focus on identification and discussion of the themes which emerge from the elders expressed value of joining and

Table 23
 Most Common Reasons Given for Not Attending
 Senior Citizens' Meetings

Reason	Percent
No Transportation/Conflict with Offspring	13
Conflicts with Seventh Day Adventists Duties	3
Conflict with Bible Study of Assembly of Yahweh	3
Dancing is forbidden by the Church of Christ & Jehovah's Witnesses	
Doctrine	2
Not Accustom to going out Dancing	2
We don't have Senior Citizens in the Philippines	2
My interest not the same as attenders there	2
My health won't permit me to attend now	1
We attend the parent organization for young adults and middle age	2
Prefer family activities	2
 Total	 32%

regular attendance of senior citizens organizations, meetings and trips. These may be seen as:

1. A way of keeping healthy
2. Provides recreation, leisure and relaxation
3. Provides social network and support system
4. Provides a mechanism for dealing with loneliness and cultural shock
5. Provides an outlet for using one's talent
6. Mechanism for recording experiences in America and sharing them in the Philippines
7. Adopting a new life style
8. Market place for buying and selling
9. Monetary value of membership
10. Forum for meeting community leaders
11. Seeking a mate for marriage.

Attending Senior Citizens is verbalized by some of the informants as a way of keeping healthy and happy. Being happy is an important aspect of being healthy. The relationship of these two concepts will be explored in the chapter on health.

Senior citizens' affairs provide the members and friends in attendance with two hours of dancing to music of various rhythms, beats and tempos. This variety provides exercise for the muscles, joints, cardiovascular and respiratory systems. The informants speak of it as a way to keep the body young and limber.

Those informants who are members of one of the folk dance groups see the three-hour practice sessions each Saturday, the performances each Sunday and the social dancing as their way of keeping healthy and obtaining their minimum exercise for each week.

Activities at senior citizens is thought of as making one happy by providing one with friends to talk, dance, share and interact with.

The party atmosphere of the music, laughing, dancing, eating and dressing up in Filipino dresses contributes to the elders feelings of happiness. A frequent comment the researcher hears from the elders is: "If you are smiling, laughing and dancing you are happy and healthy."

Below are themes which illustrates the idea of keeping healthy:

Going to senior citizens makes one happy especially the dancing and sharing food.

Going to senior citizens helps keep me healthy... dancing and having a good time with the seniors makes me now enjoy the United States.

When we are dancing at senior citizens it removes my pains that's why senior citizens is good.

Going to senior citizens makes you happy keeps you from worrying about Philippines and being lonely.

...senior citizens provides exercises to keep healthy.

Dancing at senior citizens keeps me healthy. I attend all three meeting each month.

Going to senior citizens is a way of keeping healthy and happy.

I attend senior citizens three Sundays a month to keep healthy...

Going to senior citizen is a way of getting my blood pressure and urine checked twice a month for free.

A considerable number of informants express the view that senior citizens meetings provide opportunities for elders to be relieved of babysitting and house keeping duties and engage in recreation and leisure activities with co-Filipino elderly.

The sample comments below illustrate the theme of relaxation and leisure:

... most seniors are babysitting and keeping house Monday thru Saturday. senior citizens provides relaxation and fun on the weekend.

I joined all three senior citizens as a way of spending leisure time.

I enjoy dancing with senior citizens.

Enjoy going on trips with the senior groups.

Attending senior citizens is also seen as a way of building a network of new friends and locating old friends. The elders know at the time they leave the Philippines that many of their friends and town mates will be in the United States, but they do not have their addresses. Since Hampton Roads is predominantly a Navy area, there is a good chance that people from the same province will eventually meet at senior citizens and other

Filipino functions. It provides the elders with people with whom to talk who are experiencing similar problems of adjustment. The elders are able to compare experiences with grandchildren and adult offspring and realize that the problem is not due to a defect in their personality, but rather to a clash in American and Philippine value systems and ways of doing things.

Not only do senior citizens provide them with individuals to talk and socialize with three Sundays a month, but also individuals whom they can telephone during the week when they need to chat when loneliness becomes unbearable.

In many instances, until elders join senior citizens they are not aware of other elders who live in the same subdivision, some within walking distance--one to four blocks in either direction.

Once the elders discover co-Filipino elders in their neighborhood, they have a "buddy" to go with for regular morning and evening walks. They have adults to talk with when accompanying small children to neighborhood schools, or to the bus stop. In a couple of instances co-Filipino neighbors provide companions to go to dinner with or to the bingo hall for recreation.

Several of the ladies spend the night at each others homes on certain weekends. This is seen as a "small vacation." The elders use the weekend visits to lie in

bed, to laugh and talk together, exchange gossip, watch a Tagalog movie and share the special treats/snacks each has prepared. Informants #49 and #50 were spending the Halloween weekend together the night this researcher interviewed them.

The importance of the senior citizens group for establishing networks of social supports is illustrated in the following comments:

I met a lot of my friends at senior citizens from Cavite. I was surprised to see them. I go to meetings to find out about friends and to make new friends.

I learned about senior citizens from neighbors. They invite me to accompany them.

I belong to all three senior citizens. I met many friends here from the province.

I have lots of friends at senior citizen.

I attend all three senior citizens. It provides friends to talk to. When I go to meetings it is like being in the Philippines.

You meet friends at senior citizens. I attend all three groups.

Most of my friends I met at senior citizens.

I'm so excited about attending senior citizens. I belong to all three groups. I'm very active, I'm calling on Saturday, where, when and the time of meeting. I don't want to miss it. As soon as I joined the seniors I started enjoying America. I became comfortable and gained lots of friends. Dancing and having a good time with seniors makes me now enjoy America.... I have many friends. I'm talking to them on the phone. I met most of the at senior citizens. I have seniors living in this neighborhood. We go walking in the street....

I have many friends from senior citizens group to talk with on the telephone...

I'm secretary for the seniors. I always call the members during the week and they say it is good you called.

Have many friends from senior citizens calling me on the telephone.

Many of the elders speak of attending senior citizens as a way of eliminating crying, feelings of loneliness, worrying about family in the Philippines, as well as longing for the sights, sounds and odors which typify the Philippines.

Sunday becomes a focal point of the week for the elders. It is the day when they look forward to meeting their friends and having the sights, sounds and fragrances which typify the Philippines. The sights and sounds are represented by the gathering of 200 co-Filipinas elders, dressed in traditional Filipino party attire, speaking loudly in familiar dialects, laughing, singing and dancing to the music of Filipino, Spanish and American artists. The odor is provided by the many Filipino dishes containing pig's blood, garlic, bitter melon, tamarind, soy sauce, coconut and pineapple which occupy several banquet tables across the back, or front of the hall. The missing ingredient from senior citizens affairs is other family members. This environment is also seen as a way of becoming comfortable in America:

I was very lonely, crying and home sick. My daughter said, "Mom I want you to go to senior

citizens; there are many people your age there, all Filipino. If you go you will be happy...." I went to senior citizens those three Sundays a month. I forgot all about my worries. I began to be happy as soon as I began to go to meetings and talked with my co-Filipinas. That's it. I began to be happy, homesick was gone. I met lots of friends. They asked me to join the folk dance group.

I had friends to call on the telephone; we practiced folk dancing every Saturday and danced three Sundays a month at meetings. We are invited to perform for different occasions like "cultural night."

Those elders who are active/retired home economics, arts and dance teachers in the Philippines, or seamstresses, vocalists or instrumentalists are all able to utilize their talents to the degree desired three Sundays a month. They can teach folk dancing to elders, can become a member of the dance group, lead group singing, provide a solo, sew the folk dancers' attire, make the decorations for the hall, or prepare a dish. The retired teachers often prepare the printed programs, newsletters and handouts. Those individuals with business degree backgrounds, such as accounting and statistics, handle the financial aspects. Each senior citizens' organization has a group of elected persons to serve as officers, committee chair and members to assure the accomplishment of the organization's goals and objectives for the year.

The elders are photographed individually and as a group during induction and bon voyage from the

organization. Each meeting, the photographer takes photos for the entire five hours of the elders posing with old and new friends, special guests, learning a new dance, performing with a group or just showing off a new attire. Often the photograph is taken to show family and friends back home a new outfit, the discovery of a townmate, friend or a new friendship in America. During the spring, summer and fall, elders pose for photographs outside the recreation centers, along the trails, with the flowers, ponds, lakes or the Chesapeake Bay as back drops for the photograph. These photos are purchased to record the day and to share with friends and family in the Philippines. Many of the informants asked the researcher to pose with them for photographs at the meetings following my visit and interviewing their homes. Some occasions are videotaped. Those who can afford the videos purchase them and use them for viewing at family affairs and gatherings.

The photographer usually accompanies the elders on trips and photographs individuals and groups as requested. The photos provide a medium for sharing at meetings and introducing new arrivals to what senior citizens is all about. Each elder has a photograph album and a collage arrangement displayed in the home.

The following two comments document the theme of record keeping and sharing of experiences:

We are taking pictures of the dance groups... see those on the wall that's my partner... I'm sending pictures home.

I belong to the Ilocano and the Baynihan groups. I joined when they first organized. I enjoy going on trips with the group... Send pictures home (Philippines)* from senior citizens.

Many of the elders did not dance and attend parties in the Philippines. Through attending Senior Citizens in Hampton Roads they have learned to dance and enjoy parties. One informant states that her name is very hard to pronounce by Americans:

After my husband died and I became an American citizen I changed my name. I used my Spanish nickname and my maiden name as my official name. At 64 (laughing) I changed my name, learned to do the Boogie, Cha Cha and the Tango.

People see me dancing. They say I look like 54. That reduces my age by 10 years. That makes me feel happy and young.

In the Philippines I seldom danced except folk dancing... I've become an old lady and retired from teaching, now I have learned the Cha Cha, Tango and the Boogie. I enjoy dancing at senior citizens and dancing with the folk dance group.

A few elders utilize senior citizens meetings as a place for purchasing jewelry, pocket books and clothing. Co-Filipinas who are returning or had offspring just arriving brought items with them to sell from their places of business in the Philippines. Some of the elders who

*The parentheses and word "Philippine" are the researcher's.

crochet, knit and embroider make items and sell them at the meetings.

Only three informants verbalize that their membership in senior citizens is essentially for monetary gain. They express it this way:

Some of my friends are trying to get me to join senior citizens because when we go home they will contribute to the cost of the trip.

Others express the monetary gain theme through expressions such as, "They will contribute to gifts when sick and donations when hospitalized." Still others mentioned the receiving of gifts for birthdays, anniversaries and Christmas as incentives for joining. Finally, attending senior citizens is seen as a way of having blood pressure, urine and blood checked without charge and without having to visit the doctor.

The elders' social world during the early months in Hampton Roads consists of the family, friends of the family and senior citizens. Through attendance at senior citizens, the elders have the opportunity to shake hands and greet politicians and other individuals running for elective office. They also widen their exposure to the democratic process.

This chapter addresses the research question: who comprise the elders' major network for social support? The data clearly indicate the interpersonal ties and relationships established within the three senior

citizens' organizations comprise the major network for social support for the elders.

The next chapter describes the various activities that the immigrant Filipinas engage in for recreation, relaxation and leisure.

CHAPTER VII

RECREATION AND LEISURE

Recreation and leisure activities are chosen which facilitate uniting the family and kin network. We saw in an earlier section that the personal and social world of the Filipino is divided into kin and nonkin.

The elders in this study prefer to engage in activities which involve their family. However, due to the work schedules of family members, the elders find that socialization with townmates and individuals who speak their dialect at senior citizens are an important substitute.

Elders' Concept of Leisure

During the interview the elders are asked what their concept of leisure is and how they think it should be spent. Most elders think that some time should be made available and used wisely for leisure activities each day.

In the Philippines, they utilize daily leisure time for walking, visiting, playing cards or mahjongg and gossiping. These activities often are combined with daily trips to the market.

In Hampton Roads, leisure and recreational time is available to the elders on weekends when their offspring

are not at work and do not have a commitment to an important social function. Attending Senior Citizens' organizational affairs provides the major recreation and leisure activities for the elders.

Accompanying their offspring to the mall on their off-day provides the second most frequent recreation and leisure activity. This time is usually utilized for window shopping, selecting greeting cards for family and friends' birthdays in the Philippines and grocery shopping. If the elder accompanies the offspring to the malls without the other family members, it provides a time for mutual sharing of concerns, problems and feelings. Most elders look forward to this activity if they are on good communication terms with their offspring. Grocery shopping which is a part of the trip to the mall, is also enjoyed. The wide selection of meats, fish, fruits and vegetables is gratifying. The fact that rich, poor and average people have access to the same foods is seen as one of the major advantages of being in America and grocery shopping.

Watching television is the third most frequent recreational and leisure activity engaged in by the elders. Game shows such as "The Price is Right," "Tick Tack Toe," "Family Feud," "The Wheel of Fortune," "Let's Make a Deal" and "Sale of the Century" are their favorites. The elders who speak very little or no English

still identify the game shows as their favorite television programs.

Looking at the world news in the evening is also an important activity. They are especially interested in news regarding the Philippines. The field work for this research was conducted during the final seven months (August 1985- February 1986) of the Marcos presidency in the Philippines. Television becomes an important communication medium for obtaining visual and auditory pictures of what is happening in their homeland. A few of the elders state that they are "hooked" on the afternoon soap operas. A small number enjoy watching the cable sports channel.

Those elders who live in Norfolk near the bingo halls or have access to transportation, participate in games for money on Thursday, Friday or Saturday nights. Elders who live in public low rent housing play Pokena, Mahjongg or other card games for pennies or dimes daily. These elders often comment, "Living here is just like being in the Philippines. We get up, go for a walk, stop at the flea market, come buy the groceries, come home, then gather at one of the senior's houses for cards or Mahjongg." The elders in public housing play card games more frequently than the elders who live in the suburbs because the elders live in the same neighborhoods within a short walking distance.

Once or twice a year the senior citizens' organizations sponsor bus trips to Atlantic City. The elders usually mention this trip to the casinos as one of the "fun trips" they have experienced since being in America.

Most of the elders have not experienced fishing in the ocean or bay prior to coming to America. (In the Philippines, fishing is done primarily by males.) Because of the proximity of many of the elders' homes to the Chesapeake Bay, Lynnhaven Inlet and the Atlantic Ocean, they have the opportunity to experience fishing, crabbing and digging oysters. Those elders residing at Willoughby in Naval housing can walk to the end of the street and fish in the Chesapeake Bay. Some fish from the pier with a fishing rod but most fish with a net at low tide as their fellow countrymen do in the Philippines. Several women state that fishing with a reel is boring. Using the net is more exciting. Besides special skills are required to use the net.

The crabbing and digging of oysters seem to be the more exciting activity for the women. The women usually say that they accompany their husbands, friends or sons fishing. When they talk about crabbing it appears to be a family affair enjoyed by the children, parents and grandparents. Photographs are usually taken to record the event and share with friends in the senior citizens' group

and in other parts of the United States and the Philippines. Elders go oyster digging at the oyster beds located in Lynnhaven inlet and its tributaries.

In most homes there is a videorecorder and Tagalog movies on videotape clearly are visible on the shelves near the recorder. The viewing of Tagalog movies is one activity which is included at parties when friends gather.

Tagalog movies are also rented from the Filipino stores for \$3.00. Favorite programs are purchased. Video movies of Filipino coronations, festivals and recitals are also viewed during parties, family celebrations and gatherings. Table 24 lists ways leisure and recreation time is spent. Table 25 depicts the 10 top recreational and leisure activities engaged in by the elders. The percentage of elders engaging in each activity is also shown.

Those elders with religious restrictions on recreational and leisure activities are analyzed separately. There are eight informants in this group, from the Jehovah's Witnesses, Adventists and Assembly of Yahweh. Table 26 summarizes the activities engaged in for recreation and leisure. Bible study with family and friends is the most frequent activity identified by these informants. Going to the mall and celebration of family members' and friends' birthdays follows as the second most frequent set listed.

Table 24
Ways Leisure and Recreation Time is Spent

1. Attending Senior Citizens
 2. Watching TV
 - Soaps
 - Game Shows
 - World News
 3. Going to Shopping Mall
 4. Fishing and Crabbing
 5. Watch Tagalog Movies at Home
or with Friends
 6. Dancing at senior citizens
 7. Gardening
 8. Visiting Recreation Spots
 - Bush Gardens
 - McArthur's Memorial
 - Luray Caverns
 9. Entertaining and/or Visiting Offspring and Friends
 10. Bingo or Card Games
-

Table 25

Top Recreational and Leisure Activities of Study Informants

Activity	Percent
Attending Senior Citizens activities	66%
Going to Shopping Malls	28%
Watching Television (game shows, soaps, news)	23%
Games for Money (Bingo, Pokena, Mahjongg, cards)	19%
Fishing, Crabbing and Picking Oysters	18%
Watching Rented Tagalog Movies	13%
Attending Filipino Celebrations, Barbecues, Pageants and Recitals	13%
Walking in Neighborhood	11%
Visiting Family and Friends	11%
Picnic with Family Members in Park or at Beach	8%

Table 26

Recreational and Leisure Activities of the Informants
with Religious Restrictions*

Bible Study

Door to Door Witness

Watch Religion Programs on Television

Crochet and Knitting

Talking on Telephone with Friends

Going to Mall

Take Trips During Summer

Going Fishing

Celebrate Birthdays with Family

Reading Religious Materials

*Jehovah's Witnesses, Church of Christ, Seventh Day
Adventists, Assembly of Yahweh

Categorization of Recreational and Leisure Activities

In this section, the researcher takes each recreational/ leisure activity mentioned by an informant and categorizes it, even though only one person may have mentioned it. The categories which are identified include: religious activities, crafts, group social affairs, fitness activities, solitary activities, family activities, group games, social activities with one other individual and a miscellaneous category.

The category of religious activities includes attending church, Bible study, reading religious literature, participation in church groups such as the Methodist Women, watching religious programs daily on the Christian Broadcast Network (CBN) and door-to-door witnessing by the Jehovah's Witnesses.

Activities grouped in the category of crafts include sewing, embroidering, knitting, crocheting, making silk flowers and canning and preserving fruits and vegetables.

Walking, bicycling, exercising on trampoline, dancing and gardening are placed in the category of Fitness Activities.

In the category of Family Activities the following recreational interests are included: going to the malls, fishing, crabbing, picking oysters, celebrating birthdays, christening and other life events; taking short trips to neighboring states, sightseeing, picnicking and visiting

local farms and orchards to pick strawberries, peanuts peaches and apples.

Reading of magazines and novels, watching TV, writing letters, sleeping, smoking, playing solitary card games and the piano are placed in the category of Solitary Activities.

The category of Group Games encompasses such activities as bowling, bingo, pokena, Mahjongg, and card games.

Interacting in large groups is classified as Social Affairs with a Group. Activities falling under this heading include senior citizens meetings, dancing with folk dance groups at large affairs such as cultural night, pageants, art festivals at town hall, attending recitals and going on excursion trips.

Attending movies and having dinner with one other person or spending a night with a friend are placed in the category of Social Activities with One Other Individual. Visiting the flea market and talking on the telephone are also placed in this category.

Preparing Filipino appetizers, entrees and desserts as caterers for parties and celebrations are in the miscellaneous category.

The activities included in the nine categories closely resemble leisure activities engaged in by the typical American citizen.

This section describes the activities which the elders engage in for leisure and recreation. It also answers research question number 7 which asks how leisure time is spent.

CHAPTER VIII

CONCEPTS OF AGING

How Old Age Is Determined

According to the elders, old age is determined by appearance, movement, condition of the physical body and the mind, chronological age, behavior, energy level, ability to work and earn money and the content of one's conversation.

Appearance is a key factor in determining old age. It includes such factors as the amount of wrinkles in the skin, the color of the hair (number of visible grey strands), condition of the skin around the eyes and the presence of a nonsmiling face. The choice of clothing also indicates one's age. Dated clothes which represent styles and fabrics of earlier decades, are a strong indicator. The way the hair is worn is also an indicator of age. Elderly women often do not style their hair, they just brushed it back or comb it up on top of their heads. The absence of makeup is also a factor included in an aged appearance. An erect body is considered the posture of a young person. A stooped, bent over posture indicates an aging individual.

Characteristic movements which indicate old age are slow, deliberate steps and inability to move fast and freely.

Many of the elders state that they can tell by their bodies when old age has arrived. They note "aches and pains" and hurts in specific areas of their bodies, such as aching knees, joints and back. The individual's energy level is also a determinant of old age. One's energy level tends to decrease with age. Individuals feel weak, less energetic and have less drive. Generally, they report that their strength decreases and their bodies become weaker. A person's mind is considered old when he or she become forgetful. The mind is not sharp and clear.

The culture prescribes retirement status for the elderly. Therefore, individuals who are able to work and earn a livelihood are still considered young. If an individual cannot work and earn money because of lack of physical and mental health and strength, he or she is considered old.

A review of the literature on aging reveals that no particular year defines old age, or its onset. Botwinick (1984) states it is dictated by custom, and a matter of convenience.

The elders in this study have varied opinions of the age when one becomes old. They state that the criteria

differ for the city, barrio and government in the Philippines.

Age 50 is considered old in the barrio, but not in the city. The Philippine government considers age 60 as the legal age for old age.

Since arriving in the U.S., many have accepted age 65 as old age because they can qualify for many of the U.S. entitlement programs at that age. Also, they have an I.D. card which states they are senior citizens.

The content of an individual's conversation and the choice of words are also indicators of one's age. People who constantly talk about the past and the way things used to be are considered elderly. Individuals who tell the same stories over and over are also considered elderly.

The Elder's Perception of Own Age

In the previous section we saw that old age is determined by a host of factors and not just chronological age. In this section we will see how the elders use those factors to decide whether they are indeed old, elderly or still young.

The age of the elders participating in this study is between 50 and 91 years, with 52 percent of them falling in the age bracket of the sixties. See Table 27.

Most of the elders, regardless of their age, state that they do not see themselves as being old, even though their chronological age is considered old. As long as

Table 27
How Old Age is Determined

1. Appearance

Amount of wrinkles in skin
Color of hair (number of gray strands)
Condition of skin around eyes
Choice of clothing (styles and fabric of an earlier period)
Style of the hair
Absence of makeup
Posture - (stooped bent over posture indicates an aging individual)
Appears weak
Nonsmiling face
If one looks old, they are old

2. Movement

Slow, deliberate steps
Cannot move fast and freely

3. Energy Level

Body becomes weak
Strength is gone
Less energetic

4. Content of Conversation

Talk constantly about the past
Repetition of same stories
Choice of words

5. Mind

Mind is not sharp and clear
Forgetful

Table 27 (Continued)

-
6. Condition of Body
 Feels aches and pains in knees, back and joints
7. Age
 Age 50 in barrio is considered old
 Government considers 60 as old
 In the United States age 65 makes you old
8. Inability to Earn Money
 You are old if you cannot work to earn money
 You are young as long as you can do work
-

their appearance, body movements and thinking abilities are characteristic of young people, the elders do not see themselves as old.

The excerpts from selected interviews support this assertion:

A 91-year old states: According to my age I'm old (91). I am stronger than my mother was at my age. She was bedridden. I still have a garden, crochet hats and bags and afghans for sale and take care of the house for my daughter.

A 75-year-old states: I'm old by my age but my body and mind are very strong and young. I'm not old.

A 62-year old states: I still have good thinking and physical power. I consider myself aged. I don't consider myself old. People think I'm 45. They are shocked to learn I'm 62.

A 72-year-old states: Others think I am about 50. They don't see me as old since I have very little grey hair, wrinkles and I move freely and swiftly.

A 68-year-old said: I'm not old. I dance at senior citizens.

A 64-year-old elder states: I'm not old. I can still earn money. In my mind I'm young.

A 65-year-old elder expresses it thusly: I don't see myself as being old.... I live alone in the Philippines. My body is getting older, but my mind is still young.

A 57-year-old expresses it thusly: I don't see myself as old, but I refer to myself as old because I will be 58 years old this year.

A 58-year-old states: My age is senior (58) but my feelings are not yet senior.

It was surprising to observe that only 10 percent of the elders see themselves as being old. Most of these individuals have a physical change in body strength and/or movement, such as arthritis, palsy, or an inability to climb stairs. The ten individuals who see themselves as old, ages span the age bracket of the '50s, '60s and '70s.

Feeling old is usually related to poor health, appearance and other markers which are identified earlier as determinants of old age. Most of the elders state they do not feel old. Usually they would say " I still feel young." It is interesting to note that no one uses the term "middle age" when discussing age. It is always young or old.

Expressions such as the following were often expressed to the researcher:

My age is senior but my feelings are not yet senior.

I don't feel old, but my hair is turning grey.
I don't feel old. My mind is fresh and young.
I still look young; therefore, I don't feel old.
My age is old but I don't feel old.

A 65-year-old states:

I feel young; my spirit is willing but my body is weak. All my feelings are young but my strength is going.

Most of the elders believe that their offspring and grandchildren think of and treat them as being old. Only five of the elders claim that their children do not see them as being old. In fact, they relate that their children constantly tell them that they are still young and "kid" them about finding a husband at senior citizens' meetings.

The Filipino elders of this study are very similar to other elders in America in their views of themselves concerning being and feeling old. In 1960, Bultena and Powers conducted a longitudinal study of individuals aged 60 through 80 years to ascertain how they thought of themselves: "Middle aged women," "old women," or "an elderly woman" (Bultena & Powers 1978). The question was asked of 611 respondents in 1960, and repeated with 235 of the original sample in 1970. In 1960, only six percent of the 611 participants identified themselves as old. However, 19 percent did describe themselves as being elderly. When the study was repeated 10 years later, all

the participants were at age 70 and above, but only a fourth of them identified themselves as old and 38% as elderly. Kogan (1961) and Streib (1965) also substantiate that a large number of people age 54 to 92 do not see themselves as being old or elderly.

Symbols of Old Age and Emerging Themes

The elders in this study are asked to describe to this researcher what old age represents or symbolizes to them. Most of the elders state "Filipinos do not think about becoming old. It is a part of life. They take it as a matter of fact." Nevertheless, 25 of the elders are able to describe in detail what old age represents, or symbolizes for them. Themes which emerge from their descriptions are described below.

The first theme which emerges that symbolizes old age is physical deterioration. The elders use phrases which describe the body as declining, moving toward a level of inferior functioning. Seven descriptions were given which illustrate the theme of physical deterioration:

Going down the drain.

Going down hill.

Going to pot.

Fading away.

Growing weak.

The body is becoming weaker.

Withering away.

You are a gurangna.

The last description, "You are a gurangna" (means old), represents a different aspect of physical deterioration. It states a fact that you have arrived at the point in life when you do not exist. Whereas, the other six descriptions describe the movement towards nonexistence.

Rest and relaxation is the second theme which emerges to symbolize old age for the elders. Rest and relaxation pertain to both the physical body and the mind. It is achieved through slowing down the pace of work and other activities, as well as taking time for rest, recreation and leisure activities.

Old age also symbolizes the period in which an individual can legitimately retire from work. The community and family no longer expect the elder to work. The little work that is done by the elders is by choice and not obligation. The following descriptions support the theme and symbol of rest and relaxation.

Time to retire.

Time when you have nothing to do.

Nothing to do.

Time when one does very little work.

Time when you do not work any more.

Rest and retirement is the third symbol which old age represents.

The fourth symbol of old age is honor and respect. The elders all relate that during this period in life, children, family and friends honor you by addressing you with honorific terms.

They kiss your hand and say nice things to you on arrival and departure from your presence.

Elders are sought after for advice and consulted in family decisions.

To live to become old gives one status in the family and community. Elders are held in high esteem for they have lived a long life and have much wisdom and experience to share with the young.

Old age is also a period when one is pampered. This is the period when one is taken care of by one's children and other family members. One is given presents, taken places and provided special services without solicitation. One elder describes being pampered thusly:

When my daughter and son-in-law built this home they gave me the largest room in the house, the master bedroom with its own bathroom and a beautiful view.

Another elder describes pampering as:

When I go shopping with my daughter and son-in-law they take me to exclusive stores and say, 'Mommy, select something nice for yourself.' Other times when I go to senior citizens, they place money in my pocket and say, 'Have a good time.' I never have to ask for money.... They do not expect me to work around the house. I help with the chores as I wish.... They include me in family decisions and entertainment. They also see to it that I have transportation to meet my friends, attend church or whatever.

Old age also means regression for some of the elders.

A period when one "returns to childhood" or is close to childhood. Old age symbolizes childhood to the elders because as one's health, strength and ability to think diminishes, one becomes dependent on others just as a child is dependent on his parents.

As old age approaches it signals to the person that life on this earth is coming to an end. Time is running out. There is no longer an expectation to begin projects or accomplish goals. One elder describes it this way. "I no longer enjoy planting trees because I will not be around to see them grow and bear fruit." This period signals the elders that time is running out for this life, and death is a reality. Below are descriptions which illustrate the symbol of, the nearness of death.

Close to dying.

Soon to die.

Death is not far away.

Movement towards the grave.

Time is running out.

In addition to becoming aware that death is not far away, old age is also the time to prepare for an after life. Abiding by the tenants and rituals of the church becomes paramount. The elders state that old age is the time to:

Prepare to serve the Lord and the church.

Prepare for death.

Read and study the Bible daily.

Do daily novena to the patron saints.

Avoid exposure to drinking and gambling.

Avoid dancing.

Preparation for afterlife goes hand in hand with awareness of the nearness of death.

A few of the informants did not want to talk about old age. They state that they refuse to allow themselves to think about it. They do not look forward to it. The theme this illustrates is denial.

The final symbol of old age which emerges from this population was that old age represents long life and hard work. The elders see old age as an indication of having had a long life. Also, they believe that people who are hard workers tended to live long lives.

Fears of Aging

It is documented in the literature that the elder Filipino believes that the universe is under the control of supernatural forces. As such, the people believe that they should accept whatever life and death bring because God controls the universe. This attitude and belief is also reflected in the immigrants' attitudes toward aging.

The elders are asked to describe some of their fears concerning aging. The dominant responses initially are:

Filipinos do not fear aging.

They resign to it as inevitable.

We accept it as it comes.... We resign to what God gives us. We just try to be prepared to have a good attitude.

People take it in their strides. They cannot do anything about it.

People don't worry about becoming old. They just accept it.

As the interviews proceed, the elders express fears related to aging in America which would not occur in the Philippines. Becoming ill and possible placement in a nursing home is a dominant fear. They prefer to return to the Philippines when their health begins to deteriorate so that they can be taken care of by family and friends. They observe the busy schedules and expenses of their offspring and grandchildren and believe that no one will be available to take care of them if their health and strength fail.

The elders fear becoming a financial burden to their offspring. They realize that the body would become weaker with advanced age, and illness and disease would become inevitable. Office visits to the doctor and hospitalization are costly for their offspring because the majority of the elders do not have health insurance.

Dying in America and the family's inability to pay for the cost of transportation of their body to the Philippines for burial is another expressed fear. Most

families do not have life insurance on their parents. The description of an elder's experience below illustrates the intensity of the fear of dying in America.

I was hospitalized three months after I arrived here for diabetes out of control and hypertensive crisis. I was so afraid I was going to die I went straight to the Philippines when the doctor let me out of the hospital.

Another fear that is often expressed by the elderly in senior citizens' gatherings was that their health would not hold out until the petitioning process is complete and their offspring are in America. If they die before the petitioning process was complete "the petition would be no good; it would be void" and their sacrifice would have been in vain.

In summary, the fears surrounding old age for the immigrants are specific to the United States. They include:

1. Fears of losing physical health and strength
2. No one to care for them in the home
3. Placement in a nursing home
4. Dying and burial in America
5. Becoming a financial burden for their adult offspring
6. Dying before the petitioning process is complete for their offspring to immigrate to America.

Comparison of Life in the Philippines
vs America For Immigrant
Filipino Elderly

The elders are asked to describe life in the United States for the Filipino elder compared to the Philippines. In general, the elders find life in America to be better economically, but worse socially.

The United States is seen as a better place for the Filipino elderly because of its entitlement programs for the elderly, opportunities for work, higher salaries, discounts for senior citizens and the wide availability of food at cheap prices, especially fruits and meats. The dominant theme which emerges is that America is better for the elderly as long as they can work.

Life in the Philippines is believed to be best for the elders when they no longer are able to work. One hundred American dollars given by their offspring, or social security insurance, would provide for all of their needs in the Philippines with money to save. Besides, they do not have to pay utilities, rent and insurance there. In the Philippines, there are numerous neighbors, brothers, nieces, cousins and sisters who will take care of them when their health fails.

Socially and interpersonally the Philippines is felt to be a better place for the elderly because they are free to come and go; transportation is readily available; and the children, family and neighbors provide them more

respect and care during old age. The social and interpersonal aspect of life in the Philippines is felt to provide a higher quality of life than the economic aspects of American life.

The weather is felt to be another advantage for the elderly living in the Philippines. Hampton Roads' weather is damp and cold which makes their joint problems worse.

A sample of the responses follows to support the conclusions that America is best as long as individuals can work and the Philippines is preferred because of its climate and social relationships.

U.S. is a good place as long as one can work.

America is better if you can work. Philippines is better when you are old and cannot work. People will take care of you.

If you can't work no advantage to being in America at old age. No one to take care of you. If you can work, can earn money, even if you are old, U.S. dollars have higher exchange rate than pesos.

U.S. Government is good. Gives SSI. There is plenty of food. Elderly can work--housekeeping, babysitting for pay. People won't hire elderly babysitting in the Philippines. Families won't pay you.

Have better life socially in the Philippines. There are more benefits for elders in the U.S. More food available for elderly in America. More jobs available for elderly to make money.

Old people are given more discounts in America: movies, bus, and medicines.

Life is better in the Philippines for the elderly because they are not forced to work. Children take care of you. Weather is better. Only two seasons, rainy and dry. Winters too

cold, not good for old people. Old people are lonely in America.

America is better if you can work. Also you can eat more food here. Can pick apples and grapes. Phillipines is better. When you are old and can't work people will take care of you.

If all your children are in America, it is better for you to remain in America. If you have no job, citizenship or benefits, the Phillipines is better.

Needs and Problems of the Elderly Filipinas

The informants were asked to describe some of the important needs of the elderly Filipinas residing in Hampton Roads. Their responses are categorized and 12 themes emerge.

1. Income and employment
2. Transportation
3. Recreation and leisure
4. Male companionship
5. Confidantes
6. Respect
7. Inclusion in family
8. To feel love and support of the family
9. Assistance with communication
10. Special information and classes
11. Separate housing
12. Independence.

Just about every elder responds to the question concerning the most important need of the elderly Filipinas as the

need for money and work. Employment is generally desired as a babysitter and/or a seamstress.

Money is needed to send to the Philippines to assist family members with food, clothing and education of children. Money is needed here in America for health care, such as health and hospital premiums, doctor/clinic visits, outstanding hospitalization bills and medications. The elders need money to contribute to household expenses so they will not be a burden on their offspring. Money is also needed to "chip in" for transportation to and from senior citizens and for contributions solicited at the meetings. Pocket money is also important for maintaining self-esteem. Elders are reluctant to ask adult offspring for money. The Filipino way is that children give to their parents without being asked. The elders' pride is wounded when they have to ask for pocket money. Most go without pocket money until they get a job babysitting or sewing.

The need for transportation is mentioned as often as the need for money. Only seven of the 100 elders have a driver's license and an automobile. The remaining 93 elders are dependent on family and friends for all their transportation needs. Only six of the 93 elders know how to use the public bus system. The bus is used only to go to and from work. Bus service to areas where most of the activities are held for the elders is not available.

Access to private and public transportation would give the elderly more freedom to come and go at will and thereby be less dependent on relatives. Release time from household chores would have to be worked out to utilize transportation services.

The elders express a need for additional recreational and leisure activities. Senior citizen activities are held three Sundays a month. During the week there is nothing to do for those elders whose grandchildren are school age or adolescent. Those whose household chores require all of their time feel the need for free time which could be used for relaxation, recreation and leisure activities during the week. They ask if there is a posting of local trips and activities available for seniors in the community or the general Hampton Roads area. Again, transportation is an essential link to facilitate participation in such activities.

The need for companionship is a strongly felt and expressed need of the elders. Only 37 of the 50 married elders have a spouse in the home with them. Forty-nine percent are widowed, divorced, separated, or never married (See Table 7). The women express a need for companionship of their husband or a male. This need is expressed by elders in the fifth, sixth and seventh decades of life. The single men in the community have a choice of several women to court. Some of the adult offspring often tease

their single parent about their success in finding a boy friend or husband following attendance at senior citizens. This strong need for male companionship sometimes causes gossip and antagonism among the elders at senior citizens.

The elders express a need for a person to talk and to share personal secrets and problems. Often such a person is found only to be lost due to transfer of the family to another duty station. Most of the elders say that they do not have a person with whom they can talk over personal problems, especially the problems concerning grandchildren, daughters and daughters-in-law. They express the need for names, addresses, telephone numbers and home provinces of other seniors in the area. Those elders who attend senior citizens have directories of the membership.

The elders express a need for their grandchildren and daughters-in-law to demonstrate respect for them through their communication and interpersonal relationships with them. They expect to be addressed in honorific terms and consulted for advice. When respect is not shown in the traditional Filipino way for elders, they feel unloved, rejected, depressed and sad.

The need to be included in the daily interaction of the family is another expressed need of the elderly. The elders want to share time with their adult offspring and

be a continual part of the family and neighborhood. They want to be included in family celebrations and parties. A sense of family and togetherness is expressed as being an important need of people when they begin to advance in age.

The elders observe that as they advance in age there is an increased need to receive and feel love from their children. They admit that have they become more sensitive to their children's words and actions. They expect to feel loved and experience happiness. Expressions and gifts are expected on their birthdays and special occasions. They need the moral support of the family in their undertakings. Love is said "to make one feel contentment." Lack of love makes one feel neglected. "One feels neglected when the family is very busy and it has no time or little time for you."

The elders often report that they speak little English and need assistance in interpreting when others speak to them in English. It is difficult for them to follow conversations and express themselves in English. They need people to explain things to them in their own dialect. They express a need for interpreters when communicating with Americans.

A need is also expressed for people to serve as "go betweens" to mediate problems and misunderstandings with grandchildren, daughters and daughters-in-law.

The elders feel the need for a class in conversational English, one which is taught by an individual who speaks Tagalog and Ilocano. Moreover, they feel the class should contain only seniors and that adolescents and young adults should be excluded.

They also express the need for special classes where they can receive practical information about public services and benefits including public transportation, medicaid, medicare, social security, social security, insurance, food stamps and the location of free public clinics.

Classes are also requested to teach them how to keep healthy and avoid becoming ill while in America. A few express the need to learn to drive an automobile. Most of these individuals who want to learn to drive an automobile are in the fifth and early sixth decades of life.

Many of the elders who are married want a separate dwelling when their petitioned offspring begin to arrive in the United States. They feel the need for privacy and independence from their adult offspring.

Others, who are experiencing conflict with their daughters-in-law and finding it impossible to live under their rules, also want separate housing. The need for separate housing is believed to become more of the rule in the future as offspring become more acculturated.

The final need expressed is the need for independence. The elders feel that they need to have the privilege to make independent decisions without always consulting their offspring. Freedom to go and come without asking permission is necessary for them to be happy and to feel good about themselves. See Table 28.

Summary and Conclusions

In this section the researcher has addressed the research question: How does the Filipina grandmother view aging and how does immigration influence it?

We see that the elderly Filipina views the period of life known as old age as a time of rest, relaxation and retirement from physical work. Immigration to America at old age means returning from retirement to the active work force, raising grandchildren, cleaning and managing the home, accepting babysitting, working as maids, catering, employment at newspaper factory jobs and seamstress work for a salary. This move is necessary because of the bankrupt economy of the Philippines.

Immigrating to a culture different in values than the Philippines generates fears, problems and needs for the elderly which would not exist if they were residing in their home province. Money and income are not critical for them in the Philippines because their American offspring send them a monthly allowance which was more than adequate to meet their needs. We see in an earlier

TABLE 28

Expressed Needs/Problems of The Elderly Filipinas

1. Income and employment
 2. Transportation
 3. Recreation and leisure activities
 4. Male companionship
 5. Confidant
 6. Respect
 7. Inclusion in family life
 8. Support and love of their family
 9. Assistance with communication
 10. Special information and classes
 11. Separate housing
 12. Independence
-

section that immigration at old age is primarily for the purpose of securing American immigration visas for children still in the Philippines who desire to enter the United States job market. Immigration for a few of the elderly is to assist their American offspring with babysitting and other domestic tasks.

The response to the research question how does immigration affect the elderly concept of aging is that it generates problems, needs and fears which are related to being in America. Many of the problems, needs and fears are similar to those experienced by American elderly but are compounded by the immigrants' inability to effectively speak and utilize the English language.

CHAPTER IX

CONCEPTS OF HEALTH AND ILLNESS

This chapter presents the elders' concepts of health and illness, their explanation of causation of illness and disease, preventive measures utilized to keep healthy, and use of herbs and over-the-counter medications for management of home illness situations.

Definition of Good Health

The elders were asked what the word "good health" means to them. Their responses reveal that their perceptions of the meaning of good health are based on eight major categories. The categories include feeling states, physical/mental activity states, absence of illness/pain, simple self-care, appearance, fortune, sociability and length and quality of life. Most of the elders' definitions of "good health" encompass three or more of the categories. Below are examples which illustrate this assertion. Good health means:

You are happy, not sickly. You move freely and you eat good food.

Good health means the body is able to do everything. You are physically and mentally healthy if you can think, read, work in the house, yard and on the job.

The words good health mean you don't have any pain in your body. You eat good, you sleep well, work well and you feel strong.

Physical/Mental Activity State

Physical health. Health in the physical activity state contained many components. The first is body fitness or strength. Good health is having a "strong body," one that is in "good condition" and "physically fit."

The second aspect is self-care. The ability to take care of oneself by getting up early, performing work in the house, yard and on the job are important indicators of good health for the elders. As an indicator, informants reported:

Good health is feeling good, having no pain, and getting up early. You can work in the house and plant in the garden.

Mobility is the third component of physical health. It is simply the ability to walk and move around freely. Individuals who experience panting or pain when walking around are considered in poor health. This aspect complements being able to perform activities of daily living in the self-care component. Exercising and walking are ways of keeping healthy and physically fit. They are also an indicator of good health.

The ability to sleep as an indicator of good health is an interesting finding. The elders state: "If you are able to sleep soundly, then you are healthy, and if you

are healthy, then you are able to sleep without worry."

The last category in physical health is nutrition. A few of the elders describe "good health as the ability to eat." Inability to eat is an indicator of illness.

Mental health. Good health in this domain consists of level of consciousness and cognitive abilities. Being mentally alert is a critical indicator of being healthy. It is a prerequisite for normal cognitive functioning. Having a "healthy mind," a "fresh mind," a "sound mind," a "strong mind" means one is alert, able to converse with others freely, recall events clearly, think and read. The elders consider transient episodes of mental confusion, difficulty thinking and difficulty carrying on a conversation with others as indicators of a weak mind and poor health.

Good Health as a Combined State:
Physical and Mental

A few of the elders define good health in both physical and mental parameters. Good health is not possible unless both parameters are strong or sound. Typical statements of those who present the mind/body definition of health include the following:

Good health means a strong body and healthy mind.

Good health means a healthy body and healthy mind.

Good health is a sound body and mind.

Feeling State

Good health for over half the elders is defined as a "feeling." They select a number of adjectives to describe the feeling, but being happy or feeling happy are the most frequent descriptions used. The other feelings described by the elders as good health in descending order include: feeling good, strong, young, active, jolly, contented, peace of mind and being in a good mood without a bad temper.

Absence of Symptoms

"Not being sickly" is the most frequent response to the definition of good health in this category. Good health is also defined as "no aches, pain or problems" and/or "not feeling anything in your body." One elder suggests that it is necessary to have a checkup with the physician to verify that one is free of disease and in good health. An example of this definition emphasizes that:

Good health is.... feeling nothing in your body and having a physical checkup and everything turns out okay.

Appearance

One's appearance is also an indicator of good health. Seven of the elders define good health as appearance:

smiling, being attractive, and having sparkling eyes.

Fortune

Good health is also seen as a fortune. Some elders define good health as wealth. Others think it is "more than wealth or riches." One elder said, "If you are healthy then you can afford to buy the foods you want."

Sociability

A small number of elders' definitions of good health include the concept of sociability. Being healthy means "having lots of friends," "mingling with people," "not being lonely," "enjoying oneself" and "being with other people."

Quality/Length of Life

For the Seventh Day Adventist elders, good health also means living a long life that is good and enjoyable. To them, good health and long life are the rewards for keeping the Ten Commandments, particularly the fifth commandment which states:

Honor thy father and thy mother that thy days may be long upon the land which the Lord Thy God giveth thee.

Emerging Themes

Good health for the elders is a multidimensional concept that involves eight major categories: physical/mental activities state, feeling state, absence of pain,

absence of illness and disease symptoms, appearance, fortune, sociability, quality/length of life and others. We see that concepts of health include much more than physical/mental health and absence of illness/disease. They involve the elders interacting in the family and community, performing social roles.

Definition of Being Sick

Being sick or ill is defined as "laying down and not being able to move about," "having pain and being unable to work," "not being happy," "having an uneasy mind" and "inability to sleep and eat."

Emerging Themes

The first theme that emerges in the elders' definition of illness/sickness is immobility, expressed by "lying down," and "not being able to move about." This is in sharp contrast to a healthy person who is described as being able to move about freely.

The second theme which emerges from the definition of illness is the presence of pain. Absence of pain is used to distinguish a healthy person.

Inability to perform work-related activities is the third theme which emerges and is closely related to immobility. For the elders, an individual who cannot perform his normal activities, has an illness that

prevents him/her from working, makes him/her dependent on others is considered sick or ill.

State of Mind

State of mind (mood) is the fourth theme which emerges from the elders' definition of illness. This theme is expressed in the statement of "not being happy" and "having an uneasy mind." A healthy elder is viewed as being happy and contented.

The first theme which emerges from the definition could be placed in a physical/behavior category. This theme is illustrated in the statement: "Inability to eat or sleep well." Eating and sleeping patterns of elders are often good barometers of their state of health and mind.

Elders' Concept of Disease and Illness Causation

In order to understand health and illness from the elders' perspective, the researcher asked, "What do you think causes people to become sick or ill?" Their responses are grouped into two major categories: natural and supernatural. The natural category contains causes which have real existence such as food and eating patterns, weather and climate, hygiene, imbalance between work, rest and exercise, disharmony in interpersonal relationships, financial problems, physiological conditions, habit and emotions. The supernatural realm

includes those causes attributed to God, spirits and souls of ancestors.

Food and Eating Patterns

The largest number of descriptions attributed to disease and illness causation by the elders is placed in the category of food and eating patterns. Seventy-eight of the 100 elders identify at least one cause of illness which is related to food.

Many health problems are attributed to what the elders call "eating the wrong foods." Meats, especially beef and pork (with lots of fat on them), foods high in salt, fat, sugar, cholesterol and caffeine are considered harmful to the elderly, thus the "wrong foods." These foods are believed to cause the older person to develop high blood pressure, diabetes and heart disease.

The price of meat in the Philippines is too expensive for the "common ordinary person" to purchase. Consequently, many of the elders have lived a lifetime on a diet of fish, rice, vegetables and fruits. The typical American size serving of fish, chicken, pork, or beef feed a family of four to eight in the Philippines. These meager servings of meat or fish are available only once or twice a week. Now that the elders are in America, they comment:

The poorest person can eat the same foods as the rich.

We now tend to eat many of the foods only the rich could afford in the Philippines. Our bodies are not used to it so it makes us ill.

The amount of food ingested is another aspect of the description of illness causation. The elders believe that as one advances to old age, the body is no longer able to digest large quantities of foods. The elder must learn to "eat in moderation." Avoid "eating because you see it." Overeating is thought to cause indigestion, bloating and weight gain. Lack of food or inadequate amounts of food causes illness because the body is not receiving the vitamins and proteins needed to be healthy. Tuberculosis can result from missed meals or irregular eating habits. Not eating is an indication of worry and/or illness. Overeating of fruits, especially during the summer, causes dysentery. Eating lots of fruits containing seeds is thought to cause appendicitis. Normal consumption of guava causes intestinal cramps.

Allergies to foods are also seen as a cause of illness. The elders states that many people cannot eat seafood and chicken because it causes them to "swell up," and "have difficulty breathing and swallowing."

Eating spoiled or contaminated foods is also identified as a common cause of abdominal pain and loose bowels. Hot peppers, spicy and rich foods are attributed to causing stomach ulcers. Rich foods are thought to cause diarrhea.

Weather and Climate

The second most common cause of illness identified by the elders is weather and climatic conditions. Cold rainy damp weather is the most frequent weather condition contributing to illness. Rapid changes in temperature is also thought to cause colds, stiff aching joints and breathing problems. Below are excerpts from the elders which illustrate this relationship between weather and climate:

Changes in the climate and the weather make people sick.

Cold rain causes me to be sick with colds.

Too hot and too cold weather makes people sick.

Cold, damp weather makes my joints stiff and ache.

A few of the elders attribute malaria to the cold rainy seasons.

Imbalance of Work, Rest, Exercise and Activity

Twenty-five of the elders' descriptions of illness causation include statements regarding an imbalance between work, rest and exercise. Most of the statements pertain to "overworking," "too much work," "becoming overtired," and "too little sleep or rest" and "lack of exercise." The elders think that good health is maintained when there is a balance between work, rest, family activities and exercise.

Emotions

"Worry" and "thinking too much" are the most frequent causes of illness in this group. Elders are often overheard (social gatherings) talking about other elders being ill, especially the new arrivals. They attribute their illness to "thinking too much about the Philippines" or "thinking too much about one thing." In an earlier chapter on adjustment, we noted that this description is also the most frequent diagnosis made by the physician when elders are taken to them during their initial six months in the United States.

Another belief about illness causation which is frequently expressed by elders is "worry." Worry is centered around the wellbeing of family members who remain in the Philippines. Too much worry is thought to cause tension, headaches, high blood pressure and depression.

Habits

The behaviors which will be listed in this category of habit are enumerated by 19 of the elders. Abusing and not taking care of oneself is the most frequent cause of illness in this category. Drinking alcohol and smoking are the most often examples offered of abusing oneself. Examples of not taking care of oneself include not eating, or not getting the proper rest, as well as overworking.

Another aspect of habit as a cause of illness/disease is the condition under which baths are taken. Below are

descriptions which illustrate this:

Taking a bath when you are tired.... Remember the water is not heated like in the U.S.

Taking a bath when tired causes you to take in cold.

Washing your hair and going out into cold weather leads to a sore throat.

Taking a hot bath and going outside in cold causes you to take a cold.

Taking a bath in a draft causes your body to take in cold.

Hygiene

The fifth cause of illness identified by the elders is related to hygiene problems. This category is subdivided into environmental and personal hygiene.

Poor sanitation or lack of a sanitation system is identified by the elders as a cause of illness and disease. In the rural areas of the Philippines a large percentage of the homes are without toilets, privies or latrines. Often, just an open hole in the ground is used for defecation and urination. These overflow during the typhoon and rainy seasons contaminating drinking water and vegetable gardens. Parasite infections, typhoid, gastroenteritis, malaria and other fever problems are illnesses/diseases attributed to poor sanitation.

Lack of adequate safe drinking water is another source of illness causation. Polluted rivers and streams cause seafood to become contaminated and make the people

sick when they consume it. Polluted land and crops polluted with DDT, which is sprayed to eradicate malaria and used as a pesticide for crops, are also a source of illness and disease causation.

Air polluted with toxic fumes from vehicles and industry is thought to cause breathing problems such as pneumonia, tuberculosis and make Filipinos have "weak lungs." Living in slum squatter areas is also thought to cause illness because of the lack of safe drinking water, absence of toilet facilities, crowded living space and the infrequent attention to personal hygiene.

The dusty, dirty air caused by the large number of trucks and vehicles on the unpaved dirt roads is attributed to causing the many breathing problems which make people sick.

Disease and illness causation which are classified in the category of personal hygiene include: dirty bodies, poor dental hygiene and dental caries. Failure to take daily baths is thought to cause excessive heat in the body temperature. Reference is also made to contracting illness by having contact with others' dirty things. "Illness could result from being around sick people," or "having contact with dirty things." Both are perceived to be a source of contamination causing illness.

Financial Problems

The elders also believe severe financial problems cause illness. It is thought that these cause both physical and mental problems. "Too many bills," "not enough money," "lack of jobs," "no money," and "many financial problems" are typical responses. Financial problems are the major source of worry, headaches and sleepless nights of elders here in America and in the Philippines.

Disharmony in Interpersonal Relationships

Lack of harmony in dealing with others is verbalized as a cause of illness. This disharmony in interpersonal relationships can occur within the family, work, or in the general social arena. "Misunderstandings," "mistreatment of others verbally" and "having a bad relationship with others on the job" are all references to disharmony as a causal factor in illness.

Physiological Conditions

A few of the elders relate physical symptoms to disturbances of the body systems as a cause of illness. Examples of this include the following: headaches and dizziness are often attributed to high blood pressure. Pale skin and dizziness are said to be due to too little blood. Kidney stones are related to drinking too little water and inadequate flushing. Appendicitis is attributed

to seeds of fruits getting stuck in the appendix. Finally, difficulty breathing, itching and swelling are attributed to an allergic reaction to chicken, seafood or a medication.

Bacteria

Malaria is said to be caused by mosquitos and spread by the people. Bacteria is identified as the cause of food and water contamination resulting in stomach cramps, vomiting and diarrhea.

Aging

The final cause of illness attributed to natural causes is aging. As people become old, "their bodies wear out" and they are more susceptible to disease and illness.

Supernatural Forces

Illness and death are also believed to be caused by supernatural forces. One elder states, "I believe a lot of illnesses are punishment for mistreating others." Another states, "Illness can be caused by disobeying the commandments, especially not honoring your parents." Still another attributes illness to "the wrath of God for not obeying Him." Supernatural forces are believed to cause illness such as tic, tremor and dizziness.

Gaba is another cause of illness. It is initiated by the mistreated or offended person who petitions God to punish one who has wronged him with illness. Gaba is

treated by asking forgiveness from the offended person. Gaba is really an illness caused by disturbed interpersonal relationships, but the punishment is issued by God or spirits.

Emerging Themes

Multicausality

The first theme that emerges from the data is that the elders use a multicausal model for looking at causation of illness and disease.

The first characteristic of the multicausal model is that the elders identify both natural and supernatural sources of illness/disease. The natural sources include physical factors in the environment such as meteorologic conditions, environmental pollution, inefficient sanitation systems, occupational, social and family relationships, as well as the more cosmological dimensions of the human condition (physiological and psychosocial). The supernatural sources are the wrath of God and spirits. A second characteristic of the multicausal model is that it is holistic. The religious beliefs, social interaction, work behavior, eating behavior, spirit, weather and environmental factors are all included in the model.

Interrelatedness

The second theme is that two or more of the physical sources of illness are interrelated and interdependent, making identification of a single cause of an illness impossible. For example, an illness may be related to vitamin deficiency, physical condition, personal habits and changes in weather.

Situational and Behavioral

The third theme that emerges from the data is that situational and behavioral factors preceding the illness must be taken into consideration. Thus, the situation and behavior of the individual is taken into consideration in naming the cause of the illness. Moreover, the situation or behavior surrounding the illness affects both the professional and lay treatment plan. Two case histories make these points:

An elder has not received mail from her sister in the Philippines for four weeks. Her children in the Philippines do not mention their aunt in spite of numerous inquiries concerning her. The elder assumes her sister was very ill or has passed away. She begins experiencing severe headaches, blurred vision, dizziness and depression. On arrival at the physician's office, her blood pressure is 220/110. She states she wants to return to the Philippines. She is lonely.

An elder has been in the U.S. about 14 months. She now is eating meat, chicken and fish daily. She also is using lots of accent, bagoong, and soy sauce to prepare her meats and vegetables. Salt is sprinkled on her fresh fruits which she eats three times a day. She begins experiencing dizziness, headaches and blurred vision. On

arrival at the physician's office her blood pressure is 200/110.

In both of these cases the patient's blood pressure is elevated. The patient in the second example of the case study believes her elevated blood pressure is due to eating too much meat. The doctor attributes her hypertension to increased salt intake and change of eating patterns. Treatment is diet modification and hypertension drugs. The first patient is believed to be suffering from worry, homesickness and depression. She is not given antihypertensive medication. The family is urged to telephone the Philippines to obtain information concerning the sister, and if the telephone call does not change her response, to arrange a trip home to the Philippines.

Balance

The concept of balance is the fourth theme that emerges from the data. Balance is sought between one's internal and external environment, between man and his environment and in interpersonal relationships with human kind. Imbalance in any of the three areas is believed to lead to illness, disease and ultimately death.

Extreme imbalance in temperature of the internal and external environment is believed to cause illness. This imbalance can be triggered by over-consumption of hot and cold foods as well as rapid changes in the weather.

Extreme changes in the activity/rest cycle are

another dimension of the balance theme. Overworking and becoming overly tired are believed to cause an imbalance in the body resulting in a shorter time for the body to rebuild and repair cells which lead to illness or sickness.

Wetness is another aspect of the balance concept. Going outside in the cold weather with wet hair is believed to cause one to "take a cold." Also, getting caught in a winter rain with the body becoming wet is believed to cause the flu or cold.

Disharmony in interpersonal relationships is the final dimension of the balance theme. The Filipino culture highly values smooth interpersonal relationships in all interactions. Individuals are expected to live, to work, and to interact in harmony with one another. Disagreements, disrespectful behavior, shame and loss of face causes extreme anxiety and guilt which is often converted to physical and psychological symptoms.

Table 29 depicts the various disease etiologies identified by the elders in this study.

Table 29

Various Disease Etiologies Identified by Elders

Disease	Cause(s)
Diabetes	(1) Eating too much sweets, candies (2) Aging
Hypertension	(1) Eating too much salt (2) Aging
Heart Disease	(1) Eating too much salt (2) Eating too much fat meat
Indigestion	(1) Overeating
Weak Lungs	(1) Dusty environment (2) Not enough fresh air
Tuberculosis	(1) Missed meals or irregular eating habits (2) Living in slums (3) Dust and fumes from vehicles on road (4) Pollution of air by industry
Dysentery	(1) Overeating of summer fruits (2) Eating spoiled foods (3) Drinking contaminated water
Appendicitis	(1) Eating the seeds of fruits which get stuck in the appendix
Intestinal Cramps	(1) Eating too much guava (2) Eating or drinking large amounts of too hot or too cold food
Allergies	(1) Eating chicken (2) Eating seafood, especially shrimp and crab
Colds	(1) Rapid changes in the weather (2) Bathing when tired or in a draft (3) Getting wet during damp, cold rain (4) Washing hair and going out in cold weather with a wet head

Table 29 (Continued)

Stiff, Aching Joints	(1)	Damp cold weather
Mental Problems	(1)	Financial problems
	(2)	Thinking too much on one thing, worry
	(3)	Inherited
Vomiting	(1)	Eating of too spicy foods
	(2)	Bacteria
Gastroenteritis	(1)	Bacteria
	(2)	Parasites getting in body
	(3)	Poor sanitation
	(4)	Eating vegetables and fish from crops sprayed with DDT
Typhoid Fever	(1)	Drinking contaminated water
	(2)	Winds and rains of typhoons
	(3)	Poor sanitation
Malaria	(1)	Mosquito
	(2)	Drinking contaminated water caused by typhoons and rainy seasons
Temperature	(1)	Not taking daily bath causes heat to build up in body
Headaches	(1)	Worry
	(2)	Financial problems
	(3)	High blood pressure
	(4)	Not enough sleep
	(5)	Misunderstandings, bad interpersonal relationships

Table 29 (Continued)

Dizziness	(1) Low blood
	(2) High blood pressure
	(3) Gaba
	(4) Diabetes
Kidney and Bladder Problems	(1) Not drinking enough water
Difficulty Breathing	(1) Allergies
	(2) Lack of fresh air
	(3) Dusty environment
Diarrhea	(1) Bacteria
	(2) Eating too much guava and fruits
Tremors, Tic	(1) Mistreatment of others
	(2) Wrath of God and other supernatural forces such as spirits

What Kinds of Foods Cause Illness
and Makes People Sick

In response to the question, what kinds of foods cause illness and make people sick? the elders identify the following:

Too much meat especially pork and beef with lots of fat on it

.... Spoiled foods and nontender meats

Fatty foods, sweets, rich foods and greasy foods

Meat causes illness, too much spicy foods, hot peppers, salty and fatty foods.

Eating too much ice cream and milk causes diarrhea.

Bacteria in shrimp and water.

Symptoms Which Would Prompt One to Seek
Immediate Medical Attention

The elders are also asked "what kind of symptoms or illnesses would cause you to seek immediate professional medical help?" The symptoms most frequently listed are:

high temperature which did not respond to fever therapy, dizziness, lots of hard chest pain, severe headaches, heavy neck pressure and other symptoms indicating elevated blood pressure, numbness of arm and leg, and difficulty breathing.

Most elders state that chest pain alone would not frighten them or cause them to seek medical assistance. If the pain is very strong and they are unable to breath, then they would go to the doctor. Infectious diseases such as tuberculosis and malaria are common in the Philippines, so the people know that recurrent high fever

is a possible indication of having one of these infectious diseases.

Hypertension is another frequently occurring illness. Forty-eight percent of the elders in this study are presently being treated for hypertension. They are aware of the symptoms which indicate that their blood pressure is elevated. Most of them fear having a stroke. Therefore, it is not surprising that danger signals of impending stroke would be the ones which cause them to seek immediate medical attention.

The converse is not true, for a large percentage of the elders are diabetics; but none of the symptoms enumerated is associated with the danger signals of hypo- or hyperglycemia.

Other symptoms which are identified are symptoms of bleeding peptic ulcer, renal disease and bladder infection. Generally speaking, one could say that the symptoms which cause prompt medical consultation are those which are commonplace, and generally feared.

What One Does to Keep Healthy

Staying healthy is a very important concept for the elders. It is necessary for them to be able to complete the petitioning process of offspring in the Philippines and to prevent a financial hardship on their offspring with whom they are residing. The majority of the elders are not insured by health and life insurance policies.

These reasons alone serve as an impetus for engaging in health maintenance behaviors.

The elders are asked: what do you do daily to keep healthy? Their responses are grouped into three major categories: (1) taking care of one's body, (2) keeping a correct mental attitude and (3) maintenance of a proper environment.

Taking Care of One's Body

Taking care of one's body includes 11 subcategories: (1) eating the proper or right foods, (2) getting adequate rest and sleep, (3) exercising the body, (4) flushing the body, (5) going to senior citizens, (6) Being careful with the body, (7) keeping the body clean, (8) avoiding harmful foods and activities, (9) replacing the body's vitamins, (10) avoiding abusing one's body, (11) adhering to medical advice.

The first four subcategories are mentioned by every informant as a daily behavior and activity. Going to senior citizens is a weekly behavior mentioned by the majority of the informants, the exception as discussed earlier being those elders who are Seventh Day Adventists, Jehovah's Witnesses, Assembly of Yahweh and members of the Church of Christ.

Eating the Proper Foods

The most frequent response to the question, "How do you keep healthy?" is "eating the right foods daily." The "proper foods" means eating sufficient of fresh fruits and vegetables, small servings of lean meat, fish or chicken and rice. Fruits are consumed three times a day, either with meals or as a between meal snack. Fruits such as papaya and pineapple are eaten with the meal or immediately following the meal to aid in the digestion of vegetables and meats. Often fresh fruits are dipped in bagoong or sprinkled with salt during consumption of them.

Fresh vegetables from "backyard gardens" are consumed twice a day. Several vegetables are usually cooked together in a pot seasoned with garlic, pork, fresh, frozen or dried shrimp. Elders from the Ilocano region add bagoong to their vegetables. Those elders with religious dietary restrictions omit the shrimp, pork and bagoong. Steamed rice is consumed two or three times a day. It is often a part of the breakfast meal. Rice is not measured. It is considered the "bread" of the Philippines.

Chicken and fresh fish are consumed daily. Chicken is often prepared as adobe. The fish is fried, boiled, steamed, baked or broiled. It is seasoned with salt, garlic, onion, vinegar and soy sauce. Patis, a fish sauce, is poured over it as it is eaten. Most of the

elders enjoy the local fresh fish. A few crave the milk fish from the Philippines and purchase it frozen from the Filipino stores.

Oysters, crabs and shrimp are consumed several times a week when they are in season because they are plentiful and cheap. Beef, pork and eggs are eaten once or twice a week in an attempt to control cholesterol and fat consumption.

Getting Proper Rest and Sleep

Obtaining the proper rest means going to bed by ten o'clock p.m. and arising at five or six o'clock a.m. Opportunities for rest periods during the day are necessary to keep healthy. Rest periods can be used for naps or relaxation, watching T.V. or chatting with a friend on the telephone.

Exercising Your Body

Exercising one's body daily is viewed by the elders as just as important an activity of health maintenance as eating the right foods. Most of the elders state they stretched their bodies (arms, hands, legs) on rising and follow this by exercising with the 6:00 a.m. T.V. program for 10 minutes. Following the T.V. exercise, many state that they go outdoors and walk around the yard several times swinging their arms across their chest before beginning their morning chores of preparing breakfast and

getting the grandchildren up and out to school. A few of the young elders bike ride in the a.m., following T.V. exercise. Exercise is also obtained by walking with neighbors for several blocks (a mile each way) in the sunshine or accompanying grandchildren to and from the bus stop. "Walking in the sunshine perspiring keeps one happy." Doing house work, providing child care, gardening and "going up and down the stairs" several times a day is also considered exercise and activity which keeps the body limber and healthy.

Dancing at senior citizens on Sundays, with the radio during the week and with the folk dance groups are other ways the elders exercise their bodies.

Flushing Your Body

Many of the elders, especially the Adventists, Assembly of Yahweh, and Jehovah's Witnesses, emphasize the importance of flushing the body daily to eliminate the impurities, poisons and end products of digestion. Flushing the body includes cleansing the gastrointestinal tract and kidneys. The elders drink varying amounts of water on rising to achieve this goal.

The elders who are members of the Seventh Day Adventists and Assembly of Yahweh religions drink 1,260 cc of water on rising each morning. This group emphasizes the importance of drinking water that flowed through an in-house purifier to remove chlorine which is believed to

be harmful. Other elders drink two to four glasses of water on rising and attempt to drink a glass of water hourly throughout the day. Elders report following consumption of the large quantities of water on rising, they have a large bowel movement and several large urinations. Flushing the body daily eliminates constipation, kidney stones, bladder infections, headaches and poor skin tone and color.

The elders believe drinking eight to 10 glasses of water daily in addition to the morning flushing is critical for keeping healthy. Many admit that sometimes their busy schedules in America interfere with their water consumption pattern. Others state that they often drink soda pop in the place of water when they are out with their offspring or just "visiting." A few elders who are not lactose intolerant drink a glass of warm milk at bedtime to promote sleep and to meet the body's requirement for calcium. The drinking of milk, fruit juice, Tang and soda pop is not believed to replace the body's need for water. They are not believed to have the ability to flush the body of impurities.

Being Careful with Your Body

The elders believe that as one advances in age one must be careful with one's body. This includes being sensitive to one's body, observing the effects of certain activities and foods, and eliminating those which cause

one to feel bad, or become sick. Avoiding overeating and overworking are also ways of being careful with one's body. Being sensitive and doing everything in moderation are the "keys" to success in this subcategory. Being careful with one's body is synonymous with avoiding harmful activities and foods.

Avoid Abusing One's Body

Drinking of alcohol and smoking of cigarettes are viewed as ways of abusing one's body and causing illness. Keeping healthy involves avoiding abusive behaviors.

Keeping the Body Clean

Washing the body each day is also viewed as a behavior necessary for maintenance of good health. It removes the excess heat from the body as well as promoting cleansing of the pores and skin.

Replacing the Body's Vitamins

The daily consumption of fresh fruits and vegetables is believed to be a health maintenance behavior because it is a natural way of replacing the body's vitamins. Some elders take vitamin tablets such as vitamin C, E, B and multivitamins to supplement their vitamin intake derived from fresh fruits and vegetables.

Adhering to Medical Advice

Those elders who are being treated for high blood pressure, diabetes, kidney and heart problems believe it is necessary to keep their medical appointments and follow their drug and diet routines prescribed by their physicians. Most of these elders state that they consume food and beverages which are low in sugar, salt, fats, cholesterol and caffeine. A diet recall by the elders, however, did not support this assertion. The following foods are usually included in the diet recall: crab, shrimp, chocolate candy, ice cream, coffee and cola beverages.

Keeping the Proper Mental Attitude

The second major category which emerges from the elders' responses to the questions of how they kept healthy is keeping the "proper mental attitude." A proper attitude is achieved by being happy, thinking positively, easy thinking, not thinking about problems, minimizing the severity of a problem, avoiding harmful situations and thoughts, and praying to God for strength and help to forget problems and worries.

The themes which emerge from this section are that health is maintained by controlling one's thoughts. Thoughts which cause worry and problems are minimized and suppressed. Help is sought through prayer to achieve this goal. By thinking positively one is able to be happy

which is a way of keeping healthy.

Maintenance of a Proper Environment

The final category of responses of the elders to ways of keeping healthy is that of being in a proper environment. A proper environment contains two components: air quality and interpersonal relationships.

Air Quality

The elders attempt to spend most of their time in an environment which contains plenty of moving fresh air which is free of odors, fumes, pollutants and dust. Fresh air and breezes moving through the environment clear one's nose and lungs, and promote health.

Smooth Interpersonal Relationships

The elders in this study believe that they have better health when they live, work and interact socially within an environment which is free of conflicts, strife and disagreement. A warm comfortable environment promotes happiness.

Advice Received Concerning Dietary Precautions Prior to Departure from the Philippines or on Arrival in the U.S.

Only nine of the 100 elders participating in this study receive medical advice regarding dietary precautions to be followed upon arrival in the United States, or were provided same during their initial examination in the

States. Those nine who receive instructions are informed of the necessity for avoiding large amounts of meat, especially pork, ways to keep sodium and cholesterol intake low, and the importance of continued consumption of large quantities of water daily.

Below are examples of dietary advice received:

We were told to remove the fats from meat in America, especially beef and pork. Meats in the U.S. have more fat than in the Philippines. Also we were told Americans eat more meat and we were to watch the amount of meat we ate.

My doctor told me before I left the Philippines to avoid foods high in salt and cholesterol. He said our children here would be eating lots of different foods. If we ate them, it would cause us to suffer.... Older people have to learn to control what they eat.

My cardiologist told me when I came to America not to eat meat.

In the Philippines the doctor told me to drink at least eight glasses of water a day to avoid fats, caffeine, salt and worry.

My doctor in the Philippines told me before I left to avoid salt, pork, shrimp, crab, patis and bagoong because of my blood pressure. I still eat shrimp, crab and oysters in season.

Modification in Dietary Practices in Hampton Roads

This researcher attempts to ascertain from the elders how they are modifying their diets in America to keep healthy in light of the exposure to public service television spots, radio, newspapers and other community public service health campaigns.

The elders are asked, "How is your diet different in

America from the Philippines?" Their descriptions indicate that they are consuming more meats, seafood, fruits, and including dark green leafy and raw vegetables and milk and eggs in their daily diets now that they are living in Hampton Roads.

According to the elders, a typical diet in the Philippines consists of rice and vegetables, and a tiny serving of fish, chicken or pork in a broth.

In the Philippines, the elders eat the bony parts of meats such as a chicken wing, meat from the soup bones of the carabao, and the pig. Now they are eating "better cuts" of meat, such as beef tenderloins, steaks and roast. The entire chicken breast or leg is consumed by one elder as compared formerly to a fourth of the chicken breast or half of the thigh. When the elders are out shopping with offspring on the weekend, they eat hamburgers and chicken from the fast food restaurants. They also report eating less canned meats and fish such as sardines, corned beef and spam, and they are eating more fresh meat and seafood.

Seafood is very plentiful and cheap in Hampton Roads. Besides, as discussed earlier, the elders can fish, crab and digging oysters for very little expense other than for the cost of bait. The elders report consuming shrimp two or three times a week, year round, and crabs and oysters are eaten at least once a week in season. Furthermore,

they are eating more fish and chicken and beef and less pork. Many elders report preparing about five pounds of shrimp a week for their family's consumption.

Fresh fish is consumed at least two or three times a week. The water around the port of Hampton Roads contains a variety of salt and fresh water seafood. The "Norfolk Spot" is a favorite choice by the elders who seek local fish. The fish that is consumed daily in the Philippines is often dried or smoked because it has to be brought into the local areas, and refrigeration is not readily available.

The fish is usually steamed with vegetables in the Philippines after it is smoked or dried with a mixture of salt, pepper, onion, garlic and vinegar. In Hampton Roads, the elders season the fresh fish with garlic, onion, accent, and vinegar, and fry and/or steam the fish. Fresh fish is stored in the freezer instead of smoking, drying and hanging it. Occasionally, frozen milk fish is purchased from the Filipino store, but it is very expensive. Their choice of fruits are those which are too expensive to consume in the Philippines, but cheap and readily available in Hampton Roads. Apples, grapes, oranges and bananas are preferred. An apple, for example, costs one day's wage in the Philippines.

The elders' diet in the Philippines contains large quantities of vegetables, but very few dark green leafy

vegetables, or raw vegetables. Their diets are generally deficient in ascorbic acid, vitamin A and calcium (Quiogue et al. 1969:61;Intengan 1965:277; Lewis & Glaspy 1975:122). During the time that the elders have lived in Hampton Roads, they have included dark green leafy vegetables such as collards, kale, mustard greens and broccoli in their diet. They are eating raw carrots, cabbage, lettuce, broccoli, and cauliflower salads. Before arriving in Hampton Roads, a salad for the Filipino elder meant fruit cocktail mixed with creamed cheese and coconut. Most of these vegetables are grown locally and are cheap and readily available.

The elders state that adults seldom drink milk in the Philippines and when it is consumed it is powdered carabao milk from Switzerland. Many of the elders are drinking one or two servings of fresh whole milk now that they are in Hampton Roads. They are consuming it at the insistence of their offspring who want them to gain weight and prevent broken bones.

Eggs are eaten two or three times a week. They are seldom eaten in the Philippines. Eggs are often eaten now as a part of breakfast.

Less water is being consumed in Hampton Roads by the elders and more sodas, fruit juices, Tang, milk, hot coffee and chocolate.

Most of the elders state that they are using less

salt in Hampton Roads. They are not shaking salt on foods before and after cooking. Indeed, they are decreasing the amount of bagoong, soy sauce and fish sauce consumed a week. Many state that they are using them only once or twice a week instead of daily. Sinegan, beef or chicken and adobe continue to be eaten daily. This cuisine contains high sodium and purine constituents.

The elders state that they learn from television and the newspaper that it is important for people their age to remove the skin and fat from the chicken and beef before cooking to reduce their cholesterol level. Most of the elders know shrimp and crab and other crustaceans are high in cholesterol, but prefer to continue eating them because they taste good, and are cheap and plentiful.

In the Philippines, the elders ate rice three times a day. Now many are eating rice with only two meals, each day. Bread is eaten for breakfast instead of left over rice from the previous day. Instead of eating fried rice for breakfast, many of the elders state that they eat bread with cheese for breakfast, or eggs, meat and bread.

Banquet foods such as pancit and lumpia are prepared once or twice a year for special occasions in the Philippines. The ingredients for these banquet food are very expensive in the Philippines. In Hampton Roads, these foods are prepared weekly for guests, or for sharing at senior citizens meetings'.

The last area of diet change for the elders is in the consumption of sweets. The elders report eating more desserts and sweets in America than they consumed in the Philippines. Plain sweet chocolate in bars, such as Hershey with almonds, are their favorite. Box cake mixes are also readily used. Chocolate candy is not affordable in the Philippines. Its wide availability and cheapness make it highly prized by the elders in the United States. Ice cream, cookies, and nuts are also eaten more often in the United States.

Tables 30, 31, 32, 33, 34, 35, contain the most frequent foods consumed in Hampton Roads in the categories of meats, seafood, fruits, vegetables and seasonings.

Table 30

Meats Most Often Consumed by Elders in Hampton Roads

<u>Fresh Meats</u>	<u>Canned Meats</u>
chicken	corned beef
beef	spam
pork	
turkey	
<u>Dried Meat</u>	<u>Dairy Products</u>
beef	eggs
	cheese

Table 31

Seafood Most Often Consumed by Elders in Hampton Roads

*Norfolk fish (spots and croakers)
 shrimp
 crab
 scallops
 clams
 oysters
 squib
 mussels
 *milk fish (Filipino frozen fish)

*Only seafood eaten by Adventists, Jehovah's Witnesses and
 Assembly of Yahweh Elders

Table 32

Beverages Consumed on Daily Basis
by Elders in Hampton Roads

water	Tang
milk (fresh and powdered)	Hawaiian punch
fruit juices	soft drink
orange	Coke
grape	Pepsi
lemon	Sprite
cranberry	7-Up
apple	
grapefruit	
	tea with lemon
	coffee
	hot chocolate
	hot cocoa

Table 33

Fruits Consumed on a Daily Basis by Elders

*apples	honeydews
*grapes	watermelon
*bananas	cantaloupe
*sunkists (oranges)	strawberries
plums	cherries
pears	pineapples
peaches	papaya
grapefruits	mango
	guava
	avocado
	fruit cocktail

*Fruits eaten daily by every elder

Table 34

Vegetables Eaten by Elders in Hampton Roads

green beans (Filipino yard long)	spinach
bitter melon	collards
camoti top	mustard green
cucumber	kale
ampayla	broccoli
eggplants	cauliflower
squash	cabbage
patola	lettuce
pesehay	radishes
upal	
snow peas	tomatoes
okra	zucchini
asparagus	
cachero	
pepper (red, green, yellow & chili)	
mung beans	
paree	

Table 35

Seasonings Used by the Elders in the
Preparation of Meals in Hampton Roads

Vitchen (Accent)	salt
soy sauce	onion
patis sauce	garlic
bagoong	vinegar
sinigang mixture	ginger
salistra mixture	coconut milk
	red pepper
dried salty fish (dillis)	
dried or fresh shrimp	
pig skin or pork seasoning meat	

Backyard Gardens

During the interview of the elders in their homes, they are asked to describe the behaviors, activities and foods they feel were necessary to maintain health. The foods that are identified first without an exception are fruits and vegetables. The activities listed are exercise and gardening. Backyard gardens are the link which connects these health maintenance behaviors.

As the elders describe the important vegetables necessary for health, they take the researcher on a walking tour of their garden. Each plant is identified by a folk name and how it is prepared in Filipino cuisine. Samples of each of the vegetables and fruits are placed in a sack and given to the researcher. A meal is often prepared for the researcher which consists of three or four dishes containing many of the vegetables from the garden. As the elders speak of the garden and conduct tours of the same, their faces beam with pride.

Backyard gardens usually contain mostly Filipino varieties of vegetables because, as the elders state, "We can eat the flower, buds, leaves and roots of many of our vegetables and cannot eat the same of American plants." Also, "The Filipino variety of plants have a different consistency and flavor from the American plants even though they are grown in the same soil. Examples include the zucchini plant which is not watery like ours and the

camote plant (which is sweet potatoes). We eat the leaves, bud, flower, roots, sprouts and potatoes."

Typical vegetables found in all gardens consist of squash, egg plant, tomatoes and string beans. If the elder is Ilocano, then bitter melon, patola and pods are also found there. If the elder is from the Visayan Islands then sweet potatoes (kamote) and red peppers are a part of the garden.

Those elders with large (one and two lot size) backyard gardens grow a variety of vegetables and fruits which include garlic, okra, pechay, mustard, endives, lettuce, radish, sugar beets, celery, cilantro, parsley, parda, red and green and chili peppers, salvyot, cucumbers, onion, wild okra, spinach, horse radishes, katuray, Chinese cabbage and asparagus in addition to the basic vegetables listed above. Fruit trees include pear, apple, peach and walnut. A variety of grape vines are also a part of the garden. Compfrey plants, miniature lime, lemon, orange, guava and papaya trees are grown in large pots in the house and/or patios.

The "backyard garden" is an important aspect of the elders' health maintenance behaviors. The elders identify the activities of cultivating, planting, watering, weeding and harvesting of vegetables from their backyard garden as behaviors/activities which help to keep them healthy. The walking, bending, stooping, lifting and reaching

associated with gardening provide exercises which keep the muscles supple and aide in free movement of the body.

The vegetables harvested from the garden, according to the elders, provide nutrients such as vitamins and minerals needed by the body and are considered the "broom of the GI tract" which aids in elimination of waste from the body and prevents constipation. The vegetables harvested from backyard gardens are believed to be superior to produce found in the super market because they are free of chemicals and fertilizers.

The backyard garden provides the family with fresh fruit and vegetables for four to six months per year. The produce harvested from backyard gardens is rarely sold to Filipino markets. Instead, it is shared with neighbors and friends. The gardens provide a medium for the elders to contribute to the household expenses of the family. The produce obtained over a five to six month period from the garden saves the family over 200 dollars a year. Many of the vegetables are placed in the freezer for consumption during the nongrowing seasons.

The backyard gardens provide an opportunity for the elders to express caring to their neighbors, friends and co-Filipinas in the senior citizens organization'. Those elders who live in apartments which do not have small plots of land available for flowers and plants, or whose offspring would not permit vegetable gardens to be

planted, receive fresh Filipino vegetables from kin, friends and neighbors at senior citizens' organization meetings. Individuals with small gardens exchange produce for items not available in their garden. For example, one elder may exchange garlic and patola for kamote leaves and pechay.

The backyard garden is a potential source of honor and recognition by co-Filipino elders and family. The senior citizens organizations' give trophies and public recognition to the 20 outstanding Filipino elderly backyard gardens of the Hampton Roads area. Gardens are judged on artistic arrangement and superior produce.

Backyard gardens are found in 90 of the 100 elders participating in this study. They are an important aspect of keeping healthy in that they provide important nutrients such as vitamins, minerals and roughage for the body.

Backyard gardens provide activity, exercise and meaningful work for the elders. They are a source of pride and a medium for sharing with family and others in the community. This links the health maintenance and preservation concepts with the caring value of sharing. In an earlier section we saw that good health is defined as being able to work, move about freely, be happy and have a strong body. Backyard gardens are an important aspect of keeping healthy. The gardens make the elders

happy because of the pride and rewards associated with a bountiful harvest.

The gardens also provide a source of medicinal herbs for treating illnesses without consulting an M.D. This concept will be expanded in the next section.

Herbal Medicines Used by Elders

One of the goals of the Philippines Ministry of Health in implementing the World Health Organization "Health for All by the Year 2000" is the education of its people regarding indigenous plants, trees, roots and herbs which they can use in place of expensive drugs and trips to the doctor's office for simple ailments and illnesses. To accomplish this goal, the government has embarked upon a mass educational program consisting of radio, talk programs and the printing of books and pamphlets in lay languages consisting of color pictures of the plants, trees, herbs, fruits, etc. with indications for their use and the direction for preparing solutions, drinks, poultices, decoction, etc. Classes are conducted in the schools from grade school through college regarding the use of specific herbs. The weekly reader type magazine published by the science club for youth each month devotes a section to herbal medicine. The public health workers are also distributing this information to the people in the (barrio) rural areas. The government and public health department and schools encourage the people to

plant medicinal herbs in addition to vegetables in the backyard gardens.

The elders come to this country with a wealth of folk knowledge regarding keeping healthy with knowledge passed on by word of mouth, by family members, as well as public education gained in the barrio from health workers and school teachers. Most of the elders are unaccustomed to going to the doctor for preventive health care. They see a doctor only when they are unable to move about, when the pain is unbearable, a bone is broken, bleeding is profuse, they are unable to lower a body temperature, or other extreme conditions exist.

In the previous section, we observed that planting backyard gardens is an essential activity to maintain health. This section discusses the many medicinal purposes the leaves, roots, buds, flowers and fruits and vegetables found serve in providing immediate sources for the prevention and treatment of constipation, indigestion, urinary tract infection, dyspepsia, sore throats, colds, flatulence, hypertension, fainting, dizziness, diarrhea, peptic ulcer and antiseptic for wound care. Over-the-counter drugs used by the elder will also be identified. To ascertain this information, the elders are asked to "list some of the home remedies/folk practices which keep you and others well."

Garlic is used to lower blood pressure, lower body temperature, to relieve headaches, toothaches and sore throats. Garlic is a dominant seasoning constituting the flavor principal of the Filipino cuisine. It is present in every Filipino kitchen and is grown in many of the backyard gardens.

Ginger is a seasoning and an herb used for medicinal purposes. Ginger is used to make teas to settle upset stomach, soothe sore raspy throats and relieve coughs.

The leaves of the miniature guava trees, which are planted in the backyard garden and are grown in large pots in the patio and in the home, are used by the elders for dizziness, diarrhea, dysentery and cleansing wounds.

The silk of the corn is used to treat kidney and bladder infections. It is also used as a diuretic to reduce blood pressure. The flower of the corn plant is also used to treat kidney problems.

Lemon grass is used to make teas to relieve gastric distress, and to promote bowel evacuation to relieve constipation. The roots of lemon grass are used to lower blood pressure.

Papaya fruit is eaten following a heavy meal to prevent indigestion. The leaves of the miniature papaya tree are boiled with the fruit and used to treat bladder infections. The leaves of the mango tree are boiled and

the liquid is drunk to relieve the symptoms of a cough.

Large amounts of water are used to flush the body daily and promote daily elimination of waste product in the feces, urine and sweat. Hot water is used to eliminate flatulence and the pain associated with it. Ripe avocado is consumed to curtail diarrhea. Pepper mint leaves are boiled and the liquid taken to relieve symptoms of upset stomach, gas and rheumatism associated with inflamed joints, and toothache associated with swollen gums and cavities. Peppermint leaves are also boiled and the liquid consumed as a cough remedy.

The bitter melon vegetable is pounded and applied to the forehead to relieve the discomfort of a headache.

Coughs are treated with lemon juice and honey, or liquid from the boiling of oregano leaves.

Pepsi Cola is identified as having antihistamine properties. It is used to relieve the itching tightness of the throat and swelling accompanied eating of foods.

The meat of the coconut is used to make an oil to apply to painful joints. The water of the young coconut is consumed to treat kidney problems.

Stomach ulcers are treated by drinking the juice of the pounded cabbage. Cabbage juice is thought to promote healing of the ulcer wound.

Cranberry juice is consumed in large quantities when signs of bladder infection exist such as burning, pain and

bleeding urination.

Dried seaweed is used for tired blood, low hemoglobin, iron and for constipation.

Coconut oil is used as an enema in the treatment of constipation.

Herbs which are not readily available in backyard gardens are purchased at local Asian markets. Table 36 presents the directions for preparation of specific herbs for medicinal use.

Over the Counter Drugs

Over the counter drugs used by the elders may be classified as antacids, vitamins, minerals, laxatives, analgesics and ointments. Table 37 displays the over the counter drugs used by the elders.

Table 36

Herbal Medicines Used by Elders

Herb	Preparation	
A. <u>Increase Urinary Output/Kidney and Blad</u>		
1. Corn Silk	Boil 2 cups of young corn silk in 4 glasses of water for 15 min. Allow to cool. Drink 1 glass 3 times a day.	Relieve Bladder Infections Increases Urinary Output Lowers Blood Pressure
2. Watermelon	Eat as a fruit every day.	I n c r e a s e s Urinary Output Restores Potassium Lower Blood Pressure
3. Papaya	Boil 1 cup of fresh papaya leaves and a cup of green papaya fruit for 15 min. Drink 1 cup 3 times a day.	Relieves Bladder Infections
4. Water of Coconut	Drink the water found in fresh coconut.	Relieves Kidney Problem
5. Cranberry Juice	Drink lots of cranberry juice during waking hours.	Relieves Bladder Infection Relieves Blood in Urine
B.. <u>Lower Blood Pressure</u>		
1. Garlic	Eat 1 or 2 cloves every 4 hours.	Lowers Blood Pressure
2. Lemon Grass	Boil 7 roots of Lemon grass with water to cover. Cool and drink as water every day.	Lowers Blood Pressure

Table 36 (Continued)

3.	Celery	Eat in a salad.	Lowers Blood Pressure
4.	Garlic Capsule	Take 1500 mg. of capsule of garlic.	Lowers Blood Pressure
C. <u>Lower Body Temperature</u>			
1.	Garlic	Place 1 clove of garlic in a baby bottle of water boil it for 15 min. Let it cool.	Lowers Body Temperature of Babies
D. <u>Soothe Sore Throats</u>			
1.	Garlic	Chew slowly one clove of garlic swallow juice or hold one clove of garlic in mouth.	Soothes Sore Throat
2.	Ginger	Wash and peel small piece of ginger. Hold in mouth, swallow juice or chew slowly, swallow juice. Boil water with ginger make a tea, drink hot tea.	Soothes Sore Throat Soothes Sore Throat
3.	Honey & Sugar		Soothes Sore Throat
E. <u>Cough Remedies</u>			
1.	Mango Leaves	Boil 4 tablespoons dried leaves or 6 Tablespoon fresh leaves in 2 glasses of water. Boil for 15 min. allow to cool. Strain, divide water in 3 parts. Drink 3 times a day.	Acts as Cough Remedy

Table 36 (Continued)

2. Pepper Mint Leaves	Boil 4 Tablespoons of dried leaves or 6 Tablespoons of fresh leaves in 2 glasses of water. Boil 15 min. allow to cool. Strain, divide into 3 equal parts. Drink 3 times a day.	Acts as Cough Remedy
3. Ginger Root	Boil 2 thumb size pieces of ginger in 4 glasses of water for 15 min. allow to cool. Divide in 3 equal parts. Drink 1 part 3 times a day.	Acts as Cough Remedy
4. Lemon Juice & Honey	Extract the juice of a lemon add honey and drink freely.	Acts as Cough Remedy
F. <u>Diarrhea and Dysentery</u>		
1. Guava Leaves	Boil 10 fresh guava leaves in 2 glasses of water for 15 min. Strain liquid. Drink one cup of liquid 3 times a day and after each loose stool.	Relieves Diarrhea
2. Guava Bark	Boil bark from guava tree in water for 10 - 15 min.	Relieves Dysentery
3. Mimosa Leaves	Chop one cup of mimosa leaves and place in 2 glasses of water. Boil for 10 min. allow to cool, strain it. Drink one cup 3 times a day and after each loose stool.	Relieves Diarrhea

Table 36 (Continued)

4.	Avocado	Eat the ripe fruit or boil the bark and drink the liquid.	Relieves Diarrhea
5.	Lemon Grass	Boil 10 young leaves in 2 glasses of water for 10 min., strain, add 1 tablespoon, sugar and one small piece of crushed ginger. Adults drink 1 cup 3 times a day after every loose stool.	Relieves Diarrhea
6.	Apple Peelings	Boil peeling in water to cover. Drink the liquid.	Relieves Diarrhea
G. <u>Stomach Ailments</u>			
1.	Papaya	Eat a slice following a heavy meal as a dessert.	Prevents or Cures Indigestion
2.	Lemon Grass	Mix lemon grass with Lipton Tea.	Settles Upset Stomach
3.	Ginger	Drink hot ginger water	Settles Upset Stomach
4.	Peppermint	Boil 1 tablespoon of dried leaves on 5 chopped fresh leaves in a glass of water for 5 min. Drink one glass every 4 hours.	Relieves Gas Pain
5.	Carrot & Cabbage Juice	Cut and blend 1 carrot and 1/4 kilo of cabbage with 2 glasses of water. Strain and add 1 tablespoon sugar. Refrigerate to cool. Prepare 1 day supply only. Drink one glass of liquid 30 min. before meals and when gas pains are present.	Relieves Gas Pain

Table 36 (Continued)

Cabbage Juice	Blend cabbage or pound it. Drink juice or buy bottle of cabbage juice.	Promotes Healing of Gastric Ulcer
7. Hot Water	Drink glass of hot water and walk.	Relieves Gas Pain
H. <u>Constipation and Flushing</u>		
1. Lemon Grass	Mix lemon grass with Lipton Tea.	Causes Bowel Movement
2. Guava	Eat guava fruit.	Causes Bowel Movement & Gripping of Stomach and Intestines
I. <u>Dizziness, Headache & Fainting</u>		
1. Guava Leaves	Crush the fresh leaves. Place them over the nose to smell the essence of the leaves.	Relieves Fainting and Dizziness
2. Guava Leaves	Rub fresh guava leaves over back of the neck and on the forehead.	Relieves Dizziness
3. Bitter Melon	Pound the fruit. Apply to the forehead	Relieves Headache
4. Garlic	Pound the leaves in a clove of garlic. Apply to forehead.	Relieves Headache
5. Oregano Leaves	Place over temples.	Relieves Headache
J. <u>Antihistamines</u>		
1. Pepsi Cola	Drink one large tumbler of Pepsi Cola.	Relieves Allergic Reactions (swelling, tightness of throat and chest, itching)

Table 36 (Continued)

Flushing

1. Water	Drink large quantities of water on rising in a.m. 5 cups to 1,260 cc before food or drink.	Flushes Entire System Promotes Bowel and Bladder Cleansing
<u>L. Painful Joints</u>		
1. Coconut	Make oil from boiling meat of the coconut. Apply warm oil to painful joints.	Relieves Painful Joints
2. Peppermint Leaves	Boil 4 tablespoons in 2 cups of water for 15 min. Drink 1/2 a glass every 4 hours.	Relieves Rheumatism of Joints
<u>M. Toothaches</u>		
1. Garlic	Place small pieces of garlic in cavity. Remove twice a day and replace with fresh garlic.	Relieves Toothache
2. Pepper Mint Leaves	Pound fresh leaves. Extract juice with cotton balls. Place moist cotton in cavity.	Relieves Toothache
<u>N. Antiseptic</u>		
1. Bark of Guava Tree	Boil bark in water.	Cleanses Wound
2. Leaves of Guava Tree	Boil guava leaves in water, strain, use liquid to cleanse wounds.	Cleanses Wound

Table 36 (Continued)

0. <u>Shrink Swollen Painful Hemorrhoidal</u>		
1. Patola Leaves	Wash, chop 20 patola leaves. Boil in 2 gallons of water, strain. Use for sitz bath twice a day.	Decoction for Sitz Bath Relieves Hemorrhoids
2. Ampalaya	Wash and chop roots, seeds and fruit. Extract the juice and mix with oil use 1/2 cup chopped roots, fruit and seed with 2 tablespoons oil. Moisten cotton with ampalaya-oil mix and apply to hemorrhoids following sitz bath.	Shrinks Hemorrhoids and Relieves Pain

Table 37
Over-the-Counter Drugs Used by the Elders

A. Vitamins

Sharkley Vitamins
Vitamin B Complex C, E
Geritol
Multivitamin Tablets
Vitamin E Oil

B. Minerals

Calcium Tablets
Zinc Tablets
Lecithin

C. Antacids

Tempo
Mylanta II
Maalox II
Pepto Bismo

D. Miscellaneous

Garlic Tablets 1500 mg.
Vicks Ointment
Tylenol
Coconut Oil

CHAPTER X

CONCEPTS OF CARE AND CARING

This chapter will explore the concept of care and caring within the elderly immigrant Filipina population in Hampton Roads. This researcher will identify behaviors which are considered caring and noncaring by the elders. Domains will be discussed with their meanings and beliefs.

The elders are asked to share with the researcher some of their ideas concerning caring. Specifically, they are asked to describe and give examples of behaviors, activities or ways of living of family members, friends, neighbors, nurses and physicians which indicate caring to them. From the examples and descriptions, 31 ethnocaring terms/behaviors emerge which are congruent with the Leininger (1981) revised Major Taxonomic Caring Constructs.

In the following sections, discussions of the various domains, with their meanings, beliefs and illustrated examples will be presented. A description of caring and noncaring behaviors of professional nurses and physicians, as identified by the elders, will also be included.

Thirty-one ethnocaring components are discovered in

the domain of caring through ethnoanalysis of the interviews, observation and participant observation in the community. Five of the behaviors identified by the elders as caring appear to be a prerequisite and foundation for the other 26 to be considered caring acts or behaviors. These prerequisite caring behaviors include: 1) being sensitive to the needs of others, 2) placing the needs of others first, 3) Performing the behavior or act voluntarily without prior solicitation, 4) thinking of personal gain or benefit is not a factor in the service offered or rendered, 5) During the caring act, the individual shares one or more of the following: time, concern, money, knowledge, shelter, food or other material possessions.

Being Sensitive to the Needs of Others

Repeatedly, throughout the interviews and interactions within the elderly Filipino community, the researcher hears and observes the elders discuss with adult offspring, grandchildren, in-laws, townmates, friends, neighbors, acquaintances or health care provider's the issue of sensitiveness or lack of sensitivity to the needs of the seniors now that they have moved to America. The elders in this study often state that Filipinos are taught as little children to make others comfortable and feel appreciated. To accomplish this, one must be "tuned in" to others and be "sensitive"

to what will make them happy, comfortable and feel appreciated. A caring person is seen as a sensitive individual, without this attribute, the other behaviors which are labeled as caring would not occur. The attribute of being sensitive is used to describe caring family members, friends, neighbors, physicians and nurses.

Placing the Needs and Concerns for Others First

Caring is also seen as being "concerned for others" and placing their needs and concerns first. "Concern" is defined as showing an interest in others and being helpful to them. The caring individual places the concern or need of others before his or her personal needs. Several elders illustrate this concept by saying, "Back home, you may not have much food or money, but if you observed another needed the food or money more you would give it or share with them." Another elder provides this example: "You may observe a family member or neighbor's needs to run an errand. You volunteer to watch the kids and, in addition, complete the other's chores you see that are needed, without pay. You did not have the time, but you made the time by postponing or shifting your schedule to 'squeeze in' the activity and or chores." The key concept in this example is that there is no time available, but one "makes time" by postponing his personal needs for family or friends.

Volunteering/As Caring

An act or behavior, is seen as caring if the person performs it voluntarily without prior solicitation. A 60-year-old elder gives the following example of caring for people:

People who help or offer help without being asked. Maybe your child is crying and your neighbor comes and inquires about the child and offers assistance or a neighbor who offers to take you to the health center.

Another elder offers the following example of a caring neighbor:

When we moved into this house, neighbors volunteered to help move heavy objects.... Neighbors gave us a welcoming party.... From time to time, neighbors inquired how we were adjusting to Tidewater and if we needed anything.

A 66-year-old retired school teacher provides this example:

Caring neighbors assist without being asked. For example, my eldest son who is wheelchair bound came for a visit. My daughter and I were trying to get him in the house. A neighbor saw us, ran and helped us.

An example of caring in the family which illustrates placing others' needs first is given below. A 70-year-old relates the circumstances surrounding her daughter's trip to America.

My daughter got a job as a nurse in America. All the family members, grandparents, aunts, uncles, parents, sisters and brothers took all they had and gave it to her for air fare so that she could have a job and a good life in America. You know children must share with brothers and sister regardless of the price, love, emotionally, spiritually, discipline and financially.

Without Personal Benefit or Gain

The offering or giving of help to another in need must not be given with thought of reimbursement, personal gain or benefit. Instead, the aid or help is given purely to assist with or release a burden or to encourage another to be comfortable, happy or feel appreciated. Most of the elders often attach the qualifier of "no personal benefit or gain" to the terms used to illustrate caring. Nurses are seen as caring because they give special care and concern without thought of benefits or gain, extra money or gifts.

It could be said that a caring person in the Filipino community is sensitive to the concerns and needs of others, places others' needs above personal gain and volunteers to provide aid without solicitation.

Sharing/As Caring

Sharing is a dominant value in the Filipino culture. It is the "cement" of family life. Parents, brothers and sisters are expected to share regardless of the cost. Sharing is considered a very important aspect of caring both in the family and community.

Sharing as caring in the family includes: sharing of concerns, emotions, love, spirits, shelter, food, money, clothing, chores, discipline, knowledge, information, time, talents, skills and equipment. Sharing is mandated

between family members and is expected between friends and neighbors.

Friends and neighbors are considered caring if they share their time, concerns, garden produce, sea food, celebrations, chores, babysitting and equipment. Sharing among family members, friends and townmates is essential to survival for the elders who are living apart from their adult offsprings. Often, two or more women share an apartment, living expenses, chores and transportation to and from senior citizens' affairs and the trimonthly meetings. Neighbors and friends who can read the newspaper share information with others who do not read English, from the "Keeping Healthy" section.

Physicians and nurses are considered caring when they share their time, knowledge, information, printed material and sample drugs. Some of the elders state they believe nurses are caring when they share information. They believe it helps them to understand the nurse and, in turn, they feel better about sharing with them.

Listed below are excerpts of conversation which illustrate sharing as caring:

Sharing of knowledge is an important aspect of caring. My neighbors share knowledge with you concerning health maintenance. I have high blood pressure and eat soy sauce. My neighbors say, Remember, no soy sauce. Eat lots of fresh fruits, vegetables, fish and chicken.'

We share vegetables from our garden with our neighbors. They share fish with us from their fishing trips.

Sharing is an important aspect of caring.

Good neighbors share in your celebrations.

Neighbors share their potatoes, green peppers and tomatoes. We try to share our vegetables but they (Caucasian) don't like. They eat our egg rolls and pancit.

Sharing is important. I babysit for the neighbors. They share produce from their vegetable garden.

We share chores, cooking and child care.

Examples of sharing by nurses and physicians:

Telling me something about themselves. I like to know something about the people taking care of me.

Sharing with me how to fix meals to avoid foods high in salt.

Don't charge patients who are poor.... Share sample drugs with us.

Helping Others/As Caring

Inquiring how one could be helpful, offering help, volunteering help, giving help and accepting help are all aspects of the concept of help as caring. Most of the elders who talked to the researcher about caring use the term "help/helping" in one of the aforementioned ways. Again, "helping others" is a way of lessening the burden or worry and makes the person more comfortable and happy. It is also a way of showing concern and/or interest:

Helping others is an important aspect of caring

Neighbors observe something is wrong with your car.

They will offer to help you or drive you there.

People offer to help you by doing chores, sharing tools, fixing cars.

Being helpful once we were locked out. They helped us to get in.

We help each other at this end of the street. Helping is an important aspect of caring.

Helping others without being asked and freely giving is caring.

Reaching Out/As Caring

Caring is also verbalized as reaching out to others or people reaching out to you. Individuals reach out by stopping, taking time, inquiring, offering, giving, etc. to assist someone in need.

Having Time/As Caring

Having time for the elderly is a very important aspect of caring. The elders realize that younger people and adults, especially in America, have many places to go which require prompt appearance for appointments and employment duty. Chauffeuring children to school and extracurricular activities provide very little time for family interactions at meals or group activities. Nevertheless, they still expect time to be "squeezed in" to "talk to" or "listen to" their concerns or problems. "Having time," "making time," "taking time," for the elders are behaviors which indicate caring. Once the individuals create time for the elder, it is also

imperative that they do not appear hurried or rushed. The elders primarily use examples of nurses and physicians when they describe incidents of noncaring behaviors. When physicians and nurses make clients wait for the bed pan, appointments in the clinic and postpone answering questions, it is interpreted as not having time for them and thus the individual is defined as noncaring. Having time or making time, as caring is also used to describe caring friends and neighbors.

Talking to You/As Caring

"Talking to you" is also verbalized as caring by the elders. "Talking to you" is usually placed in the context of either time or language. The context of time relates to taking time to sit and talk with another about one's concerns. Neighbors who do not speak or daughters-in-law who do not take time daily to talk to elders about their concerns are labeled as noncaring individuals.

People who speak with them in their dialect or use simple English sentences with familiar words are considered caring individuals. They are seen as caring individuals because they are considerate of the elders' verbal limitation and make every effort to make them comfortable during the interaction.

Filipino health care professionals are expected to communicate with elders in their dialect. Non-Filipinos who speak to elders in the elders' dialect surprise them

and "make them feel happy." Health care professionals, neighbors and friends who use a few Filipino words in conversations are also seen as caring individuals.

Watching Out For/As Caring

"Watching out for" neighbors, property and children is an important aspect of "neighboring" and caring. Neighbors watch out for burglars, fire and potential harm to children in the neighborhood. Children are also watched during parents' absence for engagement in potentially harmful activities.

In response to the question: What type of things do neighbors do which indicate caring, many elders respond thusly:

My neighbors volunteered to watch my house while we were on vacation. People on both sides are caring. They watch my house and call if they see anything suspicious going on. One night there was a fire next door. They came, banged on the door. Others rang the telephone....

My neighbors observed someone taking things from my car one night. They came over and told us.

My neighbors watch out for the grandkids. If they observe something going wrong they will tell you.

My neighbors watch our house for burglars when we are away.

"Watching out for" is also a caring behavior identified for nurses and family members. Family members/nurses are described as caring because they "watched me while I slept during my illness or sickness." Nurses watched out for symptoms which indicate danger.

Remained With Me/As Caring

Remaining with a person during an illness, death or crisis is considered a caring behavior. This behavior is identified as a caring act of family members, friends, neighbors and nurses. Examples of caring as "remaining with me" are listed below:

When one is ill the family remains with you.

When one is hospitalized, family or friends remain with you at all times.

When my husband died in the Philippines and I was here, my neighbor came over and remained with me for three days and nights.

When my neighbor's husband died in the Philippines, I stayed two nights with her. It was an example of caring because I volunteered and they felt free to accept. I spoke her dialect. Her daughter-in-law did not.

I was sick in the ICU. My blood pressure and blood sugar were real high. The nurses remained with me all night.

Being Friendly/As Caring

Being friendly is also a major caring behavior. Being friendly means "having a smiling face," "waving and speaking when eyes meet," as well as the warmth radiated and tone of voice used during the greeting.

These behaviors are used primarily to describe caring neighbors. A few elders use the term to describe caring nurses and strangers. Professional health care workers who keep stern faces, turn their heads to avoid eye contact and do not speak are labeled as noncaring

individuals. Strangers who visit the neighborhood and do not smile and speak as they pass by are labeled non-caring.

This researcher observes the elders greeting one another at the trimonthly senior citizens meeting. The elders often get out of the automobile or van with stooped postures, slow gaits and expressionless faces, but the moment their eyes meet another's, their faces beam with smiles. Their hands emerge in enthusiastic waves. Their gaits quicken and soon there is verbal exchanges and bear hugs.

At the senior citizens' meetings which follow, during the researcher's interview with elders, she too is greeted with a smile, wave, bear hug and warm, caring greeting. Greeting people with a smiling face when one's eyes meet another is a cultural norm for Filipino people, especially those individuals who are raised from infancy to adulthood in the Philippines.

Checking On One Another/As Caring

"Checking on one another" is a caring behavior mainly attributed to neighbors. When individuals are not seen at the window, in the yard or in the neighborhood, neighbors "stop in" or "drop by" to check on the individual to be sure she or he is well and not in need. This behavior is different from a social visit. The neighbors check on one another without being summoned or announced because they

knows the individual is elderly and probably can use assistance in some way. Checking on neighbors is a way of preventing problems or catching them early.

Nurses who visit patients while they are in the bathroom are also considered caring. The elders interpret the visit as checking on them to be sure they are physically okay.

Visiting You/As Caring

Individuals who visit the elderly when they are confined to the house or hospital, are also considered caring people. Visiting another says that you care. You are concerned. The visit makes the confined person feel happy and appreciated. Visiting, "checking on you" are complementary behaviors. The goal of the two behaviors is different, but the outcome may be the same. Visiting is also a caring behavior expected of neighbors who are ill or going through a crisis. Neighbors are expected to be visibly present.

Inquiring/As Caring

Inquiring about another's needs, how they feel and how you can help or assist them is complementary to checking on, visiting and being concerned. The act of inquiring is the reaching out or offering of self. Inquiring about an individual's condition/ feelings or inquiring how one can be of assistance, are caring

behaviors identified by neighbors, family, nurses and physicians. Examples of caring behaviors which indicate inquiring include:

Nurses came by and inquired how they can help you.

Nurses inquired how you are feeling and if you need something.

Doctors inquiring how you are adjusting and what seems to be worrying you.

Doctors inquiring if the medicine is working or how it's working.

Fellow seniors calling to inquire if I had a ride to an affair or to senior citizens.

Calling Me/As Caring

"Calling me" is a caring behavior which elders use exclusively when describing physicians' caring behavior. "My doctor called me at home to see how I was feeling or how the medication was making me feel". "My doctor is caring, he calls me to see how I'm doing." These are typical statements offered. This behavior is the second most often identified caring behavior exhibited by physicians. The calling of a patient is an indication of being interested, concerned or worried which, translates into caring.

Friends from senior citizens often call when individuals do not attend a meeting or social occasion.

Touching/As Caring

Touching is both a physical and a psychosocial behavior. Touching is a very important cultural norm in the Filipino culture. The researcher observes it daily during interviews and at social affairs. Touching occurs between friends, children, parents and children/adult offspring, priests and parishioners, as well as Filipino physician, nurse and their clients. Touching is a part of the greeting. During conversation, women could be observed stroking one another's arm. Also, women tend to place their arm through the other woman's arm or around the waist while observing a social event. Grandparents constantly pat, stroke, hug, kiss, rock and/ or bounce young infants or children. While infants sleep, elders can be observed stroking their brow or kissing the soles of their feet or cuddling them.

The elders state that touching is an important caring behavior of nurses. One elder relates the following when asked what kind of nursing behaviors indicate caring:

Touched my hand or shoulder when they were talking to me. That made me feel good.

Another remarks:

Touching, stroking, smiling, patting one on the shoulder. A firm handshake followed by a slow squeezing and caressing of the hand while inquiring how you are feeling.

The nurse cradles me in her arms and addressed me Mrs Ramos, softly in my ears.

The nurse touched me while talking to me. I like the touching.

On the other hand, when the physician is male, some of the elders state that they expect him to ask permission before touching their body. Most of the elders in this study have female Filipino physicians. The researcher observes in three female Filipino physician's offices and notes the amount of touching that occurs between patient and physician. The physician greets the patients and places arms round the patient's shoulder and accompanies her to the examining room. If the nurse is there, she greets the patient with the same smile, hand on shoulder and the other hand caressing the client's hand as previously described. During explanations and interview, the physician gently strokes the hand and/or arm.

Touching is an active, ongoing aspect of interactions between Filipino people. It also occurs between Filipinos and non-Filipinos whom they consider their friend, neighbor or godparent.

Health Instructions and Explanations/As Caring

Health professionals are seen as caring individuals when they provide health instructions and explanations. Taking time to listen to elders and answering their questions in a language which is easily understood indicates that the care giver is interested or concerned about them as patients and as people. In other words, the

health professional is interested in patients becoming healthy and happy again.

When the researcher asks for examples of explanations and health instruction which the elders consider caring responses such examples as the ones below are frequently given.

(Nurses)

Explain your sickness.... Explain to you how to care for yourself, how to change your diet and take your medications.

They teach us and give us directions and show us how.

Explain to us how to identify food high in salt.

Talking to me, explaining to me, telling me the kinds of foods I should avoid, such as food with lots of salt.

I'm diabetic. The nurse showed me how to use the diet sheet.

(Physicians)

Explained my illness to me.

Explains to us before treating us.

Gave me instructions on how to keep well and take care of myself. This showed they had an interest in me becoming well.

Taking time. Talking to me. Telling me the kinds of foods to avoid. Explaining my sickness.

In the next chapter, we will see that self-care is a culturally relevant concept for Filipinos. They prefer to prevent illness by eating fresh food, getting proper rest and exercise. Whatever information and behaviors health professionals impart to them which will help to keep them

well is an indication that the professional is a caring individual.

Showing An Interest in You/As Caring

Showing an interest in another is also seen as caring. The elders identify the following behaviors as indicative of "showing an interest in you": Being seen, coming by, being available, making time for you, speaking in a language which is easily understood, explaining, teaching, showing, encouraging one to practice a behavior, complying with a treatment regime or to get better. Showing an interest in you is also complementary to all of the other caring behaviors previously identified, especially concern for others.

Fixing a Meal or Snack/As Caring

Filipinos customarily prepare food when they know neighbors, friends or strangers will visit. If individuals stop by unannounced, the elder will still provide food, beverage or dessert. The meal provides the medium for conversation, gossip, discussion, sharing and learning from one another. The host often will "overstuff" the visitor in an effort to be sure the visitor is satisfied and comfortable. Fixing a meal or snack is caring because they want their guest to know that they are expecting them. It is important that the guest feel that their visit is appreciated.

Giving/As Caring

Giving is culturally prescribed in the Filipino culture. Giving is a sign of one's appreciation of others. Giving has a culturally prescribed hierarchy. The hierarchy consists of intangibles such as love, respect and support (physical and emotional) followed by material things such as gifts (jewelry, household items and clothing), money and cards.

Gifts are given for birthdays, anniversaries, special holidays, hospitalizations and other special occasions. Nurses and physicians are given gifts as expression of appreciation of kindness and service rendered. Neighbors are also given gifts to show appreciation and gratefulness for lending a helping hand during a crisis or time of need. The elders cite examples of nurses giving words of encouragement "to eat a meal," "to walk with a walker," "to take medication" as indications of caring. The giving of sample drugs and not charging for office visits are frequent examples offered by elders of caring behaviors of physicians.

Family, friends and neighbors give money when individuals or families embark on a trip, move to another state, province or country. Giving of money is a statement that the giver is concerned, that the individual/family has enough money to travel and to facilitate settlement in the new area.

Being Thoughtful/As Caring

Giving is also a form of being thoughtful. A few elders identify being thoughtful as a caring behavior. They describe the thoughtful person as "remembering you with a card and/or gift" on a birthday, Christmas, anniversary, etc. Family members, friends and neighbors are expected to be thoughtful.

Taking Care of Us/As Caring

Adult offspring are expected to take care of parents during old age. "Taking care of" means sending money to provide for "pocket change," living expenses (food, clothing, lodging, spending change, health care) for the parent and other siblings. Often this includes educational expenses of siblings and cousins in addition to the living expenses of parents. When parents and siblings are living in the Philippines, adult offspring can take care of family members luxuriously for 50 to one 100 dollars a month. When elders move to the United States, taking care of parents and siblings causes a burden. The 50 dollars a month will not provide for health costs, food, shelter of the elderly in the U.S. and relatives back home. The money that is sent home to the Philippines is now kept to care for parents in the U.S. Parents must earn pocket change and sometimes share living expenses as well as attempt to earn money to fill the void of not receiving regular monthly allotments.

Often, elders are heard saying, "I'm the mother; why should I have to work so hard taking care of the grandchildren, then sew and babysit for others in order to assist with the rent?" And, "I was better off in the Philippines when they were sending me the fifty dollars a month."

"Taking care of" is also synonymous with "looking after you" or looking after the goods or needs of another. "Taking care of" and "looking after the needs of" are caring behaviors attributed to and expected from, family members. Culturally, this caring behavior is rooted in one's "Utang Na Loob."

Being Considerate/As Caring

Being considerate as a caring behavior means that the individual considers others' feelings, age, abilities, health, needs, role, responsibilities and available time when seeking assistance, help or aid from them. "Being considerate" is a caring behavior attributed to health professionals, family, neighbors and friends.

Attending to You and Giving Attention/As Caring

Nurses in America are often referred to as being "very attentive": "they attended to my every need" or "they gave me lots of attention." Probing these phrases reveals that providing basic bedside nursing in a warm, friendly manner is interpreted as caring behaviors. Below

are examples of caring behaviors cited by the elders which illustrates "attending to your every need."

1. Fed me food
2. Brought my food tray to me
3. Came to my bedside without being summoned to inquire how I felt
4. Visited my room often
5. Checked my blood pressure
6. Fixed my bed
7. Gave me medication and fresh water
8. Cleaned me and the bed, changed the linen when I had an accident
9. Watched over me while I slept
10. The nurse cradles me in her arms
11. The nurse bathed me
12. Checked on me while in the bathroom
13. Cleaned my dentures
14. Prompt response to my call
15. Helped me out of bed
16. On discharge, wheeled me to the car in the wheel chair.

The behaviors which are itemized above are seen as acts that the nurse goes out of her way to do and are not seen as expected behaviors of professional and nonprofessional nurses. In the Philippines a relative stays with a hospitalized client and attends to all personal needs of the clients such as feeding, bathing, changing bed linen, etc. Professional nurses in the Philippines administers medication IVs and give health instructions only. The elders feel obligated to show their appreciation for this level of service rendered. In return, family members provide gifts for the staff during hospitalization and on discharge to show their gratitude for the personal care received.

Other Linguistic Terms Used
to Denote Caring

The elders use several other linguistic terms repeatedly to describe caring behaviors of neighbors, family members and health professionals. These behaviors include being happy, loving, kind, good, understanding and sympathetic. The researcher does not explore or delve into these concepts with the elders for full extraction of meaning due to the time constraints of the project. Being kind, understanding and sympathetic are caring behaviors attributed to nurses. "Loving" and "good" are caring behaviors attributed to family members.

Use of Terms Which Mean Mother
or Grandma in the Patient's
Dialect/As Caring

The researcher observes in the community and is told that it makes the elders feel good when they are addressed as "Apple," "Nana," "Lola." Apple is the Ilocono term for grandma, while "Lola" is the Tagalog word.

Filipino nurses are expected to address patient's using honorific terms. When non-Filipino nurses address elder Filipinos as "Nana," "Lola," or "Apple" they are considerate, caring individuals because they make an effort to learn the term and it makes them happy to hear their own language. On the other hand, when Filipino nurses address them by their family names, they are considerate noncaring and Americanized.

Noncaring Behaviors

The elders are asked to give examples of behaviors exhibited by nurses which they interpret as noncaring. This information is elicited to increase the researcher's understanding of the concept of care and caring in the Filipino culture. Below are four examples which are representative of behavior which is congruent with the meaning of a noncaring nurse:

Nurses younger than I calling me by my first name or raising her voice at me.

Filipino nurse calling me by my family name, confronting people, making them feel bad, being strict, reserved and not friendly.

Talking abruptly to you and not attending to your needs.

Snobby behaviors such as looking down or back over her shoulders, when talking to you.

Physicians who "talked abruptly to clients" or "turned their faces away when talking to" were also seen as noncaring.

Neighbors are labeled as noncaring when they keep their heads high; when they meet people and do not acknowledge them. An example of keeping one's head high is not speaking when your eyes meet; they look away. Rude individuals are also considered noncaring. Not talking to people or avoiding answering one's questions are

additional noncaring behaviors identified by the elders and health professionals:

Telling you to wait when you request a bed pan or telling you that giving a bed pan is not their job.

Laughing at me.

Forgetting to do what you promise to do.

Nurse asked what I needed. I told her a blanket. She never came back.

These examples illustrate a noncaring nurse as essentially an individual who does not utilize the basic rules of communication in the Filipino culture. Filipino rules of communication require that the persons concerned face one another with a smiling face using warm, soft voice tones, avoiding confrontation approaches which can result in shame or loss of face. If the person is elderly, the communicator must use appropriate honorific terms which denote respect.

The noncaring physician is described as "one who makes patients wait for long periods of time," or one "who takes big shot people ahead of the little man." Physicians who talk abruptly to clients and do not check on the client's progress by calling them at home or inquiring about them through family members, are also labeled noncaring.

Discussion

In this section, the researcher will compare and contrast the caring constructs identified in the elder Filipinas community of Hampton Roads with those of other ethnic groups identified in the literature.

Leininger (1978) develops a classification system of ethnocaring constructs derived from her ethnonursing and ethnoscientific research of 30 cultures in 1968. The caring taxonomy is composed of 19 caring constructs (Leininger 1978:39). Table 38 displays Leininger's revised and expanded model containing 28 caring constructs (Leininger 1981:138).

Table 38

Leininger's Major Taxonomic Caring Constructs*

1. Comfort	15. Nurturance
2. Compassion	16. Presence
3. Concern	17. Protective Behaviors
4. Coping Behavior	18. Restorative
5. Empathy	19. Sharing
6. Enabling	20. Stimulating Behaviors
7. Facilitating	21. Stress Alleviation
8. Interest	22. Succorance
9. Involvement	23. Support
10. Health Consultants	24. Surveillance
11. Health Instructive Acts	25. Tenderness
12. Health Maintenance Acts	26. Touching
13. Helping Behavior	27. Trust
14. Love	28. Others

*Adapted from Leininger's Conceptual and Theory Generating Model to Study Transcultural and Ethnocaring Constructs-- Revised Model. Caring: An Essential Human Need. p 13. Thorofare, N.J.,: Charles B. Slack, Inc.

The elders in this study identify 17 of the caring constructs in the Leininger Model. Those identified include comfort, concern, empathy, interest, involvement, health instruction acts, health maintenance acts, helping behaviors, love, presence, protective behavior, sharing, support, surveillance, stress alleviation, tenderness and touching.

Ray (1981:31) identifies the following caring behavior from the written responses of a group of women concerning their ideas on caring: others oriented, placing another's needs ahead of your own, listening, concern for others, giving of money and self, loving, understanding, reaching out to others, encouraging, welcoming another with smiles and presence.

All of the above caring behaviors identified by Ray's participants are also listed by the Filipino elders in this study. The written descriptions are identical in wording to the Filipinas elders' responses. Examples include:

It is going beyond what is required. It is giving and not wanting anything in return.

Caring means giving.

Caring is to be welcomed by a smile.

Caring is reaching out.

Caring is willingness to give time at whatever time needed or when the time is inconvenient.

Caring is loving.

There are similarities between immigrant elder Filipinas' concepts of caring and those found in the literature of other ethnic and/or cultural groups. The Filipino concept of sharing as caring is congruent with Leininger's (1984:145-157) concept of sharing in Southern rural blacks and whites and also Wenger's (1985:311-312), immigrant Soviet Jews' concept of sharing. In each of the three groups, sharing of food, money, information, thoughts and gifts are the cultural responsibility of family members, friends and neighbors. Sharing is an economic means of survival and well being for the three communities. "Watching out for burglars" and "checking on each other" and "exchanging chores" are caring behaviors of neighbors. These behaviors are also identified by Norwegian American women (Aamodt 1984:76) and Polish American mothers (Rempusheski 1985:137-144) as examples of caring.

"Presence as caring" for the Jehovah's Witnesses family is defined as remaining with or staying close by the bedside when illness or crisis occurs, stroking and touching the person (Peterson 1985:272-275). This meaning of "presence" is congruent with the elder Filipinas in this study but different for Leininger's (1984) rural Southern blacks and whites. In Leininger's sample,

"presence as caring" is being seen around the home, church, job, community, etc.

Presence for the Norwegian American women is "being there" when crisis, celebrations, etc. are occurring to talk, feel and experience with another (Aamodt 1984). This meaning of presence as caring is also an aspect of caring for the immigrant elderly Filipinas in this study, as well as for the Polish American elders in Rempusheski's study (1985).

Often the names of the categories used by people from different ethnic backgrounds are different, but overall, their meanings are similar. "Being sensitive to the needs of others" for the elder Filipinas and adolescent Southwestern white (Moore 1984:120-121) is the same as "concern for others" in rural Southern American blacks and whites (Leininger 1984:145-159).

There are also instances in which names are the same but subtle differences exist. For example, the elder Filipinas' "concern for others needs" in the case of a family member, friend or neighbor superseded personal needs. In Leininger's (1984) sample of southern rural American whites, concern for self is the priority. Whereas, in the elderly Norwegian-American community (Aamodt 1984) "the importance of others" is synonymous

with the Filipino elderly in this study.

Table 39 presents the behaviors identified by the elders which illustrate caring.

Summary

In this section, the researcher has identified the dominant caring constructs attributed to neighbors, family members, nurses and physicians. Examples are given to illustrate caring and noncaring behaviors to assist the reader to grasp the Filipino cultural meaning of familiar sounding English terms.

The meanings of the care/caring constructs which emerge from the data are compared and contrasted with the current literature on caring among other ethnic groups in the United States of America.

Table 39

Behaviors Identified by Elders Which Illustrate Caring

1. Attending to you
2. Being Considerate
3. Being Friendly
4. Being Good
5. Being Happy
6. Being Sensitive To the Needs of Others
7. Being kind to Others
8. Being Sympathetic
9. Being Thoughtful
10. Showing Concern for others
11. Calling Others
12. Explaining
13. Fixing a Meal or Snack
14. Giving you Attention
15. Giving Health Instructions
16. Having Time for Others
17. Helping Others
18. Inquiring About Another
19. Listening to You
20. Looking After you
21. Looking not for Personal Gain
22. Offering Encouragement
23. Reaching out to Others
24. Sharing

Table 39 (Continued)

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25. Showing an Interest in You
 26. Staying with You
 27. Smiling Face
 28. Taking Care of Us
 29. Talking to You
 30. Touching You
 31. Understanding
 32. Visiting You
 33. Volunteering Services
 34. Watching Out for Others.
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CHAPTER XI

SUMMARY AND MODEL

Evolution of a Model for Providing Nursing and Health Care

As this researcher reflects on the ethnographic data elicited from the elders concerning their experiences in the United States of America from arrival through September, 1986, it becomes apparent that there are common experiences which occur that impact their socialization, health, illness and adjustment to America. A brief summary of the findings of the earlier chapters will help illuminate for the reader the relevance of each component of the proposed model for providing nursing and health care.

We see in Chapter III that the primary reason for the elder Filipinas immigration to America is not for their adult offspring in America to take care of them during old age but to provide a mechanism for their underemployed and unemployed offspring in the Philippines to come to America and find work.

Another important factor which emerges from Chapter III is that the decision to immigrate to America is a family decision and not an individual or personal decision of the elder. Because the elder's offspring are in both

America and the Philippines the elder feels a responsibility to both, thus engendering conflict of duty and responsibility to offspring.

It is also noted that a few of the elders come to America at a time when their spouse and/or parent are terminally ill in the Philippines. Coming to America means they would not see them again in this life. They agree to come to the United States because their spouse and offspring insist it is for the family's best interest and the parents must make the sacrifice. The elders fear failure to respond to the immigration notification would nullify their American offspring's petition and forfeit their single offspring's in the Philippines opportunity to live and work in America. The husbands and parents who are terminally ill later die and the elders are unable to return to the Philippines for the funeral. They express guilt for not taking care of their husbands and/or parents during their final days as a good daughter or wife should. Many of the elders tell of crying for long periods at night, loss of appetite, headache, bad dreams, and other indications of grief and grieving related to loss of a loved one through death.

Ten percent of the elder informants' husbands are in the Philippines and are awaiting the time when their wives have completed the petitioning process and would be returning to the Philippines. These women also express

the conflict of duty and responsibility to children and husband. They have a constant yearning to return to the Philippines so they can be with their mates.

Three percent of the elders are in America with their spouses but are living in separate states. This separation results from inability of the husband to find employment in the city where the wife resides, or their American offspring live in different states and both need them for babysitting. Those elders whose spouses are with them in America have very little time to spend alone together because of work expectations by offspring.

Immigration to America for the majority of the elders is a temporary move. They expect to be in America only until the petitioning process is complete; usually this encompasses a period of five to seven years. A few of the elders return to the Philippines several times during their sojourn in the United States because of health reasons related to loneliness and being homesick.

The data illustrate the theme of temporariness and the need of the elders to maintain their Filipino cultural value system. It also points out that the elders need only a working knowledge of a few American values which would facilitate their interacting with their American family and friends during their sojourn in the United States. Acculturation to the American way means a painful reversal process when they return to the Philippines.

Chapter V identifies cultural conflict with family members in the following areas: role and role relationships, communication patterns, child rearing behaviors, status, independence, decision making abilities, health maintenance behaviors, management of childhood illnesses, inter-generational vs. generational family food selection, food preparation and flavoring principles and privacy.

The theme of grief and grieving regarding real and potential loss also emerges in Chapter V. The elders grieve the loss of income the family members in the Philippines are experiencing because of their presence in America. There is grieving related to the impact of the political and economic conditions on family members left in the Philippines. The elders grieve the loss of communication with key family members such as siblings and parents. Delayed, incomplete or absence of communication with relatives is interpreted as sickness or demise of the individual. The elders grieve the separation of offspring on two or three continents. The loss of letters containing money earned by the elders and sent to family in the Philippines is a constant source of grief.

Sixty-eight percent of the elder informants attend the senior citizens' organization on a regular basis. Attending senior citizens is of a new lifestyle for the elders. It is the major mechanism for social networking

and support. Senior citizens' meetings provide recreation, leisure, relaxation and a mechanism for dealing with loneliness and cultural shock. Attendance at senior citizens' meetings is the major mechanism the elders use to keep happy and healthy. It also is the major forum for locating old friends when they move to Hampton Roads. Senior citizens' meetings provide the forum for coping and adapting to life in America.

In Chapter VIII, the elders' concept of aging is identified and the effect of immigrating to a new country is explored. The fears which emerge related to being in America during old age include:

1. Loosing their physical health and strength
2. No one to care for them in the home necessitating placement in a nursing home
3. Dying and burial in America instead of the Philippines
4. Dying before the petitioning process was completed for the single offspring to immigrate to America
5. Becoming a financial burden to their American adult offspring.

The major needs of the elders are employment, transportation, recreation and leisure time, male companionship, confidants, respect, to feel loved and assistance with communication.

The elders' concept of health is explored in Chapter IX. The themes which emerge are that illness causation is multicausal, interrelated, situational and behavioral. The causes of illness involve concepts of balance, disharmony in interpersonal relationships, natural and supernatural intervention. Health maintenance behavior includes proper mental health, nutrition, exercise and use of herbal medication. Sickness is defined as immobility, a state of mind and presence of pain.

In Chapter III the demographic profile reveals that 26 of the elders have been hospitalized. Forty-eight of the elders are being treated for hypertension. Twenty-five are being treated for arthritis, twelve are receiving treatment for diabetes and twelve for homesickness. Eleven elders are receiving treatment for active peptic ulcers. Only 22 of the 100 elders are illness and disease free.

Chapter X elaborates the elders' concept of care and caring. Twenty-six caring behaviors are identified. Non-caring behaviors of health professionals are identified. They include calling elders by their first names, using direct and confrontational communication styles, raising one's voice, talking down to client, not facing client during conversations, not answering questions and making elders wait for services.

Chapters III, IX and X illustrate conflict the elders experienced when interacting with the professional and folk health care systems.

The model which emerges from the data is a processed model of the immigrant Filipinas' experience. Seven stages are identified. They include: (1) anticipation and excitement of living in America, (2) conflict in values of elders and their Filipino American family, (3) grief and grieving, (4) entrance into professional health care system, (5) conflict between family folk and professional health care systems, (6) grief and grieving pertaining to loss of health, dietary changes and physical limitation, (7) utilizing of coping mechanisms to adjust to living in America. Figure 1 identifies the stages of the immigrant experience.

The model which emerges from the data for providing nursing and health care interventions to the elderly immigrant Filipinas is a process model. The component includes conflict, grief and grieving, loss or imbalance in health/illness coping and adjustment mechanisms, and ethnonursing health and caring implications. The components of the model represent the stages of the immigrants experience. Figure 1 depicts the model and Table 40 identifies the stages of the immigrant experience as well as the components of each of the aspects of the model.

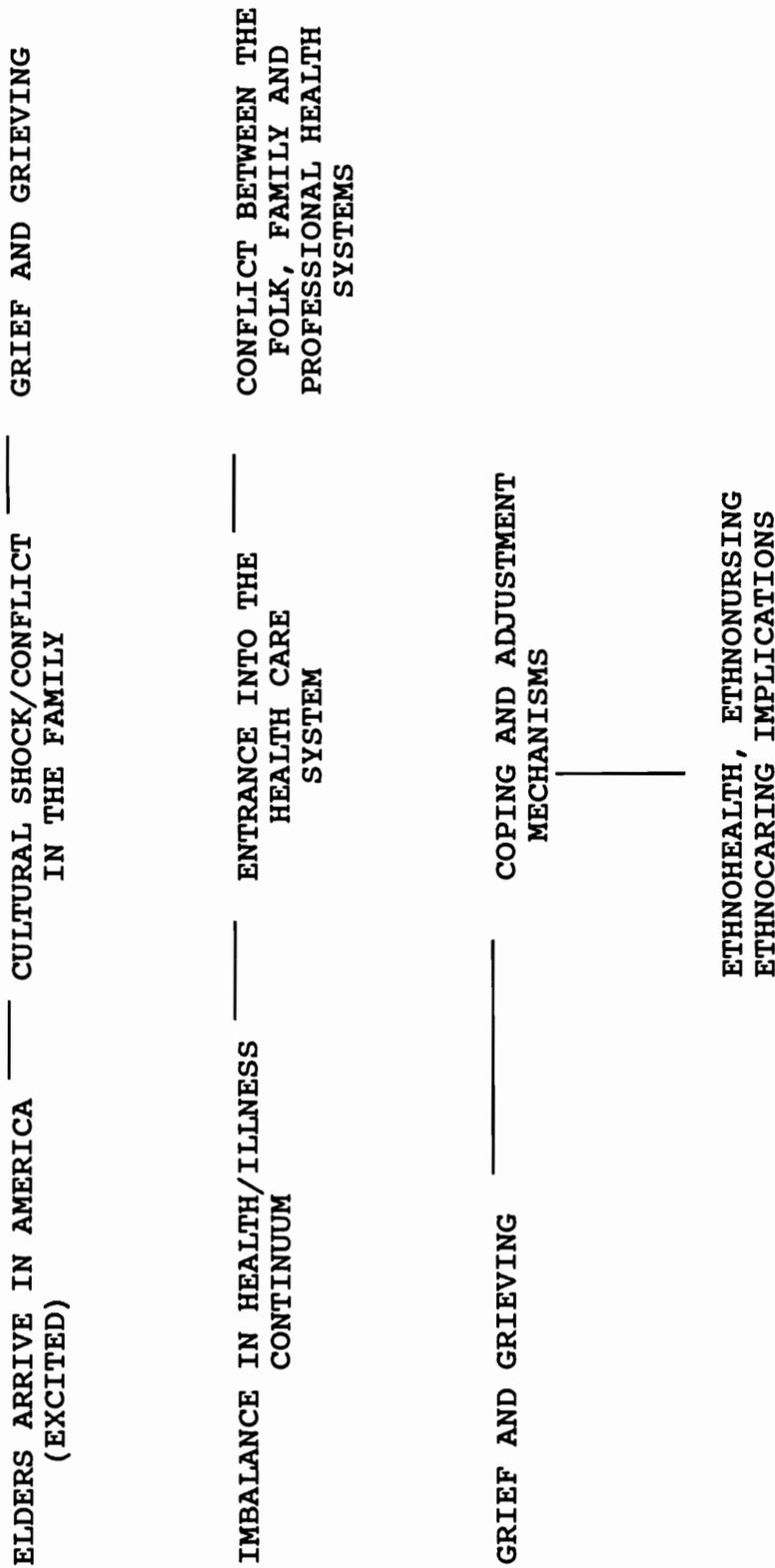


Figure 1. Process Model for Providing Health Care to Elderly Immigrant Filipinas

Table 40

Stages of The Immigrant Experience

Stage 1	Stage 2	Stage 3
Elder Arrives in U.S.	Cultural Shock/Conflict in Values between Elder and Family Members	Grief and Grieving
<ol style="list-style-type: none"> 1. Excited and full of anticipation 2. Filipino cultural values, beliefs and health practices 3. Expects to be shown respect and love and affection as the grandmother and mother in the Phillipines 4. Expect decision making abilities status and role similar to that in the homes of offspring in the Phillipines 	<ol style="list-style-type: none"> 1. Language barrier 2. Direct vs indirect communication style 3. Family vs individual value 4. Generational vs intergenerational family 	<ol style="list-style-type: none"> 1. To return to homeland 2. Loss of husband and wife relationship 3. Loss of spouse, parent, offspring, siblings and other relatives and friends through natural death and guerilla insurgents 4. Separation of family members between America\Phillippines, Saudi Arabia, Canada or Europe

Table 40 (Continued)

5. To assist offspring to run their home	5. Role expectation of elderly in America vs Philippine	5. Delayed, absence or incomplete communication regarding family and friends in Philippines
6. Expect move to America to be temporary	6. Life styles and pace of rural area in Philippines vs urban, industrialized America	6. Loss of money and packages in mail sent to the Philippines
7. Expect to have money, time, travel and enjoy grandchildren and offspring in America	7. Flavoring principles of Filipino cuisine vs American flavor principle adopted by offspring	7. The impact of the political and economic condition on families in the Philippines
8. Concepts of caring/care	8. Concepts of caring/care	8. Abundance of food in America vs starvation in the Philippines of family and friends
9. Health maintenance behaviors	9. Health maintenance behaviors	9. Loss of role, status, decision making ability and independence
10. Folk vs professional treatment of childhood illness and	10. Folk vs professional treatment of childhood illness and	10. Loss of income by family from offspring in American while they are

Table 40 (Continued)

11. Responsibility to spouse, self-care offspring family in Phillipines and America
12. Overwhelming with responsibility of babysitting, housework, meal preparing and gardening

Table 40 (Continued)

Stage 4	Stage 5	Stage 6
<p>Entering the Professional Health Care System</p>	<p>Conflict Among Professional, Family, Folk Health Care Systems</p>	<p>Grief and Grieving Loss of</p>
<p>1. Symptoms of loneliness and homesickness</p>	<p>1. Language</p>	<p>1. Loss of health</p>
<p>2. Symptoms of depression</p>	<p>2. Printed materials</p>	<p>2. Onset of a disease or illness</p>
<p>3. Feelings of rejection by grandchildren and daughter-in-law</p>	<p>3. Use of herbal/over the counter/ prescription drugs</p>	<p>3. Dietary changes which are forced on them</p>
<p>4. Symptoms of hypertension</p>	<p>4. Sharing of family, friends prescription medication</p>	<p>4. Continued change in network of friends due to migration, change in immigration, change in offspring duty station with the Navy</p>
<p>5. Symptoms of peptic ulcer</p>	<p>5. Folk vs professional concept of being sick</p>	<p>5. Changes in mobility</p>
<p>6. Symptoms of diabetes</p>	<p>6. Interpretation of behavior of professional</p>	<p>6. Male companionship</p>

Table 40 (Continued)

-
- | | |
|--|---|
| 7. Overeating and indiscriminate food choices for age | 7. Food choices altered |
| 8. Emergence of fears:
-of losing their health
-becoming financial burden
-placement in nursing home
-dying before completing petitioning process
-burial in America instead of Philippines | 8. Family/individual interacting with health system |

Table 40 (Continued)

Stage 7

Adapting and Coping
Mechanisms

1. Minimizing
2. Maximizing
3. Denying
4. Withdrawing
5. Joining senior citizens Groups
(Sharing Comparative Experience with other Filipino elderly)
6. Planting backyard gardens
7. Joining religious, social, womens groups
8. Religious affiliation
9. Participation in recreational

Knowledge of the stages of the immigrant experience can be very helpful to the health care professional in general and the nurse in particular when attempting to intervene in the health illness continuum. Proper location of the elder in the immigrant experience can help the nurse's intervention to be culturally appropriate and accepted by the client. This model does not intend to imply that the elders always move through each of these stages in the order presented. Often, two of the following stages may be occurring simultaneously.

Stage 1. Assessment. The health professional must become knowledgeable of the values, beliefs and health practices of the elder via interview and culturalogic assessment.

Stage 2. Cultural Conflict in the Family. The health professional identifies the values, beliefs and health practices of the family members in which the elder resides and interacts. The health professional/nurse is aware that the elder may reside in more than one adult offspring's home during the course of a week, month or year. The elder's role is often different in each of the homes. The health professional/nurse needs to be aware of potential area of cultural conflict between family members and elders. The component of the model labeled as cultural value conflict in the family itemizes the areas of conflict which emerge in this study.

Stage 3. Grief and Grieving. The health professional is aware of the potential for grieving to return to the Philippines due to loss of independence, loss of decision making abilities, loss of friends, changes in status and role, loss of family member or spouse through death, etc. The specific losses which are grieved are listed in the Table 40, under the heading of grief and grieving-family and home life.

Stage 4. Entering the Health Care System Due to Imbalance in Health-Illness Continuum. This stage is a direct result of the conflict, grief and grieving experienced in stages 2 and 3. This is the phase at which the elder enters the health care system. Usually symptoms of homesickness, loneliness, depression and cultural conflict cause the elders to become sick and their offspring take them to the physician for assistance. Changes in dietary patterns, especially indiscriminate food choices and overeating of foods not previously eaten, precipitate diabetes, hypertension, gastric, renal and heart problems. Often the severity of these symptoms necessitates hospitalization.

Stage 5. Conflict with the Folk Health Subsystem and the Professional Health System. This is the phase at which the elders begin to take the medications prescribed by the physician. Often the elder experiences side effects from taking the drugs and the elder does not

relate this information to the health professional, because culturally it would be a sign of lack of trust and disrespect for the Physician. Instead, the elder takes herbal drugs which have been utilized successfully by family and friends in the Philippines. Others take less than the prescribed dose of the medication. Still others take the drugs of their spouse or friends with the same diagnosis, that are not experiencing undesirable side effects. Also during this phase the elders experience conflict interpreting the behavior of members of the professional health system as caring and noncaring.

Stage 6. Identification of New Areas of Grief and Grieving Related to the Loss of Health and Changes Mandated by Health Care Professionals in Lifestyle, Diet and Disease. The elders crave the seasoning in foods which typifies traditional Filipino cuisines, which are forbidden by their present dietary prescription. Adhering to the dietary prescription interferes with active participation in senior citizen's programs and activities. Loss of new friends, through in and out migration, appears during this period.

Stage 7. Utilization of Coping Mechanisms to Adjust to Living Temporarily in America. The elders utilize the following coping mechanisms to adapt to living in America: minimizing, maximizing, denying and withdrawing. Others affiliate with religious organizations, senior

citizen's groups etc. to facilitate adaptation to life in America.

Stage 8. Ethnonursing Health and Caring Implications. The professional nurse and other health care professionals, incorporate cultural lifeways, values, beliefs, health, illness and caring behaviors (obtained through interview and ethnography) into their nursing and health care interventions.

CHAPTER XII

IMPLICATIONS FOR ETHNONURSING CARE

The ethnonursing implications specific to the immigrant elder Filipinas Community of Hampton Roads appear in this chapter as a list of strategies applicable to the major clinical settings, e.g., acute care, long-term care, institutional, home and community.

Nursing Assessment

Nurses and other health care providers need to be cognizant that the population of the Philippines is very diverse. Its composition consists of a mosaic of ethnic, regional, cultural, religious and educational groups, speaking many different languages. The elder Filipinas population of Hampton Roads reflects this same diversity. It is imperative that nurses and other health care providers elicit the elder's cultural lifeways prior to planning and initiating patient care, to avoid cultural imposition and stereotyping.

Nursing assessment of the elder's lifeways should focus primarily on the following domains: dominant cultural values, language usage, place of origin in the Philippines, length of residency in the United States, daily food choices/preferences, beliefs concerning the

causes of illnesses, beliefs and practices about keeping well, modes for caring for self when ill or to retain wellness, problems associated with adjustment, support system during stress and caring expectations of health providers.

The data from this study indicate that nursing assessment has a different meaning for the elders than for the professional nurses. Assessment for the professional nurse is a tool for collecting data to plan, implement and evaluate care and patient progress. The elders perceive assessment as an indication of caring. To them, inquiring about their feelings and needs, monitoring of their vital sign and checking on them frequently without being summoned are all indications that the nurse is concerned about their welfare. These nursing actions make them feel that the nurse is "watching out for" problems or indications of harm, which may impede their recovery. This finding has implications for ways of increasing the elders' safety and security needs during hospitalization. Communication with the elders during the time of assessment concerning the purposes of an activity can enhance their safety and security needs. It also will enhance their understanding of the role of the professional nurse in the particular clinical setting.

Nursing Procedures

In an earlier section of this chapter this researcher reports that the elders perceive nurses who bathe them, feed them, change their dressings, teach them about their diet and teach them about medications as caring nurses. How the nurse performs the procedure is a stronger indication of caring than performance alone. The use of touch, conversation and an unhurried manner are attributes which distinguish a caring nurse from the noncaring one.

Communications

Wholesome, smooth interpersonal relationships are a major Filipino value. Nurses need to understand that confrontational styles of communication cause "loss of face," shame and avoidance behaviors by the elders. If an elder does not appear to be complying with a treatment regimen, the therapeutic approach would be to (1) ask what questions they have concerning the instructions, (2) inquire how you may help them, (3) or ask what kind of information they need. Both offering and inquiring are valued caring behaviors.

Non-Filipino health care professionals should address the elder by their family name, preceded by Mrs. or call them by the appropriate term in their dialect meaning mother, or grandmother.

The nurse can enhance communication and the therapeutic nurse/patient relationship by learning and

using a few significant words or phrases in the elder's native dialect. Elders report feeling a sense of pride and well being when non-Filipino health care providers attempt to communicate with them in their language. It also conveys to them that the nurse knows about Filipino people.

Printed booklets in conversational Ilocano, Visayan and Pilipino, for English speaking medical personnel should be readily available in those health care facilities with large elder Filipino clientele.

When communicating with elders, the nurse should face the client, use warm voice tones, stroke the hand and/or arm of the patient and avoid appearing rushed. A smiling face is also helpful. The Filipino elder is very sensitive to facial expressions. Face-to-face communication, touching, appearance and "having time for" the patient are valued caring behaviors.

When nurses are eliciting information from elders and when they say they "used to" do something, it means they are doing it now. The phrase "last year" refers to a date this year which has passed. An example of the phrase "last year" is, "I saw the physician last year, March 31." Because it is now April 15, the date is considered last year. Nurses must clarify and verify their interpretation of what the elder is relating to them.

Elders typically are unable to say no when people in authority ask them to do something. A hesitant yes usually means no.

If the nurse thinks she may have offended the patient, she should explore this with the other family members. Usually the patient will tell family members when an incident occurs. Third persons are used as "go-betweens" to mediate or resolve conflicts. If the nurse attempts to clarify an incident or misunderstanding with the patient, it may be seen as confrontation. Utilization of "go-betweens," in most cases, eliminates the possibility of the patient experiencing loss of face and or shame when confrontational techniques are used.

Patient Care in Hospital Setting

In the Philippines, elders are accustomed to family members remaining with them and providing for their personal care needs during hospitalization. Nurses in the Philippines provide only medications and health instructions. When United States nurses provide for all the elders' personal care needs that family members usually perform, they interpret the nurses' behavior as rendering special care, thus creating a debt of prime obligation between the nurse and the elder. The elder seeks to repay this obligation through the giving of gifts; this is the appropriate cultural way of honoring the obligation and showing gratitude. The nurse should

accept the gift graciously. Explaining and refusing to accept the gift make it impossible for the elder to repay the "debt of prime obligation." Additionally, the patient may experience loss of face because her gift is not accepted.

Fear of establishing a "utang na loob" (debt of prime obligation) with the staff may be a reason for elders refusing to have their feeding, bathing and toileting needs met by the hospital staff. Family roles and relationships are important; therefore the nurse should inquire about the availability and desirability of family members remaining with the client and assisting with personal care needs.

The elders said they prefer female health care providers because they are uncomfortable with males touching their body. In the Philippine culture, male health care providers are always accompanied by females when examination and or direct care is to be performed. Males should ask permission before touching a Filipinas' body. Since this study only included female informants, it is not known to this researcher whether male patients prefer male health care providers to females or if female health care workers must be accompanied by males when an examination or direct care is to be performed.

Decision making in the Philippine culture is a family affair. Therefore, it is not wise to approach an elder

and ask for consent to perform a procedure or operation. What is more efficacious is to call the family together in the presence of the elder and discuss the procedure, alternatives, risks and so forth. The health care providers should then leave the room and allow the family to make the decision. The same approach is desirable when results are to be given regarding a test, procedure or operation.

Placement in a nursing home or long term care facility is frowned upon in the Philippine culture. The most dreaded fear of the elders in this study is becoming ill in America and their offspring placing them in a nursing home. Placement in a nursing home is viewed as a noncaring act. It is seen as noncaring because the family is abrogating their duty of taking care of their elder to strangers. Placement of elders in a nursing home is also seen as discarding that member.

Families will resist every effort made by health teams to have them discuss with their relations the need for nursing home placement. If the elder needs a level of care which cannot be provided in the home by the family with the assistance of home health nurses, physical therapists, etc. the family usually will consent to the placement of their elder in a long term or nursing home facility. The health care providers must approach the elder and say this is their recommendation because of the

complexity of the treatment plan (monitoring, drugs, dressings or rehabilitation services required). It is often a relief to have health care providers offer to do this. Remember, it is culturally inappropriate for family to tell people in authority what to do. The family still needs to be present during the discussion with the elder, but the health care professional must present the decision to the elder as being that of the health professional and not the family's wishes.

When elders are found to have terminal illnesses, prior to palliative surgeries and treatment, the health care professional should tactfully inquire where the elders wish to die and be buried. Most of the elders in this study say they wish to return to the Philippines when their health deteriorates so that they may die and be buried among family and friends in Philippine soil.

It is not uncommon for elders to have relatives take them directly to the airport to board a plane for the Philippines, following discharge from the hospital, when a life threatening illness (hypertensive crisis, diabetic coma, etc.) or diagnostic test or surgery reveals the present of a terminal or fatal disease.

Therapeutic Nurse-Patient Relationship

During the initial phase of the nurse-patient relationship, it is important for the nurse to have a smiling face, utilize touch and radiate warmth. The nurse

must remember to share something about him or herself which will aid the elder in understanding the care provider as a person. The elder values and desires a personal relationship with the health care provider. The personal relationship enables the elders to feel free to share with the nurse their feelings, beliefs and practices. It also determines the type of physical care the elders will accept from the nurse. More importantly, it will determine the elders' openness to accept the health instructions and willingness to incorporate the instructions into their daily health maintenance activities. The elders' willingness to follow a person's teachings is based upon the "personal relationship" with the health professional and not the credentials or skills of the provider or the amount of "knowledge gained." If the relationship deteriorates between the elder and health care professional/provider, the elder will cease to follow the prescribed therapeutic regimen.

Health Education

The elders value self-care knowledge and behaviors which can be utilized to keep healthy and minimize the need to visit health care facilities which are perceived as extremely costly. Health care facilities such as clinics, doctor's offices and hospitals are not viewed as places well people frequent for checkup or health knowledge, but rather as places for one to go when one is

ill, or unable to move about freely.

Since the elders desire and are seeking health information to maintain health and prevent illness while they are in America, the nurse and other health care providers should take advantage of the opportunity to provide health education. The education programs should focus on information giving rather than treatment of an illness or disease. The elders are accustomed to learning within the family setting instead of classrooms where groups of people who are unknown to one another gather. The technology of videotapes can be used for health education. VHS or Beta video machines are present in the majority of the elders' homes. The elders are accustomed to renting Filipino movies and purchasing videotapes of social events for viewing in the family setting.

The manpower, technology and knowledge are already readily available in the Filipino elderly community. Within the elderly community there are retired teachers who provide health education in the classroom and community in the Philippines. There are also a large number of Filipino health care professionals (physicians, nurses, dietitians, dentists and medical technologist) practicing in the Hampton Roads area. Professional Filipino photographers are also available in the community. They are accustomed to photographing and videotaping the elders' social affairs. The photographers

have the knowledge and hardware available for videotape production. The language facility of the professional health care provider includes the major dialects spoken by the elders.

The elders' cultural values, language barriers, home responsibilities, lack of transportation and offspring's duty schedule would limit their opportunities to attend community or public health classes on health promotion.

Printed health materials in America are generally written at an eighth grade readability level and are in English or Spanish. The data in this study reveal the elders' mean educational level is fourth grade and most of them speak Tagalog, Ilocano, Pangasinan or Visayan languages. Printed health educational and video materials should be developed in the four previously identified languages.

Possible topics for videotaped health classes based upon the data in this study include:

1. Feelings and symptoms of adjustment to a new culture (culture shock).
2. Illness and diseases associated with excessive consumption of certain foods when moving to a new country during old age.
3. American and Filipino foods which are high in sodium, cholesterol, purine and fat.
4. Dangers of taking specific herbal mixtures with

prescription drugs.

5. Signs and symptoms of hypertension, diabetes and gout.
6. Dominant communication patterns of the American culture.
7. Ways of preparing Filipino cuisine with less sodium, cholesterol, purine and fat.

Other dietary implications include the need for the inclusion of Filipino foods and cuisines on hospital menus and exchange lists. The data in this study reveal that the elders tend to discard the diabetic and hypertensive diet exchange lists because they do not contain "Filipino foods and condiments." Elders confined in acute and long term facilities should have menu choices of Filipino cuisines. These choices should be readily available in those institutions with large Filipino elder clientele.

Nurses and other health care professional should be aware that the elder Filipinas plant, harvest and eat a large variety of vegetables indigenous to the Philippines. Health care providers need to know their nutritional value and how to incorporate them into the various dietary exchange lists.

Appointment Making and Keeping

A family member rarely attends a clinic or doctor's office unattended by another family member. Nurses and health care providers should consult the significant

family member when selecting date and time of subsequent visits. If the elder is not accompanied by a family member, the appointment should be considered temporary until the elder has time to verify it with the offspring or in-laws.

Nurses employed in outpatient facilities should call elders when appointments are not kept and ask if they want another appointment. Elders "feel bad" and are embarrassed to call and report that their daughter's or son's duty schedule has changed and request a new appointment. The language barrier of speaking and understanding English on the telephone also inhibits changing or cancelling an appointment.

Home Visits

Nurses and other health care providers are expected to partake of a snack or meal with the client and/or family when making a home visit. The meal provides the medium of social exchange and facilitates small talk which is necessary prior to the sharing of information with the nurse or acceptance of an intervention. Refusal to eat the food which is prepared causes the client to feel rejected and insulted. It prohibits the establishment of a therapeutic nurse-patient relationship.

Nurses in community and public health should telephone the elder on the day of the home visit to verify that both the time and day are still convenient. The

elders' time is not her own. Appointments must be juggled around the offspring's employment, home and social schedule, in addition to housekeeping and child care responsibilities. If the family members' needs change, the elder may have to leave the house without an opportunity to inform the nurse of the change.

Medication Interaction

Nurses must be cognizant of the fact that elders tend to share prescription drugs with family members, neighbors and friends with similar complaints or diagnosis. Most of the time the medication is not the same drug prescribed by the friend or neighbor's physician. Elders also will take, without permission, offspring's medication which they find in the medication cabinet. Assessment of the drugs which the elder is presently taking must include over-the-counter drugs, prescription drugs and "concoctions" made from the leaves of plants grown in the house, vegetable or herbal garden.

The elders believe that Filipino people are very sensitive to medication, especially the dose which is prescribed for Americans. If the elder's physician is non-Filipino they tend to take less than the physician prescribes. The Filipino physician's informants in this study verify Filipinos' sensitivity to medication. They stated Filipino elders are sensitive to blood pressure drugs, especially the diuretics. Use of diuretic drugs

usually precipitate hyperglycemia and hyperuricemia. The use of diet and beta blockers provide less complication when treating hypertension. Many of the antihypertensive drugs cause the blood pressure to drop very rapidly to shock level.

CHAPTER XIII

RECOMMENDATIONS AND CONCLUSIONS

One of the purposes of this research study is to generate questions and hypotheses for future research. The following hypotheses emerge from this research:

1. The greater the cultural and intergenerational conflict experienced by the immigrant elder Filipinas in their American home, the greater the elder's need for and use of the Filipino senior citizens' organization.
2. Elders who are introduced to and actively participate in the senior citizens' organizations on arrival in the United States experience less homesickness, illness and intergenerational conflict and adapt faster to the new environment than those elders who do not attend senior citizens.
3. Nurses and other health care professionals who are able to build a trusting personal relationship with the elder Filipina and family members achieve a higher level of compliance with prescribed therapeutic regimes than nurses who do not.
4. Nurses who utilize nonconfrontational communication techniques during nursing interventions with elder

Filipinas have more positive outcomes than nurses who utilize confrontational techniques.

5. Elder Filipinas who participate in American child rearing classes for immigrant elders experience less cultural and intergenerational conflict than those elders who do not attend classes.
6. Elders who attend health education classes and receive information concerning physiological changes accompanying aging and foods to eat in moderation and to avoid have a lower morbidity rate during the first two years of residency in America than elders who do not attend or receive such information.
7. Nurses and other health care professionals who incorporate the "Filipino Way" of showing respect in all of their interactions with elder Filipinas and their family members develop a personal and a therapeutic nurse-patient relationship sooner than nurses who do not.
8. The greater the elder's knowledge of sodium, cholesterol, fat and sugar content of traditional Filipino and American foods, the lower the incidence of onset of diabetes, hypertension, and heart disease during the first 24 months of life in the United States.

9. Elders who attend senior citizens' meetings regularly have more of their caring needs met than those who do not attend.
10. Elders who attend Senior Citizens meetings regularly have a broader base of social support than those elders who do not attend.
11. The greater the signs of ethnic inclusion of cultural foods in specialty diet sheets, the greater the compliance by the elders with their dietary prescriptions.
12. The greater the inclusion of "dominant cultural food flavor" in meals, the greater the elders' satisfaction with and consumption of the meal.
13. The greater the nurses' and professional health care provider's knowledge of cultural food patterns, mineral content and food grouping, the more likely they are to adapt specialty diet sheets to include ethnic food preferences of the client.

A real need for future study identified in this research is to ascertain the elder Filipinas ability to use the diabetic diet sheet. Data in this study reveal that they tend to reduce the amount of food they normally consume at meal time, take their insulin as scheduled and experience frequent symptoms of hypoglycemia.

Another recommendation for future research is to ascertain whether elder Filipinas with non-Filipino

physicians are taking the prescribed dose of medication or how they are altering it. A general belief which emerges from the data of this research is that Filipino clients require smaller doses of medication than their American counterparts. Another aspect of the recommendation is to assess the elder Filipinas' understanding of medications prescribed to them and those they have purchased over the counter and those medicinal herbs grown in their vegetable gardens. The success of various teaching modes should be examined in relation to teaching proper use of medication.

An area meriting future research would be to ascertain if the caring, networking, social support and "keeping healthy" needs met by the three Filipino senior citizens' organization is the same or different from those of other immigrant or ethnic senior citizens' organizations.

Another recommendation for future research is to generate models which adult Filipino-Americans may use as cultural brokers between their children (school age and adolescent) and their aged parents. The adult offspring are caught in a difficult position of rearing their children to be able to compete in the American society and at the same time make their elderly parents who reside with them feel loved, valued, honored and supported.

The final recommendation for future research is to test the model which evolved from this research with

immigrant elder Filipinas in another geographic area of the United States to confirm its accuracy and applicability.

In conclusion, both ethnography and culturological assessments are practical ways of obtaining ethnohealth, ethnocare and ethnoaging concepts about another culture. The data which emerge can assist the nurse and other health care providers with techniques to improve communication and gain the cooperation of the client and family members in a shorter period of time. The nurse also gains cognitive data to develop therapeutic ethnonursing care interventions.

The heterogeneity of the elder Filipinas population in the United States makes it imperative that culturological assessment be done initially to avoid cultural imposition and stereotyping by health care professionals.

Elder Filipinas have a more positive experience with nurses and other health care professionals when their beliefs, values and customs are respected. Health care professionals experience less conflict and frustration with immigrant elder Filipinas when they assess their values, beliefs, customs and problems associated with adjustment prior to implementing interventions.

The results of cultural assessment are threefold: The elders and health care professionals experience less

conflict. Time and money are saved by the health care institution, employees and elders. Finally, the elder is more likely to incorporate the treatment regime into her life style.

APPENDIX A

GLOSSARY OF TERMS

adobo:	a beef, chicken or pork dish, prepared by marinating the meat over night in vinegar, garlic, salt, pepper, onions and sugar, followed by simmering of meat until brown and tender in soy sauce
amor propio:	self-esteem, personal dignity
ampalaya con carne:	beef, bitter melon, prepared with onions, garlic soy sauce, sauteed in sesame oil, served with rice
apo:	a person who is nana or tata to one's parents
ate:	eldest sister (Tagalog)
bagoong:	bottle of fermented salty anchovies or shrimp made into a paste
barrio:	village
baynihan:	neighborly helping spirit
binatonan:	maid
cha-at-say:	maid
commadre:	female
compadre:	male
compadre system:	are the sponsors of children in baptism, confirmation and weddings in the Catholic Church. These individuals become coparents and a part of the family
dinu-guan:	dish of died pork or chicken simmered in pig or chicken blood, vinegar, salt and pepper
diko:	eldest brother (Tagalog)
ditse:	eldest sister (Tagalog)
Filipina:	female citizen of the Philippines

gunangna:	old
hiya:	shame
ho:	address denoting courtesy, deference and respect (Tagalog)
katabang:	household helper (Visayan)
katulong:	household helper (Tagalog)
kuya:	eldest brother
lola:	grandmother
lumpia:	Filipino egg rolls stuffed with deep fried vegetables, beef, pork or shrimp
manang:	women older than oneself
manong:	man older than oneself
maria clara dress:	Filipino dress with embroidered butterfly sleeves and orange top with a long skirt which may be fitted or loose
mestizos:	offspring of Filipinos who have intermarried with Spaniards or whites
muchaacha:	maid
nana:	a woman the age of one's parents
pakikisama:	smooth interpersonal relationships at all cost, going along with group whether right or wrong
pancit:	Banquet or festive noodle dish containing two or more of the following meats: dried chicken, pork, shrimp and/or ham sauted in garlic and soy sauce tossed with steamed diced carrots, string beans, pods and cabbage and garnished with slices of lemon and boiled eggs
patadyong:	Filipino attire of a long skirt with a fitted jacket and sleeves or blouse
patis:	boiled salted shrimp sauce

pinakbit:	bitter melon, string beans, egg plant, tomatoes, onions, pork, and shrimp fry
po:	form of address denoting courtesy, deference and respect (Tagalog)
salistra:	a mixture containing salt and Petre (potassium nitrate)
sanko:	third eldest brother (Tagalog)
sanse:	third eldest sister (Tagalog)
saya:	Filipino attire of a long skirt with a fitted jacket and sleeves or blouse
sinigang:	Filipino dish containing beef or chicken boiled with a package of sinigang mixture containing Tamarind
sinigang Mixture:	tamarind, tamarind leaves, rice flour, salt, sugar, monosodium glutamate, protein derivatives, citric acid, spices, dried onions and vegetable fat.
suplada:	talking down to people, high minded or stuck up - spoiled, selfish
utang na loob:	debt of gratitude or prime obligation, reciprocity
mano po:	respect for elders
yaya:	babysitter

APPENDIX B

INTERVIEW GUIDE

This instrument is first and foremost a cognitive map utilized to structure data gathering. It is not to be seen as a questionnaire in the traditional sense and was not used as such.

Domain: Health and Health
Seeking Behaviors

AS A NURSE I AM INTERESTED IN YOUR PAST AND PRESENT LIFEWAYS SO I CAN LEARN WHAT HAS MADE YOU HEALTHY, LESS HEALTHY AND WHO HAVE BEEN CARING PERSONS IN YOUR LIFE. PLEASE FEEL FREE TO OFFER SPECIAL STORIES OR EVENTS AS YOU RECALL THEM.

I would like to talk to you about your ideas concerning health.

1. Tell me what good health means to you.
2. How do you know when you are healthy?
3. How would you describe a healthy elderly person?
4. What do you do to stay or become healthy (behaviors, activities, foods)?
5. Generally how would you describe your health most of the time?
6. How would you describe your health today?
7. What are your thoughts/beliefs concerning the type of living environment that keeps one healthy or makes one ill?
8. Can you give examples of what you believe causes illness or threatens health?
9. Will you list some home remedies/folk practices which keep you and others well?
10. What kind of symptoms or illnesses cause you to seek immediate professional medical help?
11. Who makes the decision to seek professional medical help?
12. Whom do you seek help from first when symptoms of illness occurs (family, friends, neighbors, etc.)?

13. Which illnesses and symptoms do you delay seeking professional help?
14. What diseases/illnesses have you presently been diagnosed for and are receiving medications or treatment for (diabetes, glaucoma, hypertension, arthritis, gout, coronary heart disease)?
15. What medications are you presently taking (prescriptions, over-the-counter, nutritional or herbal)?
16. How does your present health problem affect your daily activities, recreation, etc.?
17. Where do you obtain professional medical care (clinic, private physician's office, etc.)?
18. What race or nationality is your physician (black, white, Filipino, etc.)?
19. Can you describe some of the reasons why you chose this particular health care professional?
20. What things do you like most about this practitioner?
21. What things do you like least?
22. What fears do you have concerning hospitalizations?
How may nurses reduce these concerns?
23. Would you identify some topics concerning health you would like additional information on or a program developed?
24. What would you suggest would be the best way to contact other Filipino elderly concerning health programs or new services being offered in the community?
25. Will you identify some health services that are needed by the Filipino elderly community?

Domain: Care and Caring

1. I would like to hear about some of your thoughts and ideas concerning caring, what care means to you, and what ideas seem most important concerning caring.
2. Would you describe some activities, behaviors or ways

of living by friends, family or neighbors that indicate caring to you.

3. Let's talk about doctors and nurses caring behaviors. Describe behaviors by nurses which indicate caring to you.
4. Would you describe behaviors you have observed or seen by nurses which you feel were examples of noncaring.
5. If a nurse or doctor were asking you to carry out a procedure or instructions which were culturally inappropriate, and you knew you would not do it how would you communicate this information to the nurse or doctor, without losing face?
6. How may nurses show respect for Filipino elderly when interacting and providing nursing care for them?

Domain: Food and Nutrition

1. Would you describe meal time for you here in Virginia? Which meals do you eat alone and which do you eat with the other members of the family? Also describe whether the meals are usually Filipino or American. Finally, who makes the decisions concerning the composition of the daily meals?
2. List your favorite fruits, vegetables, meats, cereals, breads, beverages and desserts.
3. Do you have a garden? Please describe the type of foods grown in your garden. With whom do you share the contents of your garden?
4. Are the Filipino foods utilized in your meals readily found in the neighborhood food markets?
5. Before you left the Philippines which foods were generally included in a typical breakfast lunch and dinner?
6. Would you compare and contrast the amount and types of meat typically consumed a day in meals in the Philippines with that consumed here in Virginia (crabs, fish, beef, shrimp, pork, others).
7. Which meats are generally included in your diet (daily, weekly) here in Virginia?

8. Would you describe your favorite fruits and vegetables. How often do you consume them? Under which conditions do you avoid them?
9. What beverages do you usually drink daily? Would you also describe the amount consumed also?
10. About how much water would you say you drink a day?
11. What kinds of foods and beverages do you believe keep you healthy and well? Please list.
12. What kinds of foods and beverages do you believe cause illness? Which foods do you avoid during illness?
13. Are there particular foods or beverages which you avoid in the morning. Also are there combinations of foods which are also avoided?
14. Are there particular foods that you avoid when you have the following: upset stomach, diarrhea, constipation, elevated temperature or gas?
15. Have you received any information or instructions on specific foods or beverages you should avoid or eat in moderation here in the United States?

Domain: Social Network, Leisure and
Recreational Activities

1. Would you describe a typical day for you and your family.
2. Tell me about this period in your life: your friends, leisure time, recreational activities and friends.
 - 2a. What is your concept of leisure? Is it an expected activity of later years?
 - 2b. What are some of the activities which help you feel a part of the family (picnics, celebrations, parties, christenings)?
3. How often do you get together with friends? Describe the activities generally you engaged with them.
4. Do you have friends you can talk with concerning personal problems?

5. Do you have friends you talk with daily, weekly or monthly?
6. What about friends in other areas of the United States? Do you correspond with them?
7. How often do you hear from friends in the Philippines?
8. Tell me about your children. Where are they and what they are doing, how often you visit, talk or hear from them.
9. Are you keeping a photograph album of the activities and events which you are engaged in here in the United States?
10. Tell me about your neighbors. Do you visit with them?
11. What clubs or organizations do you belong to? Would you describe the activities of each?
12. How is your leisure time spent? What are your hobbies and special interest? How often do you engage in them?
13. Are you generally satisfied with this period in your life?
14. Do your friends include individuals in varying age categories?

Domain: Roles and Role Relationships

1. What is the role of the grandmother in the Filipino culture?
2. How would you describe your role in the family?
3. Is your role similar in each of your adult offsprings home?
4. Is your role similar or different in the homes of adult offspring in the Philippines? Please describe.
5. Do your grandchildren seek advice or counsel from you? What about other family members? Do they seek your advice?

6. What are the values you would like to impart to your grand children?

Domain: Aging

1. How is old age determined in your culture?
2. How would you describe life in the U.S. for the Filipino elderly compared to the Philippines?
3. How would you describe Filipino-Americans' view towards Aging. Is it a time one looks forward to, dreads or what?
4. Tell me what you thought retirement and old age would be like during younger years.
5. Would you describe some of the most important needs of the Filipino elderly
6. Would you describe some of the health and community services that you feel are needed by the Filipino elderly?
7. What services are you aware of that are presently available to retired or elderly people of tidewater?
8. Is old age like you envisioned it to be?
9. Would you describe some of your greatest rewards and joys in your life? Least rewarding?
10. How would you generally describe your mood on rising in the morning, in the afternoon and upon retiring?
11. How do others refer to you (family, friends)?
12. How do you refer to yourself or think of yourself?
13. How do others generally treat you (listen to you, reject you or ignore you)?

Domain: Immigration

1. Would you describe the year, your age and some of the reasons for moving to this country at this period in your life?
2. Please describe some of the major frustrations of

moving to a new country during old age.

Domain: Health Education

1. What type of information do you find the greatest need for from day to day?
2. Would you describe the type of health care, information you need from time to time and have mmunication media you read listen to or view daily (radio, T.V., newspapers)?
3. Would you describe the type of health care, information you need from time to time and have difficulty finding?
4. What type of programs would you like to see establish for the elderly?

Interview Guide for Health Professional

1. Would you describe some of the frequent types of health problems facing the elderly Filipino women in your practice?
2. Please list the illnesses/diseases you see most frequently among the Filipino women age 55 and above.
3. What are the major health care educational needs of this population?
4. Could you describe some of the services you feel would prevent or minimize the occurrence of the diseases or illnesses listed above?
5. What are the major social and mental health needs of this population?

Demographic Data

1. Date of Birth _____ []
- | | |
|--------------|--------------|
| 1. 1890-1894 | 5. 1910-1914 |
| 2. 1895-1899 | 6. 1915-1919 |
| 3. 1900-1904 | 7. 1920-1924 |
| 4. 1905-1909 | 8. 1925-1929 |
| 9. 1930-1934 | |

2. Present Age

[]

- | | |
|----------|----------|
| 1. 55-59 | 5. 75-79 |
| 2. 60-64 | 6. 80-84 |
| 3. 65-69 | 7. 85-89 |
| 4. 70-74 | 8. 90-94 |

3. Place of Birth

Island

Province

4. Number of years or months in the United States?
5. City of present residence
Subdivision
6. Others states in U.S. in which you have resided
7. Do you have children? No. of children?
8. Reason for immigrating to the United States
9. Do you usually live in other States during the course of the year?
10. What languages /dialects do you speak and understand
11. The languages spoken belong to which ethnolinguistic groups?
1. Bicolano
 2. Cebuano
 3. Ilocano
 4. Ilango (Hiligaynon)
 5. Tagalog
 6. Warray
 7. Pangasinan
 8. Pampaamgo
12. Religion
- | | | |
|-------------|---------------|-----------|
| 1. Catholic | 2. Protestant | 3. Moslem |
|-------------|---------------|-----------|

13. What is the highest level of education you completed in the Philippines? In the U.S.?
- | | |
|-----------------------|----------------------|
| 1. No education | 6. AA degree |
| 2. Grade School | 7. Bachelor's Degree |
| 3. Junior High School | 8. Master's Degree |
| 4. High School | 9. Doctorate Ph.D |
| 5. 2 years of college | Ed. D |
| | 10. Law Degree |
| | 11. M.D. |
14. What was your occupation in the Philippines?
15. What occupation were you engaged in the longest?
16. How many years have you been retired?
17. Do you have a regular source of income?
18. Do you desire part time employment out side of the home?
19. What is your marital status?
20. Did your spouse come with you (before you or after you) to the United States?
21. Present immigration status.
22. Do you plan to become a U.S. citizen?
23. How often have you visited the Philippines since your first arrival in the States?
24. Do you plan to stay permanently in the U.S. or return to the Philippines after all of your children have been petitioned?

This tool is a modification of Leininger's Ethnographic Health and Nursing Care Assessment Tool, 1980 Revision.

APPENDIX C

INFORMED CONSENT

My name is Alice Welch. I am a graduate student at the University of Utah, College of Nursing. I am conducting a study on immigrant Filipina elderly women's ideas, expectations and experiences with aging, health maintenance, networks, recreational/leisure activities, caring behaviors and perceived barriers to enjoying this stage of life. This information will help members of the health care system, to plan and provide facilities, services and programs to meet the elderly Filipino women's needs in this state. If you agree to talk with me, we will spend several days, at your convenience, talking about the topics listed above. If, at any time during the interview, you should feel you do not want to respond, to my questions say to me "let's skip that one." You have the right to drop out of the study at any time you choose.

It is important that you feel comfortable and free sharing your thoughts and beliefs with me. Naturally, there will be questions concerning the study you will want to ask me, and I will be happy to respond to your questions and concerns. Your responses will not be shared with others, they will be kept confidential. I would like to record our conversations on tape if you do not object. Taping allows me to listen and freely interact with you doing our conversations without taking notes. The tape recorded interviews will be destroyed at the end of the research project, or at any other time, at your request. Responses will be kept confidential; code numbers rather than names will be utilized for record keeping.

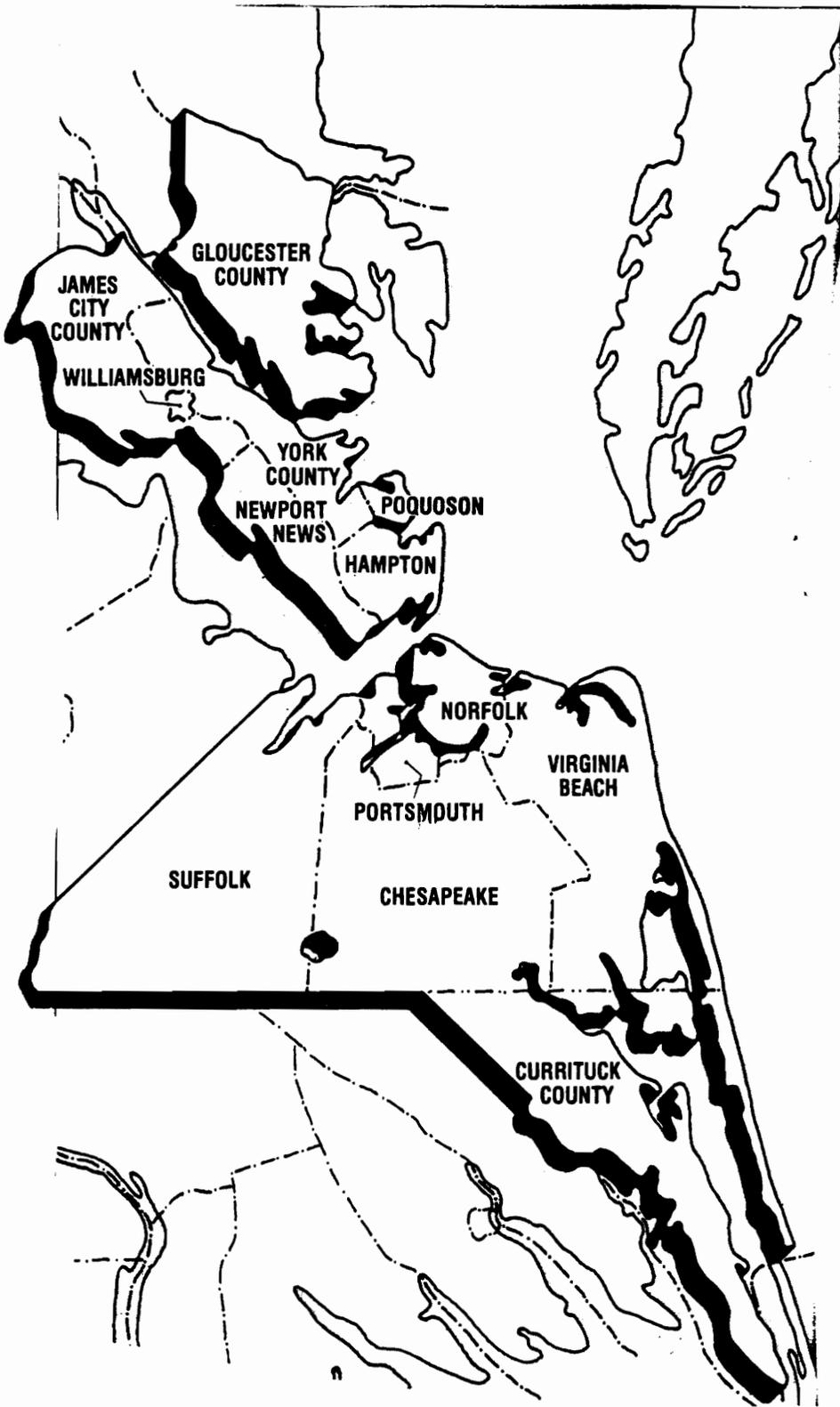
Any publications from this study will not identify individuals and upon request a summary of the results of this study will be provided for you. At the completion of our final interview, I will ask you to introduce me to your friends, so that I might invite them to also participate in this study.

Thank you,

Alice Z. Welch

APPENDIX D

LOCATION OF HAMPTON ROADS COMMUNITY



APPENDIX E

MAP OF PHILIPPINES



Adapted from Jean Peters' Map of the Philippines.
The Philippines--A Travel Survival Kit. p. 13.
 South Yarra, Victoria. Australia: Lonely Planet
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APPENDIX F

RECREATIONAL AND LEISURE ACTIVITIES

Religious Activities

Attend church (2)
Bible study
Methodist Women
Door-to-door witnessing
Watch religious programs
Read religious material

Crafts

Sewing
Canning
Crocheting
Embroidery
Knitting
Flower Making

Fitness Activities

Walking
Bicycling
Exercising (stretching, bending, etc.)
Dancing
Gardening

Solitary Activities

Reading magazines and novels
Playing piano
Playing solitary card games
Writing letters
Sleeping
Watching TV

Family Activities

Fishing
Crabbing
Going to shopping mall
Oyster picking
Picnics
Celebrations
Picking strawberries, peanuts, peaches, apples
Sightseeing
Short trips
Watching Tagalog movies

Social Affairs & Groups

Senior Citizens
Pageants
Recitals

Exercising
Trips

Group Games

Playing bingo at halls and churches
Playing pokena
Playing mahjongg
Card games
Bowling

Social Activities--With One Other Individual

Movie with friend
Dinner with friend
Spending night with friend
Talking on telephone
Visiting the flee market

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