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Beliefs held by Pilipinos regarding filial responsibility

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Superio, Edith Simoy, M.P.H.

San Jose State University, 1993

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**BELIEFS HELD BY PILIPINOS REGARDING
FILIAL RESPONSIBILITY**

A Thesis

Presented to

**The Faculty of the Division of Health Science
San Jose State University**

In Partial Fulfillment

**of the Requirements for the Degree
Master in Public Health**

by

Edith Superio

May, 1993

APPROVED FOR THE DEPARTMENT OF HEALTH SCIENCES

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ABSTRACT

BELIEFS HELD BY PILIPINOS REGARDING FILIAL RESPONSIBILITY

by Edith Superio

This study addressed the topic of filial responsibility in the Pilipino American community in Santa Clara County. It examined the changing demographics of Pilipinos in California. The topics explored were: elder expectations, caregiver choices, and beliefs regarding filial responsibility. The different cohorts examined were: 20-39 years old born and/or raised in the U.S., 20-39 years old born and raised in the Philippines, 40-59 years old born and raised in the Philippines, and 60+ years old born and raised in the Philippines. Analysis of the data has shown that the Pilipino American community holds strong traditional values in the three topics mentioned above. It also showed that there are changing trends in the beliefs of Pilipinos regarding filial responsibility which are especially evident in the 40-59 age group. The changes undergone by the Pilipino American population may be a harbinger for changes to come within other immigrant groups into the U.S.

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CHAPTER 1

THE PROBLEM

Introduction

The Pilipino American population is the largest of all Asian American groups in California. The 1990 census reports that there are 731,685 Pilipinos in California in comparison to 704,850 Chinese and 312,989 Japanese. Literature has established the tradition of Pilipino children choosing to care for their sick elderly in the home. However, with the changing demographics of the Pilipino American population and the increased likelihood of assimilation of later-generation Pilipino American children into mainstream American culture, it would be of great interest to determine whether beliefs regarding filial responsibility may have changed in this population.

Additionally, with the current increase cost of health care expenditures, the United States is forced to consider different options to the administration of health care in this country. We simply must find ways to lower the cost of health care while simultaneously be able to maintain and improve upon the quality of care the American society demands. One option currently being considered is the expansion of the home health care business. Studies have shown that most sick elderly are receiving care from members of the community, especially from immediate family and close friends. Whereas services would still need to be available to these families, the cost for care given in the home is substantially less than in institutions. Research needs to be conducted to determine who decides to care for the sick elderly in the home and for what reasons. Perhaps, by determining the answers to those questions, the U.S. government will be

able to legislate, support, and encourage such efforts by community members and thereby be able to control the rising cost of health care.

Background of Problem

The author became interested in the subject of filial responsibility within the Pilipino American community after hearing numerous and consistent comments lamenting the "ruin of Pilipino culture in the United States." Conversations with elders in the community would generally lead to the subject of filial piety and responsibility. Common complaints are, "Pilipino children nowadays have become too Americanized. They don't respect their elders like they are supposed to. They don't even *mano* anymore." (The *mano* is a Pilipino traditional act of respect which members of the younger generations are supposed to perform towards their elders. It is performed by taking the elder's right hand and placing it briefly on one's forehead.)

A search of the literature on the subject of Pilipino health beliefs yielded little information on the community. What literature existed focused on the value placed by Pilipinos on the family and the importance it has on the life of the Pilipino. Terms such as "hiya," "amor propio," and "utang na loob" (defined later in the text) appeared consistently. Whereas "hiya" was familiar to the author, the terms "amor propio" and "utang na loob" were not. The author then became more interested in learning more about the concept of "utang na loob" and the impact it may have in the lives of Pilipino Americans. It also became of interest to conduct a study to assess whether the complaints launched against the Pilipino American youth are founded on truth.

Yeo and Hikoyeda (1991) noted that the first wave of Pilipinos came to the U.S. during the period of 1900-1930's. They were either students ("pensionados") who came to study and eventually return to the Philippines or laborers from the rural provinces in the Philippines. The laborers came to work

in the farming communities, mainly in Hawaii and California. They were young, uneducated, and, because of their labor contracts, came without their families. Because they were prohibited from associating with or marrying American women through the anti-miscegenation laws (Kitano & Daniels, 1988; Ishisaka & Takagi, 1982), many of them remained bachelors. The few remaining "manongs" (as they are referred to) are still a rich resource of information about the health care beliefs of Pilipinos in the U.S. because many may still retain the health beliefs they brought with them from the Philippines.

The second wave of Pilipinos to migrate to the U.S. were the people who served on the US military forces during W.W.II. They and their families make up a large proportion of the Pilipino population in the US. The third wave of Pilipinos began in 1965 and continues to the present. These were professionals who hoped to practice their trade in the US. This wave also includes the parents of the professionals who have established themselves here in the US. The Pilipino community in the US, therefore, includes the elderly who have either been here for decades or have just currently joined their families, first generation professionals, military personnel, and the subsequent second, third, etc. generations of Pilipinos who were born here in the US.

The traditional Pilipino society is known for being family oriented. They have learned throughout history that they need to depend upon their families and community. Three hundred years of the divide-and-conquer colonization by the Spanish followed by the Americans (Ishisaka & Takagi, 1982) have caused the Pilipino people to become factionalized. That is, people from different regions became isolated from each other and developed their own

distinct cultures. Because Pilipinos are a heterogeneous people with backgrounds from the Malayan culture and influenced by Spanish, Chinese, Japanese, and American cultures, a Pilipino from one area of the Philippines will look different from one from another part of the country. The three distinct regions in the Philippines are Luzon, Visayas, and Mindanao; Manila, the capital of the country, is a highly cosmopolitan area which is distinct from the other regions of the country. Through the centuries, the people in each area have developed their own traditions and languages. They were taught by their colonizing agents that people from other parts of the country are different and therefore not to be trusted. They grew to distrust people outside of their family and community. As a result, even after they may have immigrated to the United States, they have found it difficult to establish unified organizations with a national identity (Ishisaka & Takagi, 1982). As Kitano and Daniels (1988) observed ,

Perhaps the major problem of the Filipinos has been their lack of cohesion. There are island differences, different languages, ideological rifts, and subgroups cultures that separate the community. It appears difficult to form an overall Filipino organization because of the strength of local groups and their competing loyalties. Filipino organizations tend to multiply, rather than to unify (p. 86).

This heterogeneity and lack of cohesion has made it difficult for the mainstream American society and health care professionals to form an accurate understanding of the Pilipino people and their health care beliefs. The Pilipinos' distrust of outsiders greatly affects their outlook on health and their help-seeking behaviors. This distrust leads them to seek help within their immediate family before asking anyone else for help (Kitano & Daniels, 1988).

Another factor which has led the Pilipino people to care for their elderly in the home is the fact that the existence of institutionalized long term health care

facilities such as nursing homes or board-and-care homes are generally unknown to the people in the Philippines. Families, therefore, have to make arrangements to care for their relatives in the home. Because the parents tend to control the properties and the homes of the family, children tend to stay in their parents' home and take care of them.

Statement of the Problem

The 1990 census shows that there are more Pilipinos in California than any other Asian group; they make up the second largest immigrant group behind the Mexican Americans. It is important for members of the health care field to learn the beliefs of this group in order to properly provide them with the appropriate services which are sensitive to their needs and beliefs.

The little which is written about this population reveals that the family plays an important role in the health care of a Pilipino. As with other Asian groups, the concept of filial responsibility or filial piety plays an important role in the lives of the Pilipino people. However, these beliefs are attributed to the first generation Pilipinos who were born and raised in the Philippines. As more and more Pilipinos are born and raised in the U.S. as 2nd, 3rd, etc. generation Americans, they are more likely to assimilate American values. They, therefore, may gradually think and behave more like mainstream Americans than their immigrant ancestors, and they may grow to have less in common with their elders. It would be important to assess if the concept of filial responsibility still applies (and to what degree) to subsequent generations of Pilipino Americans. If filial responsibility is found to be as important in the lives of subsequent Pilipino Americans, it would be important for health care practitioners to provide services to Pilipino Americans which allows the family to play an important role in the health care regimen, while taking care not to disturb the filial piety and responsibility which exist between parents and children. However, if it is found that filial responsibility does not play an important part in the lives of subsequent generations of Pilipino Americans, it will be important to plan accordingly for the future. In this scenario, more and more of the elderly, with the Pilipino elders

included, will need to be provided for without much assistance from their children. Although filial responsibility may seem to be a simple subject which gauges the feelings between parents and children, it is in reality a very complex issue which affect the everyday lives of Pilipino Americans, and more importantly, affect the way in which they will be spending their future years.

Research Questions

The study was conducted to answer the following questions:

- a. What are the beliefs held by Pilipinos in Santa Clara County regarding filial responsibility?
- b. Are the beliefs regarding filial responsibility the same across different age groups?
- c. Are the beliefs held by Pilipinos born and raised in the Philippines the same as those held by Pilipinos born and/or raised in the U.S.?

Assumptions

The following assumptions apply in this study:

- a. Pilipinos hold beliefs regarding filial responsibility.
- b. The beliefs expressed by participants in the study will be reflective of their true beliefs regarding filial responsibility.
- c. The questionnaire devised is adequate to assess the beliefs held by the participants regarding filial responsibility.

Definitions

For the purposes of this study, the following definitions will apply:

acculturation - the adoption by an individual or a group of the culture or cultural elements of another group; cultural leveling or homogeneity

age cohort - a group of people who belong to the same age range. For the purposes of this study, the age groups used were: 20-39 years old, 40-59 years old, and 60+ years old

assimilation - the process by which immigrants or other newcomers are brought to adopt the attitudes and cultural patterns of the society into which they have come; absorption into the same customs and viewpoints of the new land

belief - full acceptance of a thing as true; a firm persuasion of the truth about something

filial piety - the respect or reverence owed to one's parents

filial responsibility - an obligation pertaining to or befitting a son or daughter

Pilipino - anyone born of and raised by Pilipino parents (for the purposes of this study, each parent must be at least 1/2 Pilipino)

Limitations

This study has several limitations. No culturally specific or sensitive instrument has been designed and proven valid in the Pilipino American community. The questionnaire designed for this study has not been tested for reliability or validity; it was modeled after similar questionnaires designed for other population groups. Because the interviews were conducted in a location convenient to the participants for their comfort, the location of the interview may be a confounding variable. When interviews were conducted in the participant's home, spouses may be present during the interview. This may have affected the responses to the questions. Because the population of Pilipinos in Santa Clara County may be overall younger than other sites due to their initial immigration into the Bay Area, the generalizability of the study for other Pilipino populations is subject to question. Additionally, the researcher only spoke English to the participants. Although Pilipino Americans are

generally fluent in English, they (especially the elderly who were more comfortable with speaking Pilipino) may have found the situation less than maximally comfortable. Another limitation is the fact that there was no opportunity for getting a randomized sample of participants. The recruitment process involved contacting organizations for possible participants. The study, therefore, utilized a convenient sample of participants. Because study participation required the willingness of people to participate, the sample may have consisted only of those who are “open” to sharing ideas and not a true representation of the whole community.

Additionally, because the questionnaire was developed to be used across all the cohort groups, the wording on the questionnaire may have been insensitive to the different English literacy level of some of the participants. Lack of complete understanding on their part, unless suspected by the researcher, may have affected their answers to the questions.

CHAPTER 2

REVIEW OF RELATED LITERATURE

Conceptual Framework

The concepts of aging, the family, and assimilation are important in the exploration of caregiving issues in the Pilipino American community. They will help determine the level of filial responsibility held by the children of elderly individuals.

Bengtson (1979) suggested that the social definition of aging plays as important a role in the ethnic minority community as its chronological and biological parameters. In the traditional Pilipino family, the elderly occupy an honored position; filial piety is a valued tradition. Pilipino children are taught from a young age to respect anyone older than themselves (Blust & Scheidt, 1988; Ishisaka & Tagaki, 1982). Evidence of this reverence for age may be seen in the different terms used to refer to older members of the family and the community and the behavior expected of children at all times when around adults (Javillonar, 1978; Eggan, 1968). Within the immediate family, respect is given to the parents and to all siblings older than oneself. The older the individual is, the more respect they garner solely due to their chronological advantage over the younger people. The oldest members of the community, therefore, are the most respected members of that community.

The literature shows that the Pilipino culture places great value in the love and respect that a child is expected to have for his/her parents (Ishisaka & Takagi, 1982). The debt which a child incurs when being raised by his parents necessitates a payment once the parent needs the help of the child. In the

Philippines, it is not uncommon for a household to consist of three or more generations: grandparents, parents, and children, each generation doing its part in contributing to the welfare of the family and helping each other as needed. The different forms which caregiving may be given are personal care, financial support, shared living arrangements, sentiment or display of affection, caretaking, and services to meet daily needs (Blust & Scheidt, 1988; Schorr, 1980; Seelbach; 1978, Quinn, 1983). The Pilipino family has been labeled as the "most able social welfare agency" (National Media Production Center, 1974).

However, with the changing demographics in the United States, Pilipino Americans are finding it harder to accommodate the traditions of the Pilipino family. American values of independence and self-autonomy encourage children to "move away from home" as soon as possible and "make it on your own." Also, with the job market being widespread and constantly changing, many more people are finding themselves "away from home." Pilipino American children are reflecting a "great amount of acculturation into American values and norms" (Ishisaka & Tagaki, 1982). That is, they are behaving more like mainstream American children than traditional Pilipino children. Once children acculturate to the point where they assume American values and norms as their own, they will become assimilated into American culture. It is of great interest to find out the changes which the Pilipino American community is undergoing in the subject of filial responsibility. It is important for the different generations of Pilipino Americans to understand the changes, if any, that the culture has undergone in the United States. A better understanding of the changes may lessen the inter-generational gap and stress between various

generations. It may also allow the Pilipino American community to assess the merits of the changes and seek the measures necessary to preserve those aspects of the culture they may deem are important to bequeath to subsequent generations of Pilipino Americans.

Literature Review

Aging trends have shown that the American population is becoming older. In the 1970's, the life expectancy of the average American male was 67.1 years while the life expectancy of the average American female was 74.7 years. In 1990, the life expectancy of the average American male and female were 72.0 and 78.8 years, respectively. It is projected that in the year 2010, the life expectancy of the average American male will be 74.4 years and 81.3 years for the average American female (Statistical Abstracts of the United States, 1992). With this aging population comes the increased risk of becoming afflicted with chronic diseases such as heart disease, arthritis, dementia, etc. Because of the advances of modern medical technology, people afflicted with chronic diseases are living longer. The debilitation process of the diseases are such that the chronically ill will, after a certain point in the disease process, require to be cared for by others. They are no longer able to care for themselves and will need more help from others (Watson, 1983).

Once an individual becomes unable to care for themselves, arrangements will need to be made for their care. The two general options for long term care are placement in a managed care facility (nursing home, for example) or home health care. The issue of long term care is one that has been in the forefront of the health care problems of the United States. In 1970, nursing homes cost the United States \$4.9 billion while home health care cost \$0.1 billion. In 1990, nursing homes cost \$53.1 billion while home health care cost \$6.9 billion (Statistical Abstracts of the United States, 1992). While it is apparent that these health care costs are on a dramatic rise, it is also obvious that the cost of home health care is considerably less than nursing home care.

Studies have shown that communities are making an effort to provide care for their sick and frail elders in their homes. In fact, studies have shown that most of the long term care arrangements are in the home, not in long term care facilities (Caserta, Lund, et al., 1987). In 1982, 73.9% of the elderly needing help from others for basic needs such as personal care and housework were cared for by unpaid members of the community (Liu, Mantor, & Liu, 1985). Care in the community is generally received from family and friends, mostly from the immediate family. Stone, Cafferata, and Sangl (1987) have reported that 36% of community caregivers are spouses while 36% are daughters and sons of the elderly needing care.

A recent study (Boaz & Muller, 1991) found that, during a 3-month period, 7.2% of caregivers have "quit" giving care to elderly who still continued to need assistance for basic daily activities. The authors note that this figure translates to a 28.8% annual attrition rate for caregivers. The sick elderly will subsequently turn to the public health care system for assistance. Unless public policy is changed to determine the causes for caregiver attrition and find means to prevent it, more and more people will continue to need public assistance for assistance with health care. This will put further demands onto an already overburdened health care system.

Research has shown that people from minority cultures are more likely to care for family members in the home than members of the non-minority population (Gratton & Wilson, 1988; Lee, 1980; Keefe, 1984). Gratton (1987) reports that the sense of familism and the support of the elderly which it implies is found to be more typical in Black- and Mexican-American families than in non-minority families. The presence of family and the availability of its members

to provide care for the sick elderly contribute to the higher likelihood that these minority families will subsequently choose to care for their sick elderly in the home rather than seeking public assistance (Lockery, 1985). Branch and Gette (1983) reported that 80% of older people have living children and 75% of them either live in the same household or within 30 minutes away.

This trend is seen to be changing, however. Cicirelli (1981) notes the changes in the structure of the American family which may affect its ability to care for its elders in the future. Whereas families in the past could count on having to care for one of its older parents, the current aging trends are such that there are more and more aged to be cared for by a smaller and smaller number of family members. Today, families can count on having to provide care for three of its parents.

Another important aspect of family caregiving is the effect it has on the autonomy of the older individual. When a person becomes unable to care for themselves and needs the aid of others for daily activities, they lose some control over their situation (David, 1990). Because of the importance of control and independence in American society, increase in loss of control of one's situation could compound one's health problems and make them worse (Rodin, 1986; Rowe & Kahn, 1987). It would be important to determine whether the members of the Pilipino American community hold strong beliefs regarding control over their circumstances as they become older. Although no literature can be found which deals specifically with the sense of control of the Pilipino elderly, the position of honor which they traditionally occupy within the family may give them the sense of control they need in their lives. The amount of control preferred by the Pilipino participant may be found in the answers to

questions pertaining to expectations for living arrangements, the decision-making process allowed a child, and the proximity or distance wanted by the elderly in relation to their children. Also, Pe-Pua (1990) suggested that the interview session with a Pilipino would be most successful in a setting and a time which are most convenient and comfortable for the participant.

While caregiving in the home may help the sick and frail elders by keeping them in familiar surroundings, it can also cause great stress in the lives of the caregivers (Zarit, 1989; Gratton 1988). Studies have shown that caregivers of dementia patients are at high risk of deterioration in health, general well-being, social activities, and functional status (Brody, 1981). Cantor (1983) notes that caregiving, which is done mainly by women, changes the lives of caregivers by affecting their job performance, the amount of time they are able to spend with other close relatives and friends, and their ability to participate in other leisure activities. Because of the current economic market, more and more families are required to earn two incomes. The demands of having to care for sick and frail older relatives becomes a heavier burden that it was in the past when women were generally not required to work and were, therefore, more available to perform caregiving functions.

Blust and Scheidt (1988) reported the beliefs held by aging Pilipino widows and their primary caregivers in a local area of the Philippines. The study showed that there are strong beliefs and expectation in regards to caregiving which are held by both the widows and their caregivers. While this study does not measure the beliefs held by the general population in the Philippines, it serves as a portrayal of the beliefs held by a small portion of the population.

The current literature on the subject of caregiving gives a good overview on the current trends within American society and within minority groups which seem to be more likely to care for family members in the home. Especially pertinent is the report of the changes in caregiving trends which illustrates the increasing difficulty which caregivers encounter when attempting to continue to provide care for their family members in the home. A weakness of this report, and many reports like it, however, is the fact that they do not include any data on the Asian-American population nor do they provide data specific to Pilipino Americans. These reports also do not explore the changes that may occur once members of these minority groups become more assimilated into American culture and beliefs through the generations.

Not very much literature is available on the beliefs that Pilipinos have regarding the subjects of caregiving, the concept of familism, or filial responsibility.

The terms "hiya" and "amor propio" are very important terms in the understanding of the Pilipinos' family relationships and their help-seeking behavior. "Hiya" means shame. A Pilipino must never bring "hiya" to his/her family (Morioka-Douglas & Yeo, 1990). When Pilipinos become ill, they will first try to find a cure for themselves without notifying anyone. By finding a cure on their own, they preserve their "amor propio" or self esteem. A Pilipino does not wish for anyone to "talk down" to them (Orque, 1983, p. 157) thereby offending their "amor propio." They will take all necessary steps necessary to avoid such a situation with a health care professional. Because they feel that it may have been something that they have done wrong which has caused an imbalance in their body and therefore made them ill (Anderson, 1983), they are initially

unwilling to admit it to others in their family and community. They will first try to "cure" themselves by reestablishing a balance in their lives. If this does not cure them, they will then tell their family. Because of their belief in the concept of imbalance either as caused by the individual or someone around them, the family will try to first find someone within the family/community who might be able to help the individual. The seeking of help within the family community is caused by a variety of factors. Economically, finding a cure without having to go to a clinical practitioner is a lot more cost effective for people who believe modern medicine is too expensive. They will also find it easier to trust someone they know and who knows them and their situation (Orque, 1983). Also, keeping the problem within a close-knit community will help the individual "save face" and avoid bringing "hiya" to the family. If a solution cannot be found within the family/community, help will then be sought outside. Pilipino people may prefer going to a Pilipino practitioner for reasons of familiarity (Orque, 1983). They may believe that someone who has the same background as they will understand their perspective of the problem and be better able to help them. Because of all the steps they will take before admitting they have a problem, help is not sought until the problem has become acute (Ishisaka & Takagi, 1982). This could mean a greater use of the emergency room when the problem may have been exacerbated to the point of being irreparable (Anderson, 1983). The concepts of "hiya" and "amor propio" of the Pilipino individual and family also affect their help-seeking behavior for "mental" illnesses. Having a mental illness in the Pilipino community may be equated to being "crazy." Because of the Pilipino social stigma about having a mental

illness, a Pilipino "will avoid any agency that is primarily identified as a mental health facility (Ishisaka & Takagi, 1982, p. 147; Anderson, 1983).

The members of the Pilipino community may be willing to "take care of their own" because of the concept of "utang na loob." This means "debt of gratitude." In essence, this means that when someone does one a favor or performs some service for one, one is obligated to repay that person. When children get sick, it is the parents' job to care for them. Conversely, when a parent becomes sick, the children are expected to take care of all of their needs (Stanford Geriatric Education Center, 1988). This is how different members of a community become very dependent on each other. This further tightens the bond within the community. On the other hand, this is also one of the reasons why Pilipinos are hesitant to seek help outside their family/community. Receiving help from a health professional could mean that one might incur "utang na loob" towards them (Morioka-Douglas & Yeo, 1990). This is to be avoided especially if one is unsure of the ability to repay the service. The concept of "amor propio" may dictate how Pilipinos will behave once they have sought outside help. Historically, Pilipinos have learned that interaction with members of a "dominant society" has resulted in the "punishment for speaking out" (Ishisaka & Takagi, 1982, p. 147). Because "Filipinos greatly emphasize the achievement and maintenance of social acceptance in all human interactions through smooth interpersonal relations" (Orque, 1983, p. 156), they will try to avoid direct expressions of conflict.

Analysis of Literature on Pilipino Beliefs

The figures given regarding the cost of home health care in comparison to the cost of care in a nursing home did not account for the possible cost to the caregiver: stress, loss of a job/salary, lower social function, health problems, etc. Studies which consider these costs may reveal the true cost of home health care in comparison to nursing home care.

It is also important to assess the causes of caregiver stress and attrition. Were the caregivers stressed because they were unwilling participants in the caregiving situation? Were their personal lives more negatively affected than the lives of those who did not quit? What measures may be taken to decrease caregiver stress and attrition? While preventing stress and attrition may not lead to a decrease in the utilization of long term care facilities, it may help lessen the human cost of caregiving. It may lessen inter-generational stress and increase family participation in the health care regimen of a sick or frail elder.

Much emphasis is placed on the importance of the Pilipino family in the formation of a Pilipino's health beliefs. A major strength of the body of literature about the Pilipino family, especially the Ishisaka and Takagi and the Kitano and Daniels articles, is the incorporation of history into the discussion of Pilipino health beliefs. They show the role that the history of a people plays on the beliefs that those people will ultimately espouse. The apparent lack of cohesion within the Pilipino community is then seen as the result of the need for defensive mechanisms against the colonizing forces which were brought upon the people.

The concepts of "hiya," "amor propio," "utang na loob" were widely covered in articles about the Pilipino people. The literature revealed that these were the principles that guide Pilipinos in all aspects of their lives, and not just in regards to health beliefs. However, a weakness is the amount of importance that these principles were given by the authors. While Pilipinos exhibit a great deal of adherence to these concepts, people of all cultures exhibit such beliefs to some degree or another. Perhaps future articles can focus on how much more importance, if any, Pilipinos place on those concepts as opposed to people from other cultures. Also, it would be important to determine the extent to which beliefs regarding "utang na loob" may still be held within the Pilipino American community.

The degree of influence that these concepts have on a Pilipino may also differ between different cohorts of Pilipinos. These concepts, for example, may be more pronounced in people who had rural origins in the Philippines where everyone knew everyone else and their families. Urban areas (more and more areas of the Philippines are becoming urbanized) are more likely to inhibit close knowledge of or interaction with all of one's neighbors. None of the research studies reviewed compared the beliefs of rural versus urban Pilipinos, either in the Philippines or in the US. Another weakness is the fact that none of the articles reviewed explored the changes in the role of the family in second and subsequent generations of Pilipinos in the US. As the bibliography reveals, many of most current articles were written in the late 1970's or early 1980's. The more current articles tend to cite the past articles extensively; no recent innovative studies are being published. The most recent literature, therefore, offers little insight to the true beliefs of the continually changing population. It

would be important to assess the validity of the old data against current studies on the subject.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

Research Design

This research study was basic and exploratory. It sought to assess the beliefs of members of the Pilipino American community through the use of qualitative as well as quantitative measures. Because there were no instruments available on the subject of filial responsibility which was appropriate for use in the Pilipino American community, the questionnaire for the study was a compilation of questions from several instruments (Kendis, 1989, Adams, 1968; Dinkel, 1944; Streib & Schneider, 1971; Mindel, 1977). Questions deemed appropriate (by the researcher and the advisors) for the Pilipino American community were included in the study questionnaire.

Each participant was asked to read the Agreement to Participate (Appendix A) before the start of the interview. If the participant still wished to be interviewed, the Agreement to Participate was then signed and dated by the researcher and given to the participant. A questionnaire (See Appendix B) was administered during the interview session. The demographic variables (age, family origin, birth/upbringing, religion, and duration in the U.S.) were used to assess whether they affect the beliefs regarding filial responsibility. The questions regarding child distance, sex, marital status, and caregiver choices were asked to explore the variables which may affect the choice for caregivers. The questions regarding actions to be taken by a child were geared to glean the parent's beliefs regarding filial responsibility. Closed and open-ended questions were used during the interview.

Methodology

The questionnaire developed for the study composed of quantitative and qualitative questions. The quantitative questions were geared towards gathering demographic information about the participants and answers to questions which have a limited number of possible answers. Qualitative questions were given to gather answers to questions which have a great number of possible answers. Care was taken not to limit the ability of participants to give a variety of answers. They were encouraged to comment on any questions they wished and to ask any questions they wished during the interview. There was also a portion of the interview which was solely devoted to solicit other comments about the subjects for questions which may not have been included in the questionnaire.

Sample Population

The subjects sought for the study were Pilipino Americans, 20 years old or older, who reside or work in Santa Clara County. It was difficult to determine exactly who would qualify as a study participant. Due to the increased numbers of inter-cultural marriages between Pilipinos and members of other cultures, more and more Pilipino Americans may be raised in a home consisting of two distinct cultures. As more and more members of subsequent Pilipino American generations enter into inter-cultural unions, the influence of the Pilipino culture in the upbringing of children may decrease. The influence of multiple cultures within the same family may act as a confounding variable to the beliefs of the study participants. In order to avoid this confounder, it was determined that a person needed to be born of Pilipino parents in order to qualify to be in the

study. Specifically, each parent had to be at least one-half Pilipino. In the event that both parents were one-half Pilipino, the presence of the Pilipino culture in their individual upbringing was assumed to play a role when they raise their own children. The following table illustrates the categories, numbers, age, and type of participants in the study.

PBR = Philippine born and raised

AB/R = U.S. born or raised

All participants were normal, active members of the community. The cohort groupings were arbitrary but simply serve as a guideline for distinguishing

Table 1: Participant Cohort Groups (N=53)

	20-39 y.o.	40-59 y.o.	60+ yrs old
PBR	13	12	14
AB/R	14	X	X

between different generations of Pilipino Americans. It was difficult to find participants 40 years old or older who were born or raised in the United States. This was because the first major wave of Pilipinos to immigrate into the United States were restricted from marrying. These categories, therefore, were not included in the study. Participation was voluntary and no incentives for participating were offered to the prospective participants.

Data Collection

The Pilipino Community of Santa Clara County was contacted to obtain the names and contact persons for Pilipino-American organizations in the county. Leaders of the appropriate organizations were contacted, briefed about the study and asked for names and phone numbers of possible participants for the study. Northside Community Center allowed the researcher to speak during one of the morning sessions. An overview of the study was given to the Center participants, and they were asked to volunteer for the study. Recruitment was also done among the membership of the Akbayan Club at San Jose State University, the Pilipino American Student Union at Stanford University, and the Magkaisa Filipino Student Union of Mission College in Santa Clara. No success was obtained when attempting to contact the appropriate student organizations at Santa Clara University or San Jose City College. The interviews for the study were conducted at a time and location most comfortable for the participant. The interviews were conducted during work hours, in the evenings, or during the weekends when convenient for the participants' schedule. Different locations for the interviews were homes, the Northside Community Center, offices, cafeterias, student unions, open classrooms on college campuses, restaurants, and bars.

Because this was a small, exploratory study, it was more important to have as diverse a representation in the age groups as possible rather than a random one. Club rosters were used for contacting participants. Effort was made to ensure adequate representation within each of the age/upbringing study cells.

Data Processing

No means of participant identification was put on the questionnaires in order to protect participant confidentiality. Because coding was done on a different form than the questionnaire, each questionnaire was given a unique number for the purpose of double-checking the coding of the data. The data collected in the study were coded by use of a code book created for the study. When consistent patterns were observed, an attempt was made to group the responses into categories. The accuracy of the coding was double-checked by a different person in order to avoid faulty data. The data were then entered into EpiInfo and validated for accuracy. Analysis of the data consisted of extracting frequency rates for the appropriate variables. Because the data were not normally distributed, non-parametric techniques of analysis were performed. The Kruskal-Wallis one-way analysis of variance was used when analyzing two or more samples. The Mann-Whitney or Wilcoxon test was used for two sample analysis between the U.S.-born-or-raised-group and the Philippine-born-and-raised group of 20-39 year olds.

For the questions for which the choice of answers were Strongly Agree (SA), Agree (A), Neutral (N), Disagree (D), and Strongly Disagree (SD), the data were regrouped in order to conduct some R-C analyses. SA and A responses were grouped together as positive responses (1). N, D, and SD responses were grouped together as negative responses (0).

CHAPTER 4
ANALYSIS OF THE DATA

Demographic Data

Thirty-three males and twenty females were recruited for the study. The following table outlines the major characteristics of the group:

Table 2: General Characteristics of Study Participants

Sex:	33 (62.3%) male
	20 (37.7%) female
Origin:	30 (56.6%) Luzon region
	17 (32.1%) Manila area
	6 (11.3%) Visayas area
Upbringing:	39 (73.5%) born and raised in the Philippines
	14 (26.4%) born or raised (immigrated to U.S. before age 10) in U.S.
Raised:	30 (56.6%) raised in urban area
	23 (43.4%) raised in rural area
Religion:	48 (90.6%) Catholic
	3 (5.7%) other Christian
	2 (3.8) Other religion
Marital Status:	21 (39.6%) single
	21 (39.6%) married
	10 (18.9%) separated
	1 (1.9%) widowed

There were more participants from the Luzon region than any other part of the Philippines. For the question on the participants' origin, they were asked where in the Philippines they were raised or, if they are American born, where their family came from in the Philippines. It was not possible to get adequate representation from each of the regions in the Philippines. Although effort was made to reach members from those organizations from the Visayan region, not enough people for analysis were recruited for the study from that region; no organizations found were specifically targeted at membership of people from the Mindanao region. The regional makeup of the sample reflect the relative proportions of immigration from the different parts of the Philippines. That is, more people come from the Luzon and Manila areas than other parts of the country.

Four participants were excluded from data analysis for various reasons. Two (one from the 60+ age group and the other from the 40-59 age group) were excluded because it was determined during the interview that they were not born and raised in the Philippines; one was born in Hawaii and the other in New Jersey. The father of the third person (from the 20-39 age group born and raised in the Philippines) was determined to be of full Chinese origin. The participant's data were excluded from the analysis. Although everyone was informed that participants needed to be at least twenty years old, the fourth person was later determined to be only eighteen years old and was thus excluded from the data analysis.

It should be also noted that all but one of the 18.9% with a "separated" marital status category are Pilipino American veterans who have recently been brought over to the United States by the American government. These

individuals were not financially able to bring their spouses with them, and are therefore classified as being “separated” physically. Otherwise, they would be categorized as married and living together.

The various questions posted in the interviews can be categorized into three different types of belief subjects: elder expectations, caregiver choices, and filial responsibility. For comparison purposes, each category will be grouped separately, and responses of the different age groups will be compared to the overall responses of the whole group.

The following table will serve as a guide for the tables presented throughout this chapter.

Table 3: Participant Abbreviation Guide

Group YAB/R: Young participant 20-39 years old born or raised (moved to the U.S. before ten years old) in the United States

Group YPBR: Young participants 20-39 years old born and raised in the Philippines (moved to the U.S. after ten years old)

Group MPBR: Middle participants 40-59 years old born and raised in the Philippines

Group OPBR: Older participants 60 years old or older born and raised in the Philippines

An outline of the major characteristics of participants in each of the age and upbringing groups may be seen on Tables 4 and 5.

Table 4: Characteristics of Study Participants by Age/Upbringing Group

	Sex		Origin			Raised	
	M	F	Luzon	Manila	Visayas	Urb	Rur
All	33 (62.3)	20 (37.7)	30 (56.6)	17 (32.1)	6 (11.3)	30 (56.6)	23 (43.4)
YAB/R	11 (78.6)	3 (21.4)	9 (64.3)	3 (21.4)	2 (14.3)	13 (92.9)	1 (7.1)
YPBR	4 (30.8)	9 (69.2)	4 (30.8)	8 (61.5)	1 (7.7)	10 (76.9)	3 (23.1)
MPBR	6 (50.0)	6 (50.0)	10 (83.3)	2 (16.7)	0 (0.0)	5 (41.7)	7 (58.3)
OPBR	12 (85.7)	2 (14.3)	7 (50.0)	4 (28.6)	3 (21.4)	2 (14.3)	12 (85.7)

Note. All figures in parentheses are percentages; Origin: Where in the Philippines the participant or his/her family came from. When parents came from different parts of the country, father's origin chosen.

The majority of participants from each age/upbringing groups were from the Luzon region of the Philippines. About half of the participants were raised in an urban setting, while the other half were raised in a rural setting. The participants generally considered the United States their permanent home. However, participants 20-39 years old and born and raised in the Philippines

and participants 60 and older believed that they would be happier living in the Philippines. The various reasons given for the preference of the Philippines over the United States were such as "All my family is there. Living is a lot easier there if money was not a problem."

Table 5: Characteristics of Study Participants by Age/Upbringing Group.
cont'd

	Language most often spoken in home					Live with		
	Pilipino	Most Pil	Equal	MostEng	Eng	parents	children	others
All	12 (22.6)	18 (34.0)	7 (13.2)	11 (20.8)	5 (9.4)	18 (34.0)	24 (45.3)	22 (41.5)
YAB/R	0 (0.0)	2 (14.3)	2 (14.3)	5 (35.7)	5 (35.7)	10 (71.4)	1 (7.1)	9 (64.3)
YPBR	3 (23.1)	6 (46.2)	3 (23.1)	1 (7.7)	0 (0.0)	6 (46.2)	5 (38.5)	7 (53.8)
MPBR	1 (8.3)	6 (50.0)	1 (8.3)	4 (33.3)	0 (0.0)	2 (16.7)	12 (100.0)	2 (16.7)
OPBR	8 (57.1)	4 (28.6)	1 (7.1)	1 (7.1)	0 (0.0)	0 (0.0)	6 (42.8)	4 (28.6)

Note. Figures in parentheses are percentages.

The W.W.II veteran participants generally believed that the U.S. is their permanent home. They were just recently admitted into the United States and finally given American citizenship as promised to them during W.W.II. They felt as if they have worked all their lives to be able to come here. They fought for

the U.S. during W.W.II with the promise that they would get citizenship, and it has taken over 40 years for them to win the right to collect on those promises. Some intended to take advantage of such benefits as social security, Medicare, Medical, etc. Because of these hard-fought rights, they believe that they will be happiest living in the United States. The group 20-39 years old who were born or raised in the United States did not generally feel a strong link to the Philippines as "home." The American way of life was all that they know; what they knew about the Philippines and the Pilipino culture were merely stories told to them by their parents and relatives and something they witness when visiting the Philippines on vacations. They therefore considered the United States their permanent home and believed that they would be happiest living here. In general, those who responded that they would be happier in the Philippines cited the fact that the majority of their family lives there. On the other hand, those who responded that they would be happier living in the U.S. generally have their families here. It would be of interest to conduct studies in the future to assess the relationship between the link felt by participants towards the Philippines and the beliefs that they hold regarding traditional Pilipino beliefs and traditions.

About 57% of the participants reported that Pilipino is the language most often used in the home. However, only 14.3% of those 20-39 years old who were born or raised in the United States reported Pilipino as the primary language at home. Nearly three-fourths (71.4%) of these participants report English as the primary language in the home. One-third of the participants 40-59 years old reported that they use mostly English in the home. The reason they cited was the fact that their children only understand and speak English.

Table 5 also shows the number of people who live with their parents, children, and other relatives. The parents of all the 60 year old and older are deceased. Those 20-39 years old who are attending school are generally still living in their parents' home. One hundred percent of those 40-59 years old live with their children and 33.4% of them reported living in the same home as their parents, children, and or other relatives.

Elder Expectations

There were seven questions in the questionnaire designed specifically to assess the expectations people have of their children. The responses of the age/upbringing cohorts were compared for each of the questions.

Table 6: Elder Expectations: Living Arrangements

If there came a time when you can no longer live alone, would you expect to live with your children?

	<u>All</u>	<u>YAB/R</u>	<u>YPBR</u>	<u>MPBR</u>	<u>OPBR</u>
Yes	32 (60.0)	11 (78.6)	9 (69.2)	3 (25.0)	9 (64.3)
No	18 (34.0)	3 (21.4)	4 (30.8)	7 (75.0)	2 (14.3)

Note. All figures in parentheses are percentages.

In general, the participants expected to live with their children when they are no longer able to live alone. Three-fourths (75%) of those in Group MPBR, however, did not expect to live with their children when they can no longer live alone. They believed that their children have their own lives and therefore should not be burdened with their parents. Some planned to remain in their

own homes and have people come in and care for them. Six (42.8%) of the OPBR group already live with their children. A Kruskal-Wallis one way analysis of variance (equivalent to Chi-square) yielded a $X^2 (3, N = 53) = 7.34, p = .06$ which gave marginal significance to the variable. A Mann-Whitney or Wilcoxon two-sample test was performed to compare the responses of the YAB/R and the YPBR cohorts. The test yielded a $X^2 (1, n = 27) = 0.3, p = .59$ which showed that there was no statistical difference between the responses of the two groups.

Table 7: Elder Expectations: Financial

If you found yourself without enough money, would you expect your family to help out?

	All	YAB/R	YPBR	MPBR	OPBR
Yes	44 (83.0)	13 (92.9)	11 (84.6)	7 (58.3)	13 (92.9)
No	9 (17.0)	1 (7.1)	2 (15.4)	5 (41.7)	1 (7.1)

Note. All figures in parentheses are percentages.

In general, the participants expected their families to help out when they found themselves without enough money. While the 20-39 and 60+ age groups seemed to overwhelmingly have these expectations, the 40-59 age group was more evenly divided. The participants who answered "No" to the questions generally planned to make sure that they would not ever need their children for financial assistance. When pressed to say what they would do if an unexpected event happened and they needed more money, some have commented, "Well, that's why we work very hard now, to make sure that we would be able to provide for the needs of our family and make sure that we

would never be dependent on them for money in the future. We are doing everything in our power to make sure that doesn't happen to us."

Table 8 shows the participants' preferences in regards to proximity to their children. Generally, they would prefer to live within the same neighborhood as their children. Some of the participants who stated that they would prefer to be in the same neighborhood as the children added, "Well, it depends on the children, too, if they want us to be in the same neighborhood."

Table 8: Elderly Expectations: Proximity

Would you prefer to live in the same neighborhood as your children, or at a greater distance?

	All	YAB/R	YPBR	MPBR	OPBR
Same	31 (62.0)	7 (53.8)	5 (38.5)	7 (70.0)	12 (85.7)
Distance	19 (38.0)	6 (46.2)	8 (61.5)	3 (30.0)	2 (14.3)

Note. All figures in parentheses are percentages.

A Kruskal-Wallis one way analysis of variance yielded a $X^2 (3, N = 50) = 6.9$, $p = .08$ which gave marginal significance to the test at 95% confidence interval. Those who are 20-39 years old and born and raised in the Philippines, however, would prefer to live at a greater distance from their children. A Mann-Whitney or Wilcoxon two-sample test yielded a $X^2 (1, n = 26) = 0.6$, $p = .44$ which suggested that there was no statistical difference between the responses of the two groups.

Table 9: Elder Expectations: Residence

Would you prefer to live with one of your children, or in a separate residence?

	<u>All</u>	<u>YAB/R</u>	<u>YPBR</u>	<u>MPBR</u>	<u>OPBR</u>
With Children	18 (34.0)	3 (21.4)	3 (23.1)	1 (8.3)	11 (78.6)
<u>Separate</u>	<u>35 (66.0)</u>	<u>11 (78.6)</u>	<u>10 (76.9)</u>	<u>11 (91.7)</u>	<u>3 (21.4)</u>

Note: All figures in parentheses are percentages.

Table 9 illustrates the participants' preferences in regards to living arrangements. Participants in the 60+ age group expressed a strong preference to living with one of their children. Members of the younger age groups, however, seemed to feel equally strongly that they would prefer to live in a separate residence than their children. The Kruskal-Wallis one way analysis of variance yielded a $X^2 (3, N = 53) = 17.3, p < .01$. This suggested that the age cohorts into which the participants belonged influenced their answers to the question. The Mann-Whitney or Wilcoxon two-sample test of the two 20-39 age cohorts yielded a $X^2 (1, n = 27) = 0.01, p = .92$, which suggested that there was no statistical difference between the responses of the two groups. In fact, the responses of the two groups were highly correlated to each other.

Table 10: Elder Expectations: Child Actions

If a parent is not able to care for themselves and the adult child lives far away, what should the child do?

	All	YAB/R	YPBR	MPBR	OPBR
Move parent into child's home	15 (28.3)	4 (28.6)	2 (15.4)	3 (25.0)	6 (42.9)
Care for parent in parent's home	10 (18.9)	4 (28.6)	5 (38.5)	0 (0.0)	1 (7.1)
Make arrangements	15 (28.3)	2 (14.3)	6 (46.2)	4 (33.3)	3 (21.4)
Give support	10 (18.9)	3 (21.4)	0 (0.0)	5 (41.7)	2 (14.3)
Put in nursing home	1 (1.9)	0 (0.0)	0 (0.0)	0 (0.0)	1 (7.1)
Move parent closer to child's home	1 (1.9)	1 (7.1)	0 (0.0)	0 (0.0)	0 (0.0)
Other	1 (1.9)	0 (0.0)	0 (0.0)	0 (0.0)	1 (7.1)

Note. All figures on parentheses are percentages.

Table 10 shows the expectations which were held by participants regarding child actions. The majority of participants interviewed would choose to either care for their parents themselves or make arrangements for someone else to care for them. Caring for parents may be done in their home by moving the parent into their home or going to the parents' home to take care of them.

No one under 60 years old expressed the intention of putting their parents into a nursing home. When asked to comment on the reason for this, some have said that they find the prospect extremely "disheartening." One person summarized by stating, "I would rather send my parents home to the Philippines and have relatives take care of them rather than keep them here. My mother was very lonely here, because I still had to work. At least in the Philippines someone will always be there to take care of her and always be with her." The one participant (60+ years old) stated that he/she would rather stay in the nursing home than have to burden their family to care for them. It can be noted, also, that 41.7% of those 40-59 years old stated that they would expect to have children give support (money, visits, show concern) rather than give direct care. They would expect their children to help pay for their care, for example.

Table 11: Elder Expectations: Assistance

If parents need financial assistance, how much should children be expected to help?

	All	YAB/R	YPBR	MPBR	OPBR
A great deal	20 (38.5)	11 (78.6)	6 (46.2)	3 (27.3)	0 (0.0)
Some	20 (38.5)	3 (21.4)	6 (46.2)	2 (18.2)	9 (64.3)
A little	7 (13.5)	0 (0.0)	0 (0.0)	34 (6.4)	3 (21.4)
None	5 (9.6)	0 (0.0)	1 (7.7)	2 (18.2)	2 (14.3)

Note. All figures in parentheses are percentages.

Table 11 shows the expectations which participants have regarding financial assistance from their children. The participants in the 20-39 age groups expressed the strongest belief in the amount of financial help children should give their parents. Such comments as "I would give as much as I have and as much as they need" were given by those participants. Members of the 40-59 age group were divided as to the amount which should be expected from their children. They believe that "My children have their own families and their own lives to take care of. I can't expect them to take care of me. I have to make arrangements to make sure I wouldn't need their help." The members of the 60+ age group believe that children should help some or a little.

Table 12: Elder Expectations: Decisions

If a parent is unable to make decisions for themselves, the adult child should make the decisions based on what they felt was the best for the parent:

	All	YAB/R	YPBR	MPBR	OPBR
Despite what the parent may have wanted					
	8 (15.4)	1 (7.1)	2 (15.4)	0 (0.0)	5 (38.5)
With consideration for what the parent may have wanted					
	34 (65.4)	11 (78.6)	7 (53.8)	12 (100)	4 (30.8)
Only if it matches what the parent would have wanted					
	10 (19.2)	2 (14.3)	4 (30.8)	0 (0.0)	4 (30.8)

Note. All figures in parentheses are percentages.

Table 12 shows the opinions of the participants regarding the decision making process expected of children in the event that a parent becomes unable to care for themselves. The participants younger than 60 years old generally believe that children should make decision with consideration for what they

know the parent may have wanted. The members of the 60+ age group who felt that children should make the decisions despite of what the parent may have wanted feel that "I trust my children. They know what is right, and I trust them to make that decision." None of the 40-59 year old participants, however, would make decisions despite of what they know the parents may have wanted. They would only make their decisions with consideration for what the parent may have wanted.

Caregiver Choices

Another part of the study was concerned with assessing the choices made by Pilipino Americans as to whom they expect to care for them when they are no longer able to do so for themselves. These choices may be seen in the four questions used to assess caregiver choices.

Table 13: Caregiver Choices: Primary

If you are unable to meet your own health care needs, who do you wish to have care for you?

	<u>All</u>	<u>YAB/R</u>	<u>YPBR</u>	<u>MPBR</u>	<u>OPBR</u>
Spouse	19 (35.8)	2 (14.3)	4 (30.8)	4 (33.3)	9 (64.3)
Eldest Son	6 (11.3)	1 (7.1)	0 (0.0)	3 (25.0)	2 (14.3)
Eldest Daughter	2 (3.8)	1 (7.1)	0 (0.0)	0 (0.0)	1 (7.1)
Any child	7 (13.2)	1 (7.1)	5 (38.5)	0 (0.0)	1 (7.1)
Oldest child	5 (9.4)	4 (28.6)	1 (7.7)	0 (0.0)	0 (0.0)
Other family	3 (5.7)	1 (7.1)	1 (7.7)	1 (8.3)	0 (0.0)
Friend	1 (1.9)	1 (7.1)	0 (0.0)	0 (0.0)	0 (0.0)
Public health	7 (13.2)	0 (0.0)	2 (15.4)	4 (33.3)	1 (7.1)
Parents	2 (3.8)	2 (14.3)	0 (0.0)	0 (0.0)	0 (0.0)
Other	1 (1.9)	1 (7.1)	0 (0.0)	0 (0.0)	0 (0.0)

Note. Figures in parentheses are percentages.

Spouses and children were the participants' general first choice for caregivers. Some participants in the 40-59 age group have expressed the wish to be cared for by the public health care system instead of their families. The reason the majority cited for this choice was "I do not want to be a burden on my family." Some also felt that they have helped to pay for the public health care system in this country and deserve to use it when they need it. "That's what it's there for, isn't it?" The members of the immediate family were strongly preferred over other relatives, friends, or the public health care system.

Table 14 shows the choices made by participants for caregiver in the event that their first choice is not available. Children were generally the second choice as caregivers for the participants. The oldest daughter was generally more favored over the oldest son. Parents and friends were not chosen

Table 14: Caregiver Choices: 2nd Choice for Caregiver

If you are unable to meet your own health care needs and your first choice is unable to help, who do you wish to have care for you?

	<u>All</u>	<u>YAB/R</u>	<u>YPBR</u>	<u>MPBR</u>	<u>OPBR</u>
Spouse	1 (1.9)	0 (0.0)	0 (0.0)	0 (0.0)	1 (7.1)
Eldest Son	5 (9.4)	0 (0.0)	0 (0.0)	1 (8.3)	4 (28.6)
Eldest Daughter	10 (18.9)	1 (7.1)	0 (0.0)	4 (33.3)	5 (35.7)
Any child	14 (26.4)	4 (28.6)	6 (46.2)	2 (16.7)	2 (14.3)
Oldest child	4 (7.5)	1 (7.1)	3 (23.1)	0 (0.0)	0 (0.0)
Other family	11 (20.8)	7 (50.0)	1 (7.7)	1 (8.3)	2 (14.3)
Friend	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Public health	6 (11.3)	0 (0.0)	2 (15.4)	4 (33.3)	0 (0.0)
Parents	1 (1.9)	0 (0.0)	1 (7.7)	0 (0.0)	0 (0.0)
Other	1 (1.9)	1 (7.1)	0 (0.0)	0 (0.0)	0 (0.0)

as second choices for caregivers. Reasons cited for choosing the oldest son or daughter were "They are the oldest and most responsible child. They are more likely to be in a position economically to help." Those who chose the public health care system as their first source for help were counted as also choosing the public health care system as their second choice.

Table 15: Caregiver Choices: Financial

If you and your spouse become unable to attend to financial matters, who would you wish to have care for your financial concerns?

	<u>All</u>	<u>YAB/R</u>	<u>YPBR</u>	<u>MPBR</u>	<u>OPBR</u>
Mother	5 (9.4)	3 (21.4)	1 (7.7)	1 (8.3)	0 (0.0)
Father	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
One of parents	3 (5.7)	2 (14.3)	1 (7.7)	0 (0.0)	0 (0.0)
Eldest Son	9 (17.0)	0 (0.0)	1 (7.7)	3 (25.0)	5 (35.7)
Eldest Daughter	7 (13.2)	1 (7.1)	0 (0.0)	2 (16.7)	4 (28.6)
One of children	12 (22.6)	3 (21.4)	5 (38.5)	3 (25.0)	1 (7.1)
Other family	11 (20.8)	5 (35.7)	2 (15.4)	1 (8.3)	3 (21.4)
Public Agency	6 (11.3)	0 (0.0)	3 (23.1)	2 (16.7)	1 (7.1)

Note. Figures in parentheses are percentages.

Table 15 illustrates the participants' choices for financial caregivers in the event that they are no longer able to attend to their financial concerns. People 40 years old and older chose their children to take care of their financial concerns if they become unable to do so. The oldest son and the eldest daughter were about equal in preference for all groups. While the participants in the 20-39 age

group may have chosen their mother as the person they would have take care of their financial concerns, none of them specifically chose their father for the task.

Table 16: Caregiver Choices: Confidante

Who do you most often talk to about private matters of concern to you?

	<u>All</u>	<u>YAB/R</u>	<u>YPBR</u>	<u>MPBR</u>	<u>OPBR</u>
Spouse	24 (45.3)	4 (28.6)	5 (38.5)	7 (58.3)	8 (57.1)
Mother	4 (7.5)	3 (21.4)	1 (7.7)	0 (0.0)	0 (0.0)
Father	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Eldest Son	2 (3.8)	0 (0.0)	0 (0.0)	1 (8.3)	1 (7.1)
Eldest Daughter	6 (11.3)	0 (0.0)	0 (0.0)	2 (16.7)	4 (28.6)
Other family	4 (7.5)	2 (14.3)	1 (7.7)	1 (8.3)	0 (0.0)
Friend	12 (22.6)	5 (35.7)	6 (46.2)	0 (0.0)	1 (7.1)
Other	1 (1.9)	0 (0.0)	0 (0.0)	1 (8.3)	0 (0.0)

Note. Figures in parentheses are percentages.

The participants in the groups who were married generally chose their spouse as the person they most often talk to about private matters of concern to them. Some chose their daughters as their confidants. Many of the participants who were unmarried chose their mother as their confidant. None of the participants chose their fathers as the person they most often talk to about private matters. Many of the U.S. born or raised reported that they most often talk to friends about private matter. In many cases this "friend" is their significant other; in

some it is their best friend. Also, eldest daughters were more often chosen as confidants over eldest sons.

Filial Responsibility

Finally, there were eight questions geared towards assessing the beliefs that Pilipino Americans have regarding filial responsibility. After five interviews, it was clear that the term "aged" in the questionnaire confused many of the participants. When the term "older" was substituted in attempt to clarify the question, the participants understood. The term was changed to "older" in subsequent interviews.

Table 17: Filial Responsibility: Living Arrangements

It usually does not work for older people to live with their children and grandchildren

	<u>All</u>	<u>YAB/R</u>	<u>YPBR</u>	<u>MPBR</u>	<u>OPBR</u>
Strongly Agree	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Agree	13 (24.5)	1 (7.1)	3 (23.1)	6 (50.0)	3 (21.4)
Neutral	7 (13.2)	2 (14.3)	3 (23.1)	2 (16.7)	0 (0.0)
Disagree	31 (58.5)	11 (78.6)	6 (46.2)	3 (25.0)	11 (78.6)
Strongly Disagree	2 (3.8)	0 (0.0)	1 (7.7)	1 (8.3)	0 (0.0)

Note: Figures in parentheses are percentages.

Table 17 shows the beliefs that participants have regarding living arrangements. The participants generally believed that living with one's

children and grandchildren is an acceptable arrangement. Some recall having lived in such an arrangement and finding that it was acceptable. Those participants in the 40-59 age group, however, are divided on the subject. The participants who agreed with the statement also recalled being in such living arrangements which did not work. The Kruskal-Wallis one-way analysis of variance yielded a χ^2 (3, N = 53) = 6.46, p = .09 which gave the age cohort marginal significance in predicting the responses of the participants. The Mann-Whitney or Wilcoxon two-sample test of the YAB/R and YPBR groups yielded a χ^2 (1, n = 27) = 1.31, p = .25 which suggested that there were no statistical differences between the responses of the two groups.

Table 18: Filial Responsibility: Obligation

It is the obligation of grown children to take care of their older parents.

	<u>All</u>	<u>YAB/R</u>	<u>YPBR</u>	<u>MPBR</u>	<u>OPBR</u>
Strongly Agree	12 (22.6)	8 (57.1)	3 (23.1)	0 (0.0)	1 (7.1)
Agree	32 (60.4)	5 (35.7)	7 (53.8)	9 (75.0)	11 (78.6)
Neutral	3 (5.7)	1 (7.1)	1 (7.7)	1 (8.3)	0 (0.0)
Disagree	6 (11.3)	0 (0.0)	2 (15.4)	2 (16.7)	2 (14.3)
Strongly Disagree	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)

Note: Figures in parentheses are percentages.

Table 18 presents the responses of the participants when asked if they agreed that it is the obligation of grown children to take care of their older parents. The participants generally expressed strong beliefs that children are obligated to

care for their older parents. It can be noted, however, that the members of the 20-39 age groups were more likely to strongly hold in this conviction. The Kruskal-Wallis test yielded a $X^2 (3, N = 53) = 6.46, p = .09$ which gave age cohort marginal significance in determining the responses to the question. The Mann-Whitney or Wilcoxon two-sample test of the YAB/R and YPBR groups yielded a $X^2 (1, n = 27) = 2.94, p = .25$ which suggested that there was no statistical difference between the responses of the two groups.

Table 19: Filial Responsibility: Duty

It is a child's duty to care for his/her parents should the parents become unable to care for themselves.

	<u>All</u>	<u>YAB/R</u>	<u>YPBR</u>	<u>MPBR</u>	<u>OPBR</u>
Strongly Agree	18 (34.0)	8 (57.1)	6 (46.2)	2 (16.7)	2 (14.3)
Agree	30 (56.6)	6 (42.9)	6 (42.9)	6 (50.0)	12 (85.7)
Neutral	1 (1.9)	0 (0.0)	1 (7.7)	0 (0.0)	0 (0.0)
Disagree	4 (7.5)	0 (0.0)	0 (0.0)	4 (33.3)	0 (0.0)
Strongly Disagree	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)

Note. Figures in parentheses are percentages.

As illustrated in Table 19, participants also generally expressed the belief that it is the child's duty to care for his/her parents should the parents become unable to care for themselves. Once again, the participants from the 20-39 age group were more likely to strongly hold these convictions than participants in the other

groups. There was, however, a substantial number in the 40-59 age group who believe it is not a child's duty to care for the parents should the parents become unable to care for themselves. Some have stated, "I cannot expect my children to always take care of me. They have their own lives. I have to make arrangements myself to make sure I can take care of myself always." The Kruskal-Wallis test yielded a $X^2 (3, N = 53) = 10.78, p = .01$. This suggested that there is a correlation between the age cohorts and the responses they gave to the question. The Mann-Whitney or Wilcoxon two sample test of the YAB/R and YPBR groups yielded a $X^2 (1, n = 27) = 1.08, p = .30$ which suggested that there was no differences between the general responses of the two groups.

Some of the participants objected to the term "duty" being the operative word in the question. One stated, "I don't think of it as a duty. Yes, I believe it is something I need to do for my parents, but I don't want to think of it as a duty." When asked to suggest more appropriate terminology, words such as "obligation," "responsibility," "owe," and "debt" were offered and rejected by the participants. Such words, they say, are too strong.

Table 20: Filial Responsibility: Support

We should look to children to support older parents.

	<u>All</u>	<u>YAB/R</u>	<u>YPBR</u>	<u>MPBR</u>	<u>OPBR</u>
Strongly Agree	6 (11.3)	3 (21.4)	1 (7.7)	1 (8.3)	1 (7.1)
Agree	39 (73.6)	11 (78.6)	8 (61.5)	8 (66.7)	12 (85.7)
Neutral	1 (1.9)	0 (0.0)	1 (7.7)	0 (0.0)	0 (0.0)
Disagree	7 (13.2)	0 (0.0)	3 (23.1)	3 (25.0)	1 (7.1)
Strongly Disagree	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)

Note. All figures in parentheses are percentages.

Table 20 illustrates the responses of the participants regarding the expectations placed upon the children to support their older parents. The participants expressed a strong conviction for children to support their parents. The Kruskal-Wallis one way analysis of variance yielded the $X^2 (3, N = 53) = 6.47, p = .09$ which suggested that the participants' age cohort has a marginally significance in determining the responses to the question. Those in the 40-59 age groups who stated that we should not look to children for support believe that parents must make all efforts to support themselves and not burden their children. The Mann-Whitney or Wilcoxon two sample test of the YAB/R and YPBR groups yielded a $X^2 (1, n = 27) = 4.87, p = <.05$. This suggested that there was a statistically significant difference between the responses of the two groups.

Table 21: Filial Responsibility: Teach

The duty of caring for older parents should be taught each child.

	<u>All</u>	<u>YAB/R</u>	<u>YPBR</u>	<u>MPBR</u>	<u>OPBR</u>
Strongly Agree	10 (18.9)	4 (28.6)	5 (38.5)	0 (0.0)	1 (7.1)
Agree	38 (71.7)	9 (64.3)	6 (46.2)	10 (83.3)	13 (92.9)
Neutral	2 (3.8)	1 (7.1)	1 (7.7)	0 (0.0)	0 (0.0)
Disagree	3 (5.7)	0 (0.0)	1 (7.7)	2 (16.7)	0 (0.0)
Strongly Disagree	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)

Note: Figures in parentheses are percentages.

Table 21 illustrates the beliefs the participants expressed the teaching of duties to children. Participants believed that children should be taught the duty of caring for their older parents. Many believed that parents teach their children by example. Some of the participants in the 20-39 age group remembered their parents caring for their grandparents in their homes and have stated that they would like to be able to do the same for their parents in the future or at least be able to make sure that they are being taken care of. The Kruskal-Wallis test yielded a $X^2(3, N = 53) = 2.77, p = .43$ which suggested that there were no statistical differences between the responses of the various groups. A Mann-Whitney two-sample test conducted on the YAB/R and YPBR groups yielded the $X^2(1, n = 27) = 1.37, p = .5$ which suggested that there was also no statistical difference between the responses of the two groups. Some of the participants who were neutral or who disagreed with the statement expressed objections to the didactic connotation of the term "taught." They expressed the belief that children do not need to be taught; they will learn by example.

Table 22: Filial Responsibility: Inconvenience

Children should put up with any inconvenience in their family life in order to help older parents.

	<u>All</u>	<u>YAB/R</u>	<u>YPBR</u>	<u>MPBR</u>	<u>OPBR</u>
Strongly Agree	2 (3.8)	0 (0.0)	1 (7.7)	0 (0.0)	1 (7.1)
Agree	30 (56.6)	8 (57.1)	4 (30.8)	5 (41.7)	13 (32.9)
Neutral	4 (7.5)	2 (14.3)	2 (15.4)	0 (0.0)	0 (0.0)
Disagree	15 (28.3)	2 (14.3)	6 (46.2)	7 (58.3)	0 (0.0)
Strongly Disagree	2 (3.8)	2 (14.3)	0 (0.0)	0 (0.0)	0 (0.0)

Table 22 shows that the majority of the participants believed that children should put up with any inconvenience in their family life in order to help older parents. Participants in the 40-59 age group, however, did not agree. Some have stated, "A person can only put up with so much," or "As long as everyone is happy, we will put up with it." A large portion of the 20-39 year olds who were born and raised in the Philippines supported this view also. The Kruskal-Wallis analysis yielded a $X^2 (3, N = 53) = 13.36, p < .01$. This suggested that there are differences in the responses among the groups. The Mann-Whitney or Wilcoxon test conducted on the YAB/R and YPBR yielded a $X^2 (1, n = 27) = 0.91, p = .34$ which suggested that there were no statistical differences in the responses of the two groups.

Table 23: Filial Responsibility: Morality

It should be considered highly immoral for children to refuse to help older parents.

	<u>All</u>	<u>YAB/R</u>	<u>YPBR</u>	<u>MPBR</u>	<u>OPBR</u>
Strongly Agree	4 (7.5)	3 (21.4)	0 (0.0)	0 (0.0)	1 (7.1)
Agree	37 (69.8)	8 (57.1)	9 (69.2)	7 (58.3)	13 (92.9)
Neutral	4 (7.5)	2 (14.3)	1 (7.7)	1 (8.3)	0 (0.0)
Disagree	8 (15.1)	1 (7.1)	3 (23.1)	4 (33.3)	0 (0.0)
Strongly Disagree	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)

Note. Figures in parentheses are percentages.

The participants believed that it should be considered highly immoral for children to refuse to help older parents. It should be noted here that the word "immoral" triggered strong negative feelings from some of the participants. Some stated, "It is not a morality issue." When it was explained that "immoral" may be used to mean "socially wrong", they also objected to the word "wrong." Those who disagreed with the statement stated that, depending on the situation, they may consider it acceptable for a child to refuse to help a parent. They, therefore, did not agree with what they considered was a blanket and accusatory statement.

Table 24 Filial Responsibility: Repayment

The help people give their elderly relatives should be considered a repayment to them for the things they did for you earlier in life.

	<u>All</u>	<u>YAB/R</u>	<u>YPBR</u>	<u>MPBR</u>	<u>OPBR</u>
Strongly Agree	5 (9.4)	3 (21.4)	0 (0.0)	0 (0.0)	2 (14.3)
Agree	28 (52.8)	9 (64.3)	5 (38.5)	8 (66.7)	6 (42.9)
Neutral	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Disagree	19 (35.8)	2 (14.3)	7 (53.8)	4 (33.3)	6 (42.9)
Strongly Disagree	1 (1.9)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)

Note: Figures in parentheses are percentages.

Table 24 illustrates that, in general, the participants believed that the help they give their elderly relatives should be considered a repayment to them for the things they did for you earlier in life. The Mann-Whitney two-sample test conducted on the YAB/R and YPBR groups yielded a $X^2 (1, n = 27) = 6.22$,

$p = .01$. This made a strong suggestion that the responses differed significantly between the two groups. Some participants stated, "Everything I am I owe to them. I would not be here if it wasn't for them. I owe them a lot for that." The term "repayment" in this question triggered strong reactions from some of the participants. They did not consider what they would do for their parents as "repayment." "Children should do it for love and respect for their parents and not because they owe their parents anything" was a statement made by many participants in response to the question. When asked what word they would use instead of "repayment", such terms as "obligation," "owe," and "responsibility" were offered. However, when these terms were introduced to subsequent participants as substitutes for the term "repayment" when they objected, they also rejected these terms. All participants expressed the fact that they would do something for their parents. However, they cannot find a term that they would use to describe their reasons. The researcher at this point would ask them if they believe in the term "utang na loob" or debt of gratitude when it comes to the relationship between parents and children. Many readily agreed although the term includes the word "utang," which literally means "debt" and implies "owing," and "repayment." The reasons they gave for believing in "utang na loob" are "Well, that's the Pilipino way" and "That's how we do it in the Philippines. If we were there, children would believe in 'utang na loob', but here they don't." When asked for further comment, many responses can be summarized by this response: "It is the custom of the Philippines. Relatives born here (in the U.S.) don't have the same opinion as people born in the Philippines. People born here don't have a sense of duty toward their family."

CHAPTER 5

DISCUSSION AND IMPLICATIONS FOR FUTURE RESEARCH

Discussion

The questions in the study have shown that Pilipino Americans in general hold strong beliefs regarding filial responsibility. There were certain expectations that people have regarding their future living arrangements, the amount of help they expected from their families in times of need, the people they would chose to care for them if they become ill, their choice of confidants, and the various questions which assessed their beliefs regarding the duties that children have towards their parents.

The study also shows that there are definite trends within the population which may affect its ability to respond to the future needs of its elders. There are various possible factors affecting each age/upbringing groups which may have affected their answers to the question.

60+ year olds: All the people in this group were born and raised in the Philippines. They grew up with strong Pilipino values regarding the roles of parents and children within a family. They also grew in a society which generally did not know the existence of nursing homes and other institutional long term care facilities. Families grew old together; many of the children worked close to home. The women in the Philippines tended not to have jobs; they stayed home and raised the children and would, therefore, have the opportunity to care for elder relatives. Many, who did not come into the U.S. until relative old age, may have brought their traditional Pilipino values with them and therefore may hold very strong opinions on the subject of filial responsibility.

40-59 year olds: Many have called this the “sandwich generation.” They are at a point when they have both parents and children and may be expected to care for both. For various economic reasons, they may also have been required to be employed while raising a family and caring for their elderly. Those who have had experience in caring for both their parents and their own families while being employed may have a first-hand view of the realities of parental caregiving in modern society. These are the members of the generation which grew up in the Philippines under Pilipino rules but who are raising their children in the United States, at least partially under the influence of American culture. They may have realized, therefore, that it may not be possible to expect their children to completely abide by traditional Pilipino rules. Participants from this age group have commented: “I feel the obligation to do things for my parents because of everything they have done for me. But I don’t expect my children to do the same thing for me. What they do is up to them. I accept that.” This statement may reveal the transitional state of this cohort, a transitional state which may reflect the changes undergone by the Pilipino culture in the United States. This is the cohort which deals with the past, present, and future of the Pilipino culture in the U.S. They are dealing with the expectations of traditional Pilipino parents, their own personal acculturation into the American milieu, and the values and norms of the increasingly-modern Pilipino American children.

20-39 year olds born and raised in the Philippines: This group of participants grew up in the Philippines and may have lived by Pilipino standards. They may be more likely to hold traditional beliefs regarding filial responsibility towards their parents. It would be of great interest to follow the changes

undergone by this cohort in order to determine if they experience the same changes being faced by the 40-59 cohort.

20-39 year olds born and/or raised in the U.S.: These are Pilipino Americans who were likely to be brought up under American values and norms. They are more likely to have English as their primary mode of communication. The amount and quality of interaction that they have with 60+ year olds who speak mainly Pilipino may be limited. However, many have stated that they have learned their beliefs regarding the subject of filial responsibility by having their parents as examples. Those who have seen their parents care for their grandparents may be more likely to want to do the same for their parents in the future. However, like the Philippine born and raised 20-39 year old group, this may be a young and idealistic group. The beliefs they hold may be beliefs they ideally would like to hold. They have not yet experienced first hand having to care for their parents and their own family simultaneously.

There were some results in the study which may be of importance when taken in relation to the existing data on the Pilipino American community and to some of the research theories discussed in this thesis.

The ability of the members of the Pilipino American community to impart their values and beliefs to future generations may depend on the quality of communication between members of different generations. While teaching may occur by example, the spoken language is a powerful tool with which to accomplish this task. The data on this sample population, however, showed that there may be a language barrier between the various generations of Pilipinos. The majority of the Philippine-born and raised participants reported Pilipino as the language most often spoken in the home. In fact, 57.1% of the participants

60 years old or older reported Pilipino as the only language spoken in the home. Over 70% of the participants 20-39 years old who were born and/or raised in the United States reported English as the language most often spoken in the home. Of those, one-half reported English as the only language spoken in the home. Because one of the important roles of a grandparent within a family is to impart the beliefs and values of the culture to the children, this apparent lack of a common language of communication may act as an obstacle in inter-generational communication.

Expectations

The participants in the study shared their expectation and preferences in the event that they may need help with their health care or financial assistance. While the participants generally agreed in their opinions regarding the issues, a closer look at the responses within the different cohort reveals some definite patterns of change on the beliefs of the Pilipino American community. Signs of this change may be seen in several situations.

The members of the 40-59 age cohort gave some responses which were strikingly dissimilar to the answers given by the other age cohorts. Whereas 76.3% of the YAB/R, YPBR, and OPBR combined groups responded that they would expect to live with their children when they can no longer live alone, only 25% of the MPBR group expressed the same expectation. On the question regarding the expectation of financial assistance, 90.2% of the YAB/R, YPBR, and OPBR participants responded that they would expect their families to help out if they found themselves without enough money. On the other hand, only 58.3% of the MPBR expressed the same expectation.

Another possible sign of change in the beliefs of the Pilipino American community may be gleaned from the preference of the participants' living arrangements. Whereas 78% of the OPBR participants responded that they prefer to live with one of their children, only 17.9% of the YAB/R, YPBR, and MPBR participants expressed the same preference.

Caregiver Choices

The section on the participants' caregiver choices showed that 35.8% of the participants would choose their spouses as their primary caregivers while 35.7% would choose one of their children. This may be comparable to the data given by Stone, Cafferata, and Sangl (1987) which reported that 36% of community caregivers are spouses while 36% are daughters and sons of the elder needing care. It should be noted, however, that the opinions given by the YAB/R and YPBR groups may be given on the basis of a hypothetical situation. Some may not have had children at the time of the interview (or they may have children who are young) and therefore answered to the best of their knowledge at the moment. A similar situation may have affected the responses to the question on the secondary choice of caregivers. These data, however, reported that children were chosen as caregivers if the primary caregiver should not be available.

It can be noted in the two caregiver choice questions that some of the participants plan to turn to the public health care system in the event that they are no longer able to care for themselves. This may be a sign that more and more members of the Pilipino American community will be dependent on the public health care system than ever before. Although they may have originated from a

society where the family took care of its sick and frail elders, they may be beginning to utilize the benefits of the American public health care system more than ever before. It will become very important for the administrators of the health care system to find the means to provide appropriate care for the members of this community. The understanding of beliefs regarding filial piety and responsibility within this community will help to ensure that the family is appropriately included in the health care regimen of the Pilipino individual. The expected roles of certain family members must be respected and enhanced. An interesting outcome of the section was the fact that the father was not chosen by the participants to take care of financial matters or to act as confidante. It can also be noted that friends were more often reported as the confidantes of the younger cohorts. Whereas traditional Pilipinos may have chosen to confide about private matters only to family members first, more members of the younger generations may be including friends as members of their extended families.

Filial Responsibility

The section on beliefs regarding filial responsibility further illustrated the possible changes the Pilipino American community may be undergoing. These changes may be seen in the differences in the responses to certain questions. Whereas the participants generally felt that it works for older people to live with their children and grandchildren, there were differences between the responses of the groups. Half of the MPBR and 23.1% of the YPBR groups felt that the situation would not work (Table 17). This may serve as a sign of changing expectations for future family arrangements. Pilipino Americans in the future may prefer not to live with their children when they are no longer able to be on their

own. However, none of the MPBR participants reported that they would expect their children to come into their home to care for them (Table 10). This may serve as another sign for increased expectations to utilize the public health care system. Yet, the importance of the role of the family was stressed. The participants generally believed that it is the duty of grown children to care for their older parents (Table 18). This role may be fulfilled by caring for the parent directly or making arrangements for their care.

Those participants who do not agree that it is a child's duty to care for the parents should the parents become unable to care for themselves did not believe that "duty" was the appropriate term to use in the questions. The objection to the use of the word and others such as "debt," repayment," "owe," and "obligation" may signal the changes in the beliefs of Pilipino Americans regarding the duties of children towards their parents. The OPBR group generally did not have objections to such terms, because the concept of "utang na loob" encompasses all those terms. The OPBR group expressed the strong belief in the concept of "utang na loob." The members of the younger cohorts, therefore, in objecting to the terminology related to "utang na loob," may be expressing the changing beliefs of the Pilipino American community. Some have commented that children should "do things for their parents out of their love for them and not because they 'owe' them anything for what the parents have done for them." One participant commented, "I, as the parent, am obligated to take care of my children: clothe them, feed them, and give them an education. That's my duty as a parent. My children are not obligated to do that for me."

The participants in the OPBR group believed that children should put up with any inconvenience in order to help older parents. The members of the other

cohorts, however, felt that there would be a limit to the amount of inconvenience that children should be expected to endure. This difference in opinion was also noted in the question about the morality of helping older parents. Whereas the OPBR group believed that it would be immoral to refuse to help older parents, the members of the other cohorts were more like to disagree. They believed that helping parents should not be considered a morality issue and that there would actually be situations when it would be acceptable for children to refuse to help older parents. Some have commented that “some people get so unreasonable with their expectations and demands that sometimes you have to put your foot down.”

While the participants agreed on many of the issues regarding expectations, caregiver choices, and filial responsibility, there were numerous differences in opinion noted throughout the survey. These changes may signal the sources of the generational gap between different Pilipino American generations. More importantly, they may signal the changes being undergone by the Pilipino American community.

Implications for Future Research

Within the Pilipino American culture, there is clearly a strong belief that children need to care for their parents when the parents become older. However, because of the changing trends within the population, it would be of interest to find out if these differences in views may be contributed to generational differences. That is, do the 40-59 year olds hold less traditional values due to the changing American demographics of the family, or are their views based on a realistic and experiential point of view? Are these changing phenomena an

American trend or do these trends also exist in the Philippines? It would be beneficial to conduct a parallel research cross-generationally in the Philippines in order to compare the two population.

Because the study has shown that Pilipinos in general still hold traditional values on the subject of filial responsibility, it would be beneficial for the policy makers to find the means to support this system of health care and to ensure that caregivers within the population are given adequate social and financial support in order to be able to continue to give their elderly care within the community. This in the long run would save the health care system billions of dollars in the future.

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APPENDIX A
AGREEMENT TO PARTICIPATE

College of Applied Sciences and Arts • Department of Health Science
One Washington Square • San José, California 95192-0052 • 408/924-2970

Agreement to Participate in Research

Responsible Investigator: Edith Superio

Title of Protocol: Beliefs held by Pilipinos regarding filial responsibility

I have been asked to participate in a research study about the beliefs held by Pilipinos regarding filial responsibility. I will be asked to talk about my beliefs regarding the duties of children toward their parents and about my current life during an interview which will take about 30-45 minutes. There are no anticipated risks or benefits to me in this research.

I understand that the results of the study may be published, but that no information that could identify me will be included. Also, my individual answers to any questions will not be shared with anyone except the researchers.

Questions about the research may be addressed to Edith Superio at (408)729-7749. Complaints about the research may be presented to Dr. William Washington, Acting Chair of the Health Science Department at (408)924-2970. Questions or complaints about research or subjects' rights may be presented to Serena Stanford, PhD, Associate Vice President of Graduate Studies and Research at (408)924-2480.

No service of any kind, to which I am otherwise entitled, will be lost or jeopardized if choose to "not participate" in this study.

I consent voluntarily to participate in this research. I may refuse to participate in the study or any part of the study. If I decided to participate, I am free to withdraw at any time without affecting my relations with San Jose State University, the Pilipino Community of Santa Clara County, or Northside Community Center.

*** The signature of a researcher on this document indicates agreement to include me in the research and attestation that I have been fully informed of my rights.**

Researcher's Signature

Date

APPENDIX B
QUESTIONNAIRE

BACKGROUND

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AGE __ Family Origin in the Philippines
SEX __ ☐ Luzon Region
 ☐ Manila Area
 ☐ Visayas
 ☐ Mindanao
 ☐ Other; Specify _____

Born in the Philippines?
☐ Yes ☐ No If not, where? _____

If not born in U.S.:
Was your father born in the Philippines? ☐
Was your mother born in the Philippines? ☐
Was your father's father born in the Philippines? ☐
Was your mother's father born in the Philippines? ☐

Raised in
☐ Urban (City) ☐ Rural (Town, barrio)

Came to live in US at __ years old. Year 19__

Is U.S. your permanent home?
☐ Yes ☐ No

Do you think you would be happier living in the
☐ U.S.
☐ Philippines
☐ Other; specify _____

Religion:
☐ Catholic
☐ Other Christian _____
☐ Other _____

Marital Status
☐ Single
☐ Married living together
☐ Married separated
☐ Divorced
☐ Widow

Children:

Age Sex Marital Status

1. ___ ___ ___

2. ___ ___ ___

3. ___ ___ ___

4. ___ ___ ___

5. ___ ___ ___

Mother ___Living ___Deceased

Age ___

Father ___Living ___Deceased

Age ___

Are parents living together?

73

What would you say your financial status is at the moment?

___ Can't make ends meet

___ Just about manage

___ Have enough with a little extra

___ Money is not a problem

CAREGIVING/FILIAL RESPONSIBILITY

1. Who lives with you? (If more than one person in a category lives with you, put the number--for instance, 2 daughters).

___ I live by myself

___ husband or wife

___ mother

___ father

___ son(s)

___ daughter(s)

___ mother-in-law

___ father-in-law

___ son-in-law

___ daughter-in-law

___ grandchildren

___ brother

___ sister

___ niece

___ nephew

___ friend

2. Do you currently work for pay?

___ Yes, I work full time

___ Yes, part time

___ Yes, occasionally

___ No, retired at age ___

___ No, I don't work

3. What kind of work did you do most of your life? _____

4. Language most often used at home:

___ Pilipino (Tagalog, Visayan, Ilokano, etc.) only

___ Mostly Pilipino with a little English

___ Pilipino and English equally

___ Mostly English with a little Pilipino

___ English only

(To be asked of participants who have children older than 20 only)

5. Which adult child lives closest to you?

___ eldest son

___ eldest daughter

___ other child

___ son ___ daughter

Marital Status

___ Married ___ Single

With children? (Y/N) ___

6. The adult (older than 20 years old) child who lives closest to you lives within ___ miles.

(To be asked of participants whose parents are still alive)

7. You live within ___ miles of your mother, ___ miles of your father.

(For participants whose parents are alive)

8. In the past two years or so, about how often have you seen your parent(s)?

___ 1. Every day

___ 2. More than once a week

___ 3. Once a week.

___ 4. More than monthly

___ 5. About once a month

___ 6. Several times a year

___ 7. About once a year

___ 8. Less than once a year

___ 9. Never

(To be asked of participants who have adult children)

9. In the past two years or so, about how often have you seen your child/children?

___ 1. Every day

___ 2. More than once a week

___ 3. Once a week.

___ 4. More than monthly

___ 5. About once a month

___ 6. Several times a year

___ 7. About once a year

___ 8. Less than once a year

___ 9. Never

(To be asked of participants who have living parents and 75 live away from their parents.)

10. If you have not seen your parent(s) at all, how long has it been since you have seen them? ____ years

(To be asked of participants who have adult children but do not live with any of them.)

11. If you have not seen your children at all, how long has it been since you have seen them ? ____ years

(To be asked of participants older than 20yrs who live away from their parents)

12. Whose idea is it usually that you see your parents?

- ☐ 1. Your idea
- ☐ 2. Your spouse's idea
- ☐ 3. Your parents' idea
- ☐ 4. Sometimes your idea, and sometimes your parents'
- ☐ 5. No one suggests it; we get together from habit or tradition.

(To be asked of participants who do not live with their adult children)

13. Whose idea is it usually that you see your children?

- ☐ 1. Your idea
- ☐ 2. Your spouse's idea
- ☐ 3. Your children's idea
- ☐ 4. Sometimes your idea, and sometimes your children's
- ☐ 5. No one suggests it; we get together from habit or tradition

Please answer the following two questions with the following choices:

- 1. strongly agree
- 2. agree
- 3. depends/neutral
- 4. disagree
- 5. Strongly disagree

☐ 14. It usually doesn't work for older people to live with their children and grandchildren.

☐ 15. It is the obligation of grown children to take care of their older parents.

(To be asked of participants who do not live with their adult children.)

__16. If there came a time when you can no longer live alone, would you expect to live with your children? 1=yes, 2=no, 3=already living with children

__17. If you found yourself without enough money, would you expect your family to help out? (1=yes 2=no)

__18. Would you prefer to live in the same neighborhood as your children, or at a greater distance (1=same, 2=greater distance)

__19. Would you prefer to live with one of your children, or in a separate residence? (1= with children 2= separate residence)

21. If you are unable to meet your own health care needs, who do you wish to have care for you?

__ spouse	
__ eldest son	__ friend
__ eldest daughter	__ public health professional
__ other family member	
relationship _____	

22. If you are unable to meet your own health care needs and your first choice is unable to help, who do you wish to have care for you?

__ spouse	__ friend
__ eldest son	__ public health professional
__ eldest daughter	
__ other family member	
relationship _____	

23. Reason for primary choice for caregiver.

24. Reason for second choice for caregiver.

25. If your family is not available to care for you, what do you think are the most important characteristics that you would look for in a good caregiver?

26. If a parent is not able to care for themselves and the adult child 77
lives far away, what should the child do?

27. If you and your spouse become unable to attend to financial
matters, who would you wish to have care for your financial
concerns?

☐ mother	☐ father
☐ eldest son	☐ friend
☐ eldest daughter	☐ public financial agency
☐ other family member	
relationship _____	

28. If parents need financial assistance, how much should children be
expected to help?

☐ 1. They should be expected to help a great deal.
☐ 2. They should be expected to help some.
☐ 3. They should be expected to help a little.
☐ 4. They should not be expected to help

29. Who do you most often talk to about private matters of concern
to you?

☐ mother	☐ father
☐ eldest son	☐ friend
☐ eldest daughter	☐ other
☐ other family member	specify _____
relationship _____	☐ spouse

30. If a parent is unable to make decisions for themselves, the adult
child should make the decisions based on what they felt was the best
for the parent

☐ despite of what they know the parent may have wanted
☐ with consideration for what the parent would have wanted
☐ only if it matches what the parent would have wanted

31. Here are a list of ways in which children may help their parents. 78
(JUST GO DOWN THE LIST AND CHECK THE THINGS THAT YOU DO FOR
YOUR PARENT(S))

- ☐ 1. My parents are both deceased.
- ☐ 2. Take care of parents when they are ill.
- ☐ 3. Give advice on business or money matters
- ☐ 4. Visit parents frequently
- ☐ 5. Write parents often.
- ☐ 6. Ask parents to visit them often
- ☐ 7. Live close to their parents
- ☐ 8. Run errands for them
- ☐ 9. Take them out shopping
- ☐ 10. Take parents for their appointments
- ☐ 11. Do housework for them.

32. Here are a list of ways in which children may help their parents.
(JUST GO DOWN THE LIST AND CHECK THE THINGS THAT YOUR ADULT
CHILDREN DO FOR YOU)

- ☐ 1. I do not have children.
- ☐ 2. Take care of parents when they are ill.
- ☐ 3. Give advice on business or money matters
- ☐ 4. Visit parents frequently
- ☐ 5. Write parents often.
- ☐ 6. Ask parents to visit them often
- ☐ 7. Live close to their parents
- ☐ 8. Run errands for their parents
- ☐ 9. Take their parents shopping
- ☐ 10. Take parents for their appointments
- ☐ 11. Do housework for them.

Please answer the following questions:

- ☐ strongly agree
- ☐ agree
- ☐ neutral
- ☐ disagree
- ☐ strongly disagree

☐ 33. It is a child's duty to care for his/her parents should the
parents become unable to care for themselves.

☐ 34. We should look to children to support older parents.

__ 35. The duty of caring for older parents should be taught each child. 79

__ 36. Children should put up with any inconvenience in their family life in order to help older parents.

__ 37. It should be considered highly immoral for children to refuse to help older parents.

__ 38. The help people give their elderly relatives should be considered a repayment to them for the things they did for you earlier in life.

39. Other comments