Chinese Immigrant Women Who Care for Aging Parents

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Executive Summary

The purpose of this pilot study was to examine the experiences of a group of Chinese immigrant women who provided care to their aging parents and the experiences of the parents who received the care. The cultural dimensions and immigrant experiences of the care-giving dyad was explored. In particular, we examined the experiences of the dyads living in three generational household, a common practice in the Chinese culture. This study was based on in-depth interviews with nine care givers and recipients (18 respondents). We used a semi-structured interview schedule to explore the feelings and the challenges faced by the dyads in care-giving and how this was coloured by the immigration process.

Our findings indicated that the care-giving experience of women in three generational households can be a burden only when the care recipients are frail, and ill. Otherwise, the care-giving and receiving experience was not in one direction; rather it was reciprocal, this is especially so when the elderly parents were healthy and able. This reciprocal characteristic reflects the cultural traditions in the Chinese family system.

We also found that the mobility, independence, and the total life cycle of these elderly Chinese immigrants were affected by language barriers, transportation barriers, isolation, lack of culturally and linguistically sensitive health and social services, making care-giving especially challenging. The immigrant women who cared for frail elderly parents themselves faced additional challenges due to factors resulting from immigration, such as weak informal social networks, and the lack of culturally and linguistically sensitive health and social services.

On the other hand, the helping hands of the elderly parents lessened some of the struggles in settling in a new country mostly for the women and especially for those who had to participate in the work force to sustain the family. It was concluded that the inter-dependence between the generations assisted in the adaptation process to immigration for the whole family. Implications of the findings were discussed.

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In the literature, it is widely recognized that women are more likely to be the primary caregivers in the family (Crawford et al., 1994; Aronson, 1994; Harris and Long, 1993). When they are married, not only do they shoulder the care for their spouse and children; they are also expected to continue to provide care for their parents. Even when they are at work, they are still
obliged to carry on with these duties (Guberman and Maheu, 1999). Despite the potential for gaining satisfaction from providing care to others, the burden of these women is tremendously heavy (Chappell, 1992; Ngan and Cheng, 1992). However, most of these findings on caregiving patterns are mainly based on research studies on the white population. de Vries and associates (1996: 227) argue, "ethnicity rarely appears as a factor in the gerontological literature." Ujimoto (1987) also suggests that the existing theories of aging may not be adequate when applied to particular ethnic groups. Since visible minority populations have been increasing steadily in Canada in the last three decades, particularly in larger cities such as Toronto and Vancouver, research on aging and ethnicity is urgently needed. The purpose of this study is to explore the experiences of a group of Chinese immigrant women who provide care to their parents and / or in-laws, and the elderly people they care for in Toronto.

Substantial research has been devoted to women who care for aging parents (Lang and Brody, 1983; Brody and Schoonover, 1986;). Adult children are considered to be the second major source of help to the elderly, other than the spouses of these elderly people (Atchley, 1997:208). These care givers tend to be women in middle age (Crawford et al., 1994), either a married adult daughter or another married relative, who are also mothers of children (Shanas, 1962, cited in Lang and Brody 1983: 193).

Research suggests that the caring experience of these women involves hard work (Parker, 1985), sometimes it is a love/hate relationship (Aronson, 1994), it is stressful (Gee and Kimball, 1987: 87), and can be a juggling act (Guberman and Maheu, 1999).

Other studies point out that the burden of women is even greater when the care is provided in a multi-generational household. Women provide more care if the parent lives with them in the household (Lang and Brody, 1983; Rosenthal, 1986), although satisfaction in multigenerational households can also be found (Mindel and Wright, 1982).

As indicated above, most of the studies focus on a white population. Investigations into minority women caregivers is still largely neglected.

The majority of the Chinese in Canada are immigrants, partly due to the policy of exclusion before the war (Li, 1998: 72). Their immigrant experience has added new challenges to the
caregiving experience of many Chinese-Canadian women. They, like their counterparts in Canada, share general caregiving responsibilities. They provide care for their spouses, and children, and their aging parents. A major consideration is why the immigrant experience makes this group of care providers unique. As Al-Issa (1997: 13) argues, “ethnic group immigrants are exposed to the same stressful experiences (major life events and daily hassles) as members of majority groups. However, because of the process of migration and their minority status, they experience acculturative stressors that are unique to them.”

Furthermore, another unique caregiving experience of Chinese-Canadian women is that they are more likely to live with their aging parents or parent-in-laws. It can be argued that a three generational household has been a common living arrangement throughout Chinese history. Extended family, in which a conjugal family, (usually a son’s), and the elderly parents live together, is the most common type of family in traditional China (Freeman, 1971: 43; Parish & Whyte, 1978: 135). As these studies show, adult children after they are married set up their own households, although one of them would continue to live with their parents. Ikels (1980: 94) finds that the usual practice in Hong Kong is that the elderly parents may choose to live with one of the adult children, usually a son, even though all of their adult children are married.

The data show that Chinese immigrants continue to maintain this type of living arrangement in Canada. Firstly, about 89% of Chinese immigrants aged 15-64 from Hong Kong and China live with their immediate family, compared to 86% for other immigrants, and 84% for the Canadian-born in this age range (Government of Canada, 1996a: 5-6; ibid., 1996b: 5-6). The same sources also reveal that far less Chinese senior immigrants aged 65 and over, or about 11%, live alone, compared to 25% for all immigrant seniors and 29% for Canadian-born seniors.

Furthermore, a significantly higher percentage of these Chinese seniors, about 65%, who did not live with their immediate family, lived with other relatives, compared with 29% of all immigrant seniors and 18% of Canadian-born seniors. In other words, Chinese-Canadian families tend to be larger because of this living arrangement (Li, 1998: 112) that may involve three generations. In Gee’s study in Greater Vancouver and Victoria (1999: 426), about 60% of the elderly live with at least one child, in an intergenerational household setting.
Despite the existing limited research on recent Chinese immigrants, a few studies have been devoted to women’s perspectives. These studies tend to explore their help seeking patterns (Wong, 1998), and their family life (Man, 1996). Studies pertaining to the care recipients tend to focus on the clinical aspects of the mental health of the elderly who live with their adult children (Mackinnon et al., 1996). Other studies tend to focus on the life-satisfaction of Chinese elderly (Lai and McDonald, 1995), the dependency of Chinese elderly on their family members and relatives (Wong and Reker, 1985) and factors that contribute to living arrangements of the Chinese elderly (Gee, 1997). None of them however, have focused on caregiving to parents and parents-in-law, or have studied the elderly as care receivers.

What are the challenges these Chinese immigrant women face when providing care to their aging parents? Some studies (Green, 1982; Masi et al., 1993) find that many recent immigrants might lack well-established informal social networks of relatives and friends who have proven to be useful, when they need help. In addition, as the literature suggests, minority immigrants might face barriers to accessing adequate formal social services even when they need them urgently. For example, the services might lack cultural and linguistic sensitivity, and the help-seeking pattern among the Chinese are different from non-Chinese. These might prevent them from accessing services. These women not only face the “usual” burdens as caregivers, but also need extra energy to adapt to a new living environment. The well-being of these women might be jeopardized because of stress. As a consequence, the lives of elderly parents and parents-in-law depending on them will be affected. How these women provide care for their aging parents, while they juggle care for their own families as they settle in this host country -- not to mention the demands of employment -- is a serious issue. No studies, to our knowledge, deal with care from both perspectives of the same caregiving dyad: caregiver and care receiver.

This study attempts to fill the gap in the existing literature, and to contribute a more complete understanding of the dynamic of care-giving in the Chinese community. We will explore the views on receiving care from the perspective of elderly parents; how they compare the care they received in their homelands with that in Toronto; and how they cope with the relocation
stress. Furthermore, as research shows, younger members of the family adjust faster, while elderly parents sometimes find themselves in conflict with the changing values of their kin, an important difference we will also investigate (Driedger and Chappell, 1987: 99). How culture affects both parties in coping with the challenges in Canadian society needs to be investigated, for, as Wong and Peker (1985) argue, culture affects the selection of coping strategies.

In short, this study will examine the experiences of a group of Chinese immigrant women who provide care to their aging parents and the views of the parents who receive the care. The cultural dimensions and immigrant experiences of the caregiving dyad amongst them will be explored.

Methods

Since the nature of this study is to explore the cultural dimensions of the care-giving dyad of Chinese immigrants, the best method to capture this phenomenon is to adopt an ethnographic approach. This method allows the researcher to explore “the life, behavior, attitudes, and concepts of a particular cultural or social group” (Bentz and Shapiro, 1998:117). We used in-depth interviews with the care providers and care recipients. The questions for the interviews were semi-structured and focused on the challenges of the caregivers: emotional, developmental, physical and social (see Caserta et. al., 1996). The interview schedule also tapped the well-being of the elderly parents, how their immigrant experience affected the caregiving dyad, and their coping strategies.

The length of the interviews ranged from 30 minutes to two hours. Some elderly participants suffered from serious health problems, such as a stroke, and could only handle a very brief interview. The interviews were tape-recorded with the permission of the participants. Since this project involved a substantive number of women who may not have felt comfortable sharing their views with a male interviewer, a female interviewer was made available to conduct interviews.

Interviews, conducted in Chinese (Cantonese and Mandarin), were translated into English, and transcribed. Data analysis was based on the techniques of content analysis characteristic of grounded theory (Sander and Pinhey, 1983). The results of the data analysis were organized into
different emerging themes, and compared with the existing literature. Then we conceptualized the practice of three generational household, and the challenges they faced in their immigration experiences.

Two strategies were used to recruit participants. We sent pamphlets to all the members of The Chinese Interagency Network (CIN), previously developed by the joint forces of more than thirty service agencies serving Chinese Canadians. Posters were posted on their notice boards, and recruitment was facilitated by the professional workers in CIN. A snowball sampling technique was also used to recruit participants. The criteria for selecting potential participants were: 1) Those who identified themselves as Chinese immigrants; 2) Those women who identified themselves as care givers; 3) Dyads that lived in a three generational household, and 4) Those elderly participants who were 60 years and older and identified themselves as care receivers. Because the settlement of immigrants is a long-term process with no definite time frame (Leung, 2000), we included participants regardless of their number of years in Canada.

We encountered difficulties in recruiting participants. We contacted more than 80 families, but only 9 dyads were willing to participate in this research. The most frequent challenge we faced during recruitment was that one of the potential participants in the household was not willing to be interviewed; therefore, we had to exclude those families from our study. Since we had sought help from some service agencies to help with recruitment, we did not have direct contact with the potential interviewees. Therefore, we do not know the exact reasons why they refused to participate. The ones with whom we had direct contact indicated that they could not find a convenient time to be interviewed, or did not feel comfortable to be interviewed.

Of nine women who assumed care for at least one aging parent, three cared for an aging parent who suffered from serious health problems such as stroke, or dementia. The other six women gave care to aging parents who suffered from some other forms of health problems such as osteoporosis, rheumatism, and other problems related to aging, while one parent had recovered from a heart attack. Otherwise, most care receivers were generally healthy.

The ages of care givers ranged in age from the youngest who was 35 years old to the oldest who was 60 year of age. Most of them were in their mid-30s to mid-40s. One of them
was widowed, three worked full time, two worked part-time, and one had quit a full-time high-paid job to care for her mother. The other three were either not working or retired. The women tend to have one to three children.

The term “parents” is used in the paper to refer to both biological parents and in-laws through marriage, unless specified otherwise. The names and some family events used in the report have been changed to assure the anonymity of the participants. The age of the parents ranged from 66 to 87 years. Almost half of them were in their late 80s. Seven of them were widows and more than half of the aging parents tend to have a large number of children ranging from 3 to 6 which is not unusual among the elderly of this cohort. Some of these parents had worked before in their homelands, but none of them had worked in Canada.

The number of years that these women have been in Canada ranged from one year to twenty-six years. Seven dyads came from Hong Kong, one from mainland China, and the other from Vietnam. The parents usually come around the same time period as their adult children, and were usually sponsored to come to Canada by their adult children. All came to live in Toronto, except one dyad, who spent fourteen years in Ottawa, before moving to Toronto twelve years ago. The dyads tend to be in financially stable families. All of them, except one, live in homes they owned. Several care givers themselves either are professionals or their husbands are professionals or had stable jobs which is why many of these women could afford to stay home to take care of their families. During the interviews, none of the care givers and receivers expressed financial difficulties.

Findings

The first question we explored was to the reasons for forming these three-generational households in Canada, and how the women became the care givers of their parents. The data from the interviews revealed a combination of different factors, which included cultural conditioning, family dynamics, and the nature of the surrounding social conditions.

It is not surprising to find that cultural conditioning played a strong role in deciding why the care givers lived with their parents in the same household: it was a way of expressing filial responsibility since one of the major aspects of filial piety is that adult children are expected to
take care of their parents when they are old. In our sample, only two parents had lived apart from their adult children for some time in Hong Kong, a period when the adult children formed their own families, and moved out of their parental homes. The other parents had always been living with at least one of their adult children even after they were married. When the parents moved to Canada, they continued to live with at least one of their adult children. In other words, these families continued to practice the living arrangements in Canada that they had followed in their homelands.

For example, Mary had been away from home to go to university in China, and spent the next ten years overseas while her husband earned his doctoral degree and worked. Now her family, including two teenage sons, is settling in Toronto, and so she invited her (both) parents to stay with her. The parents have been with her for more than a year now. She explained why she wanted her parents to come to Canada:

“It’s the longest time to be with my parents since I was in university. At the time I usually stayed home only for one month or so, when I was on holidays. I want them to stay with me, if we can get along. You know, I am the eldest. I want to fulfill my responsibility. Now we can support and serve them.”

May, who is an accountant, had immigrated to Canada with her family seventeen years ago. She has three children, and is living with her mother-in-law. She was well prepared psychologically to live with her in-laws after marriage because her husband was the only child in his family. She believed it was her duty to live with her in-laws after marriage:

“I was well aware of the situation when I was going out with my husband at the time, before we got married, that I was going to live with my mother-in-law after marriage, as she has only one child, who is my husband. So I guess she has to stay with us.

Another reason related to cultural conditioning is that, to be dependent on one’s adult children when one has reached old age, is desirable in Chinese society (Palmore, 1980; Keith, Fry and Ikles, 1990). Although the parents in the interviews did not express explicitly that living with their adult children was the best living arrangement, they did not express the opposite either. In fact, all the parents, except one, were satisfied with their present living arrangement. The daughter of this dyad was in the process of arranging nursing home care for her mother who suffered from dementia. The reason for this arrangement is that the daughter is suffering from her own health problem, and felt that she had great difficulty taking care of her mother.
Some women, who commented on the reasons why they lived in a three-generational family, expressed that their elderly parents were “typical of Chinese elderly who preferred to live with younger generations.” They also expressed that “Chinese elderly people will accept the concept of living with their children.”

Catherine, her four children, and her mother have lived in Canada for 26 years. Both the mother and the daughter are widowed. Catherine’s only brother sponsored them to immigrate to Canada. Her comment on her mother was that:

“After my father died, my mother lived alone for a short while. Then she moved to our place. After living two years together in Hong Kong, we came to Canada. She is the traditional type of Chinese woman who stay with her children. She didn’t like to be alone in Hong Kong. She had no choice but to come to Canada.”

The women in the study had several siblings so it was important to discover under what conditions these women have became their parents’ care givers. Besides the need of these women to fulfill their filial responsibility, family dynamics also played a contributing role to the present living arrangements. Some dyads reported that the present arrangement was the only option that they could choose. Some dyads commented that the living arrangement evolved out of a whole series of family events. Our analysis of the data suggest that family dynamics included a wide array of family events, affection for parents, sharing the care for the parents among siblings, and the personal compatibility of the care givers and receivers. A rather “touching” example, as told by a parent, involves a considerate daughter-in-law, and, at the same time, a loving wife. So’s elderly parent enjoyed her empty-nest lifestyle in Hong Kong while all of her three sons had grown up and started their own families. Her immigration to Canada was not planned at all. At the time, she had one child living in Hong Kong, and three in Toronto. It started on the Valentine’s Day some years ago. She recalled:

“My second son came to Toronto first. On Valentine’s Day, my second daughter-in-law asked her husband what gift he wanted. He said that he wanted his mom to be here. Later, my daughter-in-law called and asked us whether we wanted to come to Canada. My husband agreed. Then, we signed the application forms.”

Since then, she and her husband have been living in Canada over five years. They lived with their second son’s family, and helped them raise their new-born grandchild for a couple years, until he went to nursery school. They then moved in with their other son’s family, who lived on
the same street. That daughter-in-law, who was in her 40s and had an eight year old son, reasoned why her parents-in-laws ended up living with them:

“My mother-in-law did not need to take care of my nephew. She was quite free. I felt that it was nice for her to live with us. We got along better. We have more compatible personalities. I proposed that she live with us. Since she no longer has to care for my brother-in-law's child, she had a choice.”

Jane’s story reveals different family dynamics, which in a way forced her to take care of her mother who was suffering from dementia and diabetes, even though she had reportedly stretched her energy to the limits. Jane was in her early fifties. She and her husband landed in, and lived in Saskatoon for four months, before settling in Toronto sixteen years ago. She worked part-time, and suffered from heart problems. Her brother had been in Ottawa for over thirty years. When their mother immigrated to Canada, she spent some time with each of her children, a summer here and a winter there. However, several health and social conditions limited the choice of places where she could live. The mother was 82 and knew no English. She had suffered from a heart attack, when she was in Hong Kong, and had been diagnosed with dementia few years ago. Jane realized that there was no point in moving her around, because it would upset her mother’s routine, which is crucial for managing this type of disease. Jane complained, “I tried to let her stay with my brother once, after she became ill. She messed up her medication schedule completely.” In addition to family dynamics, other social conditions also pose challenges for choosing a living arrangement. Jane reasoned:

“My mother does not feel comfortable living with my brother in Ottawa, whose wife is a white. She feels bored there, because they have a different diet, because she cannot communicate with her daughter-in-law and grandchildren. They only speak English. Plus, at the time, there were no Chinese television and radio programs to entertain her in Ottawa. Toronto is more convenient to her. Before she got sick, she got used to this city, and she could go to the bank, do other activities like playing mah-jong.

Jane’s elderly mother expressed the same concerns about living in Ottawa:

“I did not stay with my son long, only for a couple of months and I came back here. And I don’t go there anymore. I could get involved with more activities here.

Because of her health problems, she could no longer enjoy the activities she had engaged in before. Her neighbor introduced her to a Chinese-run geriatric center and since then, she attends the center’s activities regularly where she has learned to knit and has met new friends. She is contented to live in Toronto, which has the largest Chinese community in Canada. In sum, even
though Jane’s brothers were willing to share with their sister some care giving responsibilities for their mother the Ottawa environment, the health status of the care receiver, and the language barrier that the elderly mother faced created circumstances which left Jane with little choice but to shoulder the burden alone.

The Care Giving And Receiving Experience

As reviewed in the literature, the care giving experience often carries a negative connotation such as burden, or personal strain, despite its rewarding nature. Both sides of the coin are revealed in this study.

Before we report on the care giving and receiving experiences in detail, we explored what kind of care was involved in this relationship. Our data indicate that there was a high congruency on the types of care given and received, which is quite consistent with other studies (Lang and Brody, 1983; Brody and Schoonover, 1986). The types of care involved both emotional and instrumental care, which involves expressing concerns, being companions, moral and spiritual support, providing shelter, financial support, problem solving, regular help and so on. Care given to those who suffered from more serious health problems such as stroke or cancer involved help with medication, personal care, and help related to health regimes, which could be very intensive.

The women's care giving experiences in our study could be categorized broadly into two types, depending on the health status of the elderly parents. If the elderly parents were healthy and able, the women, as they themselves claimed, actually benefited from having a parent home, because the elderly parents represented more helping hands at homes, especially for dual career families. In contrast, if the elderly parents suffered from serious health problems, their care giving experience was very exhausting and frustrating.

Lin’s case is an excellent example to illustrate the experiences of the group of women care givers who benefited from intergenerational reciprocity in family caregiving. Lin came to Canada with her mother in 1994, and reunited with her brother who was already settled in Toronto for some time. She was in her mid-thirties. Her mother lived with Lin’s family of three. Lin’s elderly mother was seventy-four years old, and suffered mild cataract; otherwise, she was
generally healthy. She was, however, illiterate in both Chinese and English, and therefore experienced many language barriers in Canada, even within the Chinese community.

Lin’s elderly mother, like many of her cohort in Canada, faced challenges in adapting to a new society. Her daughter had to take her to places such as shopping and doctor’s appointment, and helped her with banking activities. Lin made an effort to broaden her mother’s social network by encouraging her to take English classes and to join activities in a community center. In order to help her mother become familiar with the new environment, she walked to places with her mother, so that her mother could visualize the surrounding areas. After making an effort to get involved in these new activities, which she was too busy to participate in Hong Kong, Lin’s elderly mother started liking her new life here.

After settling into their new home, Lin started her career, and worked full time. Lin’s elderly mother became a helping hand. Lin described the experience:

“She takes care of my son. He sleeps in her bedroom. She brushes his teeth, washes him, dresses him, and prepares breakfast for him, so that I can sleep for another 30 minutes. When I come home, dinner is ready. My husband and I do not need to worry about meals. My mother also helps out with house chores.”

Very similar to Lin’s reciprocal care giving experiences, May found that she benefited considerably from living with her mother-in-law. Seventeen years ago, six members of May’s family immigrated to Canada together, the couple, three very young children, and the mother-in-law. The mother-in-law was already in her late eighties, and did not have any major health problems. May’s elderly mother said she often had lower back pain, and she believed that was common among people at her age. She fell a few times, and broke her ankle once ten years ago. When the daughter was asked in what way she cared for her mother-in-law, she laughed and answered, “Nothing much. Nothing much...though I cook sometimes, and I am not sure if this can be considered as a way of looking after seniors...ha...ha...ha.” Instead, her mother had been a “handy” person at home, as May described her. She single handedly raised three of her grandchildren, so that the couple could devote themselves to their careers. After the children were grown-up, she spent more time on housework and church activities to occupy her time. May described:
“She is amazing, and she even does sewing for her son. She seams. She cooks. She uses her own way to fix things like a broken chair or making a cover for a chair. She cleans washrooms almost every day. She does laundry for us. She comforts us especially when we are worried about certain things, such as medical reports and job prospects.”

However, later in the interview, May did reflect that sometimes giving up her role as a mother to her mother was considered a major sacrifice but also as a major way of taking care of an elderly parent’s psychological needs. She said:

“Though I may feel that I have never actually taken care of her in practical terms like accompanying her to doctor’s appointments; but inwardly I have provided her with a lot in satisfying her psychological needs. She showed great concerns for her three grandchildren and she has got great satisfaction from raising them as they all love her a lot. The reason she can manage her inward emotional feelings is greatly attributed to this factor. It gives her great comfort.”

Sometimes, it takes a lot of sacrifice for both parties in the exchange of intergenerational reciprocal care giving. As May observed, a widow like her mother-in-law cannot be financially independent. She has to rely on her son’s support for all her basic needs. Although May is very fond of her mother-in-law, living with her is not her choice. She was well aware of this living arrangement before she married her husband. In order to make the situation work, May has to give up her own preferences, such as choice of diet. At the same time she must be very sensitive to her in-law’s defensive personality, and sometimes the role of being a mother of her own children. In turn, May has been able to develop her career in the last twelve years, which is often a necessity for many immigrants to settle in a new country.

In order to be with her son and receive support from her son, May’s elderly mother had to take up a challenge, emigration. As she thought, “In the beginning, I didn’t want to come, and saw no reasons why I needed to leave HK so early.” And she had to undertake great personal changes to adapt herself in this new society. She recalled:

“I have changed a lot both my hobbies and my lifestyle, which are completely different from before. In the beginning, I couldn’t settle. There were a lot of things I didn’t get used to when I first came here, and had to learn how to do so many things and often had to ask for a ride. I did not get to know our neighbors, because we don’t speak the same language.”

Our findings does not support Gelfand’s argument (1994: 45) that for older immigrants, the loses involved in migration outweigh any perceived advantages gained in the new country. In our study, most of the elderly parents, like May’s elderly mother, faced many barriers, and overcame some if not all of the challenges. In return, these elderly parents were able to enjoy
being with their families, and began to like their new homes. They expressed their joy with their children in the following ways:

"My four children love me very much.
My children are all alike in looking after me.
My daughter loves me very much.
Now my family is here, and I feel so much better when we are together, and I just feel great."

And they see the good side of living in this new home:

"Life is more relaxing here. I enjoy the weather.
Life here is less stressful. Our house is comfortable. We could not afford such a big house in Hong Kong.
Here the air is clean. Air pollution is very serious in Hong Kong. I felt uncomfortable when I returned to Hong Kong.
The medical care is good."

**Immigrants’ Care Giving Challenges**

The women who cared for healthy and able elderly parents had different experiences from those who cared for frail elderly parents. How did the experiences of immigration influence the caring experience? Based on the analysis of the data, we found that language barriers, the nature of the city, and the lack of culturally and linguistically sensitive health and social services posed additional challenges to the caregivers.

Regardless of the health status of the elderly parents, all women caregivers in our study faced some type of challenge related to these three factors. We also found that these factors did not only have an independent effect, but also had an interactive impact on the women's care giving experience.

It is not new to argue that every new immigrant has to face language, transportation, and settlement problems in a new country (see Gelfand, 1994: Chapter 2; George and Tsang, 1999; Leung, 2000). It is therefore not surprising to find older immigrants, or immigrants of all ages, who lack the skills to overcome these problems, who require more assistance to manage daily activities (see Ikels, 1983).
All the elderly parents claimed that they were much more independent when in their homelands. They could handle all daily activities without much assistance from their family members. Not only were they younger and healthier at the time, but also they grew up there. In Canada, all elderly parents reported that they required their family members to drive them to places, especially during the earlier stages of immigration. They needed family members to be translators when they attended their doctor’s appointments, especially in hospital, and laboratory settings where Chinese speaking staff are often not available.

Their physical activities, other than those limited to the immediate neighborhood, or inside the home, were highly dependent on their family members’ routine. Usually they could go shopping and to the tea-house or attend to their errands only when their family members were available. The reasons are obvious. They were timid about going out because of language barriers.

Furthermore, as some of the parents claimed, the public transit network in Toronto was not as efficient as that in their homelands which was particularly true, if the parents lived outside of the public transit service area. Very few elderly immigrants had the courage like So’s elderly mother who is so determined to earn her freedom:

“During the first few months of my arrival, my son drove me to many places. I told them that it was very important for me to be able to drive. If not, I would return to Hong Kong. They were so anxious, and bought me books for the written test. They also found an instructor for me. I got my full driver’s license after four attempts. I was very happy.”

The women care givers, sometimes with help from other family members, ran errands with or for their parents. In other words, these women had to give extra care or attention to their very dependent parents, which were imposed by a set of new social conditions, although they would have been very independent if they were in their home countries.

The most difficult challenge these women faced was when their parents fell ill. Sick people, especially those who suffer from serious illness, require much more care than those who are healthy. The struggle of women care givers for sick parents is well documented in the research literature (see Rosenthal and Gladstone, 1994: 167-168; Atchley, 1997: 379-380; Novak, 1997: 275-278). The immigrant women in our study felt extra physical and psychological
strains when caring for their ill parents, because the health and social services in Canada did not
close the specific needs of many minorities. First Yvonne described how exhausted she
and her family were when she took care of her terminally ill father:

"It was hard work. We went to hospital frequently. I had to take care of my son. He was a baby
at the time. We were very busy. I had to bathe my father, help him to the toilet, and feed him.
Fortunately, my older brother helped. I had the day shift, and my brother had the night shift.
Despite writing his professional exams, my husband had to take care of our son while I was busy.
Then both of them became sick. I was completely exhausted."

Then she went on to explain how the lack of culturally and linguistically sensitive service in the
hospital increased her workload:

"My father was demanding. He didn’t feel safe at the hospital, as he didn’t speak English. The
nurse gave him the wrong drugs. He knew it but didn’t know how to inform the nurse who didn’t
speak Chinese. Later, he became more demanding and insisted family members be with him all
the time. Also, my father did not like the food prepared by the hospital. He preferred Chinese
food. So we prepared our own food for him."

Jane’s case reveals another scenario, which had an even more severe impact on her. As
introduced above, Jane had to take care of her mother who suffered from dementia and diabetes,
and not as fortunate as Yvonne, she does not have much help from other family members. She
described how tired she was in the last four years of constantly taking care of her frail mother:

"We need to remind her to put on more clothes when the weather gets cold, and not to skip
medication. Sometimes she gets up in the middle of the night to take a shower, or she cannot
find her way home when she is out. We have to watch out for her. When she is not feeling well, I
have to decide whether I should go to work or stay home. I wouldn’t invite friends to our house,
because when they see her sitting in the house and not reacting, or responding, they feel odd
around her. My husband and I do not go out too often; we try not to upset my mother’s dinner. I
haven’t taken any vacation for more than two years. I know there could be all sorts of problems
when taking care of seniors, but I didn’t know there was so much involved."

Although Jane could have some relief when her mother went to a geriatric center, which offered
day care services for a very reasonable charge, she worried what would happen when her
mother’s health continued to deteriorate. Therefore, she has already thought ahead, and has put
her mother on a waiting list of a Chinese-operated nursing home. The whole business of the
search for a “suitable” home for her mother was challenging, laborious, and time-consuming, not
to mention feelings of guilt in the process. She visited many nursing homes inside and outside
the Chinese community. But her reaction was that:

"I cannot just pick one without giving much consideration. And most of them are not in good
sanitary condition, and they do not have Chinese-speaking staff. I really don’t want to see her
there. I like her to stay in a better-operated home in the Chinese community. But the waiting list
is long. The staff said I have to wait for four to five years. I hope they can take her soon so I can be relieved, and get more free time.”

The same concerns were also reflected in Jane’s elderly mother’s mind, even though she prepared herself to be admitted to a nursing home:

“I am told I have to wait, and I don’t know how much longer I have to wait. Perhaps at least for another two years. I like this center, but it involves even a longer waiting time. And the other one is a long way from home. It better be someone who can speak Chinese for I cannot speak English.”

Long waiting lists for nursing homes for the general elderly population is not uncommon. Crystal (1982) found in the United States that half of the qualified applicants never got off the waiting lists. Jane and her mother faced much more limited choices when choosing a nursing home. In short, the scenarios discussed above demonstrate that lack of cultural and linguistically sensitive services placed additional pressure on these women care givers.

**Coping Strategies**

As discussed above, women who cared for healthy and able elderly parents did not provide as much care as their counterparts. The older person could often be seen as an added “bonus” at home. These women did not have to do much “juggling” to deal with the demands of their parents, and their families, for the parents had developed their own strategies when they faced a more homebound lifestyle due to limiting health and social conditions, and made themselves less demanding as a result. For those who were more adventurous like So’s elderly mother, they were able to find their own way. Lin’s elderly mother described how she made good use of the public system, since she lived downtown:

“I walk along the streets so that I can see the landmarks clearly. I spot a shop or something special, such as a post office or a big tree. When I see them, I know where I should get off. I don’t have to speak to the driver, even though I speak no English; I simply deposit a token and get the transfer.”

Although many parents had a much more active life and participated in a wider range of activities in their homelands, they had to try to get used to their less active lifestyle in Canada, by developing new hobbies that could be enjoyed indoors. Some devoted themselves to looking after grandchildren, and spent time on household chores. Some limited their activities to within their neighborhood. They may only have a morning walk by themselves, or go to the shops
across the street; otherwise, they went out only when their family members took them out. Some made themselves undemanding. Catharine’s elderly mother said, “I am quite satisfied as a senior. I have enough food. I enjoy watching television.” When asked what she needed help with, May’s elderly mother replied, “Nothing much. I wouldn’t bother to ask for help from the young. I take a walk in the morning.”

The women who cared for frail parents employed another set of strategies to cope with demands that could include rearranging their personal and social lives, or reducing other activities, as indicated in Jane’s case. Linda used similar strategies, but also made a bigger sacrifice: she quit her high paying job so that she could take care of her mother who had suffered a stroke, and was paralyzed. Linda, like some other women care givers in the study, made good use of informal help from siblings, and other family members, and formal help such as home care and day care services and paid services, which gives her a brief break from care responsibilities. Although these strategies are not unique to our study’s participants (see Guberman and Maheu, 1999 for example), the living arrangements (having an extended family) among these women, can be useful and were well used, especially when family crises arose.

Linda’s sister and her brother-in-law lived in the same household. Since Linda’s elderly mother was paralyzed, her children had to make sure she could get help when she wanted to turn her on her side, for example. Furthermore, the children had to give full attention to their mother when she had difficulty breathing, and when pain occurred. As Linda said, “It is 24 hours work.” However, she was glad that she could get immediate help from her sister who happened to live in the same house. Furthermore, we cannot ignore the contribution to care for grandparents from more mature grandchildren who still live in the same household. As supported by the data, they can be handy when unexpected needs appear.

In our study, we also found four families who had siblings living either in the same apartment building or on the same street. As the examples showed, this type of living arrangement reinforces the intergenerational reciprocal care. So’s elderly mother cooked for her daughter-in-law’s family where she lived, and also for her son’s family who lived a couple houses down the road. Yvonne also benefited from the close proximity of her brother, who always lived
on the same street. Before these two families moved to this location, they lived in the same apartment building. It is more convenient when Yvonne and her brother took shifts to look after their dying father at home, as she claimed.

**Discussion and Implications**

This pilot study offers an opportunity to explore the relationship between care giving and receiving experiences in a three generational household, and within the context of immigration. Our findings correspond with some studies which found that the care giving experience of women in three generational households can be a burden, a strain, and be generally negative, only when the care recipients are frail, and ill. In contrast, women experience many gains if they live with healthy and able-bodied elderly parents.

Furthermore, our findings indicated that the care giving and receiving experience was not in one direction; rather it was reciprocal. This strong reciprocity characteristic of these Chinese Canadian families reflects the cultural traditions in the Chinese family system. Fei (1985) argues that one of the strongest features of the Chinese culture is the “feedback principle” (or the principle of reciprocity) in the family. Although many of the participants in this study carry on their living arrangement that they maintained in their homelands, we argue that perhaps such practice has been reinforced by the participants’ immigration experience. There are many benefits to all generations.

Similar to other studies (Ikles 1983; see Lubben and Lee, 2001: 55), our findings suggest that mobility, independence, and the life circle of these elderly Chinese immigrants were largely curtailed by a set of social factors such as language barriers, transportation, isolated social environments, lack of culturally and linguistically sensitive health and social services and so on. Therefore, stronger dependence on the adult children occurred.

Three-generational household living arrangements are one of the channels through which the needs of the elderly parents can be met. Furthermore, the immediate presence of the parents also lessens some of the struggles in settling in a new country among the women, especially for those who must participate in the work force to make a living for the family. As a result, the inter-
dependence between the generations appears to have assisted the adaptation process of immigration.

Although it may be expected that some of the elderly parents may express lower life satisfaction due to an unfavorable social environment in a foreign country, we found otherwise. This can be explained by several observations. Their relatively high life-satisfaction is a result of their cultural upbringing where the elderly parents feel happy when their children fulfill their filial responsibilities (Leung, 2001). Supported by another study, Lai (1995) found that life satisfaction is positively correlated with social support. Furthermore, the elderly parents had developed various adaptation strategies to overcome their situations by either making an effort to participate in society, or by becoming less wanting and demanding.

This study has several implications for the study of care giving dyad among immigrant groups in Canada, and for social service policy making that would help immigrants to settle in this new home. First of all, it is fruitful to examine the care giving dynamics in such a prevalent living arrangement in some ethnic groups such as the Chinese, not only from a cultural perspective, but also according to structural factors that often shape or reinforce certain practices. Often, cultural and traditional practices are the result of a long history of adaptation to surrounding social environments. It is also important to examine the role of reciprocity in the care giving experience. Studies like this may reveal different dynamics where elderly care receivers are in fact care givers themselves, especially those who are capable, and where the care givers can also be receivers.

Our findings indicate that the immigrant women who care for frail elderly parents face additional challenges due to factors related to immigration, such as weak informal social networks, and the lack of culturally and linguistically sensitive health and social services. There is an urgent need to develop services that better meet the language and cultural needs of some elderly parents who do not share much of the dominant linguistic and cultural features of Canada. Moreover, although the subjective feeling of the elderly parents is relatively positive, the objective social conditions are more a matter of making the best of a poor situation, which is
not always related to well-being in old age. They are often homebound and isolated from society.

Outreach programs and services should be designed to meet the needs of these elderly parents, by bringing the services to their homes. A pilot project, "Friendly Visits For Chinese Seniors At Risk" in the Chinatown area of Montreal, funded by the Canadian Association on Gerontology, can serve as an example. The aim of the project was to establish an outreach program for house bound or low mobility Chinese elderly in Chinatown by training more able-bodied Chinese elderly as friendly visitors (Leung, 1999).

There are however, some limitations in this study. Because it is a pilot study with a small sample size, the results do not meet the criteria for trustworthiness and credibility. The participants are skewed towards the middle-class, and towards Chinese immigrants mainly from Hong Kong. The results do not reveal the experiences of other Chinese immigrants who do not share the social characteristics of those in this study. Moreover, one of the biases of this study is that those who are willing to participate in the study may have already developed good relationships within the dyads. It would be fruitful to explore the care giving experiences of those who do not have a positive relationship within similar types of dyads. This study does not focus much on the role of the husbands and grandchildren in the care giving experience. Future studies focusing on their roles in the care giving experience would yield new data on a topic like this in gerontology.
Reference


