

THE CULTURE OF AGING
AMONG
SOUTH ASIAN COMMUNITIES
IN VANCOUVER

By

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ABSTRACT

Current studies on aging emphasize that Canada's population is steadily growing older and existing policies and programs need to adjust to these changes. Termed the "apocalyptic demography" ideology, scholars believe that this trend will place higher demands on the young to pay to meet the needs of the aged. A criticism of this ideology is its failure to recognize the ethnic and socioeconomic diversity within the aging community and in the individual experiences of aging. This work examines the aging process among South Asian communities in Vancouver by aiming to answer the following three questions: (1) What factors do South Asians consider when they think about caring for elderly parents? (2) What services for the elderly currently exist and what are their usage patterns? (3) What are the current and anticipated caring needs of South Asian elders? Data for this study was collected through interviews and focus groups conducted with South Asian elders, their adult caregivers, and community service providers.

The results of this research indicate that adult caregivers are concerned with values such as filial piety, primogeniture, family dynamics, and caregiver burden when they consider caring for their elderly. Weekly South Asian support groups that currently exist in Vancouver provide outlets where elders can socialize with others and learn about community resources. There appears to be no strong preference for a particular type of elder care. However, many South Asian elders and their families cite deteriorating health as the main reason they would consider using care facilities. While current demographics of the South Asian communities in Vancouver counteract the "apocalyptic demography" argument by indicating no strong urgency to meet the needs of the elders, these needs will gradually change in the future. In Vancouver, South Asian communities tend to have individuals who display more supportive networks of social resources suggesting a lesser demand on government-run services. By organizing more community-based services for elders as an extension of traditional family caregiving, this method of elder care can

serve as a model for meeting the needs of other aging populations throughout the province without creating a strong dependency on government-run resources.

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1. Introduction

In recent years, studies of aging have focused on the contention that Canada's population is steadily growing older and society is not prepared to meet the needs of future seniors (Gee and Gutman 2000). Known as "apocalyptic demography", this term refers to an increasingly held view that demographic factors determine human affairs (Gee and Gutman 2000:5). According to the "apocalyptic demography" ideology, scholars believe that this trend will make it difficult to meet the health care needs of an elderly population without causing a financial burden on an already overstrained health care system. The main problem with the "apocalyptic demography" argument is that it oversimplifies the idea that population aging has catastrophic consequences for a society by suggesting that the growing numbers of seniors will put increasing demands on an already burdened health care and public pension system and place an unfair price on younger segments of the population who have to pay to meet the needs of these elders (Gee and Gutman 2000).

While it is true that the senior population will continue to grow, the issue of concern to health care authorities is not only in the actual numbers of seniors but also the patterns of health services utilization by this segment of the population (Canadian Health Services Research Foundation 2001:1). According to the latest Canadian Census taken in 2001, British Columbia has one of the highest median ages in the nation at 38.4 years, just short of the nation's highest median age of 38.8 years in both Nova Scotia and Quebec. Young people aged 19 and under account for 25% of the province's population. Individuals between the ages of 20 to 64 make up 61% and seniors aged 65 and over make up 14% of the total provincial population.

Among seniors, the population aged 70 to 79 increased by 27% since the 1996 Census to 248,130. In British Columbia, the segment of the population aged 80 and over rose substantially from 87,065 in 1996 to 134,175 in 2001 (a 54% increase), making it the highest such growth among all of the provinces in the country. By 2011, the population aged 80 and over is expected

to increase by another 43% to 191,870. This figure reflects a pattern of migration to BC as well as the aging of the 'baby boomers'.

While these numbers are useful from a health planning perspective, they do not provide any insight into the diversity of the elderly population. A major weakness of the ideology of "apocalyptic demography" is that it homogenizes people on the basis of age. More specifically, it assumes that all seniors are financially well off and ignores some major questions such as: are all ethnic groups in this province aging at the same rate? Do all ethnic groups have equal access to health care and social services and are their usage patterns uniform? Are the current services being provided by the government adequately meeting the needs of visible minority seniors or are these ethnic groups finding their own ways of caring for their aged?

These are important questions to consider because the population of elderly in BC is increasingly becoming ethnically diverse. In 1995, the majority (77.3%) of new immigrants to British Columbia came from Asia, followed by Europe (12.9%) (Ministry of Finance and Corporate Relations 1996). As these populations age in the future, the ethnic composition of British Columbia's seniors will also change, and policies and services will need to be sensitive to their needs.

Mark Novak (1997) argues that a person's cultural background, language, and country of origin affect how he or she will adjust to aging. In an attempt to build upon the current literature and to contribute to the discussion of cultural issues, this paper focuses on the aging process among members of South Asian communities within Vancouver¹, British Columbia. During the interviews, many of the elders used different and varying terms to define themselves. These terms included "being of old age", "aged", "senior", and "elder". For simplicity, the term 'elder' will be used to define older South Asians who are going through the aging process.

¹ All of the South Asian participants interviewed in this study did not reside within the city of Vancouver. For the purpose of this study, the term is being used as a shortened form of the term 'Greater Vancouver Regional District'

1.1 Defining South Asian Communities

The South Asian communities within Vancouver are difficult to classify in terms of country of origin. In essence, they are ethnic diasporas characterized by a transnational movement where multiple ties and interactions link people across the borders of nation-states into self-identified ethnic groups (Vertovec 1999). The plural form of the word 'community' is used in this context to allude to the fact that the South Asian community is not a single homogenous entity because of the diversity that exists within this ethnic group and the purpose of this research is not to create one.

According to Ulf Hannerz (1996), geographical territories do not contain neatly divided "cultural packages" where similar values are contained within a specific locale. Culture means different things to different people depending upon their country of origin and upon their individual life experiences. Hannerz (1996) defines a "transnational" community as one in which its members are originally from different countries. The metaphor that he uses as an illustration is the existence of "little workshops" in which living individuals keep hammering away at the construction and maintenance of social reality.

Aihwa Ong (1999) builds upon the concept of transnationalism offered by Hannerz to include the "condition of cultural interconnectedness and mobility across space" (Ong 1999:4). Applying transnationalism to a study of aging amongst the South Asian communities in Vancouver is advantageous because it draws recognition to the fact that the process of aging is not a universal phenomenon and individual experiences depend on one's personal history and community setting.

The life course is of course not culturally neutral, nor is it unaffected by particular geographical locations, for these involve very real material conditions and power relations. Indeed, where one grows old, and the relationships and practices that each location involves, have an important impact on what 'old age'

or 'Lower Mainland' and includes the city of Vancouver plus surrounding areas such as Burnaby, New Westminster, Surrey, Abbotsford, and Langley.

means and the ways in which it is narrated by words and by bodies (Gardner 2002:221).

The theory of transnationalism applies to a study of South Asian communities in Vancouver because group membership includes such diverse features as national origin and religious beliefs from a variety of regions around the world. For example, the term 'South Asian' has traditionally referred to people with natural origins stemming from the country of India and its neighbours including Pakistan, Sri Lanka, Bangladesh, and Nepal. Religiously, the most common groups among South Asian communities include Hindus, Sikhs, Muslims, and some Jains and Christians. The languages that are most commonly spoken are English, Punjabi, Hindi, Gujarati, and Urdu (Waxler-Morrison 1990:140-147). While most South Asians in Canada have come from countries surrounding the Indian subcontinent, there are also 'South Asians' who can trace their origins back to countries in the South Pacific such as Fiji, Australia, and New Zealand. There are also other members of this ethnic group born and raised in Europe or East and South Africa. The cultural package of 'South Asians' thus reflects diverse but overlapping characteristics that are viewed as distinctive in the Canadian context.

A study that combines issues of aging, culture, and transnationalism requires the diverse theoretical and methodological tools of medical anthropology. South Asian communities in Greater Vancouver are made up of transnational ties that are continuously in a state of flux indicating that people's actions and experiences differentially vary according to personal and local community settings. In other words, the experiences of aging that some of the South Asian communities have in Vancouver cannot be taken to represent the experiences of other South Asian communities elsewhere. These particular experiences and their critical understandings forged in Vancouver help to define the South Asian experience of aging in Vancouver.

1.2 Statement of the Problem

The demographics of ethnic groups in BC provide part of the context that defines the South Asian experience which in turn, downplays the significance of the “apocalyptic demography” argument. Figures 1 and 2 provide some insight into the population demographics of visible minorities and the rest of the province’s population indicating that generalizations cannot be made between different ethnic groups. Figure 1 illustrates the age distribution of the six highest ethnic groups in British Columbia based on population numbers. Figure 2 compares the age distribution of the three largest ethnic groups with the rest of the province’s population who do not identify as members of an ethnic group (i.e. non-visible minority)². Based on information gathered from the 2001 Canadian Census, the two tables show a different population demographic for the three largest ethnic groups compared to the non-visible minority population. In general, all three of these ethnic groups have a smaller number of individuals over the age of 35 compared to the non-visible minority population indicating that their populations as a whole are younger. The largest age cohort for South Asians and Filipinos is under 15 years old. For the Chinese, the largest age cohort is 35-44 years old followed very closely by the under 15 years old cohort.

On the other hand, looking more closely at the non-visible minority population, the largest age cohort is the under 15 years category followed by 35-44 years, 45-54 years, and the 65 years and over categories respectively. The non-visible minority population has greater numbers of individuals over the age of 35 than the three largest ethnic groups therefore indicating that the “apocalyptic demography” ideology is not applicable to these groups.

While the current data shows British Columbia’s South Asian population in the 65 years and over age group to be smaller compared to other groups, it is necessary to point out that the

² The Employment Equity Act defines visible minorities as “persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour.” The visible minority population includes the following groups: Chinese,

special needs of this ethnic group affect the wider family and its younger members. Within South Asian communities, members of extended families do provide care for their elders and will continue to do so. As the younger family members make up an increasing portion of the province's population, it becomes essential to understand their unique concerns and needs when it comes to providing care for their elders. Social relations between various members of the South Asian communities in Vancouver may inspire collective action within the communities to deal with their aging population (Veenstra and Lomas 1999). Consequently, the criticisms applied to an "apocalyptic demography" argument can also apply to the South Asian population. This may lead to the creation of a community-focused evidence-based policy that is necessary to meet the special needs of the South Asian communities in Vancouver, including both the elderly population and those who care for them.

To understand the aging phenomenon amongst the South Asian communities in Vancouver, this study focuses on three central questions. The first question includes an examination of what types of factors South Asians in Vancouver consider when they think about caring for their elderly parents? For example, is the care that is provided influenced by religious affiliation, cultural values, class and financial responsibilities, the country of origin, the degree of urbanization, or family dynamics and if so, to what extent? Furthermore, the second question focuses on what services are currently available that attempt to meet the needs of South Asian seniors and what are their usage patterns? And finally, the third question examines what the current and anticipated caring needs are of the elderly within South Asian communities in Vancouver.

A common cultural stereotype associated with South Asian communities is the importance of multigenerational families where primogeniture and filial piety define the caring

roles of adult children towards their parents. It is assumed that the existence of an extended family network adequately meets all of the social and psychosocial needs of its members.

When South Asian parents grow old they expect to be cared for by children, particularly sons, and the sons recognize this obligation. Care is relatively easy in Asia where large families can share day-to-day burdens. Residence in Canada does not change the expectations, but it often alters the practicability. If husband and wife must both work and there are no other relatives to share the responsibility for care, then the family may agree to place an old person in a nursing home. This will be done only as a last resort, after all other possibilities have been considered (Waxler-Morrison et al. 1990:177).

As my research will show, there is variation in the living arrangements of elderly South Asians in Vancouver. Furthermore, all South Asian elders' experiences of aging are not uniform. Since the South Asian communities in Vancouver are transnational, there is variation in the attitudes towards aging as well as the expectations of elder care. This research attempts to document some of these variations.

2. Relevant Literature

The current literature focusing on the experience of aging among South Asians covers a wide range of issues affecting this ethnic group and stems from countries such as India, Great Britain, Bangladesh, the United States, and Canada. This section provides an exploration of some of the major themes presented in this literature including kinship networks, health and illnesses of the elderly, the impact of religious beliefs, and research methods related to studies of aging.

One of the problems of caring for the rapidly increasing elderly population in India is the weakening of kinship bonds due to the pressures of "industrialization, urbanization, modernization, and value change" (Jamuna 2000:23). In the past, strong social supports and observances existed with regards to elder care through joint families. The elderly possessed power and status in the family that was constantly reinforced by their control over the finances

and other assets such as property. With the spread of urbanization, the joint family system is now being replaced by the nuclear family that promotes the ideal of individualism. Adding to the complexity is the existence of dual career families where women, the traditional caregivers, work outside the home and are not able to extend adequate care to the elderly living within the same household (Jamuna 2000).

The views towards providing care for the aged are changing amongst younger generations of Indians. Fewer young people now view caregiving as the duty of sons. Furthermore, larger numbers of young people consider senior homes as a viable alternative option for the care of the elderly, particularly for those who are disabled (Jamuna 1997:2).

One study of South Asians in the city of Varansi, India examines caregiving of elders who have dementia or Alzheimer's Disease (AD) and provides rich content on the lives of the elderly, their families, and the institutions and practitioners who interact with them (see Cohen 1998). By relating senility to conceptualizations of the aging body, Cohen (1998), metaphorically symbolizes the breakdown of the traditional extended family structure in India. As an extension of Ayurvedic medicine, older persons are socially positioned in terms of polar oppositions of hot and cold. As one gets older, one loses the emotional outbursts and 'heat' associated with youth becoming more 'cool', which is a natural part of the life cycle. Those who are diagnosed with AD in India are termed as being 'hot-brained' because of their loss of control over their emotions and their abilities to interact in a socially acceptable manner. What is significant about this is that being 'hot-brained' is not simply an expression of one's own failings, but rather is a reflection of the individual's family who also becomes stigmatized with the onset of senility because they lack the means to alleviate the problem (Cohen 1998:95). This notion parallels studies of aging in other Asian countries such as Japan, for example (see Traphagan 2000).

In Vancouver, a study of the health issues facing South Asian elders includes higher rates of coronary heart disease in people of South Asian origin, as well as a significantly higher risk of death from diabetes when compared to those of European or Chinese origin (Randhawa and Basran 2000). Furthermore, South Asian women tend to have a higher prevalence of iron deficiency leading to anaemia than other ethnic groups (Randhawa and Basran 2000:14-17).

In West Bengal, caregiving of elderly women is traditionally associated with family and economic circumstances in a complex way (Lamb 2000). As they grow older, West Bengali women tend to gain more powers and freedom through such family roles as mother-in-law and grandmother. The degree of power and agency is influenced to a great extent by each woman's particular family and economic circumstances. For instance, a woman who has sons willing to care for her is in a better position socially than one who does not. Marital status is also important with married women exercising more authority than single women (Lamb 2000:35). Currently, aging Bengali women living in rural villages are experiencing a weakening of power attributed to not receiving the same amount of love and care from their kin that they gave when they were providing care.

Thus, we see here that aging for women, as for men, is a highly polyvalent and complex phenomenon charged with ambiguity. It is too simple to claim that the older Indian woman is a "powerful matriarch"; but it would be equally wrong to deny that aging brings most women certain important forms of power, agency, and freedom... We as anthropologists must be prepared to entertain the probability, the inevitability even, of contradictions and multivocality in the conceptual and experiential worlds of those we seek to understand (Lamb 2000:241-242).

As a positive coping mechanism for dealing with aging, the significance of religious beliefs and practices are increasingly becoming more common among South Asian communities (Mehta 1997). Religion beliefs and practices provide a significant thread of integration into old age only if it is a part of the childhood socialization process and sustained throughout the adult years of the individual. Religious faith provides a positive role in the search for meaning and

purpose by older individuals and makes the fear of death less likely. Activities that are organized around religion serve positive functions for the aged such as alleviating one's sense of isolation, enhancing self-esteem, and meeting one's psychosocial needs of feeling liked and wanted (Mehta 1997:3-7).

In Leicester, England, South Asians comprise about 23% of the population (Mohapatra 2000:1). Services provided by both the public and non-profit organizations in the community are available to South Asians. These services include day centres/lunch clubs, residential care, counselling services, activities clubs, meal on wheels, and dial-a-ride. The South Asian organizations in Leicester are successfully responding to the special needs of the elderly. However, there is a growing need for South Asian elderly to have access to caregivers with South Asian language skills because many of them do not speak English. Most elderly South Asians in Leicester co-reside with their older adult children making the number of elderly living in full-time nursing homes or other senior residences very small (Mohapatra 2000:1-4).

In a study of Bengali elders who are migrants from Sylhet, Bangladesh who now reside in Britain, the value of life stories as a way of researching the aging process among elders is shown (Gardner 2002). These narratives are instrumental in the creation of both a collective and individual identity and are key areas of focus for studies on gender and aging.

Through their personal narratives, the elders in Gardner's (2002) study discuss such issues as transmigration from Bangladesh to Britain, their relationship and sometimes resistance to the British state, and what they term as a 'breakdown' of 'traditional ways' in modern day British society. In addition, this book builds upon Cohen's (1998) idea of the aging body symbolizing the breakdown of the extended family by adding the notion of the 'body' as a way of narrating histories, stories, and identity for the South Asian elderly.

The concept that caregiving activities are strongly influenced by cultural norms and values is exemplified when it comes to providing care for aging South Asians in the United

States (Gupta and Pillai 1996). Caregiver burden, which is defined as the “physical, psychological or emotional, social, and financial problems that can be experienced by family members caring for impaired older adults”, is poorly understood among many ethnic communities (Choi 1993:4). Gupta and Pillai’s (1996) study sample of South Asian families indicates that the majority of the elderly live in multigenerational households with the primary caregivers being the eldest sons and their wives. Many of the elderly experience a high level of social isolation because they have very few friends and acquaintances with whom they can visit. Large proportions of the caregivers feel a heavy burden of catering to the needs of two generations of dependants, their children and parents (Gupta and Pillai 1996:3-8).

The issue of caregiving among South Asian elderly who are left behind in another country such as India when their adult children move away draws attention to the assistance of extended kin members who live in other households (Miltiades 2002). For wealthy families, the biggest source of daily physical support such as the preparation of meals and housekeeping comes from hired help or servants. In India, hired help is relatively inexpensive and allows aging parents to live independently and decreases their reliance on informal support systems such as extended kin. While such a living arrangement provides the basic form of support, it does not provide adequate psychosocial support such as alleviating feelings of loneliness and depression that elders left behind in India are susceptible to once their adult children have moved away (Miltiades 2002:8-12).

For South Asian elders emigrating from India to Canada, challenges such as isolation and loneliness, family conflict, economic dependence, and settling in and coping arise (Choudry 2001:7). The sense of loss culminates from the changes in traditional values and lack of social support once they resettle in Canada. Interdependence is valued more than independence because it is the only way of attaining emotional security. This concept of interdependence will

undoubtedly bring economic hardship and both physical and emotional burden on the younger generation of South Asians in Canada (Choudry 2001:11).

Building upon the theme of migration among the elderly, narrative genre can be used to describe the lives of women in diaspora that spans cultures as well as generations (Dossa 1999). Movement from one country to another involves a negotiation of such roles as mother, wage worker, as well as those imposed by age (Dossa 1999:3). By presenting the narratives of early life, transnational migration, aging, and self-transformation of a group of Ismaili Muslim women, Dossa (1999) provides some insight into Western society's image of immigrant women as being oppressed, passive, and dependent in old age. She also shows how South Asian communities are diverse due to a variation in cultural values and religious ideologies.

All of the studies discussed above provide insight into the issues, experiences, and expectations of the aging process among South Asians in various regions of the world. They all use different methodologies to collect the data and present overlapping themes. This previous research will serve as the backdrop to the analysis of the data collected in this study particularly around discussions of changing kinship bonds and social support.

3. Methodology

This study aims to develop a better understanding of the aging phenomenon amongst the South Asian communities in Vancouver and its impact on health and social services. A qualitative approach is useful for generating the data necessary to accomplish this objective because it allows for an examination of social phenomena as it occurs naturally. To collect data, I used interviews and focus groups with South Asian elderly, their family members, and South Asian members of community organizations providing elderly care to this ethnic group.

One of the interesting features of South Asian communities in Vancouver is that they rely heavily on their own media including newspapers and magazines, radio, and television for

community information (Bhagat et al. 2002:212). South Asian media is an excellent way of passing on community news to members of this ethnic group. It was through the South Asian media that I became aware of the 'South Asian Friendship Society' and the work that they have been doing for South Asian elders including holding weekly support group meetings for both men and women.

Finding out about the South Asian Friendship Society enabled me to become aware of six other weekly support group meetings for elderly South Asians. Three of the groups are held in Burnaby and are put on by the South Asian Friendship Society. One senior women's group meets weekly at the Confederation Park Community Centre. Both a solely male and female elders group meets weekly at the Edmonds Community Centre for Seniors. The other two support groups, one for men and the other for women, are held weekly at the Sunset Community Centre in Vancouver and are run by South Vancouver Neighbourhood House. The sixth, and final weekly senior's support group that I attended is held twice a month in Surrey at the Guru Nanak Sikh Temple. The sample, which is drawn from these areas, includes 52 elderly, 6 adult children caregivers of the elderly, and 3 representatives from South Asian elderly care organizations. Their ages range from age thirty-two to ninety-one years.

3.1 Procedures

The procedures used to collect data included semi-structured one-on-one interviews and focus groups that were completed over the period of one year. For the semi-structured one-on-one interviews that were conducted with the adult children caregivers and the elderly, an interview guide was used (see Appendix 1). The interviews focused on the family background and living arrangements of the elderly, attitudes and opinions towards aging and caring for the elderly, knowledge and assessment of services that cater to the elderly, and caring needs of South

Asian communities. The interviews were conducted in English, lasted from 1 to 2 hours, and were tape recorded for future analysis.

The one-on-one interviews with the three community services providers were also done in a similar fashion. The technique employed in this case was semi-structured and the interviews were treated as conversations about aging in South Asian communities which for this study included members who were Sikh, Hindu, Gujarati, and Muslim.

One focus group was conducted at each of the six elderly support group meetings. The number of participants in each discussion ranged from five to eight elderly South Asians. The support groups were divided in terms of gender (i.e. all male or all female). Mixing the groups up in terms of gender would have undoubtedly had an effect on the group dynamics of each session. Before conducting the focus groups I consulted with the male and female elders attending these meetings as well as with the group leaders about conducting mixed-gender focus groups but was discouraged from doing that. Both the male and female elders expressed concerns about being unable to speak freely if the groups were mixed. The group leaders also felt that the elders would be uncomfortable so they recommended that the groups remain divided. The responses that were given by the male and female elders were quite similar to each other. The only major difference that became increasingly prevalent was the elderly women's view of being more of a burden to their adult children than the elderly males.

Each of the focus group discussions was held during regularly scheduled meeting times of these support groups so as not to inconvenience any of the participants. The sessions lasted about one hour and were also tape recorded. As the facilitator in each one of these focus group sessions my aim was to keep the discussion flowing amongst the participants with as little intervention as possible.

When focus groups are administered properly, they are extremely dynamic. Interactions among and between group members stimulate discussions in which one group member reacts to comments made by another. This group

dynamism has been described as a 'synergistic group effect' ...A far larger number of ideas, issues, topics, and even solutions to a problem can be generated through group discussion than through individual conversations (Berg 1998:101).

The data that was collected during the tape-recorded interviews as well as during the focus groups were transcribed and then analyzed to discover any emergent themes.

3.2 Limitations of the Methodology

As with any research study, there are limitations. In this case, two limitations can be identified including recruitment issues and the preservation of anonymity. Using support groups as a way of recruiting the majority of the sample raises questions about whether or not the sample is truly representative because all of the participants engaged in these community programs are already thinking about aging issues. This method also raises issues with regards to preserving anonymity. All of the male and female participants are regular attendees at these meetings and know a lot about each others' lives. Writing something personal about one individual would be easily identifiable to any member of these groups. After I gave copies of transcripts back to the individuals whom I had interviewed to double-check their accuracy, I found that it was necessary to edit out details to make informants less identifiable.

4. Analysis of the Data

This section will present the data that was collected through the interviews and focus groups with elders and adult children, as well as interviews with community members providing services. For analysis purposes, I looked at the focus group data first in order to uncover the general themes. I then moved to an examination of the interview data to focus in on the general themes and perhaps uncover new insight not previously mentioned. In order to establish some context and insight into the social phenomenon of the aging process among South Asians in

Vancouver, this section is organized into themes presented by the elders, their adult caregivers, and finally service providers.

4.1 Interviews with South Asian Elders

In this study, I use the term 'elder' to refer to the older South Asians that I interviewed. As mentioned earlier, many of the elders used different and varying terms to define their own identity and the aging process. There were also variations in family composition of the families interviewed (see Table 1). Some of the members interviewed came from multigenerational households where elderly parents resided with adult sons or daughters and their families. Some of the elderly men and women lived in their own homes that were near the homes of their adult children and other family members. Of the fifty-two elders that were interviewed, only one was living in a long-term care home. He was a 91-year-old male who was in poor health residing in a senior care facility in Vancouver.

Diverse themes and issues emerged from the elders when they were asked about aging and elder care. These themes were organized into two main categories: physical needs and psychosocial needs. Physical needs include access to services and commodities that elders need in order to live their lives. This includes access to appropriate health care providers and adequate transportation. Psychosocial needs include the feelings and emotions that elders are working through as they go through the aging process. Examples of this include feelings of loneliness and social isolation, the feeling of independence or the need for interdependence. Within each of these categories there are a number of issues that are interconnected. The two broad categories are used as a way of simplifying the emergent themes while simultaneously showing how they overlap with each other from the perspective of the elders, adult caregivers and service providers.

During the interviews and focus groups, both the elderly women and men consistently identified three physical needs. One need was transportation for seniors that was inexpensive and catered to the needs of those unable to speak English. As one 72 year old woman living on her own remarked:

It's hard trying to get around anywhere in this city. I don't have any family members around who are able to drive me to where I need to go. Transit is expensive now that they've cut seniors' bus passes. If I have to go anywhere I end up relying on taxis, which is even more costly. If transit is so expensive, why can't they just have a smaller bus devoted to seniors only? We're old...we have to get around to see our doctors. I would walk if I could, but with my bad arthritis that's not an option.

Another 65-year-old man living with his adult children and their family also made the point that it is difficult having to rely on other people to drive you around everywhere.

I hate this feeling of being afraid to ask my son or daughter-in-law for a ride every time I need to go somewhere. They are busy. They both work. But I can't be expected to stay home all of the time, either. That's not fair to me. We need to have some sort of transportation system in place for us old people. Maybe a community bus that could be stationed in Surrey or something....just like one of those Handy-Dart buses...you know, not too big...that would be able to pick us up from home with one phone call and drop us off at the market or at the temple...that would be perfect....

A second category of physical needs that was identified by the elders included the need for greater financial help from the government in order to maintain a more independent living. In this study, independent living is defined as having the ability to look after one's self and freely making one's own decisions without fear of reprisals. The elders who are currently receiving their pensions mentioned that it is hard for them to make ends meet. A 68-year-old woman remarked:

The money that the government gives us is not enough. I am lucky that I live with my family, if I had to live on my own there would be no way that I could support myself. I don't want to have to depend on my family members whenever I need to buy something. I don't just want to buy things for myself....I want to be able to buy things for my son and his wife and my grandchildren. I'm the grandmother...it's my job to do that. But if I did that as often as I wanted to, I would not have any money left for me.

For the elders who are not yet collecting their pensions but who are fairly new to the country, comments were made about the low amount of welfare that they were receiving. A 62-year-old man who had recently emigrated from India to live with his family once his wife had passed away talked about how he is always looking for ways to supplement his income.

The money that welfare gives me is not enough. So in order to have more money I go and work on the farms in Langley and Cloverdale. Depending on the season, I'll go and pick blueberries, strawberries and mushrooms. The work is hard...I have arthritis so I can't bend down for long periods of time. And the shifts are long...sometimes 10 hours. That's hard when the sun is shining down on you, it's hot, and you have no time to rest. The more that you pick the more money you can make so I really push myself to work hard. Back home in India, I lived in a big house and I used to have servants who would do everything for me. Now look at me...I'm nothing more than a fruit-picker on these farms.

In the stories there seemed to be a connection between financial independence and the creation of a self-identity and self-worth. As this theme emerged, I continued to ask more focussed questions about the role that they felt they occupied as a senior member in a family. Many of the elders seemed to define who they were in terms of the amount of money that they had. If they were well off then they appeared to have a greater sense of self-worth. These elders equated having money with having more freedom and independence to do the things that they wanted to do. For one 72-year-old woman, it was almost as if having money gave her a sense of power over the other members of her family.

I guess my situation is pretty good. I have lots of money because back home in India we were very wealthy. My husband owned lots of land and factories...we had many businesses. Just before my husband died we sold a lot of the assets and now I am pretty well off. Here I live with my two sons and their families. They all take good care of me, probably because they know that I have lots of money [she laughs]. They are probably thinking that they had better treat me well or else I will not leave them with anything when I die. I joke with them all the time about giving all of my money away to charity. They don't like it when I say that....

A 75-year-old woman living away from her family in her own home in New Westminster added:

I like it when my kids and grandkids will visit and say *Maji*³ or *Dhadhiji*⁴, can I borrow some money? My children sometimes tell me how they are having a hard time making ends meet because there are so many bills to pay and their wages are not that high. They go on and on about their lack of finances waiting for me to interrupt them by offering them money...but I usually wait until they ask me directly. Of course I will help them out. That is my duty as an elder. I don't even ask them for that money back.

The third category of physical needs that was identified by the elders was the need for more long-term care facilities that cater to the needs of the South Asian elderly in Vancouver because this would alleviate personal fears of moving into one. A 76-year-old woman currently living with her divorced daughter told me about how she was on a waiting list for a long-term care home.

I know that someday I have to live in an old age home....when I'm really old and my health is not very good. My daughter has put my name on a 2 year waiting list for a place in Vancouver. How do I feel about this? Well, I'm scared, of course. I think of these places as not being very good. If our own people [South Asian] ran them then I wouldn't feel so worried. Who knows what kind of food I am going to be getting to eat? I'm a vegetarian; you know....I don't eat meat. What if I'm forced to eat something that I don't want to? What kind of a life will I have? Will I be able to do things there that I do right now? Will I have other friends who are South Asian? Who knows...my daughter tells me not to worry, but I can't help it. Why can't they build a place for us old South Asians to go where we could be with others who are the same like us? That's what we need. Then I wouldn't be so scared.

A 77-year-old woman who has 6 children living throughout Vancouver and who takes turns residing with them echoed a similar sentiment:

Our community needs to have long-term care facilities for our elders only. They should have the right kind of food and the right kind of activities for our people. Right now I always have a place to stay because all of my children live around her and I can take turns staying with them. But when I'm really old and my health is no good, who is going to take care of me? I can't rely on my children....they all have their own families to take care of. But if we had a facility for our people when they're my age, I wouldn't be scared about going there. Right now I am worried because I know when I can't walk or take care of my own needs my family will put me into one of those old peoples' homes and no one will come and visit me.

³ *Maji* = Mother

⁴ *Dhadhiji* = Paternal Grandmother

For the 91-year-old man who is currently residing in a long-term care home in Vancouver, one of his complaints was the lack of respect that he gets for his culture.

I hate not being able to get any respect around here [in the long-term care facility]. The nurses here are not very friendly. Sometimes I'm scared to ask for something to eat or drink because I know that they are not going to like that. I never get any good food here. If I want to eat my kind of food I have to ask my family to bring it. When they do, the nurses complain saying that the food is unhealthy and that it smells. How dare they say that? I feel so alone and isolated, too. I'm the only South Asian here, you know. When family members come to visit the other elders here, they all look at me as if I don't belong...I feel so different. No one ever says 'hi' to me. I know my family doesn't like visiting me here...that's why they don't come as often anymore. I would be much happier if I was in a place where I could speak my own language, eat my own food, and do the things that I want to do.

The psychosocial needs that were identified by the elders included having support mechanisms in place to deal with issues such as stress, isolation and loneliness, health, independence, memory loss, strong religious beliefs, and abuse. Many of these issues are interconnected for the elderly South Asians that were interviewed. A 64-year-old woman recounted a story about how she sometimes finds living with her family to be very difficult.

Sometimes I get really stressed out because my family gives me a hard time. I like to help my family out with things. I'll do the laundry, clean the house, cook, look after the children. But sometimes my daughter-in-law gets mad at me because she says that I don't do things right. When I make *chappatis*⁵ I sometimes forget to clean the stove. I can't help it....I'm old, my memory isn't good anymore. Anyway, she gets mad at me for doing that. She doesn't even say thank you for cooking dinner. I always feel as though I have to be careful. If I create problems my family will put me away in an old age home. I don't want that to happen to me.

A 76-year-old man living with his eldest son also commented on the stress that he feels by not becoming too dependent on his adult children:

I can't keep asking for my children to do things for me. They have their own lives. I know that they don't want to spend time doing things for me. That's why I don't ask for their help unless I'm really stuck. When I come to these support group meetings I have to walk 12 blocks. I don't mind it so much, but when it's raining or cold outside I have a really hard time because my arthritis gets really bad...my bones hurt. But I'm not going to ask anyone for a ride.

⁵*Chappatis* = Indian flat bread.

They're probably going to complain. So sometimes, I can't come to these meetings because I don't feel like walking that far. It's hard living this way. I want my family to be able to forget that I'm around...I probably put more stress on myself that way...but that's better because at least my family won't resent having me around.

Feelings of stress and anxiety are not only common among the South Asian families who are living in multigenerational households. Some of the men and women who were living on their own also commented about stress.

At my age it's stressful living on your own. I don't have any family members that live nearby. I like being independent but sometimes it can be scary, too. What if I fall and break my bones? Who will know? And with all of the home invasions that are happening to a lot of the old people who live on their own I am of course worried about my safety. Thinking about the bad things that can happen to me really stresses me out. That's why I want to stay as healthy as possible. But lately, I know that my health is going bad. I've been looking into maybe getting a nurse to come a few times a week just to check on me and to see if I'm okay...but I don't know...seems like it would be a lot of money (78 year old South Asian woman).

A 72-year-old man commented on how he feels stressed about the government cuts to seniors' services and programs.

For us seniors trying to live on our own and be independent, the government is doing a bad thing by cutting the funding for social programs and organizations that we use. I don't like this idea of having to depend on your family members for support in your old age. What if you don't get along with your family members? My only son is married to a woman who I cannot stand. I'm worried about getting to a point where I can no longer live on my own and support myself. If I'm forced to live with them I'd rather be staying in an old folks' home or be dead. Even thinking about that possibility stresses me out. I don't want to live like that.

The feelings of isolation and loneliness coupled with deterioration of health and memory loss all add to stress and create emotional difficulties for many South Asian elders that were part of this sample.

I worry about my future a lot. My health is no good. I'm losing my memory. This makes me worry about my future. If my health gets to be really bad, I hope that I die quickly so that I don't have to suffer. I can't tell anyone about what I'm feeling, though. I live at home with my son and his family. Everyone is busy with their own lives. No one takes the time to sit down and talk with me. A lot of times I feel so lonely. I like coming to these social support

groups, but they are only once a week. And if I cannot get a ride out here, I cannot go. All of this worrying is not good for my health (69 year old woman).

What happened to the good old days when I could do things for myself and not have to worry about anything? I hate having to depend on other people to help me wash myself, to take out my food, to drive me places. In India, getting around wasn't a problem because you could walk places or take public transit that was cheap, or go with your driver. Here, you don't have that luxury. In the house where I live there are 5 cars parked on the driveway at any given time. But if I ever need a ride somewhere, everyone complains that they are too busy, too tired to drive me there, or that they don't know how to get to where I need to go. This makes me upset because they all have their own lives – what about me? I'm human, too. I have needs...but nobody seems to care. If it wasn't for [the group leader] coming to pick me up, I would never be able to make it to these groups meetings and then I would be even more depressed (70 year old woman).

Another theme that emerged in the discussions with elders was the issue of elder abuse – both physical and emotional; within the South Asian community. It should be noted that none of the men and women admitted to personally experiencing elder abuse in their homes. However, they did have a number of stories to share about what they had heard happening to some of their other elderly friends who were also South Asian.

Yeah, elder abuse is a big problem in our community. A lot of children don't treat us old people with respect anymore. I know of this one woman who was thrown out of the house with her suitcase and no where to go. She was 72 years old. She was living with her eldest son and his family. I think that she had scolded one of the children for doing something bad and the mother didn't like it so she told her to go. When the old woman refused, the mother packed up her clothes in a suitcase and threw her out of the house. All of this happened before her husband [the elderly woman's son] came home. But once the son was home, he didn't do anything about it. He chose his wife over his own mother. I don't know what happened to this old woman but I'm pretty sure that she doesn't live with that family anymore (67-year-old South Asian woman).

My friend, who's 70 lives with her eldest daughter. She is miserable there. She tells me how she's not allowed to use the phone without permission. If she wants something to eat, she has to wait for someone to bring it to her because she's not allowed to cook in the house. If she drips water on the floor, or makes a bit of a mess in the bathroom, she gets yelled at by her daughter for being so messy and making more work for her. She used to come to these weekly meetings but now she doesn't. I think that no one in that family wants to bring her here. I know that my friend is miserable. She wants to go back to India to live with her youngest son. She hates it here (66-year-old South Asian woman).

Some of the elders interviewed also told stories about other peers whom they knew had experienced physical abuse such as being hit or denied housing and emotional abuse as being called names. No identifying specifics were given and the stories were told in the past tense, but the men and women displayed anger and emotion in the re-telling of these narratives.

There was this one man that I knew of...he was my friend's eldest brother. He was 88 years old at the time and living with his oldest son who was married and had two teenage boys living in the same house. My friend, who was also suffering from AD used to tell me terrible stories about being hit by his son when he would forget to do things. Once he accidentally forgot to turn the stove off in the kitchen. He was boiling a pot of milk on the stove to make some tea. No one was home at the time. Because of his poor memory, my friend forgot about the milk on the stove and went to take a nap. He awoke to the sounds of his oldest son who was screaming and hitting him for having made such a mess in the kitchen. The son kept telling him that he wished he [his father] would die because he was of no use to anyone anymore...[the man telling the story wipes away a tear]. It wasn't my friend's fault that his memory was so poor. What a miserable way to live the last years of your life (86 year old man).

In addition to physical and emotional elder abuse the issue of financial abuse was also discussed. Elders recounted stories about how their monthly pension allowances are taking away from them by their family members and how they are given little or no money to buy what they need or to use it towards transportation costs.

One of the ways that South Asian elders appear to be meeting their psychosocial needs is through religion. By having religious faith, many of the elders comment on how that provides them with the strength and will to live out the rest of their lives even when they are experiencing some stress and emotional turmoil. As a 70-year-old woman living with her two unmarried sons, it is through religion that she is at peace with herself and those around her.

Having belief in God is very important. You have to have it if you want to survive in today's world. I know that my life is tough. I worry about the future of my sons who are not married. I want to see them get married and have children...I hope they do that when I am still alive to see it. Sometimes I fight with both of my sons...they get mad at me for being 'too traditional' or 'old' in my ways of thinking. Sometimes they say that I would be better off living on my own. I know that sometimes they resent having me around because they don't get a lot of privacy to do the things that they want to do. Sometimes I feel as though

they want me dead. But I don't let that get to me. I focus on God, I do *pooja*⁶ everyday, not just for me but for the well-being of my sons. My life is not perfect, but I am content. God takes care of me....

An overarching theme that relates to the notion of physical and psychosocial needs and that emerged when the elders were talking about aging was the pressures of trying to uphold traditional cultural values. Many of the South Asian men and women described their roles as the conduit of passing down their cultural values to the younger generations. However, they find this task difficult to accomplish in today's society. The reasons sighted for this include the interplay of other factors such as modernization, the breakdown of the joint family system, and the financial burden that having a large family can cause to a single-income family. One traditional value that was talked about at great length was the notion of 'filial piety' or 'primogeniture' where one's eldest son and his wife are bound by cultural expectations to be the primary caregiver of the elderly parents.

In our culture it is the duty of the eldest son to take care of his parents. This makes our culture special in the sense that we always have family around who are responsible for taking care of us in old age. But today, this is getting to be more and more difficult because living in Canada, the elderly do not get very much respect. Our family members don't see caring for us as a duty anymore but more of a burden. This is one of the major problems of our community today. Because the nuclear family is seen as the ideal way of living, no one wants to keep us old people around because we get in the way. But where are we supposed to go? We've spent practically all of our lives caring for our children. Now that it's their time to care for us, many don't even want to. If us elders are having problems of keeping the traditions of elder care and respect alive in our families, what is going to happen to future generations? (68 year old male).

The two categories of physical needs and psychosocial needs combined with the overarching belief in the importance of upholding traditional South Asian values shared by the elders in their narratives all include themes that interconnect in a variety of ways. The personal narratives show that the phenomenon of aging among South Asian elders is a complicated blend of a number of issues all contributing to turmoil and uncertainty in this part of the life cycle.

⁶ *Pooja* = Prayers

4.2 Interviews with South Asian Adult Caregivers

During the interviews with the adult caregivers, the themes that came up with regards to providing care for the elderly members of their families can also be organized into the categories of physical needs and psychosocial needs.

Physical needs identified by the adult caregivers with regards to looking after the elderly included a discussion of the need to have more long-term care homes for South Asian elders. A 39-year-old woman, who was married and living with her husband's parents, was worried about how the deterioration of the health of her in-laws was going to have an impact on the type of care that they would need in the future.

I'm scared for my parents [in-law] in the future. Right now they are okay health-wise. But if their health gets worse in the future, this is going to lead to some problems. We need to have more facilities in the community that can better look after our elderly. Right now I'm not working because I'm looking after the kids. But in the future I may want to go back to work once the kids are older. If our parents are not healthy, what are we supposed to do? My husband can't quit his job. We need to have more options available to us.

Some of the themes that can be identified as leading to emotional strain for these adult caregivers include such things as stress, caregiver burden, the impact of family dynamics, and the feelings associated with being sandwiched between generations. A 45 year-old man who was the eldest son in his family tells his story about providing care for his elderly parents.

I feel stressed out because of everything that is going on in my life. I worry about the future of my family all the time. It's stressful when you live in a household where there are fights with family members. My wife and my mother do not get along very well. This takes its toll on me because I'm always put in the middle. My teenage children are not happy about living in a household that's so full because they complain that they have no freedom to do what they want to do. We're what you call the 'sandwich generation', I guess. We have the responsibility of caring for our children and at the same time we have to look after our parents. That's a lot of stuff for one person to deal with....

The theme of upholding traditional values also emerged during these interviews and included the difficulties expressed by these men and women about how they feel torn between traditional cultural values and reality. Another issue was that of filial piety and how in today's

society, this traditional practice is no longer feasible; especially when there are no male offspring.

The problem with South Asian culture is that it is full of too many expectations that are no longer practical in today's society. Living in a joint family today is hard because in order to do that you need to have a large house. Large houses are expensive so if you don't have much money, you will not be able to afford one. And then there is the division of labour within the household. Women cannot be expected to stay at home anymore to care for the children and the elderly family members. So who is supposed to share the burden of this care? If we suggest alternative living arrangements that go against cultural norms such as long-term care facilities for our older parents, we're automatically frowned down upon by other South Asian people who think that we are breaking some kind of cultural rule. If the world was perfect then maybe we could care for our elders the way they do back home in India. But this is not India....life is difficult in Canada due to urbanization and modern-day society. This is a major dilemma that I bet a lot of South Asian families are experiencing as we speak (38 year old woman).

The themes presented by the adult care givers during their discussions about caring for the elderly raise important issues about how it can be difficult to provide care for elderly members of South Asian families. When primary caregivers within a family begin to consider the use of 'outside' services such as long-term care facilities a process of delicate negotiation begins. These decisions tend to be influenced by the availability of the services, the level of endorsement of the option by the family, and the relative authority of the caregiver within the family.

4.3 Interviews with Service Providers

The questions posed to the two men and one woman who were providing services to the South Asian elders in the community focused more on the notion of needs that were current and anticipated in the future. One of the women interviewed was a group leader of one of the weekly support groups for South Asian elderly women. She described the current needs of the elderly as psychosocial and physical. The psychosocial needs include being able to socialize with other

elders and having a sense of independence. The physical needs were identified as having access to more low-cost housing for seniors and having better access to transportation.

A lot of South Asian seniors have a difficult time because they live their lives in isolation. A lot of the men and women can't drive anymore so they end up having to depend on other members of their family to take them places. A few know how to take the bus but not that many do. With limited access to transportation whenever they need it, these elders cannot get around the community to socialize with others. And where are they supposed to go? That's why our organization created these weekly support meetings. It gives both the men and the women a chance to get out of their homes and meet with other people who are in their age range. We also try and organize social outings for these women as well. We take day trips up to Whistler, we go shopping across the border, we go on nature walks in the local parks....So far it's working....Our community would also benefit from more low-cost housing. That would allow our seniors the chance to live more independent lives and still be able to have access to important community services such as physicians, etc...

One of the men interviewed who was also a weekly support group leader in Vancouver shared similar views about aging within the South Asian communities. He just added the point about how there needs to be more organizations that cater to our communities' needs such as the combat of elder abuse, for example.

The men who come to my weekly senior's groups enjoy being there. A lot of them comment on how they feel free to talk about whatever they want to talk about. They also feel that they can do whatever they want to do. For a senior, having independence is really important. It improves their overall health. Plus the families are happier as well because the seniors are able to live their own lives and not be a burden to others in the family....Elder abuse is a real problem in our community, you know. If families were less stressed and if the elders had more of a chance to live their own lives, the incidence of elder abuse would go down considerably....

While I was in the process of collecting data for the project, I became aware of the construction of a multicultural seniors housing project in Surrey. Called *Guru Nanak Niwas*, the complex is a 54-unit supportive seniors development located at 7566 – 120A Avenue in Surrey. According to a press release by the Canadian Mortgage and Housing Corporation, the complex bridges the gap between home care and residential care by providing supportive housing for seniors that is affordable and allows for the maintenance of independence.

This development, managed by the Progressive Intercultural Community Services Society, includes 54-one-bedroom units, five of which are wheelchair accessible. The Rainbow Community Health Co-operative, developed to help South Asian people overcome health-care barriers will have an office in the development and will offer a dental program, counselling, podiatry, health advice, preventive health-care education, and transportation to health-care services in the community (Cox 2002).

The third, and final community organization member that I interviewed was a man from the Progressive Intercultural Community Services Society (P.I.C.S.S.). This is a non-profit organization that reaches out to different ethnic groups in Surrey and Delta. The focus is on South Asian communities and the services that are provided including advocacy, outreach, counselling, employment assistance services, youth programs, and drop-in and outreach programs for seniors. P.I.C.S.S. played an instrumental role in the creation of the *Guru Nanak Niswas* senior housing project.

The elders in the South Asian community today face many challenges. A lot of them used to be in positions of authority in their earlier lives, but coming to a new country and having children and grandchildren who don't care about them anymore, what are they supposed to do? Our organization believes in helping the elders by providing them with support services. The creation of the *Guru Nanak Niswas* housing project is also a good thing because with so many low-income elderly South Asian people living in Surrey, we need to have affordable senior housing. But building something that is affordable and in Surrey, elders can remain close to the rest of their family members while also maintaining some level of independence. It is my hope that we can take on more projects like this. Long-term care homes are not going to be feasible for our community. There is too much stigmatism associated with putting one's elders into old age homes. Senior housing projects are the viable alternative. We have to build more in the future. Our community needs it.

The issues presented by the three community leaders point to the need for more support groups, more organizations designed to combat elder abuse within our communities, and more affordable senior housing.

5. Conclusions and Implications

The data collected through the discussions with a sample of elders, their adult caregivers and other community service providers for the elderly indicate a number of different issues centring on the topic of aging that are paramount within the South Asian communities of Vancouver and which share commonalities with other aging populations. This study contributes to the current body of knowledge about aging issues in these communities by providing a more in-depth portrait of what is happening amongst community organizations, families, and individuals.

Returning once again to the original research questions proposed earlier, there are certain factors that adult caregivers within South Asian communities in Vancouver are now considering when they think about caring for their elderly parents. These factors include issues such as family relationship dynamics, traditional values such as filial piety and primogeniture, respect for their elders, and caregiver burden. This research builds upon prior studies on aging such as Jamuna (2000) and Gupta and Pillai (1996) on changing kinship bonds. In today's society, South Asian adult caregivers are trying to strike a balance between carrying out the duty of looking after one's elders as well as trying to provide for their own families. This situation inevitably leads to a great deal of stress and burn-out because these individuals are literally sandwiched between generations. This emotional turmoil can also create dire effects for elders because it may build up resentment against them for not being more independent or better able to care for themselves. With the build-up of this resentment, the quality of care that the elders receive is lowered, making them vulnerable. In some extreme cases this can lead to elder abuse in the form of physical and emotional harm. There is a need to recognize that the extended cultural family system as a genuinely caring network is a cultural stereotype and we cannot deny that abuse occurs for some ethnic older persons in the privacy of their own home (Watson 1991; MacLean 1995).

The issues that come up for South Asian elders when they think about their care include maintaining their health, feelings of isolation and loneliness, the desire for independence, and the need for services such as adequate transportation and more financial aid. For elders, maintaining good health is equated with having a strong sense of independence. If their health is poor, the elders feel as though they are a greater burden to their caregivers because of more frequent visits to the doctor, for example. Feelings of isolation and loneliness can lead to depression and lack of enjoyment in life. Adequate transportation and financial aid are physical barriers to gaining more independence.

The services currently available for South Asian elders in Vancouver include a number of organizations that hold weekly social support group meetings for local elders. The meetings are run for either all women or all men with average attendance for both groups to be about 30 elders per week. These groups are helpful because they allow elders to be social through communication with other people in their age and gender group. It also allows them to exchange stories about their lives with each other and to learn about new things. Both the men and women who attend these meetings can also become more knowledgeable about community resources. Many of the meetings feature guest speakers who come in to talk about different resources, for example, such as welfare, elder abuse prevention strategies, and proper health care. The elders also get an opportunity to go on social outings that they normally would not be exposed to such as trips to Whistler and day shopping excursions across the border into the United States. These excursions allow the elders to experience a change in scenery and also to feel a greater sense of independence because they can get time away from their immediate families and be free to make their own decisions.

The elders who attend these groups are diverse members of transnational communities, speaking different languages such as English, Hindi, Punjabi, Urdu, and Gujarati, practicing varying religious beliefs, and residing in different parts of the Lower Mainland. Despite

sometimes being unable to understand each other due to language differences, in general, this is not seen as a barrier for social interaction.

The third and final research question deals with the current and anticipated needs of the elderly. According to the South Asians interviewed in this study, current needs include the importance of developing social networks that allow elders to interact with one another, and the need to have access to adequate medical care and other health services in a timely and convenient manner. The anticipated needs of the elderly in the future include more affordable senior housing that is conveniently located near medical facilities and other important community service providers.

As data collected from the interviews and focus groups show, there is no strong preference for a particular type of elder care in the South Asian community. Elders and adult caregivers living in multigenerational households tend to feel more strongly about maintaining cultural values and following care patterns defined by filial piety and primogeniture than other families. Many elders accept the possibility that their adult children may place them into long-term care homes, however, many see this as the last step before death with deteriorating health being the main reason for being admitted into one.

While demographics counteract the ideology of the "apocalyptic demography" argument by showing no immediate urgency to meet the needs of the aging South Asian population compared to some of the other groups in this province, it should be noted that these needs will gradually change in the future. South Asian communities tend to display individuals who provide more supportive networks of social resources than other segments of the population (see Veenstra and Lomas 1999). This makes the demand on government-run services lower than non-visible minority groups. Within the South Asian communities in Vancouver, the building of social resources involves members of these communities organizing themselves to improve the social, cultural, and economic well-being of their families, communities, and societies. This is

currently happening at a 'grassroots' level in Vancouver as evidenced by looking at the current funding for the groups being run by the South Asian Friendship Society and the South Vancouver Neighbourhood House. Funding is provided by donation from the elders and families who use the services or from the volunteer time and out-of-pocket expenses of community group leaders and other seniors.

Indo-Canadian seniors may not be actively involved in the job market but they still are active performing volunteer work in the community and taking care of grandchildren at home. Senior women do most of the domestic labour and enable other members of the family to enter the work force. Some seniors are involved in helping their children in small businesses and other activities. They (seniors) have rich experiences, much wisdom and maturity to provide advice to their own children, friends, and relatives. The Indo-Canadian community benefits from their [seniors] involvement in social, religious, and cultural activities (Randhawa and Basran 2000:35).

Furthermore, since the majority of South Asians in this province are under the age of twenty-five, more attention should focus on the need to have support groups for adult care-givers of elderly parents to attend. This would create an outlet to discuss some of the issues that they are facing and perhaps to alleviate the stress associated with being 'sandwiched' between caring for two generations.

Overall, the research findings from this study indicate a number of issues that are common among all aging populations such as independence, good health, and not being a burden on others. However, a major problem for South Asian families with elders who are immigrants is that the elders are not familiar with the available community resources for themselves, therefore causing them to depend on their adult children. Many of the elders make reference to a nostalgic past in their birth countries of having a great deal of power and respect there because of the hierarchical nature of society that is clearly documented in previous literature (see Lamb 2000; Jamuna 2000). The elders who are in the latter part of their lives when they emigrate here appear to be at an immediate disadvantage because they do not know how to access the resources

that are available to them. Some manage to eventually gain access to these resources through networks created by the building of supportive networks of social resources within South Asian communities.

As this study shows, cultural values are not universal among South Asian communities in Vancouver. For example, the concept of filial piety is being challenged through the increased practice of elders living with their daughters. South Asian families are continuing to place their elders into long-term care facilities. Within communities, there is the recognition that there needs to be more options when it comes to affordable social housing for ethnic seniors. Many of the elders and their adult caregivers are now talking about the concept of 'independence' for elders, recognizing the need to empower the seniors who are living here. But even that term itself is problematic. For elders the term appears to be related to mobility and having adequate financial resources. It is also equated with having power and authority to make one's own decisions. To caregivers, it appears to encompass the ability of elders to meet their physical and emotional needs, such as transportation and personal health and hygiene, on their own. However, it stops short of giving more power to elders when it comes to decision-making for themselves and their family members.

Future studies of aging among this ethnic group should focus on how current services reflect cultural expectations and how these services can respond to the expectations of family caregivers. The transnational migration of South Asian elders from their birth countries to Canada opens up new dilemmas and problems that may worsen if families are unable to properly care for this group of immigrants. This is a major dilemma for any organization trying to provide services to elderly South Asians. The South Asian Friendship Society, P.I.C.S.S., and other community organizations are making a difference at the grassroots level but they are obviously not reaching everyone in the community. The media and word-of-mouth can be powerful tools in spreading the value of such programs to South Asians, but it will take a while

before any massive changes will be made since communities are lacking the organizational structure to implement support programs for the elderly and their families. Within South Asian communities, meeting the needs of the aged is viable when viewed as a community responsibility. By creating more community-based services as an *extension* of family caregiving rather than as a replacement, these services will gain value in the long run. These community-based services will also serve as a model for other ethnic groups and the province as a whole because of its diminishing reliance on government-run programs but increasing dependence on networks of social resources to meet the needs of an aging population.

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FIGURE 1

Total Visible Minority Population by Age Groups in British Columbia, 2001

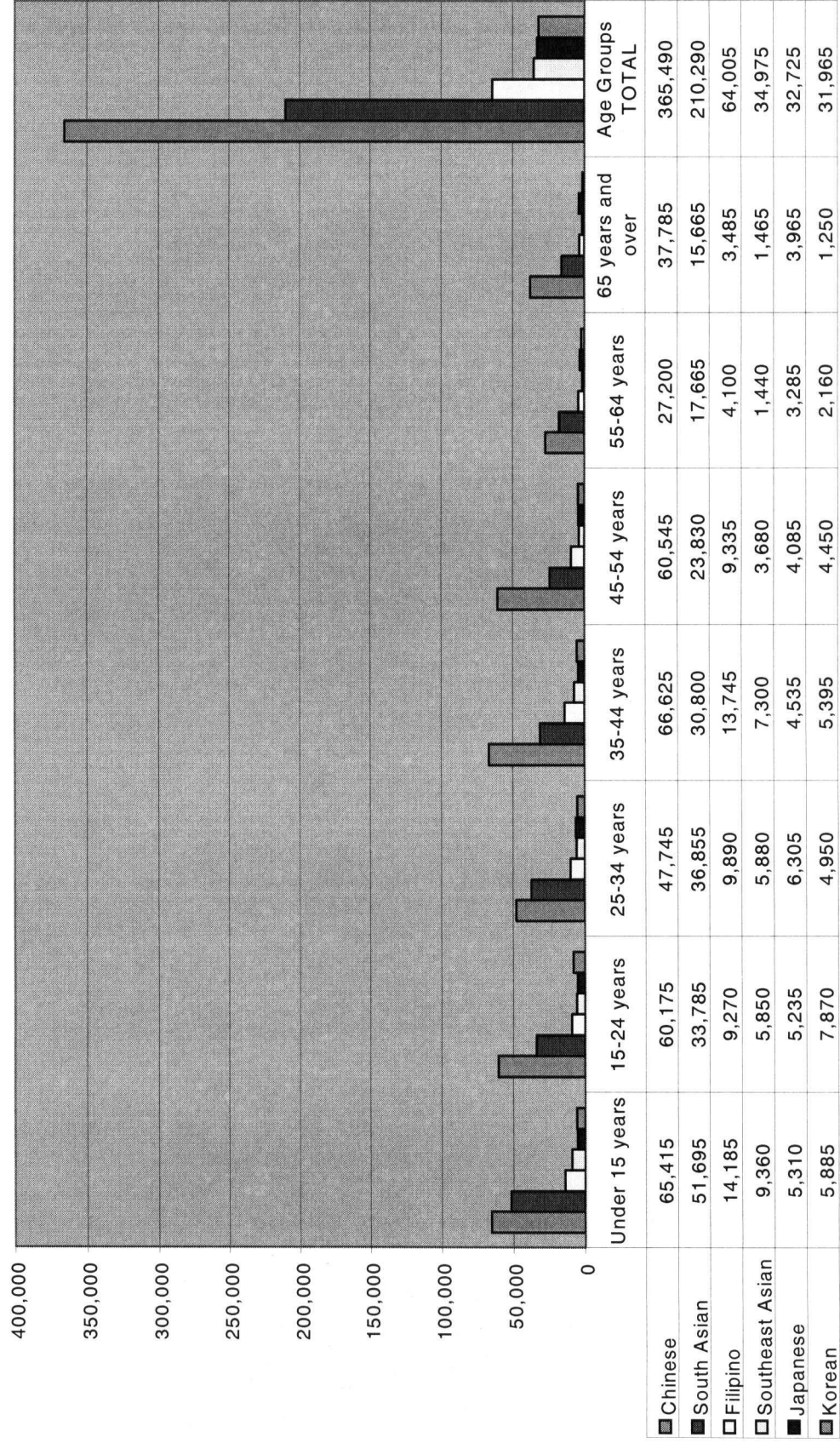
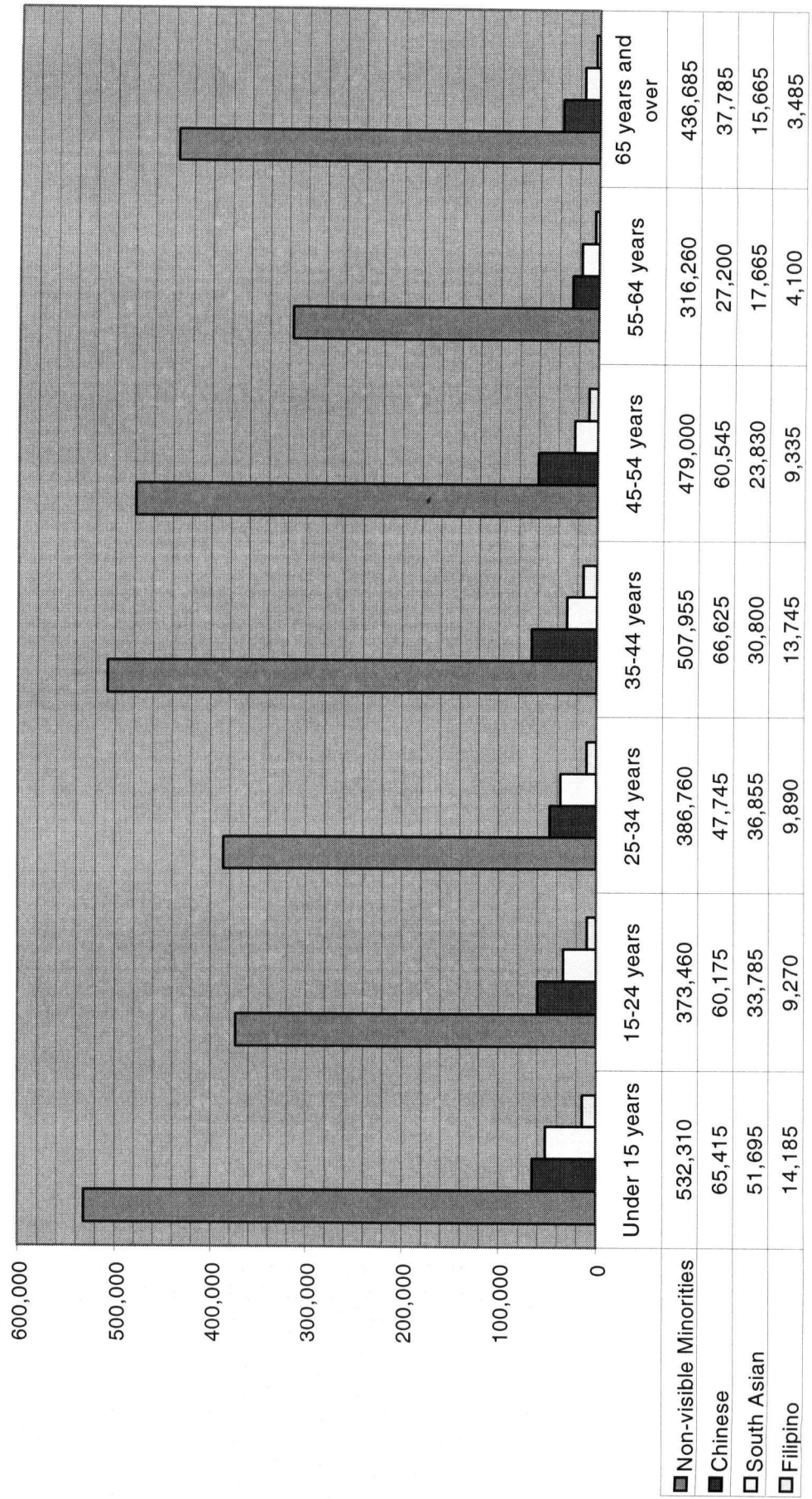


FIGURE 2

Non-visible Minorities, Chinese, & South Asian Population by Age Groups in British Columbia, 2001



Study Participants

Table 1

**South Asian
Elders**

Years	#	Living Arrangements	Total	Gender M=male F=female
65	5	Separate residence, with spouse	5	3 M, 2 F
		Separate residence, no spouse	0	
		Multigenerational household	0	
67	14	Separate residence, with spouse	6	3 M, 3 F
		Separate residence, no spouse	4	4 F
		Multigenerational household	4	1 M, 3 F
68	17	Separate residence, with spouse	3	1 M, 2 F
		Separate residence, no spouse	5	2 M, 3 F
		Multigenerational household	9	3 M, 6 F
70	3	Separate residence, with spouse	0	
		Separate residence, no spouse	0	
		Multigenerational household	3	1 M, 2 F
75	1	Separate residence, with spouse	0	
		Separate residence, no spouse	0	
		Multigenerational household	1	1 F
79	6	Separate residence, with spouse	0	
		Separate residence, no spouse	2	1 M, 1 F
		Multigenerational household	4	4F
80	2	Separate residence, with spouse	0	
		Separate residence, no spouse	0	
		Multigenerational household	2	1 M, 1 F
82	2	Separate residence, with spouse	0	
		Separate residence, no spouse	0	
		Multigenerational household	2	1 M, 1 F
91	1	Long-term care home	1	1M
Total:				M=19 F=32

Table 2:
Adult Caregivers

Years	#	Gender
32	1	F
38	1	M
42	1	F
50	1	M
51	1	F
52	1	F

APPENDIX 1

INTERVIEW GUIDE

Family Background:

1. Tell me about yourself. How did you come to live in Vancouver? How long ago was it? Education? Occupation? Country of origin? How many members reside in your household? How many family members live nearby and who are these family members?
2. What languages do you speak?
3. Do you consider yourself to be a religious/spiritual person? Do you believe/follow a particular faith(s)?
4. How would you describe your family relationships? How close are you to your family members? (Geographical and social distance).

Attitudes/Opinions/Practices towards Aging and Caring for the Elderly

(Questions for South Asian seniors):

1. What does growing old and aging mean to you?
2. What does caring about and caring for or being cared by family members mean to you?
3. What needs do you think are paramount for an elderly person? Who can best meet these sorts of needs?
4. Have you given any thought about whom you would like to care for you and how you would like to be cared for when you are older?
5. In your mind, does the extended family play a role in caring for the elderly? Who else might fulfil this role?
6. As an elderly member of your family, what sorts of things do you contribute?

(Questions for South Asian family members):

1. What does growing old and aging mean to you?
2. What does caring about and caring for or being cared by family members mean to you?
3. What needs do you think are paramount for an elderly person? Who can best meet these sorts of needs?

4. Do you think it is your responsibility to take care of your elderly parents/family members? Is this something that has crossed your mind?
5. Have you given any thought about whom you would like care for you and how you would like to be cared for when you are older?
6. In your mind, does the extended family play a role in caring for the elderly? Who else might fulfil this role?

Assessment of Services/Programs that Cater to the Elderly

1. Are you aware of any programs in your neighbourhood that meet the needs of the elderly? If so, can you give me some examples?
2. Do you know of people who are using long-term care facilities?
3. What do you think about care that comes from a long-term care facility? Have you ever considered placing an elderly member of your family in such a facility? (Or perhaps you already have?)
4. What are your thoughts about placing seniors into long-term care facilities? Do you know of friends or family members living in such residences?
5. What would a long-term care facility look like that considered the special needs of South Asians?

Caring Needs of South Asian Communities

1. In your mind, what are some important values and practices associated with South Asian families when it comes to caring for their elders?
2. If you could design a program(s) that cater to the needs of South Asian elders, what kinds of program(s) would you design?