Recasting "Care"

Changes in the Care of Older People
in a Rural Community in the Philippines

A Master’s Thesis

Submitted by

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ABSTRACT

With a growing number of elderly people in the world, comes a growing concern about their wellbeing. In the Philippines for example, although ageing is not yet a remarkable phenomenon, it is already becoming a major concern of studies, research and policy-making in the government. This could be partly explained by demographic projections indicating an exponential rise of the elderly sector to a 10.3 percent by the year 2020. This kind of reality merits attention in order to understand and be able to respond to the needs and concerns of the elderly people.

Care arrangement for older people that involves the family unit is still the most common in the Philippines particularly in the rural areas. With urbanization and industrialization however, demographic, economic and other social factors started to come out. These factors are bringing about changes in the major aspects of care which in turn are causing changes in the types of care arrangement available for the elderly. A look at these dimensions, particularly the recent changes in types and motives for caring will provide a better understanding of the unique features that make the family the primary source of care and security for older people.

It is in this context that this study delves into the phenomenon of care of older people and its major aspects (i.e., caregiver, forms and motives). With different changes taking place and affecting care of older people in a Behia, a rural community in the Philippines, people need to respond. But how do older people and their caregivers cope with these changes? How do they come to terms with the reality that what they have doing in the past could no longer be done now? How do they understand the fact that certain lifeways no longer fit the changing times, so these should be altered? These were the major questions that I wanted to explore and that I wanted to find answers to.

Most data for this study were gathered through in-depth interviews of respondents composed of both the older people and caregivers. This method was used to look into and understand respondents' perceptions and insights on the provision of care for older people in the mentioned socio-cultural setting. Data from in-depth interviews were supplemented with and validated through interviews of key-informants, informal and casual interviews and conversations with other people in the community, and participant observation.

Findings of the study reveal that people of Behia, particularly those who were included in the study have different perceptions of growing old. They particularly look at it as something normal and inevitable in
everybody's life. Growing old is perceived to be a positive phenomenon. Older people are looked upon for the wealth of experience and wisdom that they were supposed to accumulate as they trod the paths of life.

Different social changes have started to occur in the island since the late 1980s. Population has increased, needs of people changed, rapid urbanization has set in, and many families started to experience out migration of some of their youth and young adult members. This transfer of people particularly female family members who were the preferred source of care of older people, to nearby cities has created different changes in the people's notion of care.

People need to respond to the changes. They need to cope with care in the midst of those changes primarily brought about by out-migration. A very crucial form of coping that Behia people resort to involves a recasting of care in terms of its major aspects: the type of care, the caregiver and the motives. First, recasting care required a change into a form that will make it more fitting to the changing times. One that is characterized not only by its customary physical form that requires people to be near in order to care, but also by a new structure that allows family members to provide care even when they are far away.

Second, in terms of the participants in care, recasting involves an identification of family members other than children, as providers of body care, financial support and different types of emotional care. In this new form, sons, daughters-in-law and grandchildren come into the picture of caring.

Third, Recasting also requires an acknowledgement that there are other reasons for caring which are beyond the usual respect and sense of gratitude rationale. Recasting results to a recognition of reasons which are more practical. No matter how people may call it, no matter what label other people may use to refer to it, its basis is still reciprocity.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Chapter One: INTRODUCTION</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>An Interest in Growing Old and Care of Older People</td>
<td>1</td>
</tr>
<tr>
<td>Learning from Earlier Studies</td>
<td>2</td>
</tr>
<tr>
<td>The concept of care</td>
<td>3</td>
</tr>
<tr>
<td>Care activity: first aspect</td>
<td>5</td>
</tr>
<tr>
<td>Participants in care-giving: second aspect</td>
<td>7</td>
</tr>
<tr>
<td>Motivations for caring: third aspect</td>
<td>8</td>
</tr>
<tr>
<td>The Query, the Challenge</td>
<td>11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter Two: METHODOLOGY</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explore and Discover</td>
<td>13</td>
</tr>
<tr>
<td>When Questioning is not Enough</td>
<td>14</td>
</tr>
<tr>
<td>Bagatao Island and its People</td>
<td>16</td>
</tr>
<tr>
<td>Behia fishing community</td>
<td>16</td>
</tr>
<tr>
<td>The perceptions and experiences are theirs: The study participants</td>
<td>17</td>
</tr>
<tr>
<td>The Quest for Answers</td>
<td>17</td>
</tr>
<tr>
<td>As Data Gathering Starts and so does the Analysis</td>
<td>19</td>
</tr>
<tr>
<td>Ethics Considered</td>
<td>19</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter Three: AGEING AND CARE</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Becoming an Older Person</td>
<td>21</td>
</tr>
<tr>
<td>Perceptions of Growing Old</td>
<td>21</td>
</tr>
<tr>
<td>Older People and their Needs</td>
<td>30</td>
</tr>
<tr>
<td>Care of Older People</td>
<td>32</td>
</tr>
<tr>
<td>Family: a primary source of care for older people</td>
<td>33</td>
</tr>
<tr>
<td>Women: preferred providers of body and other forms of physical care</td>
<td>35</td>
</tr>
<tr>
<td>To care is to be near: activities of care</td>
<td>41</td>
</tr>
<tr>
<td>Care begets care: motivations for caring</td>
<td>46</td>
</tr>
</tbody>
</table>
Chapter Four: CHANGES AND REDEFINITION OF CARE

Changes in Types and Motives of Care 52
Care by other Family Members 52
One Need not Always be There in Order to Care 54
Tangible Motives, Tangible Results 56

Recasting Care 57
Migration: A Catalyst for Change 58
Migration and care 58
Reconciling perceptions and reality 59

Caring Beyond Moral Obligation:
A Kind of Reciprocity 60
The underlying principle of care 60
A not so different kind of reciprocity after all 63

Chapter Four: CONCLUSION: Recasting Care of Older People 65

More Than Just an Academic Exercise 65
Care of Older People: A Recast 67

References
Appendix
Chapter One

INTRODUCTION

An Interest in Growing Old and Care of Older People

The world population is ageing. With a growing number of elderly people in the world, comes a growing concern about their wellbeing. Available literature would attest to this growing interest to emphasize the varied meanings that different cultures attach to their ageing experiences, and to understand the dynamics of care provision for older members of their own societies.

Although the ratio of older persons to the total population in the Philippines is comparatively low according to demographic studies, and although ageing is not yet a remarkable phenomenon in the country, it is already becoming a major concern of studies, researches as well as policy-making in the government. This attention to this phenomenon is perhaps a response to demographic projections indicating an exponential rise of the size of the elderly sector to a nearly 10.3 percent by the year 2020. After a decade, that is by 2030, this group, according to projections, is expected to reach 13.5 percent, with a median age of 32.9 (Domingo, 1996 as cited by Somera, 1997). Indeed, this kind of reality merits attention if only to understand and be able to respond appropriately to the call of the times.

While there have already been many research studies that looked into the phenomenon of ageing, most of these have focused on the experience of ageing in general particularly those in developed countries. Some of the studies conducted have also focused on the provision of care for older people but most of these were about caregiving in institutions—a more preferred way of caregiving for older people in more developed and industrialized countries.

A review of available literature on the phenomenon of ageing suggests the following realities (please see the problem analysis diagram). The elderly have various needs that should be addressed. In the process of addressing those needs, three major aspects of care are emphasized. These are the forms of care, the source of care and the motivations for caring. These different dimensions in general spell out the different types of care arrangement for the elderly. It includes professional care in institutions, professional care in the older persons' private homes, private care by hired servants in older people's homes and care by relatives in the home-setting.
The source of care for older people is most of the time women, although they could also be categorized according to the type of care arrangement as either family members, hired servants or professionals who are also paid for the services that they render. The process of care provision, again as suggested by the types of care arrangement, is characterized by different forms and activities involved. In terms of the third aspect, three major motivations are described in the literature. These are moral obligation because of societal expectations, respect that is also closely-related to moral obligation, and reciprocity.

Among the different types of care arrangement described in literature, caregiving by family members in the home setting, is the most common in less industrialized cultures. Among the Filipino elderly for instance, about 80 percent of the members of this group were living with at least one of their children and less than 3 percent live on their own (Sarmiento, 1990).

With the advent of urbanization and industrialization however, different factors started to effect changes in the types of care for older people. Demographic factors including migration, economic including occupation and income, education as well as kinship and other social relationships have caused different changes in the care provision for older people. The abovementioned factors have instigated changes in the three major aspects of care which in turn are causing changes in the types of care arrangement available to people.

**Learning from Earlier Studies**

A closer look at literature would correct some incorrect notions about the concept of caring such as that, ‘it is a human instinct, therefore it is universal and a natural thing for human beings to feel, experience and engage in’. While all cultures would have representations of this concept, making it more or less universal (i.e., it is a concept present in all cultures), caring is largely a culturally constructed one. Being so, there is really so much variation in the way it is done across cultural settings. The manner of caring varies and so with the person who does the caring, the object of caring, the intentions or motivations for doing so and many other related things.

Tronto’s (1993) characterization of care as “one of the central activities of human life”, and that “it is a process that sustains life” suggests that this concept could be approached from different vantage points: that of the children, ill individuals, particularly the chronically ill ones, the elderly and other sectors that need different forms of caring. This study however, specifically focuses on the phenomenon of caring for the elderly, who because of old age are finding it difficult to do things for
themselves and by themselves. This is also the age group where people start to experience difficulty in functioning as what the society expects them to function as an individual, as a member of a group or family, and as a member of the society. The elderly population has already become a significant segment of the world population. This merits attention in terms of efforts to understand how people deal with the concerns of their elderly particularly the provision of care.

The Concept of Care

The concept of care has myriad connotations and implications and different meanings surround this concept in general. Common among these are the ideas of attention and effort, and avoidance of harm and damage. One way to understand this concept of care is to look at it in terms of having two basic constituents—the technical and the emotional (Van der Geest, 2002). The technical component on the one hand, suggests that 'a concrete activity should be done for others who may not be able to do them alone'. When one does something for another person who cannot do it by himself, the doer complements the receiver of the action. The emotional component on the other hand, suggests that there are certain emotions involved that would result to the doer being concerned with, dedicated to and eventually being attached to the receiver of the action.

Caring in general. Tronto (1993) defined care as ‘an activity that includes everything that we do to maintain, continue and repair the world so that we can live in it as well as possible’. This seems to be a very general definition that could apply to many situations but the suggested components are quite clear—somebody does something meant for another person and there is always a reason for doing it. It may however, not as simple as it may seem to be. There are other covert implications of the definition. Other dimensions such as people’s motives and factors shaping those motives need to be looked into, if one is to understand what care really means.

That ‘care’ is one of the central activities of human life and that ‘it is a process that sustains life’, were also emphasized by Tronto (1993). An interesting implication of this characterization is that care is a very crucial aspect of life. Earlier studies would suggest that although the need for care is common among people, expectations on how they should be cared for vary. The need for care among children for instance may vary according to age group and whether they are healthy or ill, while among ill people, it could also vary according to the illness and its severity. Among the impaired or those with disability, expectations about the nature of care could also vary according to the kind of disability and circumstances that they are in. Some of them would expect other people
to do ‘things’ for them but other persons with disability would prefer just an assistance in terms of technology or perhaps just an acceptance of what they are, and not necessarily ‘functioning’ for them.

**Caring for the elderly.** Care is also characterized in the literature (Tronto, 1993) as having different interconnected phases: caring about; taking care of; care giving; and care receiving. This means that while people often think that there is always a concrete and direct giving of care, this may not always be true. There are ways of showing care over and above the direct physical care giving. ‘Thinking about’, being ‘concerned about’, ‘feeling responsible about’ somebody, and the response that you can get when you make yourself concerned of other people, make the characterization of care more holistic.

A possible implication however of the characterization of care, that it is “one of the central activities of human life”, and that “it is a process that sustains life” is that, care could be regarded as a given and as something automatically embedded in human life and existence, therefore, a natural thing to happen. This is not the case as literature shows. Caring, as described in the literature, is not a natural thing and that there are different considerations that would prompt an individual to care for others in different cultures. Ingstad et al. (1992) for instance, mentioned that:

‘coping with care for elderly people, or any dependent family member, is clearly a matter of resource management’, although they have added that, ‘coping with care also encompasses the willingness or motivation of relevant persons to give care’.

Caring involves difficulties for example as encountered by care providers when a nurse in a ward for the elderly in a mental hospital considered vomit to be the most disgusting substance she encountered in dealing with elderly patients. She said that:

‘It smells so sour...You cannot pick it .....and it’s gone.....So, I wear gloves, I find it really disgusting. It slithers and slides. I rather clean shit than vomit, but it goes with the job...’ (Van Dongen, 2001).

Caring also involves the pleasure that caregivers derive from feeling needed, when a nurse from an institution for the elderly people who are chronically mentally ill, expressed that:
'I like my job, because I can offer something to those people. I can mean something to them' (Van Dongen, 2001).

Among the elderly, the need for care could also vary according to various factors and circumstances such as their actual age, whether they have some forms of illness or not, and some other considerations. Some of them might need other people to do things for themselves, because they could no longer do it, but others would perhaps prefer to be just given the assistance and not necessarily other people doing 'things' for them (Foner, 1992; Tronto, 1993; Van der Geest, 2002).

Care is oftentimes not a straightforward human activity such as a physical activity done for another person. There are hidden meanings, unseen implications and connotations of the definition of care, particularly for the elderly and this could vary from culture to culture. Covert as they are, they need to be brought to the forefront through a closer look at what people are doing for other people who cannot do things for themselves. The given dimensions should be highlighted so that the hidden meanings would come out for people to understand (Tronto, 1993; Komter, 1996).

**Care Activity: First aspect**

Relevant concepts in the definition of caring, spell out its major dimensions. There is an emphasis on caring as an activity. Whether it is emotional or technical, there is always an act being done toward another individual. The activity could range from being concerned about, thinking about or asking questions about an individual, to the actual activity that would help individuals do 'things' which by themselves, they could not do. This is what Van der Geest (2001) referred to, as 'a complementary character of care'.

In the literature, the different forms of care for the elderly that people engage in range from the provision of basic needs (e.g., food, shelter and clothing) to actual, physical care (e.g., bathing, doing errands for them, cleaning their place) to some form of emotional concerns (e.g., keeping them company, talking to them). Again, these activities of care could be considered given or explicit and behind those explicit ones could be some suggested meanings or other forms of caring which may not be described fully in the literature but which also exist in many cultural settings.

Other ways of caring have in fact, been suggested in the literature. Most of these would have different variations in terms of how these are done in different societies. Remittance of cash for instance, could be considered a form of care in some settings. In others it could be an option
but not a very acceptable one, compared with an actual provision of care and not just sending money or not just paying for somebody to do the caring for the elderly. It is not completely correct however to say that financial assistance is only legitimate in industrialized countries while actual provision of physical care is the one acceptable in non-industrialized cultures. Among the Tswana speaking Africans, financial support is an expected form of care as one student wrote:

'Today the life of elderly people in my village is very poor, because some of them are so old that they can't work. Some of them have many children but their children have no money to support their parents' (Ingstad et.al, 1992).

Keeping the elderly company does not only suggest physical presence but also some emotional forms of caring such as visitations. This would allow them to talk to and assure the elderly that they are still remembered. This would also make the elderly feel that people are still concerned about them and that some form of honor and prestige is still bestowed in them even if they could no longer be physically present in most of the society's social activities.

In some societies, care could also be through giving of food which is commonly a taboo to younger people. This could also be a way of showing the elderly respect and honour. Even attending to one's funeral is regarded as a kind of care. In fact, among the Ghanaians, a funeral is considered 'a culmination of the care the family provided while the deceased was still alive' (Van der Geest, 2002).

It is quite clear that caring for the elderly includes activities that do not involve the actual provision of physical care. Some elderly are still able to do things for themselves and do not need other people doing those things for them. They may need some assistance but do not necessarily expect a caregiver to provide actual physical care for them.

Sending the elderly to institutions had also been an option, not only in industrialized countries but also in non-industrialized ones. It is of course interesting to note some differences in terms of activities of care in those institutions. In the Netherlands for example, institutions offer more than just company for the elderly. For example, one care provider, a nurse mentioned about what she tried to do in her care provision for the 'residents' in the institution:

'I try to give them some warmth, some coziness. They have so few family members.
I try to give them what I have at home: the common things' (Van Dongen, 2001).

In an institution for the elderly in the Philippines, caring appears to be more on the provision of physical care, according to a study. A study among the elderly in an institution, noticed that:

'Essentially socialized into their own bureaucratic roles, the staff as a whole, find little time to cultivate genuine friendships with residents' (Somera, 1997)

Participants in Care giving: Second aspect

There are key players in care giving for the elderly. This includes the elderly themselves who are cared for, or the ones who directly benefit from it, as well as the one who gives care. Most studies on care delivery for the elderly suggest that care givers, whether in the home setting or in institutions are most often than not, women. They are either wives, daughters, sisters and even female in-laws or female relatives. In institutions, direct care givers are usually female nurses, female doctors and other female staff. This somehow points out to the common understanding of care as something physical. Indeed, most forms of physical care are provided by female care givers according to past studies. In terms of other forms of care however, males could also be care givers but there are very few researches that attest to this.

A common stereotype of the elderly is that they need care whereas they can often care for themselves or even care for other people. They could care for their spouses and other relatives in their homes or their co-residents in institutions. The male gender could also come into the picture. But then again, there is very little literature that elaborates on this.

Another interesting point raised in the literature is that in some cultures, home care is considered to be 'better' than the care in institutions but in other societies, the opposite is regarded as being more acceptable. There is a common stereotype that care in institutions only includes 'body work' (i.e., physical care such as washing, clothing, etc). Van Dongen's (2001) study however show that 'body works' could in fact be an avenue for providing more 'emotional' care. She writes:

'The nurses talk to the elderly while washing and clothing them; they take time to establish personal contact'......'Nurses to increase the
wellness of the aged by offering them sensitive
care and by being willing to communicate
with them' (Van Dongen, 2001).

Motivations for Caring: Third aspect

In the description of care for the elderly, there is also an emphasis on the
general motivations as to why the key players in the so-called ‘care
activity’ engage in those activities. Among the different dimensions of
caring for the elderly, motivation for doing so seems to be the least
observable. Therefore understanding the reasons for it depends much on
asking people why they do it. In the literature, the most commonly cited
motivation for caring for the elderly could be summarized into two broad
concepts—those of respect and reciprocity.

There could be different reasons as to why a person respects
another. Some refer to it as a matter of formal ethics while others would
suggest that broad cultural values would tell them that it is moral and
ethical (i.e., it is the norm and it is what’s expected in the society).
Therefore it should be done. This is referred to as moral obligation. Foner
(1993) refers to this as ‘fulfilling the informal contract with the elderly’.
You may not expect something but, because it has been imbued in you
that it is the ‘proper’ thing to do, you would do it. Foner (1993) said that:

‘Many children feel deep affection for aged
parents and look after them with loving
concern’ (Foner, 1993).

The way the Twareg pastoralists of Niger (Foner, 1993) cared about their
elderly, has shown how their elderly are regarded in their society. They
believed that:

‘Old people should be served and fed. When
they were sick and dying, a daughter or
granddaughter would minister to their needs’
(Foner, 1993).

Ingstad et al (1992), in their study among villagers in Botswana, have also
shown that:

‘...many villagers hold their elderly in high
regard and allocate the necessary resources to
give them a comfortable life...’ (Ingstad et al,
Caregivers’ reasons and motives for caring were also suggested when, Veronica—a Ghanaian woman, begged her husband to allow him to go and care for Agya Mensa—her one hundred years old father, and told her husband that:

‘if I had not gone to help them and they had died, people would have insulted me for not looking after my parents, so there was no need for me to come to their funeral’ (Van der Geest, 2002).

From the way people describe the two terms—respect and reciprocity, it seems that respect is meant for the ‘other’, while reciprocity is meant for oneself. The characterization however of the concept of respect would show that in every display of respect, there is always some form of reciprocity involved albeit in covert form. There is always an expectation, that ‘what one is doing would come back to him in old age’. This is the major motivation that people have in respecting or in caring for the elderly.

In some cultural settings, respecting or caring for the elderly could mean blessings (Van der Geest, 2002). So, if one goes near an elderly person, blessings would also come to him. Doing the opposite could mean curse. Some people also respect the elderly because they do not want to experience society’s disapproval.

It is quite clear in the literature that most motivations for caring which are considered as a form of respect, is in fact self-serving. This includes avoidance of negative sanctions (e.g., threat of disinheritance, community disapproval, supernatural punishment, karma); to be applauded and honoured because of being generous to the elderly; not risking parental curse, community accusation of witchcraft; and not earning the wrath of parents and society.

So when people say they care for the elderly because they respect them, it could be because of other meanings and expectations and not necessarily because they are really respectful or that the elderly are respectable. This supports the idea that caring is not really a natural ‘thing’. While people may say that they care for the elderly because of respect, other considerations come into play.

Reciprocity or expecting something in return is a more obvious motivation for caring for the elderly and this could come in different forms and different explanation from different people’s viewpoints. Foner (1993) refers to it as delayed reciprocity or lifetime reciprocity. This is when people care for the elderly because they look at it as a form of repayment for the care provided to them when they were still young. At
the outset it could be a form of gratitude but looking at it more closely, one would understand that it is again a way of investing for one’s own benefit. This idea is quite obvious among the Navajos when Foner provided the following description:

‘By looking after their own aged parents and grandparents, younger caretakers may be consciously setting an example for their children so that they will not be abandoned in the future’ (Foner, 1993).

It is also true among Ghanians when an elderly commented that:

‘It all depends on how you started your life. If you laid a good foundation, you will reap results, but if you failed to look after the people around you, they won’t spend their money on you when you are old’ (Van der Geest, 2002).

It is also suggested in earlier studies that people care for the elderly, particularly their parents because of an outright economic inducement. This means that caring is in exchange for a special treatment in the family particularly in the division of property. Different societies have different ways of distributing properties to family members. If the society requires the youngest child to stay in the house of the elderly, then the responsibility of caring for the elderly is theirs. In turn however, are some economic benefits in terms of property shares. This could also mean sharing the economic benefits of parents if they are receiving some form of pension or insurance in old age. Looking after them and living with them could mean partaking in their economic blessings.

Since care, particularly for the elderly is surrounded and characterized by interesting, albeit covert realities, caring becomes an ambiguous human activity. Social scientists try to understand this nature of care phenomenon for the elderly. They do not only focus on the more overt characterization of the concept. They also and most specially look into the meanings derived from people’s experiences. This explains the wide array of theoretical orientations as well as the different methodologies that both medical and social scientists employ in their search for explanations and meanings.
The Query, The Challenge

Changes in the major aspects of care of older people are inevitable. In order for the tradition of caring of older people in the home setting to live on, its major features should change. But how do older people and their caregivers cope with these changes? How do they come into terms with the reality that what they have doing in the past could no longer be done now. How do they understand the fact that certain lifeways no longer fit the changing times, so these should be altered and in fact they are unconsciously altering these? Many new things should be considered. Many elements should be taken into account.

Care arrangement for older people that involves the family unit is still the most common in the Philippines particularly in the rural areas. With urbanization and industrialization however, demographic, economic and other social factors started to bring about changes in people’s concept of care in its major aspects. These, in turn are causing changes in the types of care arrangement available for older people.

In the Philippines, there is a dearth of information and lack of systematically collected data on ageing particularly on care giving experiences. This is perhaps a manifestation of the fact that the systematic study of the social aspects of human experiences on ageing is relatively new in the country. Among those studies that have focused on provisions of care, most have looked at the possibilities of and preference for professional caregiving in institutions and very few have looked at the situations in homes or care provision by family members in the home setting particularly in terms of the major aspects of care.

Among those that focused on family-based care support system, almost all have described the motivations for caring in terms of moral obligation. Certain moral values have always been mentioned as the main reason for caring for the elderly among Filipinos. These values include that of “utang na loob” or debt of gratitude as well as the value of having children who will look after the parents when they get old, thereby construing caring for the elderly as repayment for the gift of life.

While it may be true that those abovementioned factors would best explain why Filipino families care for their older family members, there could also be other motivations which are present among people but most often than not are just characterized as plain respect and reciprocity. Perhaps the statement in one of the studies conducted that goes, “this cultural normative system perhaps sufficiently explains the Filipino tradition of caring for elderly persons in the context of the household unit” (Somera, 1997) may no longer be exactly true. There could be recent changes in the types and motives of caring which are usually lumped together in literature as reciprocity. These motivations need to be
described and understood. Considering those may bring about a more holistic way of understanding the phenomenon of ageing, particularly care provision in rural areas in less industrialized countries like the Philippines. It is in this context that this study delves into the phenomenon of care of older people as perceived and experienced by older people themselves as well as by their caregivers. This particularly focuses on the changes in the types and motives of care, in the context of the family-based care/support system in Behia, a fishing community in the Bicol region in the Philippines.

Different social changes have started to occur in the island since the late 1980s. Population has increased, needs of people changed, rapid urbanization has set in, and many families started to experience outmigration of some of their youth and young adult members. This transfer of people to nearby cities and even abroad usually started as temporary for the purposes of study and/or work. Eventually however, many of them married and opted to reside in places other than the island, leaving their elderly to live alone or in the care of other people.

A look at these aspects, particularly the recent changes in types and motives for caring will provide a better understanding of the unique features that make the family the primary source of care and security for older family members. These features could also be considered in understanding effectiveness of other types of care arrangement that were available for them.
Chapter Two

METHODOLOGY

This chapter recounts how the research study was conducted. It starts with the study type and design that explains the approach as well as the methods used. Then it describes the group from which the study participants were drawn as well as the process of choosing the key-informants, the interview respondents and other study participants. It also explains the use and the process of constructing the research instruments used in the data collection. All details of the data gathering are included, as well as the analysis strategies undertaken. This ends with some ethical considerations in the conduct of the study.

Explore and Discover

Interest in the phenomenon of ageing as well as of care is not really a new thing. There have already been many studies that examine these issues. Studies focusing however, on care arrangement that involves the family unit, particularly those that look into the three major aspects (i.e., caregiver, care activities and motives) are still a rarity. It could still be considered a new area of investigation that is relatively uncharted. This study therefore hopes to explore more on the aspects of care of older people in a rural community in the Philippines. This primarily aims to obtain more information and insights on care provision, with a particular focus on recent changes in type and motives, in the context of the family-based care/support system.

This study also hopes to generate realizations if not hypotheses about relationships among factors that characterize care provision for older people and those factors that bring about changes in the mentioned type of care arrangement.

This makes use of an ethnographic research method that entails collection of socio-cultural data about the people, from and through the same people. This method also requires a systematic description of the culture in focus based on the information gathered using a combination of different data collection techniques.
When Questioning is not Enough

Most data for this study were gathered through in-depth interviews of respondents composed of both the elderly and caregivers. This method was used to look into and understand respondents' perceptions and insights on the provision of care for older people in the mentioned socio-cultural setting. Data from in-depth interviews however, were supplemented with and validated through interviews of key-informants, informal and casual interviews and conversations with other people in the community, and participant observation.

A combination of these different methods employed continuously served as a means of ensuring the trustworthiness of the data, therefore improving its overall quality.

**Documentary research.** Sometimes data (particularly statistics and other socio-demographic generalities about the place and the people) about the issues focused on in the study are already available in the form of community records, reports and other important bodies of information that were made available to the researcher. These data and information supplemented the qualitative data gathered and also helped define parameters that were considered and included in the analysis.

**Key-informant interviews.** In order to have initial general ideas about the community particularly those related to the phenomenon of caring for the elderly, key-informant interviews were conducted. In-depth interviews with respondents were adapted to the initial results gathered through this method. Key-informant interviews were conducted at the start of the data collection.

**In-depth interviews.** Most of the data that are used to describe the process of care were from in-depth interviews of respondents, mostly were a combination of their perceptions about caring as well as their actual experience of it. Respondents consisting of older people and caregivers were purposively chosen for the interviews. Elderly respondents were chosen from a list of older people (70 years old and above) in the area. The caregivers were adult males and females with elderly family members that they care for. Interviews were conducted in the local language—Bicol.

A semi-structured interview guide was used for this purpose. Divided into four major parts, the interview guide consisted of the following areas of focus: (1) Background information on the respondents; (2) Perceptions about ageing and older people; (3) Experience of provision of care (sub-topics: needs of the elderly; providers of care; care giving; motivations for caring); and (4) Recent changes in care arrangements for older people.
The interview guide was constructed in English but was later translated to Bicol language. Although the Bicolanos generally speak and understand Filipino (national language) and even English, they prefer to use and are more comfortable in using the Bicol language. I am conversant in this language, so there was no need for a translator. Although with some linguistic variations, the language used in the research site is more or less similar to my ‘mother tongue’ or the language used in my province which is also part of the Bicol region. To ensure that ideas in the guide did not change through translation, the interview guide in Bicol language was back-translated to English.

**Participant observation.** In order to have a closer look at and have an actual feel of how care provision is done for older people in the area, I knew I should become a part of the scene so I conducted participant observation. This was also aimed at validating and checking the data gathered through the other methods, particularly by the in-depth interviews among respondents. This also helped in the saturation of the topic and issues. Through participant observation, some other questions and realizations came up. I deemed it necessary to include those realizations in my inquiry and seek answers to those other questions. In order to facilitate participant observation, I stayed in the community for about four weeks. I spent time talking to, associating with, observing and participating in some activities (e.g., social-religious activities; daily caregiving activities) of the people that involve older people or that concerned them.

Although a participant-observation guide was prepared and used, the main tool that I tried to use was really myself and my creativity and sensitivities to the concerns and issues confronting older people in the community.

**Informal, casual talks and conversation with other community members.** Other relevant data were also obtained through informal or small group conversations with people during household visits and other community activities. Some people were more at ease in an informal setting and they tend to talk more freely. This technique has complemented and validated the data gathered through the other methods earlier described. This also proved to be a good way of building and maintaining rapport with the participants and for them to understand that my presence in the community for about four weeks was more than just a friendly visit.
Bagatao Island and its People

I have conducted this study among the Bicolanos (one of the major ethnolinguistic groups in the Philippines) in Bagatao—an island community in the province of Sorsogon in Region 5 (i.e., the Bicol Region). Prior to this research study, I have already done fieldwork in the community and had visited the area several times as a researcher and as a friend, hence my familiarity with the area and the culture. I have been known in the area for more than 10 years already. Coming from the same regional/ethnolinguistic group (although from a different province), I am also conversant in the local language.

I have been a witness of the different social changes that have slowly started to occur in the island since the late 1980s. Population has increased, needs of people changed, rapid urbanization has set in, and many families started to experience out migration of some of their youth and young adult members. This transfer of people to nearby cities and even abroad usually started as temporary for the purposes of study and/or work. Eventually however, many of them married and opted to reside in places other than the island, leaving their elderly to live alone or in the care of other people.

Behia fishing community

Behia is one of the two barangays (i.e., smallest unit in the Philippine political system) in the island of Bagatao that belongs to the municipality of Magallanes in the province of Sorsogon in the Bicol region in the Philippines.

Barangay Behia has a total land area of 481 hectares with more or less 5 kilometers circumference (Datar, 1990). It is composed of five zones but only three of these zones belong to the area that I focused on in my study: those of Pansod, Halabangbaybay and Magapo. Among the three zones referred to as sitios, Halabangbaybay which literally means long beach, is the biggest in terms of land area. It occupies more or less 400 meters of the total 917 meters length of the beach part of the three zones.

In 2002-2003, Behia has a total population of about 2,000 (UP Anthropology Fieldschool 2002-2003). As expected, fishing is the main source of income among Behia people, particularly among men. Farming is also another source of income but compared with fishing, there were only about 4.29 % of men working in farms. Women on the other hand stay at home but according to 2002-2003 census, almost 11% of these women work as domestic helpers outside Behia. Most of these women belong to 15-24 age bracket.
The Perceptions and Experiences are theirs: The study participants

Initial relevant information was gathered through interviews of key-informants from the community. These key-informants were composed of the former and the current midwives assigned in the area, the elementary school principal who has been in the community as teacher for more than 20 years, barangay officials and other adult residents who were knowledgeable about the socio-cultural characteristics of the community and who were willing to share whatever knowledge they have.

Eventually, respondents were purposively chosen (particularly using a combination of convenience, typical and contrasting cases) as respondents for the in-depth interviews. All in all, I have talked to 12 elderly members of the community. They belong to the oldest among the elderly in the area, i.e. 70 years old and above. I however focused more on four of them, visiting them at different times of the day and talking to them about the different concerns of growing old and caring for older people. About 8 adult individuals caring for the elderly were also interviewed and I have also focused more on two of them, a natural daughter caring for her 85 year old mother and a daughter-in-law caring for an 80 year old mother-in-law.

In my stay in the community, I have also had casual conversations and informal talks with groups of adolescents, groups of adult married women as well as adult men.

The Quest for Answers

Although I have already done research in the area, a courtesy call at the barangay, to inform them about the study was still deemed necessary. This was done during the first visit that lasted for about a week. The main research instrument (i.e., semi-structured interview guide for elderly and caregiver respondents) was also be pre-tested during this time. I did pre-testing among two elderly members and two caregivers from the same community. I had a try-out using the interview guide in order to come up with an appropriately constructed research instrument. This means that wordings are reliably clear, unbiased, tactful and adequate. Through this I also came up with a lexicon of words and terms that people were using whenever they talk about growing old and care. Later in my interviews, I was already using those words. It was also important for me to pre-test the research instrument myself because through this, I had an initial actual feel of the interview process before the start of the actual interview. Somehow this helped me in anticipating other questions and concerns that could come out in the data collection. I was also able to think beforehand
of appropriate solutions to difficulties and problems that could be encountered in the actual data gathering.

Interviews with key-informants were conducted during the first visit in order to gather relevant information that would facilitate participant observation and the conduct of in-depth interviews later. The first visit which was primarily for courtesy calls and pre-testing of research instruments also proved to be an opportune time for me to recall cultural characteristics of the research area, the people and their culture, and I was also able to practice the Behia-Bicol language. Permissions were asked, schedules arranged and other preparations for the major data collection activities were done. Research objectives and expectations were explained to residents, particularly the barangay leaders, target respondents and their families. Participant observations and informal conversations have also started during this period.

I then spent a few days in Manila to gather other relevant literature and secondary data. The in-depth interview guide was modified and finalized in accordance with the result of the pre-test conducted earlier. Interview of one caregiver-respondent working in the city also took place. After which, I returned to the island and stayed there for about three weeks more. During this period, in-depth interviews of elderly and caregiver respondents were conducted. Key-informant interviews and participant observation as well as casual and informal conversations have continued.

One on one in-depth interviews of respondents were conducted using Bicol language and the Bicol version of the interview guide. Even when introductions about myself and the research as well as permissions to interview have already been done earlier, in-depth interviews still started with a little more introductions about the study and other important information that actually helped build trust and rapport between myself and my respondents. They were assured of confidentiality. Most interviews were tape-recorded and in all interviews notes were taken and recorded in sheets of paper that were labelled accordingly.

I understand that participation in and careful observation of event and behaviour would provide me valuable non-verbal clues as to what was actually occurring, so while in the research area, participation and field observations were also done. Observations were recorded on a field diary and were referred to during the data analysis.
As Data Gathering Starts and so does the Analysis

It was indeed helpful that I remembered what I have learned in my academic courses that we should bear in mind that “data analysis also starts when data collection starts”. While still in the process of data collection, directions of the analysis have already been thought of considering the research problem statement and objectives. This has also given me a direction on how to handle the data.

Data gathered through in-depth interviews, informal/casual conversations and participant-observations were consolidated, categorized and content analyzed. Specifically, right after each interview and observation, extension notes were prepared and elaboration of descriptions of event and people's perceptions and behavior was also done. Interviews were transcribed, transcripts were read and data were coded.

Processing of data gathered was done through the process of coding, categorizing and coming up with relevant patterns and themes. In order to understand the many different responses particularly respondents' perceptions, similar and different responses were noted on sheets of paper. Related issues and themes were grouped together. To explain the respondents' perceptions and terminologies particularly about caring for their elderly, indigenous typologies were compared with other categories and characteristics of care giving in other cultures expounded in the literature such as in Filipino as well as in the English languages.

In general, the analysis was guided by the cognitive-symbolic approach. Respondents' emic views on the dimensions of care for the elderly were considered. Recent changes in the type of care as well as in the concept of reciprocity as people's motives for caring were specifically looked into.

Ethics Considered

Generally, the topic on ageing, particularly about the experience of it is not a very sensitive matter. However, the issue on the nature of care for the elderly or the lack or the absence of it could be sensitive. Descriptions of how their elderly are treated, particularly when there are lapses and inadequacies, might affect the reputation of the family where the elderly belongs. This could most specially affect the reputation of the caregiver or the family members. This was a major consideration when I did data collection, analysis and write up.

I made my respondents aware that case studies based on the interviews and observations will be prepared and since they come from a
very small rural community where people basically know each other, there were possibilities that respondents would be recognized even if names in written reports would be changed.

I consider it a must therefore that verbal consent was sought from them before their participation in the study commenced. When some target respondents were reluctant to participate or to talk about a certain issue, explanation about the study and assurance about confidentiality and anonymity was emphasized. I experienced only one refusal and it was not even the respondent himself. It was the wife who refused. She said that her husband was not feeling well. Later on however, I was also able to interview the old man.

In my whole stay for the data gathering, I have tried my best to be careful and respectful in dealing with everybody in the community particularly the elderly and their families. People in places as rural as this fishing community in an island could be a bit “traditional” and “ambivalent” in dealing with “outsiders” in their community even with an old acquaintance and a friend who happened to be a researcher.
Chapter Three

AGEING AND CARE

Learning is enhanced with discoveries. This chapter presents the results of the study conducted among elderly-respondents, caregiver-respondents and other study participants from the island community of Behia. Major findings are expounded in two sections. The first section describes respondents' perceptions about old age and the needs of older people while the second one presents ideas about care. In order to clarify major concepts and ideas, respondents' quotes as well as very short case profiles are integrated into the presentation.

Becoming an Older Person

The Filipino term for growing old pagtanda, literally means ‘taking note of’. It comes from the root word tanda which also means, ‘sign’. Tandaan, its verb form, means to take note of or to know. Growing old therefore implies knowing. It suggests wisdom. Older people are expected to have knowledge about things that younger people might not yet have.

The saying ‘wisdom comes with age’ aptly describes the process that people are expected to experience from a younger age to adulthood then to old age. This expectation is manifested in the way older people are looked upon by the younger generation. Older people enjoy a high status in the Filipino society because of the experience and wisdom that they are supposed to have accumulated in the course of life. Older people have always been an important and worthwhile component of the society. They are considered useful and are still involved in decision-making processes not only in the family but in the society as well.

Perceptions of Growing Old

To the people of Behia, getting old is a normal, expected and inevitable phase of life that one must go through. People do not dread passing through this stage. It is in fact an honour and a compliment to be regarded as an older person.

Generally, growing old is a positive thing. In fact older persons are not considered unfortunate or pitiable. They are looked upon and are treated with high regard not only because of the kind of person they are but also because of their age. A typical way of showing respect to older people is by kissing their hands which is referred to as pagbisa in Bicolano.
When somebody meets an older person, some forms of greetings with courtesy are expected. This idea of respect is made clear with what people are saying:

*Dal man pigheherkan ang gurang dahi sinda gurang na, pighihiling ngani sinda ki halangkaw dahi sa saindang edad.*
(Older persons are not considered pitiable because of their age, instead, they are looked upon because of their age.)

The process of growing old suggests inclusion of others things such as other features and augmentation of what one already has such as other characteristics. It also means an extension of capabilities and an increase in value because of all these things. Getting old is also equated with having more wisdom. This is perhaps because of the different experiences in life that they have already gone through. One is expected to acquire lessons from those experiences in family life, in fishing, in dealing with different kinds of problems, dealing with different kinds of people, and others.

A younger study participant wondered that perhaps older people desire to be young again. Older people however, never mentioned this in our conversations. They do miss what they have been doing in the past, they would say, but never did they yearn to be young again. With a relative degree of respect and worth experienced by older people, it is but understandable that I never heard them saying, 'I hate this stage of life and that I want to become young again'. *May Selay* shared with me that she wants to improve her appearance and that she has a habit of putting a little make-up on her face when there is a need to. 'Make up' to her means a little colour on the lips through lipstick, eyebrows made clearer with an eyebrow pencil and a little colour on the cheeks through powder or blush on. She explained with great delight, in fact with a sparkle in her eyes that, when she does this, it does not necessarily mean that she wants to look younger but just to look pretty and pleasing to other people's eyes on special occasions. This makes her happy and she has more self esteem. She said:

(I only wear make-up when there is an occasion such as a dance party. I put powder on my face, lipstick, eyebrow. I also do manicure and pedicure, I put nail polish. But if there is no occasion, my God, it's shameful.)

Just like anybody else, older persons want to be happy. *May Coring* said that this is one way of feeling young but it does not mean that she
wants to go back to youth and be physically young again. Not only is it impossible but also unreasonable and there is no need for this, according to her. She added though that older person should court happiness (‘nahalyaw man ki kaomahan’). ‘If one worries too much about getting old and other things, one dies faster’, she shared.

Terms used to refer to growing old. Different terms are used to refer to growing old and to older persons. While in Filipino language it is labelled as pagtanda, in Bicolano, it is known as paggurang. An older person is referred to as matanda (in Filipino) and gurang or gurangon, in Bicolano. People whom I talked to would also make use of another term such as may edad (with age) to refer to older people. While most of them said that gurang and may edad are the same, Pay Tano disagreed. He supposed that you appear to be older when you are referred to as gurang rather than may edad. May edad could also be used to refer to adults not yet in their 70s or 80s.

While Filipino kinship labels Lolo and Lola are used to refer to grandfather and grandmother respectively, in Behia, people prefer to use Pay to call a grandfather and May to address a grandmother. To their own grandparents, there is no need to add the names but to others, for instance a sibling of a grandparent, one would add the name. To illustrate, a sibling of a grandfather named Anto, would be referred to as, Pay Anto, while that with Flor or Rina would become May Flor and May Rina.

Kinship labels Pay and May are actually used to refer to parents, although many are now using others labels such as Papa, Daddy, Dad, Itay, Tatay (in calling their fathers) and Mama, Mommy, Mom, Inay, Nanay (in calling their mothers), many are still using the local labels Pay with a variation of Papay for father, and May with a variation of Mamay for mother. This kinship labelling is also true in other parts of the Bicol region.

This practice of addressing grandfather and grandmother as Pay instead of Lolo and May instead of Lola, according to my respondents could be because children would often hear their parents calling their grandparents with those kinship labels. These children imitate the way their own parents would address their grandparents until it becomes natural for them to refer to their grandparents as Pay and May, with a few variations explained earlier.

When asked about the preference for kinship labels, older people said there is no problem when they are referred to as Lolo and Lola. They prefer however, to be addressed as Pay and May. Not only that Lolo and Lola are Filipino words and not Bicolano but also because it is an honour to be considered parents of their grandchildren, since they call them Pay and May—the terms they also used to refer to their mothers and fathers.
Through this kinship labelling, a closer relationship among them is emphasized, like that of parents and children.

Reckoning old age. As I was pondering on the meanings of the terms used to refer to getting old and older persons, and as I was observing how people in Behia use those words, I noticed that there is a little irony in it. When referred to older people, they say that it is something nice. Growing old is something positive, something of value. But when they use it to refer to things and circumstances, it seems that there are negative connotations too.

When used to refer to a boat for example, old means something no longer desirable. It is characterized as being dilapidated, having less value, no longer a good-looker, always conking out and is about to give up to waves and typhoons. When referred to stories, they would say, 'lumang estoria na iyan' (that is already an old tale). This suggests something outdated and does not deserved of being retold and if done, it would only cause impatience and uneasiness on the part of the listener. When referred to a piece of knowledge, one would say, it is already obsolete which suggests that it should be changed and/or updated. Old utensils are considered of lesser utility and old clothes are no longer comfortable and presentable. Even younger people are no longer enchanted with old folksongs, they prefer to sing modern, popular music. With a few other illustrations, I noticed that the term old would also show imperfections and a sense of undesirability.

This suggests, I think that while some people look at ageing as something normal that they have to accept, they must also consider it as something pleasant to make acceptance easier. There are however a few reservations. There must be something in growing old that defines these reservations. When I looked at their ways of reckoning age, I realized that indeed, while there are good things about growing old, there are also unpleasant realities about it.

Getting old is reckoned in different ways. There are different signs and characterizations that need to be considered and acknowledged. The first way of reckoning age is through the number of years. Most of my Pays and Mays (older people whom I talked to) consider people in their 40s and 50s not yet old. They are just in the process of growing old just like anybody else. Pay Ito would refer to them as naggugurang-gurang na (in the process of growing old) but they are not yet old, according to him. When somebody reaches the age of 60, he/she could already be considered may edad na (older). Within the age range of 70s and 80s, there is already no doubt, according to Pay Tano, that an individual is already gurang or old. With age more than 90, according to May Pica, one is already gurangonon (very old).
Most of the time however, particularly when dates of birth could no longer be remembered, as in the case of some older people in the island, other ways could help to determine whether a person is already old or not. Compared to the number of years, these other ways are more observable, according to Lola Mary.

Change in physical appearance includes weakening and loosening of the skin as well as appearance of ‘age lines’ or wrinkles not only in the face but also in the other parts of the body such as in arms and legs. May Coring said:

Sa lawas, sa pandok, nahihiiling kang gurang ka na, nagkukurupos na.
(One would know if you are already old by looking at your body and face, it is already drying and full of wrinkles.)

The hair also changes in colour. While pitch black is the natural hair colour among Asian youth, in old age it turns into white. People call it uban (white hair) and ubanon (full of white hair). Lola Mary said that:

Pag puro na puti ang payo mo, iyan na talagang gurang ka na.
(If your hair is already white, no doubt you are already old.)

But even the colour of hair already becomes misleading. With the presence of different beauty products that could change the colour of hair to a desired hue, this sign of growing old proves to be no longer dependable in determining the age of an individual.

One should also consider a weakening of the senses and a difficulty in remembering. (nagluluya na ang kaisipan). The sense of sight as well as of hearing are also affected by old age. Some of them though, mentioned that usually, the loss or the weakening of the sense of sight is also compensated with the sense of feeling and sometimes of hearing. Lola Itas for instance already has difficulty in seeing but she still recognizes her grandchildren through their voice and their mannerisms. Looking very proud that she could still easily recognize her companions, she told me that:

(My sight is no longer good but I recognize my grandchildren through their voices. I would recognize the companion here in the house through her voice.)

Growing old is also accompanied by weakening of the physical body. Physical characteristics such as maluya na ang tuhod, ang lawas (the knees, the body are already weak), nagkukudog-kudog, nagkakadal-kadal ang
lawas (unsteady, trembling body, unstable and faltering steps) are some manifestations of growing old, according to older people in Behia.

Still others would consider changes in the functioning as individual and as a member of the society. Inability to function as how joven (young) people would is also considered a sign of old age. As regards this, Pay Ito mentioned the following:

Gurang ka na kung ang pasanon kan joven dai mo na kayang pasanon
(You are already old when you could no longer carry a load that could be carried by a young person.)

There are certain expectations of what an adult man or woman should be in the society. Adult men are expected to earn a living by fishing and also by doing other things that would earn them an income. Women on the other hand are expected to do household chores and other responsibilities of a mother such as tending to their young children and assisting the husband in earning a living. When one is not able to function as what is expected of him/her, old age could be a reason. In relation to this, Pay Idion has another characterization of old age:

Gurang ka na kung dai ka man ki helang pero dai na ka nakatrabaho, sige ka na sanang tukaw.
(You are already old when even if you are not ill, you can not or do not work, you just sit there.)

Different changes that older people experience. Aside from the physical ones, there are other changes that occur in older persons' lives. Most of these changes pertain to their outlook in life and how they regard things and circumstances happening to them and to other people.

Older people become more introspective and inward-looking. Probably because they have endless hours of contemplation, they said, they ponder on many different things that they were not thinking of before. They are not actually looking for answers to questions bothering them, according to Pay Sayo. They are just weighing things through. Whatever realization they have, they combine it with their past experiences and cull out lessons from the analysis. This is where they get ideas from, which they fashion into advice that they give to people, particularly the youth.

Older people become more prayerful. Since they have more free time, May Coring said that, they also have more time to pray. They also become more spiritual. I was really enthralled with Pay Ito's discourse on this issue of spirituality. He actually used the word spiritual, although pronounced in Filipino (ispirituwal). In order to understand what he meant, I asked him if it was the same with being religious. He responded in the
negative. With a sense of authority but with low modulated voice as if talking to a person in confession, he explained to me that being spiritual is not the same with being religious. ‘Being spiritual’, he began, ‘means becoming more aware of the effects and impact of a supreme being in your life, and that is God. It is accompanied with a realization that there is indeed someone more powerful and holier than you are’. ‘Being religious, on the other hand’, he continued, ‘means attending church services and other religious activities. We do not have many religious activities here in the island. We even seldom have masses in our little chapel here’. Pay Ito ended his homily sort of clarification to me by saying that:

_Basta naggugurang, dai nanggad na ibang nasa isip... ang pagrumdm sa Dios._
(While growing old, there is no other thing that we should think about but God.)

Becoming more prayerful was also mentioned by Pay Tano in my conversations with him. Although he did not dwell on it lengthily as what Pay Ito did, I could sense from the way he talked about God that he is a firm believer. Just like Pay Ito, he did not use the word religious. He did not mention the word spiritual either. He just said that, ‘as a person grows older, he becomes closer to God’. As if seeking for affirmation, he turned to me and asked, ‘are you Catholic?’. I did not want to amplify on the issue, as I was worried that it might influence his position on the matter, but I did not want to lie either. I responded in a simple, ‘yes. Pay’. With his blurring, teary, tired eyes, he was staring at me, as if waiting for an elaboration but I just smiled hoping that he would continue. After a few seconds, he took his eyes off me. He continued talking. He prayed a lot, he said. ‘We should really be like that, always thinking about God’, he added. What he said about what he usually did on his birthdays is interesting. He said that there is really no celebration as that would be expensive, but:

_Nasuga ako ki sarong kandila sa kapilya, pinapangadyian ko, na iwanan ki magitan na paghiro-hiro, dai pagagihan ki kababluyan._
(I light a candle in the chapel. I pray, that I would be given an easier life, no illness.)

Becoming more satisfied and accepting of what is happening in their lives is another change that older people experience. It does not mean however that they are no longer driven to live and enjoy life. They just become more reasonable in terms of their expectations on their capabilities. They easily come into terms with what they have and what they do not have. Pay Idion shared that, they are humbled down by the idea that sooner or later they would die and leave the earth.
Older people also become less ambitious of what they could do and become more reasonable in terms of their expectations of others. They become more forgiving of misdeeds of others particularly those of their relatives and closer friends and neighbours. They are now more tolerant of pain, both physical and psychological. On this, Lola Mary has something to say:

*Pag may makolog ako, pigtitios ko na sana...minsan nagtataram ako sina... pero habbo ko na sindang isipon pa ang kamongukan ko...*

(If I feel pain, I just suffer it quietly. Sometimes I tell them but I don't want to be a burden to them.)

What Pay Tano mentioned about being more tolerant of pain is also interesting:

*Kung may kamatean ako, pig-numay ko na sana...pigsasadiring isip...*

(If I am in pain, I just suffer it in silence.)

There are other interesting changes in older persons' lives that were shared with me during my conversations with them and with their caregivers. Being more sensitive in the negative sense is just one of those. Older people are easily hurt emotionally. As observed by Nympha of her 85 year old mother:

*Pag ika gurang na, sensitibo na, gitionon na*

(You become easily affected and more sensitive as you grow older.)

Even the amount of sleep of older persons dwindles. Pay Idion shared:

*Ang mga gurang atab ng magmarata*

(Older people has a habit of waking up very early.)

His wife, May Coring added:

*Ang mga gurang, diit na sanang oras minukaturog, mamaligmate ang gurang, matad-taud maturog, mamata...*

(Time spent by people in sleeping decreases as they grow older, they usually wake up from time to time.)

Older persons easily get tired, and yet they always want something to do. A younger caregiver shared that:

*Gusto ninda pirming may piggitibo*

(They like it when they always have something to do.)
Older people also dislike noise and they want peace of mind (daing ribok, tranquil ko isip), as what Lola Itas has mentioned. This is one reason why it is difficult for older people to live in crowded cities where houses are cramped and congested. In relation to this, I noticed from my conversations with my Mays and Pays that many of their family members who are in the cities particularly in Manila staying or working, actually reside in crowded regions of the city. Some of them are living in areas referred to as ‘squatters areas’ or slums.

Almost all of the older people whom I talked to have been to Manila and other cities at least once in their adult lives. They have seen where and how their family members live in the city while providing assistance, mostly financial, to them their elderly.

Another change in older persons that younger people notice is that they become more forgetful. Although there are times that they tend to remember things, most of the time, they do not. There are circumstances however that they would insist on something that they falsely remember. This is one cause of irritation and impatience on the part of those looking after them.

**Getting old and dying.** If getting old is an expected and inevitable part of life, death is an expected and unavoidable part of getting old. It has been observed and even literature would attest to the fact that death is a taboo topic in Filipino culture. It is always difficult to open a conversation about it. Other youth and adults whom I talked to in Behia, found it difficult to talk about dying. They would often avoid such a topic. There are indeed certain things that happen to man but rarely discussed.

It seems however, that older people could talk about death with ease. They consider it a part of life which nobody could and should deny. Older people in Behia do not have the impression that they could ignore death as they had sometimes ignored the other unpleasant realities of life. In relation to this, another topic that becomes easy for them to talk about is funeral, even their own wake and funeral when they die.

In my second visit to Pay Idion, I was very thankful because his wife May Coring was also there. I was looking forward to having a conversation with the two of them together. After about an hour of exchanging pleasantries about growing old, I asked if I could have some photographs. I was very much delighted because May Coring joked:

*Maray ngani an, ta kun magadan kami, may larawan lamang kami*  
(Good, so that when we die we would already have some photographs)

I was not much concerned with her excitement about the photographs but her spontaneity with the topic of dying was awesome. Just like her
husband, she could very easily say things about it and weave it into the conversation without any reservation.

Attending to family members’ funeral is considered by people in Behia as a form of care. I will elaborate on this in my subsequent discussions.

Older People and their Needs

Just like anybody else, older people have different needs. It is important to dwell on these needs as these will spell out later the need for care as well as its different forms. Provision of care which is the main topic in the next section, is actually the realization of the different needs of these older people. When somebody provides care, older people’s certain needs are catered to. They are relieved of some of their worries and pains and of their difficulties in life.

Basic biological needs. This was referred to by an adult respondent as the need to eat and survive. This includes the basic necessities in life such as several meals a day, something to cover their physical bodies and give them comfort when it is too hot or too cold and of course, a place to stay where people care for and look after them.

From my conversations with older people, I learned that life is becoming more difficult. It is true that they always have something to eat but life in the island teaches an individual not to be choosy in the food that one eats. While there is the vast sea surrounding them and supplying them with food and income, there are many times when fishing as an economic activity would just be a hand-to-mouth existence. This is actually one of the major reasons why younger members of the community are leaving the island to look for a better source of income in the cities.

When asked, older people would often say that life could not have been any better and that their children nearby or those who are in the cities assist them in their economic needs. It is quite obvious however that there is so much poverty in the area, particularly among older people who are living alone, with a spouse of grandchildren. While some younger families could afford foodstuffs considered basic in more affluent places (e.g., milk, meat, bread, spread), others are just satisfied with rice and viand (most of the time fish and vegetables if there are available ones). A few of them would always have coffee with their meals, serving as either soup or viand itself.

Health needs. Becoming ill is another concern that older people are worried about. Everybody gets sick, they would often say, but older persons are more vulnerable and prone to illness because they are physically weak, just like young children, according to Lola Mary.
All of those I conversed with experience different kinds of illnesses such as bodily aches, skin irritations, body weakening, dizziness and recently, high blood pressure. Body weakening and dizziness are perceived as part of growing old, and so with bodily aches. They are however baffled with the idea that theirs in the island, is basically a seafood diet but why many are already experiencing high blood pressure. Most of them said that it is because of worries, anxiety and anger which are oftentimes kept within themselves.

Pay Tano and Lola Mary, earlier in this report shared that whenever they experience pain or illness, particularly when it is not serious, meaning not a matter of life and death, they would just suffer in silence. They do not want to add to the burden of their family members looking after them.

Some of them would self-medicate. They make use of herbal medicines available in the area and sometimes take over-the-counter medicines for ordinary illnesses such as cold, fever and cough. Others would try spiritual healing, just like Pay Ito. He would treat himself through prayers and meditations.

Other needs. These other needs could be considered difficulties that older people encounter. Loneliness is one. When asked to elaborate, Pay Idion used the word pungaw, a Bicolano term that roughly translates into homesickness. ‘But why feel homesick when you are in your own place with your family?’, I inquired. I have always thought that homesickness (at least its meaning in English language) is felt when somebody is in a foreign place. It is like missing persons you were used to be with and things you were used to have. Pay Idion expounded that indeed it is a kind of loneliness, with a tinge of longing for somebody, perhaps family members who are not with you or no longer with you. May Selay used the word, nalangkag (bored). That is why we always want to do something, things that we could still do with our remaining body strength, just to keep our minds busy and avoid langkag (boredom).

Pay Ito’s answer to pungaw and langkag is a combination of spiritual and practical measures. He would often pray and contemplate and eventually he would feel better. The practical part of it is when he goes to Manila to visit his children. ‘It is nice’ according to him, ‘when your children living far away would invite you to visit them and send you some amount for the transportation. You are able to see them and at the same time you will have a chance to see the city’.

Those who are not into spirituality and those who could no longer go to the city for a visit would resort to other things such as visiting their family members nearby (in other parts of the island), if they could go around. Others just ignore their pungaw. It would eventually disappear anyway, according to May Coring. It would often come back though,
added Pay Idion, 'but we have to understand that it is already a part of growing old. Since we could not do away with pungaw, we just have to contend with it', he stressed.

Pay Tano has an antidote to pungaw and langkag. He would think about nice things, hum a nice tune or go to the central part of the community where young children are happily playing and enjoying. By watching them, his homesickness and loneliness would subside.

Everybody shared that from time to time, he/she would feel lonely and at times depressed but since most of them are still able to move around and meet other people, they are able to find solutions to this yearning for company and happiness. Of course, the situation could be different when an older person is already frail and decrepit. Needs may be different, management for sure, would also be different.

Care of Older People

Different meanings surround the concept of care. Various definitions in literature (Foner, 1992; Tronto, 1993; Van der Geest, 2002) indicate the ideas of attention and effort, and avoidance of harm and damage. It is easier to understand this concept when one is to look at it as having two basic constituents, as Van der Geest (2002) suggests. He refers to these as a technical and an emotional component. The former suggests that 'a concrete activity should be done for others who may not be able to do them alone'. The latter implies that certain emotions are involved and that these would result to the doer being concerned with, dedicated to and eventually attached to the receiver of the action.

People's need for care could vary according to different circumstances. Older people for instance would need different kinds and degrees of care according to their actual age, experience of illness and other difficulties that people in this stage of life are experiencing. Some may just prefer assistance in doing things and not necessarily other people doing 'things' for them, while others may actually need other people to do 'things' for them because they could no longer function on their own.

In this study, caring for older people refers primarily to those care activities done as assistance to older people, since almost all of those included could still do things by themselves. Caring in this context means assistance extended to people with ages ranging from 65 and above. Most study participants, on their own, could still attend to their basic needs. It should not be forgotten however that there are other needs of older people that they themselves must cater to but they are already having difficulty in doing so. It is in these areas that care by other people is desired and wanted.
The phenomenon of care, particularly of older persons has three major aspects. The first aspect is the source of care or the provider of care. The second refers to the activities and forms of care given to those in need. The last one describes the caregivers' motives for caring. These are the issues presented in the consequent sections of this paper.

Family: Primary Source of Care of Older People

In Bicol language, care is labelled as pag-ataman. Others would also be using the terms pag-reparo (to look after) and pag-mangno (to mind). All of those terms suggest not only a form of concern to somebody but also some acts of physical care. These things are not possible without physical proximity.

Different forms of care arrangements are presented in literature. This includes the following situations: professional care in institutions; older people living on their own but with professional care; older persons living in their homes but with private care by hired servants and home setting by relatives. The last one which is also referred to as home-based or family based care system is still the most common and the most preferred among Filipinos in general and among the people in the study area in particular. There are however different variations in terms of care giving activities.

What could be the reasons why the Filipino family is considered the primary source of care for older members? It is not possible to identify a Filipino without mentioning his family. Go (1992), in her review of researches on Filipino families mentioned that, 'if one is to understand the Filipino family, it is important to understand who the Filipino consider as kin. The Filipino is characterized by a bilaterally extended kinship system which reckons descent from both the male and the female (Go, 1992).

Kinship relationships, just like any other kind of relationships, require interaction. The interaction patterns within the Filipino kinship system, according to Go, 'involve reciprocal duties and obligations'. Moreover, 'the recognition of one's close relatives also carries rights and privileges' (Go, 1992).

Though children are not explicitly required to support their parents, they feel that they are indebted to them for bringing them into life, so they are supposed to help them in any way they can. This relationships is also true among siblings. Go mentioned that, 'brothers and sisters are socialized early to nurture and protect one another. The safety and well-being of the younger brothers and sisters is the older sibling's responsibility (Go, 1992). Extending assistance to parents also assures assistance to siblings, particularly when parents stay with other siblings or younger/single siblings stay with parents. Why do siblings
help each other? Again, by being siblings, it means that they belong to one group—the family. This entails rights as well as responsibilities. Rights for siblings in need to demand assistance, responsibility to those siblings who are in a position to help. Refusing assistance creates a sense of guilt of not doing what is expected of them.

This concern about the importance of the family is also seen among the residents of Behia. As mentioned earlier, they consider having a family a normal part of becoming adult and later on an older person. At the outset, it seems that life may not be complete without having a family, that means a spouse and children. Knowing this makes it easier to understand people’s expectation of others—both male and female, to marry and have families of their own, to the extent of pitying those who are not able to have one.

Things have already been changing though. In fact, and probably because of this perception, one could only count in fingers those residents in the island who are still single in their adult age. Generally in the past however, older persons who were not able to marry and have children of their own were considered unfortunate, as what Pay Danoy has said:

*Makaherak-herak ang tawong dai nakaagom, paggurang, daing aki na ma ataman, pero dai na digdi sa baryo kaiyan, gabos nag-agom, ang iba ngani araki pa.*

(It is heartbreaking when some people are not able to marry, nobody would look after them when they get old.)

*May Pica* agrees with how *Pay Danoy* regard this issue. She also feels sorry for those who are not able to have a family:

*Herak man pag daing agom, pag daing aki. Magurang ka, dai simo ki magkabit.*

(It is sad when you are not able to marry; without a child, nobody would aid you in walking when you grow old.)

I suddenly remembered what my own grandmother of 95 was told me one time when we had a conversation while lying side by side on her bed. She encouraged me to marry and have a family. With so much emotion, she said, ‘I am very glad I have a family, I have a place to stay. If I did not have a child, where would I be now?’

This need of having a family in order to have somebody to look after when you grow old has always been emphasized in my conversations with study participants. *Nymphia*, a 47 year old mother of 8 children, while sharing her experiences of care to her 85 year old mother, supposed that caring of older persons is indeed a difficult task. There is a great possibility that a caregiver might become impatient with all the challenges of looking after an old person. One’s interest and drive to do
tasks for them, and even to love them would certainly wane. Only a real child, according to her, would be able to sustain this feeling of love and drive to assist them in their needs.

It is interesting to note however that while adult persons agree with the abovementioned idea, younger ones would always have an alternative. Marrying and having children is not necessarily the answer to the need for care when one grows old. This is expounded in the later sections of this paper.

**Women: Preferred Providers of different forms of Physical Care**

An important aspect of care is the source or the care provider. It has been known in past studies that in most cultures, women are almost always the source of care, particularly of older persons. This is true in any kind of care arrangement, whether in institutions or in home setting. They could be wives, daughters, sisters and even daughters-in-law or other female relatives.

In terms of this reality, the people of **Behia** are not at all different. Most of them also favour women to care for them when they grow old. Some variations however were noticed from my observations of and conversations with them. Both male and female elderly prefer natural (i.e., biological) children, particularly daughters to care for them when they become old. This does not mean however that other possibilities were not thought of. When asked who should care for older people, May Pica said:

*Kung may agom pa, dapat agom na babaye, kun balo na, dapat aking babaye.*

(If with a spouse, it should be the wife, if widowed, it should be the children.)

This illustrates people's preference for females as caregivers. May Pica, as I noticed did not think of a male caring for somebody else, otherwise she could have started with the opposite—a wife being cared for a husband.

When asked of the same question, without batting an eyelash, Pay Ita responded that it should be the family's responsibility to care for older members. Family according to him means children and later on, grandchildren. When asked why, most of those I have talked to shared the same explanation—that it is a moral responsibility of family members, especially the children to look after their parents not only when they become old but when the children are already in a position to look after them.

As caregivers, while others could serve as alternatives, if given a choice Behia older people would still want they daughters to provide them body care and companionship. But why do they single out female family
members? Is it not also a responsibility of males? In the course of my conversations with older as well as younger people in Behia, at least two major reasons surfaced: first, females, specifically daughters and better yet, biological ones are desired because they are better providers of body and other forms of physical care; and second, because they are the ones who are usually in a position to do those kinds of care activities.

**Females, particularly daughters are better carers.** Female family members, particularly daughters are described as better carers not only because they are more able to provide body care but because they are also more careful and watchful of others. This impression on females is best illustrated when May Coring mentioned that females are by nature good in rendering body care, just like what they do with their children.

Adult female family members are usually more emotionally caring and patient, being mothers themselves or soon to be mothers. May Pica said that although his youngest son cares for him a lot, she could say from her observations of others that:

> An lalaki matinalabuga sa gurang, pigdadagitan ang gurang ta mili gurang. gurang baga nagkakasala, lalo baga kung ulyanin na? Kung sangkap ka pa ki isip, nata ta dai magkukulog ang bote mo kaiyan?

(Males are usually scornful of older persons. They would usually scold you just because you are old, specially when you are already experiencing dementia. Would you not be hurt?)

**Usually, females, particularly daughters are in a position to care.** Another reason as to why females particularly daughters are favoured as care providers is that they are usually in a position to care, since they are expected to be at home most of the time while men are out in the sea fishing or in other places earning a living. According to May Ana:

> Ang babaye pirming nasa harong, ang lalaki, maluad ki harong, nagshahanap ki pagbuhay, dai siya nanggad makaataman sa gurang.

(A woman is always at home, the man would leave the house and earn a living, he could not care for older parents.)

The same reason is true even when a woman is already married, but with a little twist. To women, since they are providing more physical care and since they are most of the time at home, marriage does not become an obstacle. They could still continue caring for her older parents. When men marry however, wife’s permission and approval becomes an issue. The man could be willing to help his parents but the wife does not. In terms of financial support, sometimes it is also an issue of capability. There are times when even with wife’s approval, the man is just not able
to, having little income which should first go to his wife and children, as what May Pica was saying:

Iba nanggad ang babaye. Ang lalaki kung may agom na, kung dii un ang hanapbihay, sa pamilya kulang pa, dai isbot ang magurang. Lalo na kun maisty ang agom.
(Females are really different. A man, particularly when already married, if income is less, and would not suffice for his family, could no longer help his parents. Particularly when the wife is selfish and greedy.)

If it is the case, why are they not living with their favoured daughters then? There are many cases in the community wherein the preferred caregivers are not really the ones who are looking after them. I was eager to find out why. At first, I found it difficult to know the real reasons. In my first few conversations with the Pays and Mays, they were not yet ready to share with me their heartaches as well as their frustrations particularly about the care that they are receiving or the absence of it, as the case may be. They would often say, ‘I am all right, my family takes good care of me’. My children who are residing in far away places always come for a visit. They may not come regularly but they do come, once in a while, and that is fine with me, really’. In my subsequent conversations with them however, slowly they opened their hearts, or at least a part of those to me. The following short stories would elaborate on these older people’s plight and would also express how I have felt upon hearing their tales.

An embodiment of Strength
May Pica said, she is already in her 80s. She lives alone in her small shack in the mountainous part of the island. It is about 15 to 20 minutes walk from the seashore. Constructed of bamboo and a few pieces of wood and thatched with anahaw leaves (a kind of palm), the house was as much as a creation of local custom and culture as the woman who lived in it. Prominently displayed are some framed pictures and laminated certificates of some of her younger grandchildren.

Most parts of the house from walls to floorings to a few simple furniture like the two benches and a table are made of bamboo and bamboo splits. A few basic things are found inside the house too. There were a few pieces of cooking utensils, an old red thermos bottle, plastic water containers and a few other things which May Pica consider important and useful.

Only half of the house that was again divided into a bedroom and a multipurpose room is walled. The other half is bare. This serves as the cooking place. It is also here where she entertains people who come to her place for one reason or another.

In my first few talks with her, I never heard her complain about her situation. She would often say, she was fine and that she didn’t want
to bother her children, two of whom are living near the seashore, one in a big, concrete house.

I considered her very strong and brave. She wasn’t a tall woman but with a proud tilt of her head, she gave the impression of height and with a proud smile on her face, she gave the impression of strength. I looked around. The piece of land where her house is built is planted with different kinds of trees and crops. It is also well maintained. Even the immediate surrounding of her hut is also clean—a sign of continues hard work. She said, she sweeps her backyard and still works in the farm, almost everyday. If not, she would have nothing to eat. Of course her children also help her but assistance is very limited and far between. ‘It is all right, I understand’, she said, they also have their own families to tend to.

Later on though, while talking about typhoons that quite often visit the island, she confided to me that she was scared whenever there was a typhoon since her house is not concrete and in the middle of the mountain. It could be vulnerable to strong wind and rain. She said, she would just wrap herself with something that would protect her from getting wet and she would crawl into the safest corner of her house, hoping and praying that the typhoon would not destroy her dear property that housed her.

I asked her why she is living alone and why in a place far from the rest. I felt that she is literally alone in the midst of nature. Why not build a house near the seashore or why not just stay with one of her children. I remembered, in our earlier conversations, she would often mention her two married female children in a nearby municipality. Why not stay with any of them or she could also stay with the son living near the seashore with a big, concrete house. She toned down her voice, looked me in the eye and emotionally shared with me her anguish in life. She said, she does not want to live with her married children because she is not comfortable with some of her daughters and sons-in-law. In particular, she does not like Siony, her son Tony’s wife. When I asked why, she said, ‘maisip, ang mga tugang kan agom, habo pagpadalaganon sainda, kung ano ang pigsusubli, dai pigtatawan. (she’s selfish, She does not want her husband’s siblings to come to them for assistance, she does not lend them things that they want to borrow).

She might just be strict, she could be a nice woman after all, I commented, just to fill in the gap because she paused and her eyes were on me. She became a bit uneasy. She told me that whenever she would visit them, Siony would sulk and pull a long face. May Pica said, ‘ngata ta magmorosot, di habo sakuya, kaya dai ako nag-eestar sainda, nagsoolo na lang ako’ (why pout, it means that she doesn’t like me, that’s why I don’t want to live with them, I’d rather be alone).

With May Pica’s story, I realized I was very naive. I thought there are still many things I still need to know and understand.

**An Epitome of Wisdom**

*Pay Tano* who lives with his adult, unmarried son does not exactly know his age, though he said he is already in his 80s. He came to the island with his parents when he was 13 years old and lived here ever since.
They hail from the municipality of Magallanes. He married and was widowed twice. His first wife died giving birth to their child who was also born dead, while the second wife died of baghat sa trangkaso (relapse from influenza). They had seven children, four of whom were girls. Among the four, two reside in the city of Manila with their families while the other two are in Behia.

Life is getting more difficult according to him. ‘Although I am living with my single adult son, there are still times wherein I have no viand to eat with rice. It is good that I do like and I always have coffee. This often serves as soup or the viand itself’. He said, ‘malaga sana ako ki kape, fight na ang kaon’ (I would just boil coffee and it would be all right). I was teasing him that coffee makes one nervous, that is why I don’t take it. He was laughing when he explained to me that, ‘dapat piglore-timpla. Dai pag strongon. Sarong kutsaritang kape, strongonon na iyan. Dapat sa sarong basong tubig, kuhiton sana nin diit ki kutsara, basta makolor sana ang tubi’ (you have to prepare it properly. Do not make it strong. With one teaspoon of coffee powder, it would already be strong. Put a little amount of coffee powder, just enough to put colour into the water.)

He looks thin and frail but everyday I would see him going to his farm in the mountain in the morning and coming back early afternoon. I cringe whenever I would see him carrying a load of firewood and slowly walking in the sand with very small, unsteady steps. I was thinking, could it be because of old age, or because of the load he was carrying. It could be both. How I wanted to help him carry the firewood.

He was also very soft spoken and delightful to listen to. Whenever he would open his mouth and spoke, words full of hope and wisdom would start to flow. He could give different kinds of advice on different topics ranging from choosing the right person to marry, to issues on death and funeral. I was scared though when matter-of-factly he told me that, when a person is not able to marry and have children, he/she would be unfortunate and pitiable in old age. I thought I believed him. I realized I was frightened, being single myself. I moved a bit closer to him and asked, ‘could that happen to me, Pay?’ He went silent for a few seconds. He glanced at me and was smiling when he forewarned me saying, ‘don’t let it happen to you’. That was the most thought provoking conversation I had that day.

Pay Tano never ceased telling me that I looked like his youngest daughter who is living nearby. She is married and has young children. He emphasized to me that she looks after him even though he does not live with them. He also said that when he gets very old and decrepit, it is her whom he wants to provide him physical care. He really seemed to be elated with the idea that we are look-alike so I made an effort to meet her. I realized I did not look like her at all. I wonder why his father insisted that I do. I was relieved though to find out that although she was not a stunner, she was not ugly either.

Pay Tano was also spellbound by the revelation that we have the same birthday, sometime in the month of August. He asked me to come back to the island on our birthday so we could celebrate it together. I was telling him I would be far away writing my thesis on our birthday. He said, ‘I would just pray for you then’. It was touching. I was already imagining Pay Tano lighting two candles instead of one (as what he used
to do on his birthday, according to him) in the small chapel in the island. I told him, 'on our birthday, I would also say a prayer for you, Pay'.

The last short story tells of another reason why older people are not living with their daughters whom they want to look after them in old age.

**A Portrait of Tolerance**

Already in her 80s, Lola Mary's case is a bit different. She said, 'tunay kutang aki na babaye ang dapat mag-ataman sa gurang', (biological daughters should really be the one to care for elderly parents) but here she is being taken care of by her daughter-in-law, though she said she has eleven children, five of whom were females. The five daughters are all married and with families.

*Lola Mary* is blind, very sickly and weak. Even with this condition, she remains to be pleasant and amiable as possible. In fact, *Ligaya*, her daughter-in-law would often tell me that *Lola Mary* is very nice to be with. She never complains about the food that they could afford to put on the table and you would never hear her whine.

She would often stay in her bench inside the house that also serves as her bed. Sometimes though, according to her if somebody would help her and guide her outside, she would also go out and sit around. 'It feels nice', she said, even if she could no longer see the surroundings. Just a feel of the sun on his skin would be enough according to her.

In my first few visits to her, I never heard her grumble about the way she is cared for, not even about the reason why she is not with a daughter whom she favoured to care for her. Indeed, she was very lucky for having *Ligaya*, her daughter-in-law caring for her with the help of her son *Bigit*, who most of the time is out in the sea fishing. They could be poor but even the neighbors would say that indeed her daughter-in-law is a good woman and that she was very lucky having her.

I became more interested in her story when she told me with great delight that she has a daughter in *Magallanes*, the town where *Barangay Behia* belongs. It is just about 15 minutes away by boat. She said, her daughter in town has a big house and was actually inviting her to live with them but she didn't want to because their house is made of concrete and she is afraid that being blind and weak, she might fall on the cemented flooring. She added that she would die sooner if that happens.

She also mentioned that she still has two more daughters living in nearby provinces. Something that struck me was that she never mentioned another daughter who lives in the same community. In one of my visits to *Lola Mary*, her son *Bigit* was there and while he was listening to us, he matter-of-factly mentioned that *Lola Mary* had another daughter named *Vacion*. At first, *Lola Mary* did not say anything. *Bigit* continued by saying that she is right there in the same community. That prompted her to talk about her reasons why she is not staying with her other daughter. As if she could no longer conceal her feelings, she lamented, 'aka kuta, gusto ko man mag-uli ki Vacion, ngudi ta, dai man ako nauyon kang tratasyon ni Vacion sakuya. Bago tunay kong aki. Angay ngaya saimo May, lalaki ang mag-ataman. Kun sabagay, dai siya lamang nin
pagkaon, pagdamit, paglinig (Food, clothing and cleanliness.)

While, Pay Idion described this as:

Pagrepare nin gabos, magtao ki pagkaon, an lawas tinigen
(Minding everything, to give food, bathing them)
May Pica also mentioned that:

*Kun dai na nabakahero, pigkakarigos, pigpapakaon,
(If they are already doddering, you have to bathe and feed)*

They would often however, mention that these are the usual ways of caring of old people who could no longer function on their own. Since most of their elderly are not so old and frail yet, there are other variations of caring for them that people mentioned. These include the following: preparation of their meals and setting the table for them, washing their clothes, cleaning their bed, fetching water for their bath, and other forms of assistance. The following remarks from *Lola Itas* would tell us of what her grandchildren do to her that she considers *pagreparo* or caring.

*Naghaharok, pag pasapnaon, nasapna na aman; ung ano man ang toro-trabaho ko nagtituwang
(Fetching water, if you ask them to cook food, they would also do that, whatever household task I have, they assist)*

Lola Mary on her part also had this to say about her grandchildren:

*Kung may beses na kung ano baga ang pigsugo mo, kalimbawa may kukuahon, pigkukua man ninda.
(When I send them on errands, if there is something I want them to get, they go and get it for me.)*

**Economic support as another form of care.** Aside from those already mentioned, there are other ways of showing care and it is in the form of economic support which could be in cash or in kind. Very often I would hear from our conversations that although physical care is much preferred, decrepit or not, if that is not possible because the children are far away, then financial support would be acceptable. This kind of support could be in the form of sending money for the parents' basic needs (such as food and other needs in the house, rice and other foodstuff,) other material things that could be of utility to the parents.

**More hidden forms of care.** I was expecting that I would not find it too difficult to learn about the second aspect of care, since I assumed that it was the most observable one. When I was already talking to my *Pays* and *Mays* about this however, I found out I was wrong. There are other forms of caring, some of which are not as explicit as feeding and bathing and escorting somebody while he is walking around. This reminded me of what Van der Geest (2002) referred to as the emotional component.
Even most of my Pays and Mays were not very open about this issue, in our first few conversations. They would always mention about the physical forms of care as well as financial ones, but never the emotional ones. Perhaps it was because, compared with emotional ones, it was indeed easier to remember the most obvious activities of care that they engage in (in the case of the care givers), or that they receive, (in the case of the older people.). However, when I looked more deeply into what they had been saying about how they wanted to be cared for, I noticed that there were some quiet desires among them, for their children 'to be concerned about' them and 'to think about' them.

There are different ways of showing that you care for another person, according to older people. One could visit their older parents and if that becomes difficult for one reason or another, a mail or two would serve the purpose. *May Pica* noticed some of younger people's tendency to forget and disregard this kind of care to their older parents. She said:

*Bihra na kami maghirilingan. Maski surat, iurugagan na, ang sistena.*
(We seldom see each other now. They do not even want to write us anymore).

I found Pay Tano’s way of expressing this form of care very moving. It is full of thirst and yearn for younger people to be concerned about older ones. When asked, he said:

*Paglabayan mo siya; paghilingon mo; kung naghuluya-huya, dulukon mo, hapoton mo.*
(You have to pass by them, mind them, watch them. If they look weak and helpless, come to them, ask them)

*May Selay* was thinking aloud and wishing that her daughter (the mother of her grandchildren living with her) could remember them by creating a possible statement that her daughter could say:

*Ano daw ngaya ang karaanon kaito ni Mamay, bata ngaya nag-ereskuela ang kaakian....*
(What could *May* have been eating, especially that my kids who are students are there with her?)

One thing I found surprising though, while reviewing my data was that they never mentioned something like providing company to old people as a form of care. To think that *pungaw* or loneliness or homesickness was one of the needs that older people cited. Perhaps this is already incorporated in the emotional form of care.
Funeral as another form of care. Funeral has been mentioned in literature as a form of care. This study agrees with it. Attending to an older family member’s funeral was also cited as a manifestation of care in Behia. Some people were suggesting the idea that one could have a glimpse on the closeness of relationship among family members through the presence of other family members in the wake and through their behaviour during the burial. Others were saying that one could measure or size up the family members’ intensity of care for the deceased according to how simple or elaborate the wake and the funeral were.

*Pay Tano* agreed with this idea. He said that based on experience and observation of other people in the community, he could say that many children are still concerned about their parents, even when they are far away. ‘When you are very ill and you would want to see your children, just send a message and they will come’, explained *Pay Tano*. ‘Sometimes though, there are factors that do not allow them to’, he elaborated.

*May Pica*, also based on her observations of people in Behia, however has some reservations about the idea. She is not questioning the fact that attending to a deceased family member’s funeral could be a form of care. What she was saying was that she has some doubts whether people who come to visit only during the funerals, really care.

She was saying that, it is still important for children to come and visit their parents, at least while they are still alive. While it is true that they do come home to attend the funeral, it would already be a useless kind of care. She said:

*Pag nagagadan nag-uruli ang mga aki; pero dai ka na mahiling na buhay, dai ka na aboton*
(When a parent dies, children living in far places would come, but they will never see you alive again).

To emphasize that it would be a useless form of care, *May Pica* added that these things such as visits and other ways of showing care should be done
while the parents are still alive. They should still be there to enjoy and
cherish it and not when they are already in the coffin ready to be buried:

_Dai na makakaon kang pasalubong_ (You would not be able to enjoy their presents).

I find _May Pica’s_ reservations about funeral as a form of care of older
people particularly parents, very strong. When I asked her if she wanted
her children to come to her funeral, she was adamant about it. She
commented:

_Haralat-halat mo kaan, dai ngani nagpapadarang surat kang buhay ka pa_  
(Why wait for them, they did not even remember to send you a mail when you
were still alive.)

_Maski dai na abutan ki mga aki, dai na man ldta mabuhay_  
(Their presence is not relevant anymore, you would not return to life
even when they come anyway.)

_May Coring_ agrees with _May Pica_ regarding the issue. In her explanation,
she was mocking those who would come to visit only when somebody is
already dead. To her, wailing and weeping and even shouting with
supposed to be grief during the funeral (while she did not remember to
visit when the deceased was still alive), is just a display of fake care. It is
usually done just to show off. She elaborated:

_Sa lobong, maghuro-bida, maduro-dismayo kung gadan na ang nagurang, kang
buhay pa, dai pigrundom._  
(During the funeral, would be the star of the show, would try a fake faint,
but did not think of the deceased when she was still alive.)

Sometimes these are pictures of conscience-stricken people. It could be a
manifestation of regret that they were not able to show their care on time.

**It would be difficult to care without being near.** Based on the
ideas and opinions presented to me by both younger and older people, I
came to realize that different forms and activities of care exist in _Behia_.
Although most of these were characterized in physical forms, others could
be considered beyond the obvious and covert ones.

Granting that there are different ways of showing care, from
feeding and bathing to burial, it would be very difficult to provide care
without physical presence. Although being near does not always
guarantee care, physical proximity is still an important requisite for care.
Care Begets Care: Motivations for Caring

Among the three major aspects of care, it seems that the third—people’s motivations to care, is the least discussed in literature. From my discussions with and observations of older as well as younger people in Behia, I learned that there are many different reasons for caring. Some of these are quite general while others could be considered more or less specific among these kinds of people, with this particular kind of culture. It should be noted that most of the motives mentioned and expounded in the consequent sub-sections did not only come from conversations but also from observations and interpretations of the relationship between what people say and what they actually do.

In deference to and love of parents. I noticed that while people in Behia would explain lengthily about other motives for caring, they would often start by mentioning something about love and respect. At least from the way they express their ideas, it seems that there are still people who are capable of showing care without any condition, without any prerequisite. They are their parents, they belong to a family so they love them. They were socialized that way. Since they love them, they care for them. Pay Idion would refer to this as pagrundom sa magurang (concern about their parents. He elaborated what he was feeling about the issue by saying that love should always go with some form of respect and these two are often manifested in care for others.

There is also a little shade of pity in people’s reason to care. When they see their parents’ condition of being weak and needing assistance, they pity them, so they look after them. Regarding this, Lola Mary mentioned that:

_Husto ang pagkaherak sa magurang, sa lola, kaya sinda nag-aataman._

(They pity their parents, their grandmother, so they care for them.)

Pay Idion added:

_Pagkaherak sa magurang ta maluya na, syempre aatendiron ninda._

(Pity for parents because they are already weak, of course they would look after them.)

A sense of thankfulness, a sense of gratitude. From the data that I gathered and analyzed, there is no doubt that the most mentioned motive for caring was a sense of gratitude which is very much related to an obligation. When asked about the prime motive for care of their older parents, care givers would often mention that fact that is an obligation, as what Nymphia has mentioned:

(I did not complain because care of our parents is indeed our obligation as children. Even when we are also in poverty, we have to since it is our duty.)

Others would elaborate by mentioning what could have happened if their parents did not look after them when they were still young, just to emphasize the sense of gratitude. The following comments from respondents both older and younger persons are worth mentioning:

"Ta kung dai man ngaya ako kaini pig-ataman, kun so pagkaakian sako pigpabayaan ako, dai man ngaya ako nabuhay"  
(Because if she did not look after me, if after birth she just left me alone, I would not have been here alive.)

Dahil binuhay kita, pinadakula kita, dapat na rumidumon, magbalos; dai mo pagpabayaan  
(Because they gave life to us, helped us while we were growing up, we should also remember them, look after them.)

Syempre ta pinadakula ka ki magurang mo, syempre kun sinda gurang na, ika na man ang magataman ka magurang mo  
(Of course, because your parents helped you grow, when they are already old, you should be the one to look after them.)

Pig ataman man ngani daa sinda kang saraday pa sinda, ngonian ngaya syempre maataman ka man ki mga gurang  
(They said they were cared for by their parents when theyr were still young, now of course its their turn to a look after them.)

Kun dai sinda mag-ataman, karoat man, ta pinadakula sinda, pig ataman ngani sinda kang saraday pa, so nag-ataman sainda, dai man ninda atamanon?  
(It is so mean if they do not care. They were taken care of when they were young, now, are they not going to care for those who cared for them?)

Nag-ataman ngani kami kan sarailay pa sinda, ngonian na gurang na dai sinda mag-ataman?  
(We took care of them when they were young, now that we are already old, would they not care for us too?)

Older people would also stress the fact that since they are caring for their parents, their children are also expected to look after them later. They believe that it is a form of natural law. You did something to other people in the past, or you may still be doing it now, therefore you deserve those things to be done to you too. The act could be returned not
necessarily by the same person but by others, in your time. There was so much optimism when Lola Itas uttered that:

*Nag-ataman man ako kaso ina ko, aw iyo man an ang pigtataram ko sa kaakian ko... na pagatamanon man ako pag naggurang ako.*

(I took care of my mother. This is also what I have been telling my children, that when I become old they should also look after me.)

Still others would also highlight some form of gratitude from their children in the future. They expect their children to look after them when they are already needing help, so caring for their elderly in the meantime could serve as a role model that younger people could and should emulate. By doing such, one is assured of care in the future.

Of course, conformity with the norm of the society was also mentioned albeit implicitly by saying that what would others say if they would not care for their older parents who are already weak and needing help. They do not want people to regard them as ungrateful for not minding their older parents, so they look after them.

**Blessings.** Some people care because it is Godly and it is also human. Godly, in a sense that it is morally correct and expected and that the consequences of doing this are blessings. *Nympha* was very emphatic when she said that:

*Nagkakoigwa ki pagpapala sa Panginoon.* (You receive blessings from God.)

Others would also refer to this as *indulgencia* (blessings and mercy from God). There could be different forms of blessing or things happening to you which are disguised as blessings. People could have a good life, a good fortune, a good family, good catch out in the sea, good grades in school meeting nice people and being in pleasant and safe situations and circumstances. *Pay Ito* has analyzed this motivation of caring based on what he read from the bible. God said, according to him that:

*Pag ako ninda girundumon, kamo sakong mamahalon.*

(If you remember me, I will love you.)

He suggested that this could even be applied to people’s relationships such as that between parents and children. When you remember your parents, they will also love and remember you. That in itself, could already be a blessing.

Caring is human according to some people in *Behia*, because if you care for others, others would also care for you. In a sense there are some expectation but these are very implicit. Though coming from other
persons, these good things that come upon them are still considered Godsend, and construed as a consequence of what one has done to others.

**When one refuses or fails to care.** What happens when one fails or refuses to care? This was another question that occupied the minds of my respondents. Many of the elderly opined that indeed there is a tendency for some children to fail to care for one reason or another. *Lola Mary* disclosed that:

> Ang ibang aki, ki-kaati na ang mga magurang, pag gurang na
> (Other children, despise their parents, they find them embarrassing when they are already old.)

While *Pay Idion* pointed out that:

> May mga aki man na dai nakarundom sa magurang, ang iba harayo, ang iba anien lang. Lalo na ang mga nasa harayo, na ngaya dai ninda nahiiling, sukat na nagtaw lamang ki suporia, o nagbisita lamang, ta ngaya mga gurang na ito
> (There are also children who no longer remember their parents. Some are far away while others are just around. Specially those who are far away, they should be giving their parents some form of support or they should at least visit them since they are already old.)

Forgetting one’s parents and failure to care for them would result to not receiving blessings such as good fortune and a good life, according to them. Some suffer misfortunes while others are simply not cared for by their children or by other people. There are really some people who do not know how to care in return. People like this could become insane, according to *Pay Tano*:

> Igwa man ki mga aki na dai tatao magbalos. ang mga aki na dai nagbabalos, ang daing respeto sa magurang, ang nagmumuda, iyo iyan ang mga nagkakaburua.
> (There are children who do not know how to care in return. Those people who do not respect their parents, who swear at them, those are the ones who become crazy.)

*Pay Sayo* also added that:

> Pag dai nag ataman sa magurang, may nangyayari. May minaluwas na aki na ibang klase.
> (If you do not care for your parents, something will happen. You will have a different child, a bad one)

One would notice that just like in any culture, there are certain norms that everybody has to conform with. When one follows what is expected of him, one is rewarded. Rewards for looking after one’s parents
could be as apparent as an outright care from other people or could also be disguised as blessings.

When people do not behave the way they are expected to however, they are sanctioned. Children are expected to care for their parents and when they could not, or when they do not, they are penalized. These punishments could be in different forms as explained by older people. These could be in the form of suffering or not having what they want in life. This could be now while they are still alive or could also be later, in life after death.

Some hope of being cared for now or later. The discussions on sanctions for failure to care brought us to another interesting concern and in order to understand this, I asked younger people another question. What then should be done in order to deserve care in your old age? To older ones, I asked: What have you done in the past to deserve the care that you are getting from your children? or What are you doing now to merit care?

For younger people, the most mentioned measure was to have an ‘early investment’ in their relationships with the other members of their family. This could be best illustrated by the golden rule: ‘Do unto others as you as you would have others do unto you’. Blessings would certainly flow if you follow this, some of them added.

For older ones however, the most highlighted answer was ‘by being a good model of respect, love and care of other members of the family and of other people in the community’. As parents, they say, one must care for their spouses and other younger family members. That is one way of ensuring care in the future. Pay Ito again, has a long but interesting illustration of this when he shared:


_Sabi ngani, pag ako saindong girumdumon, kamo sakong aatamanon. Kung ngay kitang magurang sa pamilya, uugakan man kita._

(As parents, we should not only think about food or materials things. We should consider educating our family. What we do to our family members, they will also do to us. If we do not know and we do not care about them, how is it? If you are always in the streets, drunk, you will be pitiful when you become old, your children will withdraw from you, they would not be stimulated to help you. But if parents are active in providing good things to the family, the family in turn would also be active in showing care.)
(As what they say, if you remember me, I will care for you. If you are a sluggish, your family would also be lazy.)

Even grandparents should also do that, according to Lola Mary. If there is a need to help care for grandchildren, one must do so to the best of one's ability, and with pleasure. She said:

_Yan ang pugas-sabing bakong mauring Lola, nag-aataman kan mga makuapo niya._

(That is what you call a selfless grandmother, a generous one, one who cares for her grandchildren)

She also revealed that being pleasant, delightful and easy to deal with could also result into care. She tried to characterize some older persons:

_Ang ibang gurang, mapasididihan sa mga aki na nag-aataman, nagpapayam sa nag-aataman; may gurang na maribukon (lola mary)_

(Other older people are irksome and irritable, they annoy those who look after them, they anger them. There are also those who are noisy and disturbing.)

True to what Lola Mary was saying, Ligaya, her caregiver in one of our conversations (without Lola Mary hearing it) sincerely said:

_Dai man ki May ki problema, ta pag kinaagan no na ki pagkaon sa taid niya, tubi, makaon na. Kung ano ang kaonon me, maayos man siya, dai man napipili. Lakan siya mapegal, tawhan mo lang ki pangkarigos, pakasangle, tawhan mo ki na-snackan, kun igwa, kuhon mo ang labahan, dai na nin dakol na problema._

(I don't find it difficult to look after May, if she already has food, water beside her, she would already eat. Whatever food we have, there is no problem with her. She is not very picky. She is not tiring. Just give her water for bathing, help her change clothes, give her something to snack on, if we have any, collect her dirty clothes for washing, not so much problems, really.)

I could not forget what Lola Mary has mentioned to me. It was a very interesting notion. She said, 'if you want people to love you and care for you, you have to be likeable and loveable too'.

So far, what has been discussed in this chapter are Behia people's perceptions about growing old and care for the elderly, particularly those that focus on the three major aspects of care—the carer, forms as well as reasons for caring. Changes in these aspects because of people moving from the community to cities are illustrated and explained in the succeeding chapter.
Chapter Four

CHANGES AND REDEFINITION OF CARE

Learning continues through realizations. Discussed in this chapter are other major findings as well as the interpretations of the data presented earlier. Organized according to the study’s major objectives, this chapter’s first section deals with recent changes in types and motives of care. It discusses changes in the features of the family as a major source of care of older people, with a particular focus on the major aspects unfolding in the current times.

A redefinition of care is spelled out in the second section wherein ideas are elucidated in two sub-sections: the first, explaining that migration is a catalyst for change in care of older people and second, describing care as beyond moral obligation, in other words, a kind of reciprocity.

Changes in Types and Motives of Care

As described in the preceding chapter, it could be said that people in Behia are still exhibiting some customary ways of caring for their older people. These are not only in terms of care activities but even in the source as well as in the motives. It should be noted however, that gradually, different changes have been making an entrance into the realm of care of older people in this rural community. In fact, discussion about some of these changes has already been initiated in the past chapter.

Some of these changes may not necessarily be considered totally new since even in the past there have already been some traces of these features of care in Behia culture. It seems however, that in the recent years, these changes were becoming more pronounced in the lives of Behia people.

Care by Other Family Members

As what have been noted in earlier discussions, it is true that in Behia, family is still the primary source of care for older people. There have been some modifications though. These transformations are not so much in the rationale behind family as the main source but rather in terms of its three major aspects again: the source, the manner and the reasons why people do it.
In terms of the source of care, I have observed and respondents have also mentioned at least two major changes. The first one pertains to the gender of the carer, while the second one to the changes in the relationship between the carer and the cared for.

**Gender.** Whereas before, there was preference for females more specifically daughters as carers, during the fieldwork, older persons being cared for by sons and other male family members have been noted. There is a growing realization that male family members could also be a source not only of financial care but also of the other forms—physical and emotional. Men, particularly sons are also capable of doing so. This could be illustrated by May Pica's youngest son's response to his siblings' taunting that he could not care for his ageing mother.

Pano ang pag-alaga mo kaan ki Mamay, na lalaki ka?
(You are male, how could you care for our mother?)

Nata ngaya ang lalaki dai makaataman sa ina?
(Why, just because I am a male, I could not care for my mother?)

It should also be remembered that *Pay Tano* is living with his adult, unmarried son. His understanding about their living arrangement is interesting when he explained that it is not only his son who is doing the caring, he also does it to him. *Pay Tano* mentioned:

*Kaming duwa. Pig-aataman niya ako, pig-aataman ko man siya*
(Both of us. He looks after me and I look after him too.)

**Other alternatives in terms of relationship.** As in the change in gender of carer, an important issue here is more on acceptance rather than on preference. Females, particularly daughters are still the preferred caregivers because of the reasons mentioned earlier. It seems however that there is a growing acknowledgement and acceptance of the other alternatives. This may not necessarily because of choice, nevertheless it is slowly becoming a main feature of the family as the main source of care.

Whereas before, a spouse, if still alive, and biological daughters if there are any, are expected to care for their older parents, alternatives such as daughters-in-law and even grandchildren have come into the picture. May Coring once mentioned that:

*So dai nang katunayan na aking babaye na nag-aataman, pwede man na manungang.*
(Those whose real daughters do not look after them, daughters-in-law could do it for them.)
It may be true that not all daughters-in-law are inclined to do this and not all grandchildren are willing to contribute, however, in every family, a potential like this is always present. In my talks with older people, they mentioned to me that:

*May manugang na maray, may aki man na maray, ang ibang manugang, garo aki na tunay kung mag-ataman*

(There are daughters-in-law who are nice, there are real daughters who are nice too. Some daughters-in-law are just like real daughters when they care for their parents-in-law.)

Others have added that:

*May manugang na maray mag-atendir: igwa ki aki na ugag(on), pasipara sana, dai man nanggad n-atendido saimo*

(There are daughters-in-law who are good carers as there are real children who are not, they do not just not care, they do not look after you.)

I have mentioned earlier in this paper, May Pica's sentiments about some of her children-in-law. This time, she has a different characterization of her youngest son’s wife. It seems that she is fond of her because this daughter-in-law is nice to her, likeable and well-mannered. She shared:

*dai ako pigpapabayaun; habo ako pagpasapnaon; mabooton na agom*

(she always takes care of me, she does not want me to cook. A very kind wife.)

An interesting consequence of this change in the kind of relationship between the carer and the cared for is also a change in the notion that since children are important source of care, people should marry in order to have somebody to care for them when they get old. Younger Behia residents have realized that since there are other alternatives in terms of the source of care, it is fine even when some people do not marry and have children. They are no longer pitied and considered unfortunate. There are other hopes for care when it is already their turn to be cared for. Other relatives such as siblings and siblings’ children could care for them.

With these mentioned changes, it has become apparent that the preferred is not necessarily the real one. In terms of the source of care, the ideal cultural pattern is now becoming different from the actual one.

**One Need not Always be There in Order to Care**

With some changes in the source particularly in the acceptance of sons, daughters-in-law as well as grandchildren as carers, are accompanying
changes in the people's concept of care as well as in the type of care given to older people.

Concept of care. In the past, caring for the elderly has always been defined or perceived as 'looking after' them and 'attending to their needs' which implicitly suggests body care and other forms of physical care. This emphasis in physical form of care in turn suggests that physical proximity or being with them or near them, is a requisite for care. Just as one respondent mentioned: 'how could you care without being there?'

Now, one could already hear older people saying, 'yes, they care for me. From time to time, my children would send me money and goods, sometimes mails, that's still caring. I understand their difficulty in coming and visiting me, because they need to be in Manila, Sorsogon or Naga city to work. If they would not do that, they would not be able to support themselves and us.'

Whereas before, the common line would be, 'how could you care if you are not there?'. Now, it is already, 'You don't always have to be together in order to care, or to show that you care, there are other ways.' Family members working and staying in places other than the island can continue caring for their elderly. Carers living in houses in Behia, not necessarily in the older people's homes, and even those in other municipalities and provinces nearby could still continue providing care.

Activities of care. Whereas before, activities of care were characterized as more physical and therefore more obvious, now it could be said that there is an increasing recognition of economic assistance in the form of cash or kind, as a form of care. This is usually labelled as remittance as what Pay Ito has mentioned:

Pagsuportahan ki kuwarta, halimbawa nasa Manila, magpadara, pag-ataman iyan
(Support in terms of money, for example they are in Mani, when they send financial support, that is already caring.)

An accompanying change however of this innovation in terms of the manner in providing care is that while the more obvious forms are even more emphasized, the more covert ones such as some forms of emotional care, are more and more hidden or even neglected. People have become more concerned about finding ways on how to send more financial support to their family members left in the community. As a result, they find very little time to attend to activities that would somehow take the place of being physically there, activities such as sending mails, phone calls and the like. In their desire to send more material care, they sacrifice the need to provide more emotional ones.
Tangible Motives, Tangible Outcomes

A major change in terms of the incentives for caring has also become apparent. Incentives for caring have become more practical and tangible.

**Tangible motives.** This study does not deny the fact that people care for their elderly because of some moral obligations and societal expectations. People’s reasons for caring, covert as they are, still pinpoint to ‘utang na loob’ or a sense of gratitude. However, it is also important to take into account the meanings suggested by the other motives mentioned. If one is to look at these more closely, particularly those mentioned by the caregiver respondents, it is more of practicality, more of mutual reciprocity. To this, May Pica said that:

\textit{gusto ko man kuta na mag-uli na sa mga aki ko ngonian ta urawang makosog pa ako, makatuwang pa ako.}
(I want to live with my children while I am still strong so I could still help them)

This kind of practicality and some form of mutual expectations are suggested by Nympha’s explanation about her motives for caring. She explained that caring of her ageing mother in the presence of her own children would certainly have an advantage for her and her husband. She shared:

\textit{Ang advantage kaiyan ta mahihiling kan mga aki mo ang pag-asikaso mo sa magurang, tapos madevelop sa isip ninda na arog kaan ang pogetaman sa mga magurang}
(An advantage is that your children will notice what you are doing to your elderly mother. That manner of caring for elderly parents will be developed in their minds.)

On the part of women with children left in the care of their grandparents, the motive is quite clear. They provide economic support to their parents in the community because their children are with the older parents. Support now goes not only and not primarily to the parents but to the children. The older parents this time, become conduits who also benefit. The benefits however require some form of investment in the form of care, this time not to the older people but by the older people. They look after their grandchildren, not only because they want to but also because they have to. Caring for others is also a form of caring for oneself. Motives become clear and tangible. People look after others because they wanted and they expect others to look after them. Care here is expected to come not in the future when they get old, but also at present when they are in need of care.
**Tangible outcomes.** Hand in hand with motives becoming more practical and tangible, outcomes have also become more utilitarian and realistic. Women with children who need to earn more transfer to the city to work. Instead of paying somebody to look after their children, they would just leave them to the care of their parents. When they send financial support, they would be ‘killing two birds with a single stone’. They are able to support both their children and their parents. Still, they could maintain the closeness in their parent-child relationship through their support and through their children’s presence.

Sometimes, married children would also invite their elderly parents to stay with them for a period of time, in the city. Just like in earlier situation, younger children could be left in the care of these older parents living with them. Pay Idion experienced this when his first wife was still alive and he was still physically stronger, several years ago. He said, they took care of their grandchildren in Manila while their children were out working. Instead of having a ‘paid’ nanny, they take advantage of their older parents’ presence and assistance.

Other outcomes have also become clearer. Married daughters working in the city would visit Behia, not only because of the older parents but also and most especially because of the children left in the care of the parents. These married daughters are concerned about the ‘family’s welfare and condition, not only because of the older parents but also because of the children. While older parents are aware of this, they do not look at it in the same way. When daughters visit, they are happy. Whoever they are really visiting does not matter. What matter is that she visits. When a daughter sends financial support, it does not matter who the incentive is. What is important is that she sends support. In this circumstance, whatever reaches the children also benefits the carers—the elderly parents.

**Recasting Care**

While the family remains to be the primary source of care for older people in Behia, younger people’s flight to the cities in search for better income creates different changes in the major aspects of caring in the context of this family-based care system. People have to contend with these changes. People are able to cope with care through a redefinition of it. In the process of redefinition, other changes become more apparent.

This changing pattern is expected to continue as certain factors continue to bear upon this care arrangement. As a result, people would continue to adopt more effective ways in order to adapt to new situations and to the demands of a very dynamic world.
Migration: A Catalyst for Change

Culture is always changing. It is never static. There are always different factors that bring about change. I could say that it is a favourable process, because for every modification, there comes a realization and for every innovation, there is an accompanying lesson to learn.

In the past few years, just like in any other culture, there have been a lot of cultural processes taking place in the rural community of Behia. Population has increased, needs of people changed and as a result, people's manner of catering to these needs have also changed. While there could be other social factors such as economic and education, that have brought about changes in the community, it seems that out-migration of people had the most obvious effect in the phenomenon of care of older people.

Migration and care. Local out-migration, that is from Behia community to other cities or nearby provinces, is not a new thing in the island of Bagatao. Even in the 1980s, some younger community residents have already been leaving the place in search for a better source of income in the cities, most particularly in the capital city of the Philippines, that is Manila. Migration was primarily a response to a worsening economic situation in the country in general and in Behia community in particular.

It could be noted from a census conducted by the UP Anthropology Fieldschool 2002-2003, that generally, females leave the community to work elsewhere, at a younger age between 15-19, while males leave when they are between 20-24. On the first hand, it could be because of the fact that it is easier for males to earn a living in the community by fishing and/or farming (UP Anthropology Fieldschool, 2002-2003). There is not much job opportunity for females in the area. On the other hand, it would be easier for females to find work in the cities. They could work as domestic helpers, nannies, sales ladies and waitresses. Some of them could also work in factories.

Later, even married women or women with children have also started to leave the island, sometimes with their husbands or sometimes alone, leaving their young children in the care of the husband or their elderly parents.

Since females, particularly daughters are the preferred source of care particularly the more physical ones, their out-migration became a crucial phenomenon. This resulted to different changes in the care of older people. Both the older and younger participants in care therefore had to contend with this kind of change. They had to cope with care. In the process of coping, people came up with different ways, all of which had other accompanying changes in the aspects of care.
An important consequence of these changes in the care phenomenon brought about by migration is an acknowledgement of other possibilities of coping with care. An alternative care arrangement, not necessarily involving the family was thought of. Pay Ita has mentioned the government having a responsibility to care for older people who are not cared for by their families for one reason or another. Although they recognize the need for family members to care for their elderly members, they also do not discount the possibility that in certain cases, families would have a difficulty in catering to their older members’ care. There are however some problems in its acceptance. Perhaps because most of my Pays and Mays do not know much about government institutions for older people, they do not want to consider this kind of care arrangement.

Reconciling ideals and reality. Older people and their caregivers need to cope with the changes brought about by out-migration of the favoured carers. Since other care arrangements such as government and private institutions for elderly are not favoured in the community, they had to come up with other acceptable ways of coping with care. They become aware of the fact that some traditional aspects of care are no longer applicable in the changing times. They also become aware that some of its aspects should be altered and some adjustments were needed. They needed to reconcile what was ideal and what was real.

An important form of coping that people have resorted to is redefinition. In their desire to make care arrangement suitable to changing times as the same time acceptable to people, they tried to recast care in terms of a form that is responsive to the current situation and yet is still within the limits of acceptance. One that would still recognize respect to older people, and one that would help them maintain self-respect and self-worth.

First, in terms of the form, care is characterized not only as body care that implies physical proximity, but also by an arrangement that allows provision of care in different forms even when the carer and the cared for are not together.

As illustrated earlier for instance, when women with children leave their children in the care of their older parents, the responsibility of sending support to both the children and older parents is theirs. However, in this situation, the cared for (i.e., older people) also become the carer (of the grandchildren). In this manner, parents feel that they are still useful and the support that they are receiving from their daughter is not necessarily a ‘dole out’ since they are responsible for looking after their grandchildren. They develop a sense of worth and usefulness. On the part of the daughter, she is also able to cope with the guilt of not being physically present in order to provide care. They are aware that financial support is not enough, but with their children living with older
grandparents, some of their (daughters’) responsibilities are fulfilled by their children (their parents’ grandchildren who are living with them). It is understandable and acceptable on the part of older people because in the process, they (older people) also become valuable.

Second, in terms of the participants in care, recasting requires participation from the other members of the family in the activity of care. Again, it is still within the limits of societal conformity. Carers may not be the daughters but they are still members of the family (sons, daughters-in-law, grandchildren). This arrangement is more acceptable than that in institutions for older people. In this kind of arrangement, care is being provided still by family members and in the home setting. It is not that different from the way it used to be.

An interesting consequence of recasting care in terms of considering other family members as carers, is that more emphasis is placed on personal responsibility and accountability of being cared for. This somehow reminds people that for them to be cared for now or later, they should not only wait for people to care for them. They have to do their part in ensuring that somebody will look after them. You could be a loving mother to your son and an agreeable mother-in-law to your daughters-in-law. You could also be a delightful grandparent to your grandchildren or could be a pleasant grandparent to your siblings’ children.

Caring Beyond Moral obligation: A Kind of Reciprocity

Recasting also requires an acknowledgement that there are other reasons for caring which are beyond the usual respect and sense of gratitude principle. Recasting results to a recognition of reasons which are more practical. Although often unsaid, in this recast form, the carer’s (this time could already be older people or other members of the family), purposes of caring are always with some conditions and expectations of return one way or another. People care because they are cared for. People provide support because through this, they are also supported. No matter how people may call it, no matter what label other people may use to refer to it, its basis is still reciprocity.

The underlying principle of care. I have been using the term reciprocity to describe the underlying principle of care. I am suggesting that in this rural community that I have looked into using the phenomenon of care of older people, people’s prime motive to care to a large extent is reciprocity. I am however not using any standard definition of this concept. Instead, I would just be using some of its major characteristics as a concept describing how people behave in certain situations particularly when there is an ‘exchange of material and non-
material goods’. In the literature, it seems that formal definitions are hard to find. Scholars who have had earlier studies on reciprocity have also tried to characterize it in terms of its major features and peculiarities. To me, this is something useful. Rather than providing a formal definition that may not be comprehensive enough to describe the term, it is better to provide characterizations that would include not only the message and the substance but also a statement of its importance and its ability to describe people’s behaviour and motives.

Gouldner (1960) in his article, ‘The Norm of Reciprocity’, has hypothesized that a norm of reciprocity is universal. This means that it could be found in all cultures and for that matter, in the value systems of all cultures. I may not have evidence of its universality but I am confident to say that at least in the culture that I have investigated on, the concept of reciprocity, the way it has been described in past studies and in literature, exists. Gouldner also mentioned in that piece of work, that in reciprocity’s universal form, there are two ‘interrelated, minimal demands’: that ‘people should help those who have helped them, and, people should not injure those who have helped them’ (Gouldner, 1960). It should be noted that these demands are always being mentioned, although using different terms, in describing people’s motives in doing acts considered ‘giving favours’ in some cultures and ‘returning favours’ in other cultures.

Realizations that I got from my study in the community of Behia support Mauss’ idea of an expectation of return underlying every gift, and that they are at the basis of a shared culture’ (Mauss, 1923 as cited in Komter, 1996). Older people and their carers are able to maintain their relationships as parents and children, as grandparents and grandchildren, as family members. People always try to repay a ‘gift’ with another ‘gift’, an act with another act because of this expectation of return which could according to Mauss, be ‘both conscious or unconscious’. This continuing exchange of acts and material things formally defined in the culture as caring help people define and redefine their expectations of one another as the world around them is being changed by different factors, one of those is migration.

What is most interesting about this concept of reciprocity as described by those different authors is that it functions as something that develops and maintains people’s relationships therefore maintaining some kind of order in the society. Of course, we should not discount the fact that it also affects relationships negatively. In other words, while it could maintain relationships therefore it is functional, it could also be dysfunctional when it breaks relationships up. However, in the breaking up, something comes out that help the people themselves deal with their own difficulties in their relationships. This will lead them to an action that would somehow un-break the broken relationships and let it continue
functioning. This is a very functional way of putting it, just like Malinowski’s and other functionalists’ way of explaining things. This is true among the people of Behia.

An analysis of how Behia people would look at these exchanges of ‘favours’ however, does not support Malinowski’s proposition that there is a form of pure gift for which nothing is expected in return (Malinowski, 1970). Perhaps this idea is best characterized by the more traditional form of motive for caring—that of respect and love. But respect and love are difficult to measure. When people say that they care because they respect and love older people, does it always mean that there is not a single expectation of return? At the outset it seems really be ‘pure’ but as I was looking at it more closely, I realized that it is not free of the influences of reciprocity. This reminds me of Gouldner’s explanation that “to suggest that a norm of reciprocity is universal is not, of course, to assert that it is unconditional” (Gouldner, 1960). I believe there will always be some forms of conditions, of practical incentives for people to do something to others. In other words, it seems difficult to believe that people do things only because of a ‘pure desire’ to do something good. To some extent I agree however that some people do things to other people because this makes them ‘feel good’ or because of the desire to ‘do good’ to others. Schmidtz (1993) referred to this as ‘altruism’. However, I feel that generally, there will always be some form of ‘self-interest’ in it, whatever that is. At least in my study, that is a bit obvious.

The concept of reciprocity includes exchange not only of tangible things but also of non-material ones. Because of this idea, I would consider the traditional motive for caring termed ‘utang na loob’ or debt of gratitude as having reciprocity as the basis. Levi-Strauss (1949) said that “the meaning of gift giving is not to be found in the type of tangible results characteristic of economic transactions, but in the symbolic messages conveyed in the gift”. This idea is very much seen in the phenomenon of care of older people in Behia, and in order to understand this issue, another concept—that of dependency should be introduced.

The Filipino’s strength of family ties discussed earlier in this paper, suggests that perhaps those included in the study are not ‘culturally encouraged’ to survive alone. The interaction patterns within the Filipino kinship system, according to Go (1992), ‘involve reciprocal duties and obligations’. Moreover, ‘the recognition of one’s close relatives also carries rights and privileges’ (Go, 1992). This kinship relationship already creates dependency, a dependency that is beneficial to both parties. This characteristic implies that the concept of ‘being on his own’ is not valued much by those included in the study.

Why do these people value dependency? Dependency in the Filipino sense means belonging to a group. An individual depends on his
family because he belongs to it. And because he is a member of it, other family members can expect to depend on him. As mentioned earlier, the relationship is characterized by reciprocal duties and obligations, rights and privileges.

To depend in Bicol language, translates as maglaom, from the root word laom, which means hope. Maglaom means to hope and to be optimistic. Dependency is a source of optimism. It assures an individual that in times of need there is always a source of support and assistance. People tend to invest time, money and effort in relationships because they want to be assured of future assistance as well as moral support.

Dependency in Filipino culture is linked to the concept of 'utang na loob', a sense of indebtedness. Because at one point in time one depended on somebody else, one is expected to pay back when that individual is in need.

'Utang na loob' starts within the family. Though children are not explicitly required to support their parents, they feel that they are indebted to them for bringing them into life, so they are supposed to help them in any way they can. 'Utang na loob' also exists outside the family. Philippine society is built on interpersonal relationships at school, at work, in the community. Dependency bonds individuals together. It can be compared to a kind of social insurance. In the same way, seeking to be independent, to be self-reliant, is not encouraged. Not only it is a form of arrogance, it is also very foolhardy when one is poor.

Dependency therefore gives prestige and power to individuals others depend on. People who are assisting others are looked upon and respected. Somebody with many dependents is powerful. Now, this is what Levi-Strauss would refer to as 'the symbolic messages conveyed in the gift' (Levi-Strauss, 1949).

It should also be noted that reciprocity is often described using a short cut. It is often regarded as balanced which means that there is always some form of mutuality, of complementarity. I was looking at earlier descriptions of reciprocity however, and was comparing it with what I have learned about Behia people. I noticed that while it may seem to emphasize mutuality, this is not always the case. While reciprocal exchanges may suggest doing an act in response to another act, these different acts may not necessarily be on equal levels or with the same values. In terms of material things, perhaps it is easier to measure and to ensure that they are of equal value. In terms of non-material exchanges however, equality in value or in level is difficult to determine.

A not so different kind of reciprocity after all. There could be different characterization of the prime motivation for care of older people. Most motivations for caring which oftentimes referred to as a form of respect and moral obligation are also self-serving. While people may say
that they care for the elderly because of respect, other consideration come into play. It is quite clear that in the community of Behia, reciprocity or expecting something in return is the more obvious motivation for caring for older people and this could come into different forms and different characterization from different people’s viewpoints.

No matter what terms people may be using, the principle I think behind all these characterization and labelling is still reciprocity. It may not be strictly characterized by the one described by Mauss, or it may not be the kind that Malinowski was talking about. It may not also be purely what Levi-Strauss believed in, but it still represents that concept. I would like to refer to this as a kind of reciprocity that is a combination of all those characteristics suggested by earlier studies on the issue.
Chapter Five

CONCLUSION

Recasting ‘Care’ of Older People

This final chapter is divided into two short sections. The first, summarizes the objectives, the conduct, as well as the major findings of the study. The second, presents answers to the main research questions.

More Than Just an Academic Exercise

Ageing...care......change........coping.............., four of the so many inevitable (s) of life. I embarked on a study on these topics to fulfil an academic requirement. I however realized while in the process of doing it, that there was so much to learn about this A and its three C's. I came to understand that it was more than just an academic exercise after all.

Ageing is an unavoidable part of life. Care is essential to ageing. Change is a normal feature of care, and coping is a vital response to change. All these things are expected to happen to every individual’s life. It is a given reality. In relation to this, some queries are interesting. How do people react and respond to this realism in life? In particular, how do older people as well as their caregivers perceive the concept of growing old? How do they respond to care, and how do they cope with the changes in care? These were the main concerns that I wanted to explore, the main questions that I wanted to find answers to.

In the conduct of the study, I have done fieldwork among the people of Behia—a fishing community in the island of Bagatao in the Bicol region, in the Philippines. In the search for answers, an ethnographic research design was utilized. I have conducted in-depth interviews of elderly respondents and their caregivers, using a semi-structured interview guide.

Data from in-depth interviews however, were supplemented with and validated through interviews of key-informants, informal and casual interviews and conversations with other people in the community. I have also conducted some participant observations, knowing that some concerns are understood better when seen and experienced, albeit in a limited time. I only spent about four weeks in the community for an intensive data gathering. The community of Behia however, and in fact the island of Bagatao where Behia is found, was not new to me. I have
been in the community for the first time several years ago as a student-major attending an anthropology fieldschool. I stayed there for about five months, together with other students and mentors. After that, I have already become a regular guest and eventually a friend to most of the community residents, particularly the older ones.

Data gathered through in-depth interviews, informal/casual conversations and participant-observations were consolidated, categorized and content analyzed. In general, the analysis was guided by the cognitive-symbolic approach. Respondents’ emic views on the dimensions of care for the elderly was considered.

Findings of the study reveal that people of Behia, particularly those who were included in the study have different perceptions of growing old. They particularly look at it as something normal and inevitable in everybody’s life. Growing old is perceived to be a positive phenomenon. Older people are looked upon for the wealth of experience and wisdom that they were supposed to accumulate as they trod the paths of life.

Although most of the older persons in Behia were not decrepit yet, a significant need that they have is care, defined in different ways in different cultures. There are different types of care arrangements for older people and in Behia, just like in the whole Philippine culture, care of older people by family members in the home setting is still the most common, the most acceptable. This kind of care arrangement features family members, particularly women, and most particularly daughters as preferred caregivers. Different activities of care are done in the home setting, as the label implies and could be both in physical and emotional forms with a few variations. In both of these types however, physical proximity is a necessity. This means that, although physical presence does not always guarantee care, it is still an important requisite for care of older people in Behia. In terms of the motives for caring, the most mentioned ones were still respect and moral obligation, or a sense of gratitude.

In the recent years, the community of Behia, has not been spared from urbanization and industrialization that have been occurring in different cultures in the world. These mentioned social processes brought about different kinds of changes in the lifeways, most particularly in the care of older people of Behia. Among the different factors that have created change, migration was the most affective. As a response to worsening economic situation in the community, people particularly the younger ones and most particularly females have started to go out of Behia and search for a greener pasture in nearby cities, most particularly in the Philippine’s capital city of Manila. It should be noted that in a fishing community like Behia, women have no place in the income world. While the men have the sea as a source of income, women stay at home and their economic contribution to the family is very negligible if recognized at all.
With life becoming more difficult in the island, people thought of moving to the cities to earn a living. It is easier for females to find jobs in the cities that include domestic work (as helpers, nanny, others) and work in factories. This encouraged more and more younger females and later on even married women to move over to the cities, leaving their elderly parents and other members of the family in the care of other family members or relatives.

This exodus of younger people particularly females, has created different changes in people's notion of care of older people. There were also accompanying changes in the three major aspects of care. Whereas before, females particularly daughters were the preferred caregivers, in recent years, other alternatives become more acceptable. Daughters-in-law, grandchildren, and even men belong to these alternatives. Whereas before, it was impossible to care without being near, in recent years, physical proximity is no longer necessary. There is already a growing acceptance of financial support as a form of care rather than a purely physical one where the physical presence of the caregiver is required. In terms of the reasons for caring, recognition of a more reciprocal motive for caring is now being slowly integrated into the usual respect and sense of gratitude orientation explaining why people care.

Care of Older People: A Recast

Migration of females known to be the preferred and actual caregivers to older members of the family, results to different changes that they have to contend and cope with in the care of older people. In order to cope with these changes, they have to reconcile ideals and realities of care. This entails a recognition that some features of the care arrangement are no longer feasible, so these should be altered and some adjustments are to be made.

A very crucial form of coping is recasting care into a form that will make it more fitting to the changing times. One that is characterized not only by its customary physical form that requires people to be near in order to care, but also by a new structure that allows family members to provide care even when they are far away.

In terms of the participants in care, recasting involves an identification of family members other than children, as providers of body care, financial support and different types of emotional care. In this new form, sons, daughters-in-law and grandchildren come into the picture of caring of older people.

Recasting also requires an acknowledgement that there are other reasons for caring which are beyond the usual respect and sense of gratitude rationale. Recasting results to a recognition of reasons which are
more practical. Although often unsaid, in this recast form, the carer’s purpose of caring are complementary with those of the cared for’s and vice versa. People care because they are cared for. People provide support because through this, they are also supported. No matter how people may call it, no matter what label other people may use to refer to it, its basis is still reciprocity.

It could then be said that in Behia, there is still the desire for children to care for their elderly parents. The need to move out of the family however, makes it difficult for them to accomplish care provision the way it is expected to be. They are torn between the will to care and the need to leave, knowing that leaving will allow them to provide more care, albeit in a different manner. They have to go out in order to come into the picture of caring more effectively.

It could also be said that, from the perspective of older people, caring is still best done with physical presence, but since it is no longer the best option, they improvise and make some adjustments in their expectations. In order to avoid being hurt, they rationalize. To make these things possible and more acceptable, older people recast their concept of care the way caregivers redefine theirs.

For something to be sustained, other things should be altered and in order for something to live on, a part of it must die, but in its death, something that will continue the process, is born.
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Appendix 1

WORK PLAN

<table>
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<th>RESEARCH PHASE/ACTIVITY</th>
<th>PERSON RESPONSIBLE</th>
<th>WEEK</th>
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<tr>
<td><strong>Pre-field:</strong></td>
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<tr>
<td>Meeting with/training research assistant</td>
<td>researcher</td>
<td>1 : 2 : 3 : 4 : 5 : 6 :</td>
</tr>
<tr>
<td>Collection of secondary data and local related-literature</td>
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<td></td>
</tr>
<tr>
<td>Other preparations for fieldwork</td>
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<tr>
<td><strong>Fieldwork:</strong></td>
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<tr>
<td>Courtesy calls; seeking permissions; start building rapport with participants and community people</td>
<td>researcher</td>
<td>1 : 2 : 3 : 4 : 5 : 6 :</td>
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<tr>
<td>Pre-test, finalization of in-depth interview guide</td>
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<tr>
<td>Key-informant interviews</td>
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<td>Informal/casual conversation with community people</td>
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<td>Participant observation</td>
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<td><strong>Post-fieldwork:</strong></td>
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<tr>
<td>Data analysis and write-up</td>
<td>researcher</td>
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Appendix 2

INTERVIEW GUIDE
(for elderly-respondents)

Note: introduction about self and the study as well as seeking verbal consent for participation in the study and permission to conduct in-depth interview will already be done before the conduct of the actual interview. Interviews with the elderly and caregivers from the community will be done more than once if deemed necessary. This will be made clear with the participants.

A. Respondent’s background information

Name: (just for the purpose of interview identification; could be changed in the case studies and in final report)

Age:
Religious affiliation:
Civil/marital status:
Number of children if married
Number of household members

Place of residence: (in which part of the island)
Length of stay in the island
Membership in any community organization

B. Perceptions about Ageing and the Elderly

1. the phenomenon of ageing as a phase of life
2. who are considered to be the elderly in the community; issues and concerns about the following: their personal and socio-demographic characteristics; where and with whom do they live; status in the community; how people (particularly the youth, and their relatives) treat and regard them

C. Experience of Caring for the Elderly

Needs of the elderly

3. different physical, psycho-social, economic and other needs of the elderly in the community in general; respondent’s personal needs and difficulties encountered as regards care giving; other expectation from people as regards care giving
Providers of care for the elderly in the community

4. the caregivers or the source of care for the elderly, in general, from the perspective of elderly-respondent: their personal and socio-demographic characteristics (e.g., gender, age, source of income, place of residence); relationship with the elderly being cared for; respondent's own experience on care giving by whom

Care giving for the elderly

5. Forms of care for the elderly in the community, in general; activities involved in care giving for the elderly, in general; elderly's perceptions on how they are and they should be cared for; personal preference on certain form of care; difficulties experienced by the elderly in the process of care provision;

Motivations for caring for the elderly

6. Factors, reasons, considerations motivating people to care for the elderly, in general; why should people care for the elderly, from the respondent's point of view; benefits derived by the source of care from caring for the elderly; problems and difficulties that caregiver could experience in caring for the elderly; management of such difficulties and problems;

D. Recent changes in care arrangements for the elderly

7. Perceptions on the present nature, status and quality of care for the elderly in the community, in general;

changes that might have occurred or could occur with the phenomenon of care for the elderly: factors that could bring about changes; nature of changes; possible effects on the nature of caregiving;

recent changes particularly in the type and motives of care for the elderly future of the “traditional” family-based support system for the elderly; presence of and possibilities of other care arrangement in the community preference of a certain form of care arrangement; reasons
Annex 3

INTERVIEW GUIDE
(for caregiver-respondents)

Note: introduction about self and the study as well as seeking verbal consent for participation in the study and permission to conduct in-depth interview will already be done before the conduct of the actual interview. Interviews with the elderly and caregivers from the community will be done more than once if deemed necessary. This will be made clear with the participants.

A. Respondent’s background information

Name: (just for the purpose of interview identification; could be changed in the case studies and in final report)
Age
Religious affiliation
Educational attainment
Civil/marital status
Number of children if married
Source of income

Place of residence: (in which part of the island)
Number of household members

Length of stay in the place
Membership in any community organization

B. Perceptions about Ageing and the Elderly

1. the phenomenon of ageing as a phase of life
2. who are considered to be the elderly in the community; issues and concerns about the following: their personal and socio-demographic characteristics; where and with whom do they live; status in the community; how people (particularly the youth, and their relatives) treat and regard them

C. Experience of provision of care for the Elderly

Needs of the elderly

3. different physical, psycho-social, economic and other needs of the elderly in the community in general;
Providers of care for the elderly in the community

4. the caregivers or the source of care for the elderly, in general, from the perspective of caregiver-respondent: their personal and socio-demographic characteristics (e.g., gender, age, source of income, place of residence); relationship with the elderly being cared for respondent's own experience on care giving

Care giving for the elderly

5. forms of care for the elderly in the community, in general; activities involved in care giving for the elderly, in general; caregiver's perceptions on "proper" care for the elderly; forms of care they provide to the elderly; activities involved

Motivations for caring for the elderly

6. Factors, reasons, considerations motivating people to care for the elderly, in general; why should people care for the elderly, from the caregiver-respondent's point of view; personal motivations for caring for the elderly; benefits derived from caring for the elderly; problems and difficulties experienced in caring for the elderly; management of such difficulties and problems

D. Recent changes in care arrangements for the elderly

7. perceptions on the present nature, status and quality of care for the elderly in the community, in general;

changes that might have occurred or could occur with the phenomenon of care for the elderly: factors that could bring about changes; nature of changes; possible effects on the nature of caregiving;

recent changes particularly in the type and motives of care for the elderly

future of the "traditional" family-based support system for the elderly; presence of and possibilities of other care arrangement in the community preference of a certain form of care arrangement; reasons
PROBLEM ANALYSIS DIAGRAM: Caring for the elderly

- WHO cares?
  - Women: family members
  - Professionals
  - hired servants

- How do caregivers care?
- Forms of care
- Activities of care

- Problems/Needs
difficulties

- Wellbeing of and care for the ELDERLY
  - Elderly in urbanized areas
  - Elderly in rural, "traditional areas"
  - Elderly w/ family of procreation
  - Single elderly (never had a family of procreation)

- WHY do they care?
  - Moral obligation
  - Respect
  - Reciprocity

- PERCEPTIONS on care for elderly
- TYPES of care arrangement
  - Institutions: professional care
  - Living on their own: with professional care
  - In the home: private care by hired servants
  - Home setting: by relatives (family-based care)
  - by him/herself/themselves
  - by spouse

- Demographic factors (migration)
  - Education
  - Industrialization/urbanization

- Economic (occupation, income)
  - Kinship/other social relationships
DIMENSIONS of CARE

WHO cares?
- women: family members
- "hired" caregivers
- kin--neighbors--community

HOW do caregivers care?
- Perceptions of what is proper "care"
- Forms of care (physical, social-psychological)
- Activities of care (getting something to eat, bathing, clothing, remittance, company)

WELLBEING of and CARE for the ELDERLY through family-based care system

WHY care?
(motivations)
- moral obligation, respect, reciprocity

Recent CHANGES in types and motives of care

Factors creating changes in family-based or "traditional care/support system:
- Demographic (migration)
- Economic (occupation, income)
- Education; industrialization/"modernization
- Kinship and other social relations

Problems/Needs
- Physical
- Socio-economic
- Mental-psychological

elderly in rural, more "traditional" communities