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SOCIAL SERVICE AWARENESS AND UTILIZATION BY ELDERLY

PILIPINO IMMIGRANTS: IMPLICATIONS

FOR SERVICE NEEDS

A THESIS

Presented to the Department of Social Work

California State University, Long Beach

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

By Susan David-Samala

BA, 1976, University of Santo Tomas

May 1999

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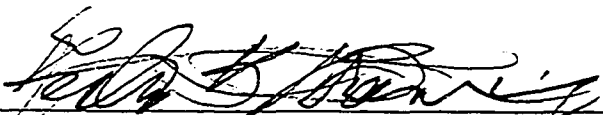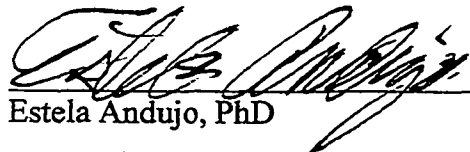300 North Zeeb Road
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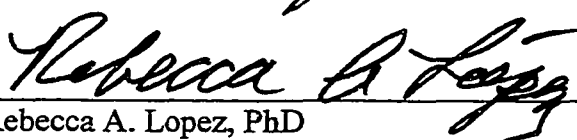
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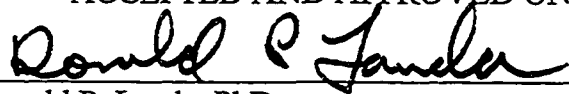
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ABSTRACT

SOCIAL SERVICE AWARENESS AND UTILIZATION BY ELDERLY

PILIPINO IMMIGRANTS: IMPLICATIONS

FOR SERVICE NEEDS

By

Susan David-Samala

May 1999

This exploratory/descriptive study examined the awareness and utilization of

social services by elderly Pilipinos in Los Angeles County. Respondents included 100

elderly Pilipinos residing in the cities of Hollywood (Los Angeles) and Carson. Data

were collected by use of a questionnaire that measured the social service awareness

and utilization of social services of elderly Pilipinos.

Results indicated that, in general, elderly Pilipinos had high levels of social

service awareness and low levels of utilization. Hollywood (Los Angeles)

respondents had significantly higher levels of awareness and utilization of social

services than Carson respondents. Implications indicate that professionals should

include the demographic background, place of origin in the Philippines, immigration

patterns, and help-seeking patterns of elderly Pilipinos in assessing the level of

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awareness and utilization of social services and determine the relevance of this

information in the behavior of the elderly Pilipino population.

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CHAPTER 1

INTRODUCTION

The history of the Pilipino immigration to the United States dates back as early as 1763, where they settled in Louisiana to escape forced labor and enslavement in Spanish ships that were involved in the Spanish Mexican galleon trade (McBride & Parreno, 1996). However, it was the revised Immigration and Naturalization Act of 1965 that really opened the window of opportunity for the continuous immigration of thousands of Pilipinos.

Post 1965 immigration growth showed that the Pilipino American population grew from 337,000 in 1970 to 782,000 in 1980 to the present 1.4 million in 1990 (U.S. Bureau of the Census, 1990), making this ethnic group the second largest population of the Asian Americans in the United States, after the Chinese Americans. It is estimated that by the year 2000, the Pilipino American population will reach 2.1 million or 21% of all Asian Americans (Bouvier & Agresta, 1987), more than any other Asian group in the United States. This increase in immigration has made the Philippines the second largest "exporter" of immigration, after Mexico, to the United States. The United States Census Bureau further showed that since 1980, more than 43,000 Pilipino immigrants have arrived in the United States every year. Agbayani-

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Siewert (1994) speculated that as many as 50,000 immigrants enter the United States yearly.

The United States Census (1990) also showed that elderly Pilipino immigrants 65 years and older comprise 7% of the total 1.4 million Pilipino American population. The elderly Pilipino immigrants is one significant sector of the Pilipino immigrants that had shown tremendous growth. Currently, elderly Pilipinos, aged 65 and over, number 104,206 or 22.9% of the Asian Pacific Islander group (U.S Bureau of the Census, 1992; Young & Gu, 1995). These elderly Pilipino immigrants can be divided into two groups: 1) the old timers or those who have been residing in the United States for more than 10 years, and 2) the recent immigrants who have been in this country for less than 10 years. Included in the old timer category are elderly Pilipinos who immigrated as farm workers, students, military persons who served in the United States military, professionals, and political asylees. Recent immigrants include older parents sponsored by their children and World War II veterans.

Pilipino elderly, in general, prefer to settle in California because of its warm climate (Agbayani-Siewert & Revilla, 1995), which is important to their health condition. More elderly Pilipinos reside in Los Angeles County than in any other city. There are approximately 9,213 Pilipinos ages 65 and above in the city of Los Angeles (Herman & Hong, 1990). It is estimated that approximately 11-12 % of the Pilipino population in Los Angeles is elderly (United Way, 1988); however, many researchers and service providers speculate that the number may even be higher because there are some elderly not counted because of their inability to read English and fill out the

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forms. Elderly Pilipinos tend to reside near downtown Los Angeles at Temple/Alvarado, Silverlake, Hollywood, and in the suburbs of West Covina. San Fernando Valley, Long Beach, and Carson areas are considered heavily populated by Pilipino enclaves.

Los Angeles County includes generations of old timer immigrants and recent immigrants (Pilipino Americans: Facing Up to Our Challenges Report, 1985). Preference for Los Angeles can be attributed to the following reasons: relaxation of local prejudice, lure of city life, employment opportunities, and the enforcement of fair housing laws (Morales, 1998). For the elderly Pilipinos who struggle to find familiarity in their environment back home, Los Angeles offers a place where they can find Pilipino health practitioners such as doctors and dentists, Pilipino restaurants, markets, banks, and, most of all, local television channels that carry the latest news from the Philippines.

These elderly Pilipino immigrants, just like most other immigrants face multiple adaptation problems. A thesis by Asis (1992) found that elderly Pilipino immigrants had difficulty adjusting to Western orientation such as American commercialism, hyper-individualism, liberty, and democracy, which are not in harmony with the Pilipino orientation of frugality, family-centered, conservative, and interdependent relationships. This orientation difference results in a clash of cultures, which results in elderly Pilipinos losing control of themselves, being more likely to be misunderstood, and being open to prejudice and social discrimination (Crochett, 1982).

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There is also the possible erosion of some of the traditional values within the Pilipino family system which is tearing the elderly emotionally apart (Gan, 1989). The elderly becomes a new family member into an ongoing family system, which is already acculturated in the dominant society. These elderly are faced with the loss of status as a revered member of the family because family members may no longer ask for advice for important matters as they used to be back in their country; or the family members may no longer practice the use of "po," (similar to the English madam or sir) a respectable way of addressing the elderly (Vance, 1991); or, in some cases, family members may no longer practice the "mano po," a respectful way of greeting an elderly person that is done by kissing the hand of the elderly person as a sign of respect and reverence (Affonso, 1978).

Other problems of the elderly include loss of income, discontinuance in membership in formal organization, and changes in special needs, often characterizing the aging process for those at the bottom of the economic structure (Ellwood, 1988). As a result, the Pilipino elderly are caught in situations where they are unable to fend for themselves. Increasing financial disenfranchisement and physical decline lead these elderly Pilipinos to seek social services in the community against their will. There is a tendency for elderly Pilipinos to keep their problems to themselves because of the shame it will bring to their families (Gan, 1989). Due to the elderly Pilipinos' reluctance to seek help, many service providers conclude that they do not have problems and that they can take care of their own.

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To date there are a limited number of studies that have been conducted to assess the elderly Pilipinos' awareness and use of social services. However, there was a study done by Roberta Peterson on the elderly Pilipino in San Diego in 1978, a workshop on Pilipino Americans in Los Angeles in 1985, and a minority outreach project for Pilipino elderly by the Department of Aging, City of Los Angeles in 1990. Despite results from the aforementioned studies, implementation of their recommendations are yet to be seen.

In the city of Los Angeles, for example, which is the largest elderly Pilipino enclave, only one senior Pilipino agency called FASGI (Filipino American Services Group, Incorporated) serves the needs of this population. FASGI also offers limited services therefore, this agency needs more funding support to cope for the present and the anticipated increase in the elderly Pilipino population in the next century. Ironically, the expenditure on elderly services has been ten times the per capita on children. However, the bulk of this money has funded Social Security and Medicare benefits as well as subsidized housing but not social service programs (Kirk & Rittner, 1993).

There is diversity within the elderly Pilipino population based on the region of the Philippines from which they came and the timing and circumstances under which they immigrated (Department of Aging, City of Los Angeles, 1990). In addition, Tompar-Tiu and Sustento-Seneriches (1995) and Gan (1989) suggested that incorporating history, help-seeking practices, and cultural values will be helpful in better understanding the elderly Pilipino population. Service providers need to

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develop an understanding of and sensitivity to these cultural patterns if they are to

succeed in delivering effective services to the Pilipino community.

The purpose of this study was to identify the awareness level of social services

and the utilization of social services by the elderly Pilipinos so that service agencies

and providers can design culturally appropriate social services to help elderly Pilipino

immigrants in dealing with their daily life problems.

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CHAPTER 2

LITERATURE REVIEW

Geography

The Philippines are strategically located in Southeast Asia. It is an archipelago composed of 7,100 islands and islets. Situated on the tropic north of the equator, it is bounded on the north by Taiwan, on the south by Indonesia, on the west by China Sea, and on the east by the Pacific Ocean. The archipelago is divided into three large islands: Luzon, on the northern part; Visayas, on the central area; and Mindanao, on the southern most part. According to Tompar-Tiu and Sustento-Seneriches (1995), the 1990 population of the country is 64 million, with 40% residing in the bigger cities of Metro Manila, Cebu, and Davao. Sixty percent live in rural agricultural areas throughout the island.

The Philippines was named in honor of King Philip of Spain by the discoverer of the island, Ferdinand Magellan, upon his landing in the island of Mactan in Cebu in 1521 (Bourne, 1907).

Archipelagic Effects

The archipelago setting of the Philippines created the regionalistic attitudes and the emergence of many local dialects. The strong regionalism carried with it its regional customs, observable as far as first generation Pilipino Americans (Tompar-

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Tiu & Sustento-Seneriches, 1995). Each group is perceived as having stereotypical characteristics. For example, the Ilocanos of northern Luzon are seen as thrifty and hardworking; the Tagalogs, or the people of central plains and southern areas of Luzon are known to enjoy life by spending money easily and by engaging in creative activities in music, art, and poetry; the Ilongos of the Visayan region are viewed as being gentle; the Cebuanos of central Visayas are seen as warm and spontaneous; and the Muslims of Mindanao, the southern most island, are seen as possessing a culture distinctly different from the rest of the Pilipino people (The Pan Asian Parent Educational Project, 1982).

About 75 ethnolinguistic groups speak more than 100 different dialects and comprise the Pilipino population (Lamzon, 1978). Pilipino or Tagalog is the national language, while English is the second official language. Some areas speak Spanish. The eight major ethnic groups, each with its own dialects, are Ilocano, Tagalog, Pangasinense, Kapangpangan, Bikolano, Cebuano, Ilongo, and Waray. Pilipinos, in general, have fierce regional loyalties (Morales, 1998); therefore, people from the same region and dialect tend to cluster together wherever they go, be it in the Philippines or in other parts of the world. However, Pilipinos have the tendency to perceive themselves more as one people when they become immigrants (Anderson, 1983).

<u>History</u>

Pilipinos are the product of numerous racial groups and cultural influences. In prehistoric times, three racial groups, the Negritoes, Indonesians, and the Malaysians

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came to live and inhabit the islands. It is believed that as these inhabitants arrived and settled all over the islands; they become isolated from one another and, over time, individual groups evolved with their own local customs, traditions, dialects, and subcultures, resulting in the evolution of almost 100 dialects (Los Angeles County Area Agency on Aging, 1998). Other racial groups such as the Chinese, Arabs, and Japanese also came, further enriching the cultural life of the people.

The Spaniards set foot on the island in 1521, led by Ferdinand Magellan, and from thereon Spain ruled the country for almost 300 years. The introduction of the Catholic faith was Spain's greatest contribution to the Philippines, which is the only predominantly Catholic country in Asia. According to Tompar-Tiu and Sustento-Seneriches (1995), by converting the natives to Catholicism, the priests used the notion of God as a strong ally in their colonial tactics, exploiting the natives and promoting a colonial mentality of ignorance, fanaticism, passivity, and resignation.

In 1898, Spain was defeated by the United States in, what is known as, the Spanish American War; therefore, Spain ceded the Philippines to the United States. For 48 years the Philippines became a United States protectorate. The significant contributions of the United States to the Philippines were the introduction of democratic form of government, the system of public education, and the English language. The mass education was responsible for the "Americanization" of the Pilipinos. Continuous exposure to American mass media and products reinforced the "stateside mentality" of many Pilipinos (Andres, 1981). The English language became the second language of the country. The use of English language as well as the

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presence of American books, literature, and movies encouraged the "de_Filipinization of the Pilipinos (Agoncillo & Guerrero, 1987) and helped foster a colonial attitude and way of thinking. The Pilipinos became fascinated by the American culture and way of life. Just like most other immigrants, the Pilipinos thought of the United States as the land of "milk and honey," thereby motivating the majority of its people to immigrate to America.

Immigration Pattern

Although the earliest Pilipino immigration record showed that the first wave of Pilipino immigrants came to Louisiana in 1763, it was around the turn of the century that a continuous mass exodus of Pilipinos to the United States had begun and continued until the present time. This continuous exodus was the result of the colonization of the United States that left a lasting effect on the minds of millions of Pilipinos wanting to attain the American dream. Asis (1992) found numerous reasons for Pilipinos wanting to immigrate. Love of adventure was one of the reasons given. The United States was pictured and advertised by many American missionaries, teachers, and tourists as the land of the free and the land of opportunities, thereby enticing the adventurous spirit of the youth (Mariano, 1933). Alluring letters and stories from successful immigrants continued to be one of the past and current influential factors in inducing other Pilipinos to immigrate.

The desire for education was another reason for many young Pilipinos to immigrate. Many Pilipinos believed that education was the easiest way to uplift himself and his family and, therefore, many took advantage of the opportunities to

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study in American universities and institutions. The desire to improve one's economic condition was also one of the influential factor underlying the desire to immigrate. Unstable political condition, the desire to join families, and to claim for veteran benefits are factors for the current immigration of many more Pilipinos.

Morales (1998) and the Los Angeles County Area Agency on Aging (1998) described the five immigration patterns of the Pilipinos. The first wave of Pilipino immigration came between 1900-1934. After the United States defeated Spain in 1898, the United States acquired the Philippines for $20 million dollars, as formally agreed upon by the two countries in the Treaty of Paris. The United States and the Philippines developed a strong personal and economic relationships that paved the way for the initial immigration of hundreds of thousands of able bodied, single, less educated, rural dwelling Pilipino men to work in the farms of Hawaii and California. These young men were poorly paid despite working long hours each day, and they faced racism, oppression, and exploitation by farm capitalists. One deplorable situation faced by these young immigrants was the fact that they did not qualify for social security benefits because their contributions to the system were so meager to be counted.

Thousands of students and government supported scholars called "pensionados" also came. These students enrolled in various educational institutions throughout the United States. Most became the technocrats, politicians, educators, and scientists who served in the Commonwealth of the Philippine government established in 1935. Unfortunately, some of these students faced problems that prevented them

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from succeeding in their academic pursuits. Many were forced to find work in unskilled fields of work in agriculture and domestic services (Ballard, 1908).

The second wave of Pilipino immigrants began during World War II and ended in the early 1960s. On July 4, 1946, the United States fulfilled its promise to the Philippines that gave birth to the independent Republic of the Philippines. Military and economic agreements were forged to help the war-thorn former American colony. These military agreements allowed thousands of Pilipino males to enlist in the United States Armed Forces annually. The vast majority of these enlisted men served in low skilled, low paying jobs on United States navy ships and military installations all over the world. These enlisted men became United States citizens and were allowed to bring their families in the United Stated, settling down mostly in California. These new immigrants, because of large numbers, experienced housing and employment problems (Danilov, 1977).

The third wave of Pilipino immigrants came in the mid-60s. The Immigration Act of 1965 abolished the quotas of immigrants based on national origin. The United States encouraged the immigration of persons with special skills and their families. Professional Pilipinos such as doctors, dentists, nurses, engineers, accountants, and others with post graduate degrees took advantage of this opportunity and immigrated with their families in great numbers. This "brain drain" movement from the Philippines was exacerbated by poor living conditions, high unemployment, limited professional opportunities for growth, and other adverse socio-economic conditions. Due to the high educational attainment of this immigrant group and proficiency in the

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English language, they were able to overcome barriers that might have otherwise prevented them from getting the services they needed. This group of immigrants is, by far, the most successful and affluent of all Pilipino immigration waves (Los Angeles County Area Agency on Aging, 1998).

The fourth wave of Pilipino immigrants came between the 1970s until the mid-80s. These Pilipino immigrants were political asylees and exiles as a result of the declaration of martial law in 1972 and the Dictatorship of President Ferdinand Marcos. Many political enemies of the government, dissatisfied intellectuals, activists, students, military officers, and others were granted special temporary resident alien status in the United States. Some of the problems faced by this group included culture shock and role reversal. Others in the group experienced stress, boredom, loneliness, underemployment, and unemployment (Morales, 1998).

The last wave of Pilipino immigrants came after the mid-80s to the present. According to McBride, Morioka-Douglas, and Yeo (1996), this group includes two distinct subgroups of elderly Pilipino: the followers of adult children and the newcomer World War II veterans. There were some 26,000-plus adults, 60 years old and older, who came to the United States to live with their adult children. Many of these 60 years and older elderly are professionals and paraprofessionals who became surrogate parents and homemakers for their grandchildren, living in households were both parents were employed. These elderly are socially isolated.

The second subgroup of elderly Pilipino included World War II veterans who were granted immediate United States citizenship while living in the Philippines.

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These veterans, who were recruited by the United States Armed Forces to serve during

World War II in the Pacific, were promised American citizenship for their service.

Some veterans who missed the opportunity to apply after World War II waited until

the 1990 Immigration Act Section 260. It is estimated that there are more than 3,000

veterans age 62 and older presently residing in the United States. Many of these

veterans prefer to reside in the big cities of California such as San Francisco and Los

Angeles. To this date their veteran benefits are still on hold, resulting in economic,

social, and health problems that could be alleviated with access to public resources.

Many of these veterans immigrated alone, leaving behind their loved ones in the

Philippines. Their expectations to bring their families here have been stymied due to

lack of understanding of the complex immigration regulations and other public

policies associated with health and social services (McBride, 1993).

<div align="center">Need Assessment and Services</div>

As a result of immigration, many elderly Pilipinos encountered many health

and social problems in adjusting to their lives in the United States. According to

Ishisaka and Takagi (1982), the early Pilipino immigrants were subject to housing and

employment discrimination, and many of them were forced into marginal

neighborhoods and jobs, especially those of seasonal agricultural and canning industry

employment. The more recent immigrant faced the considerable legacy of anti-Asian

prejudice that still exists in American society. Many Pilipino professionals were

denied positions commensurate with their training, because American professional

institutions have refused to recognize their educational attainment. Like their

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predecessors, they often lacked or were perceived as lacking proficiency in English and they also faced discrimination in employment. The United Way Need Assessment for Asians in 1988 reported the following problems faced by elderly Pilipino: loneliness and isolation, cultural adjustment, ethnic identity conflicts, increased family tension from living in same households with adult children and their families, and legal and immigration problems. In addition, the Department of Aging, City of Los Angeles (1990) found individual and institutional racism predisposes Pilipino elderly to confined themselves to ethnic enclaves, where they live, work, socialize, and participate in recreational activities. Elderly Pilipinos faced similar problems as other Asian immigrant groups have experienced such as lack of social acceptance, low income, and negative self image (Kitano & Daniels, 1988).

The 1978 study of Peterson; the 1985 Pilipino Americans: Facing Up to Our Challenges Report; the 1988 United Way Need Assessment for Asians; the 1990 Department of Aging, City of Los Angeles minority outreach project for Pilipino elderly; and the 1998 Asian and Pacific Islander Elderly in Los Angeles County handbook on Pilipino elderly have all suggested the various service needs of the elderly Pilipino population such as employment , health, housing, legal and immigration matters, mental health, nutrition, recreation, and senior centers.

Elderly Pilipinos need adequate information about alternate forms of income resources because not all elderly Pilipinos can apply or qualify for Social Security benefits or Supplemental Security Income (SSI) benefits because of recent changes in eligibility requirements. Some of the recently arrived, elderly Pilipino, World War II

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veterans, who were able to bring their wives, have had to live on a $650.00 SSI income, which is not sufficient to support two persons.

Elderly Pilipinos, due to advanced age, are experiencing multiple health problems such as diseases of the heart, cerebrovascular diseases (stroke), hypertension, gouty arthritis, and hyperurecemia (Los Angeles County 1920-1992 Twentieth Century Trends: Population Size and Residential Growth). Tuberculosis has been known to affect most elderly Pilipinos, especially the World War II veterans who were not screened for health conditions as other immigrants were because they were granted immediate entry and citizenship (McBride et al., 1996). The elderly Pilipinos need to be educated on precautionary measures on how to guard themselves against these diseases.

High rental costs for housing are a problem. Many families, or single elderly, combine their incomes to live in one unit. This leads to many stressful situations that impact the elderly. It is not, therefore, unusual to find a one-bedroom unit occupied by four to five elderly, which is a recreation of previous early immigrant housing patterns (Morales, 1998).

Elderly Pilipinos also need legal services in cases of employment discrimination; when filing documents; when obtaining immigration information in petitioning their husbands, wives, and family members; or when defending themselves against elder abuse.

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Many elderly Pilipinos experience isolation, depression, stress, and family conflicts due to generational gaps and, therefore, need the services of mental health professionals to help them with their psychological and emotional needs.

There is also a need for special programs such as hot meals to assure that the food served is appealing to the elderly Pilipinos, be it in Pilipino agencies or in senior centers. Pilipinos also celebrate a number of holidays, both ethnic and non-ethnic therefore, senior recreational activities could be organized around these holidays to reduce the isolation and depression felt by many elderly Pilipinos, especially those without immediate families residing in the United States. Lastly, there is a need for an integrated senior center where elderly Pilipinos can join in ethnic activities patterned after those in the Philippines or in the introduction of Pilipino ethnic meals on heavily Pilipino populated areas such as Hollywood or Carson in Los Angeles County (Pilipino Americans: Facing Up to Our Challenges Report, 1985).

Help-Seeking Pattern

A study conducted by Peterson (1978) among elderly Pilipino residents in San Diego showed the family as the primary source of help, followed by social service agencies, and, lastly, by friends. Help was defined in terms of help during health and sickness, when in need of transportation, financial problems, nutrition, counseling and physical help. Respondents also consistently chose two areas of help which they were taught as part of life in the Philippines: physical and financial help. For both kinds of help, on all kinds of occasions, be it festive or tragic, Pilipinos help one another by providing or helping to prepare food or contribute money. In Los Angeles, many

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elderly Pilipinos share houses or apartments. Widows share apartments with each other and men who never married share housing with each other (Morgan, as cited in Department of Aging, City of Los Angeles, 1990). The elderly single men tend to rely on each other for help since they do not have families in the United States. They are less likely to use social services and are not actively involved with the more recently arrived Pilipinos (Peterson, 1978).

The National Media Production Center (1974) described the Pilipino family as the most able social service system because it is the major source of emotional, moral, and economic support. Love and respect for parents are taught at an early age and are expected of Pilipino children. Traditionally, Pilipino American families pass this value on to the next generation. It is an accepted fact in Philippine society for several generations of families to live and share in one household, that caring for aging family members is integrated over time into the family dynamics. Individual Pilipinos tend to put the family welfare before the self. Loyalty and interdependence are traits deeply embedded in the Pilipino culture (Almirol, 1982; Medina, 1991). Andres (1981) found that the family in the Pilipino's mind is a defense against a potentially hostile world, an insurance against hunger and old age and an internal source of food, clothing, and shelter. In addition, Andres concluded that a Pilipino sees himself as a member of the family and, secondly, as a member of an outside group. This sense of family results in a sense of belonging and rootedness, a basic sense of security.

A traditional Pilipino family consists of the nuclear family, the bilateral (father and mother side) extended families, and kin (cousins, in-laws, godparents, friends)

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who maintain closeness with the family. The family system is an open system, which constantly absorbs new members by marriage, by kinship, and friendships. Castillo, Weisblat, and Villareal (1968) described the Pilipino extended family system as one that shares responsibilities, recognizes kin relationships beyond the nuclear family, and maintains close emotional relationships. The Pilipino extended family system is comparable to the compadre system, which was a legacy of Spanish colonization (Agbayani-Siewert & Revilla, 1995)

The Pilipino personality theory as described by Enriquez (1990) emphasizes shared identity interacting as co-equals, or kapwa, as the foundation of Pilipino values. These values described as interacting with others equally, regard and sensitivity for others, respect and concern, helping out, understanding and making up for other people's limitations, and rapport and acceptance, all stress attention to other people and to interrelationships. It is believed that this theory evolved out of the survival needs of Pilipinos who are often besieged by natural calamities.

Although the majority of respondents in Peterson's study (1978) would turn to the family first in times of need, 50% indicated that their families are not close enough to provide the kind of help or support they needed. The extended family relationships such as nephews and nieces are not strong enough to provide needed help. Peterson, therefore, concluded that elders would turn to family only if it were available. In the same study, respondents also mentioned that Pilipinos do not seem to help each other as much as they used to do.

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Peterson (1978) also experienced difficulty in eliciting responses from the study group about discussing their problems. Therefore, she concluded that respondents felt ashamed to talk about their problems with outsiders. Pride keeps the Pilipinos in need from acknowledging their problems (Morgan, as cited in Department of Aging, City of Los Angeles, 1990).

<center>Barriers to Service Utilization</center>

The concentration of Asian Americans in urban areas often results in greater needs for social services. This arises from the nature of urban life; increased concentration of population tends to go hand in hand with poverty, crime, health, and housing problems. This situation holds true with regards to the elderly Pilipino. Homma-True (1976) and Fong-Torres (1972) suggested that the "self-help" network in Asian American communities may be inadequate to cope with the social problems of a dense urban population. For instance, with the Chinese American population of Oakland, 22% were living below the poverty level and 13% were receiving public assistance.

Demographic data tend to suggest that Asian American considerably underuse available social services (Kim, 1978). For example, they received the lowest level of social security benefits of any group in the U.S. population, and their public assistance income was the lowest of any U.S. urban group. This is particularly significant given the low income levels of Asian Americans in many urban areas.

Peterson's (1978) study of elderly Pilipinos found external and internal barriers to service utilization. External barriers refer to overt racism and service insensitivity

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to language and cultural barriers. Internal barriers, on the other hand, refer to disinclination of many Asian elderly to approach new service systems due to cultural values which preclude sharing personal or financial problems with outsiders due to mistrust, shame, and pride. Most Asian elderly remain modest in spite of a need for fear of ostracism and rejection by peers and kinship (Peterson, 1978; Yip, 1980). Peterson also speculated that more recently arrived Pilipinos would be more inclined to utilize social services than old timers who experienced racism and rejection.

Various social investigators found that "need" is not the best predictor of "use" of services. Bass, Looman, and Erlich (1992) found that those in need may not be accessing many of the services that are available to them, while those with lesser needs tend to be utilizing services more frequently. Those who have informal support from family and friends may have more access than those who are alone and isolated because they have someone to intervene on their behalf (Minear & Crose, 1996).

There is also a tendency to use formal services as a "supplement" rather than as a "substitution for" informal services (Edelman & Hughes, 1990). The lack of informal support systems may then be a distinct disadvantage to accessing services for underserved elders such as the elderly Pilipinos. Strategies to increase the informal supports of elders through the use of volunteers and community helpers have been suggested as a means to increase their use of formal services (Alter, 1988; Biegel, Shore, & Silverman, 1989). A pilot project called Project C.A.R.E. (which stands for Community Action to Reach the Elderly) was conceived and funded by Administration on Aging as part of the national Eldercare campaign. The goal of this demonstration

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project has been to identify and remove the barriers that prevent underserved, low income, frail elderly from accessing available services. The report from this project outlines the barriers that were identified by volunteers such as knowledge, emotional, economic, physical, and communication barriers (Minear & Crose, 1996). Cultural barriers will also be included in the discussion as befitting the problems being experienced by the elderly Pilipino population.

Knowledge barriers include lack of awareness that services exist or lack of awareness of eligibility. Different services usually have their own criteria for eligibility, which change rules and procedures every so often. It becomes very difficult for a frail elderly to keep abreast of all these changes, which become even more frustrating when the elderly do not read or write or do not have English as their primary language (Minear & Crose, 1996).

Knowledge refers to information needed by the potential client before service use will take place (Yeatts, Crow, & Folts, 1992). Yeatts et al. (1992) identified three types of knowledge barriers. First, the potential client's knowledge of or perceived need for a service directly affects service use: potential clients who lack knowledge about a particular problem, such as the symptoms indicating a particular ailment, will not recognize the need to obtain help. The second type of knowledge barrier focuses on the potential client's knowledge or awareness of existing services. In this connection, making services known to those for whom they are intended is important, otherwise the potential client is less likely to use the service. A third type of knowledge barrier occurs when a potential client lacks the knowledge needed to enroll

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in or sign up for a service. Potential clients are less likely to use services where such knowledge is required unless they have learned the procedures or are assisted with them and are comfortable using them. Peterson (1978) found that 70% of the elderly Pilipino respondents indicated having knowledge of an agency that would help them with their medical problems, yet only 10% indicated that they would use an agency as their primary source of help. The study showed that neither of the knowledge barriers mentioned by Yeatts et al. apply, rather Peterson concluded that mere knowledge of available services does not automatically ensure utilization. Peterson also found that one reason for the underutilization or underidentification may be the desire by the elderly Pilipino respondents to recreate a helping system which resembles the system of the Philippines, wherein kinship and community persons are knowledgeable of problems and offer help automatically.

A study by the Department of Aging, City of Los Angeles (1990) found unfamiliarity with services in the community as the reason for underutilization of services. This finding is congruent with the second knowledge barrier. Lack of knowledge of services and their benefits in addition to inaccessibility of services are major problems to service utilization (Chae, 1987; Moriwaki, 1981). Pilipino senior citizens, even those who have lived in the United States for many years, are often not familiar with the types of services available. Even when they know about services, the elderly Pilipino may not use them (Department of Aging, City of Los Angeles, 1990).

Numerous theories have been advanced to explain the underutilization of services. Many Asian Americans are left to make most of the social contacts with

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their generational cohort group because of the social and cultural assimilation of their children. Combine this with language difficulties and poverty, this is likely to lead to enforced isolation; isolation is likely to mean that elderly Asian Americans will be ignorant of many available services and very reluctant to seek those they do know about. The cultural norm, which emphasize self-reliance and denial of personal needs, are more likely to be strongly in force among elderly Asian American, making it hard for them to seek the help they need. As a secondary effect, these factors increase the probability that the elderly Asian Americans will be found living in a culturally isolated ethnic enclave, where few services are provided by the general community (Kim, 1978).

Lee (1973) conducted a survey of 302 Asian American families in Sacramento, California. The researcher found that, in general, the respondents were far likely to utilize a service that they heard through friends and relatives than one they had heard about from public sources such as publicity from the organization, newspaper articles, or recommendations of social workers.

Culture affects behavioral interactions, access to services, the types and expressions of psychological disorders, service utilization, and treatment outcomes (Agbayani-Siewert, 1994). Lack of attention to Pilipino culture affects the development of a basic framework for delivery of services. With any cultural group, understanding and knowledge precedes the development of strategies for social work intervention (Green, 1982). The Pilipinos who come to the United State bring with them their customs, traditions, and values or, in other words, their culture (Asis, 1992).

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The Pilipino culture is a rich mixture of eastern (Indonesian, Malaysian, Chinese, and Asian Indian) and western (Spanish and American) influences which explain their adaptability to live anywhere in the world. An awareness of these traits and values is necessary in assessing the norms and the meanings of behaviors among Pilipino American clients (Tompar-Tiu & Sustento-Seneriches, 1995).

An important value for Pilipinos is avoidance of shame or "hiya." It is described as a feeling of inferiority, embarrassment, shyness, and alienation that is experienced as acutely distressing. Hiya is related to the person's debt of obligation to the family. It is a necessary part of childhood development and is used as a means to obtain approved or desired behavior. It is related to a person's capacity for appropriate behavior with authority figures and reflects on one's family and upbringing (Peterson & Yamamoto, 1980). "Amor propio" is another value related to shame. Affonso (1978) described it as the high degree of sensitivity that makes a person intolerant to criticism and causes him to have an easily wounded pride. It demands that a person learn to accept humiliation. This value is related to the Asian concept of "losing face" and the Western experience of social insecurity. Criticism is considered the worst of any fate. Because of this value, mistakes will go unmentioned, questions unasked, and issues unsettled.

There is also a tendency for Pilipinos to observe body language cues to assess what a person is feeling. Eye movement is also used for non-verbal communication. "Utang na loob" or, loosely translated as indebtedness, is another traditional value among Pilipinos. If one receives help he/she becomes indebted to the helper. Because

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of this system of exchanging favors and the obligation of repaying these favors, the elderly Pilipino is sometimes hesitant to seek assistance from a source outside the small network with which he/she is familiar with because he/she is unsure of the indebtedness which might be incurred upon utilization of an outside system (Department of Aging, City of Los Angeles, 1990). Because of utang na loob, patients give gifts to their doctors and think twice before they file charges of malpractice (Tompar-Tiu & Sustento-Seneriches, 1995). Pilipino children are encouraged to subordinate competitive behavior for the sake of cooperation. Anyone who puts his/her own interests above the kinship group is criticized (The Pan Asia Parent Educational Project, 1982), therefore this subordination results in the Pilipino tendency to become submissive.

Emotional barriers include anxiety in accessing services, frustration in accessing services that are not applicable to the person's needs, distrust in the service delivery system because of promised services that never materialize, and fear of rejection for services because of eligibility requirements (Minear & Crose, 1996). It can be speculated that elderly Pilipino immigrants experience anxiety in accessing services due to their unfamiliarity with the helping system. Pilipino families are used to seeking help within the family, extended families, and kins, therefore receiving help from an outside source may mean that these informal support systems have failed to provide for their needs. The elderly Pilipinos are then hesitant in seeking help because of shame it will bring to their informal support. Elderly Pilipinos also feel ashamed to discuss their problems with outsiders (Peterson, 1978). Pride keeps most of these

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elderly in need from acknowledging their problems (Morgan, as cited in Department of Aging, City of Los Angeles, 1990).

The long bureaucratic process of the helping system can also be frustrating to elderly Pilipino immigrants and their families who are unfamiliar with the helping system. Normally, the helping system requires so much information from clients that the paperwork alone can create tremendous anxiety, followed by frustration. On top of these stressful experiences are the English or translation problems for non-English speaking individuals, the fine prints in the forms, and the long waiting hours for completing the helping process. Fear of being rejected is even more frustrating to these elderly Pilipino, especially those who previously were able to provide for themselves.

Economic barriers include limited or lack of income, lack of support from family, rising expenses in accessing services, inability to pay share of cost for services, and expensive costs to find services (Minear & Crose, 1996). In addition, elderly Pilipinos prefer to send money to the Philippines instead of using services. In fact, almost all Pilipinos have relatives and friends in the Philippines and have very close ties. Almost 66% send money and 21% send money regularly to the Philippines to share whatever economic abundance Pilipinos are able to acquire while in the U.S. (Morales, 1998). After all, economic difficulty has been the primary reason for the immigration of thousands of Pilipinos world wide (Asis, 1992).

One issue confronting the aging minority is that their minority status is usually equated with low socio-economic class, which is frequently characterized by

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inadequate income, poor nutrition, poor housing conditions, and inferior and, often, inaccessible medical care (Gan, 1989). Potential clients are less likely to use a service if the costs are high relative to the individual's income (Yeatts et al., 1992). One subgroup of elderly Pilipinos at risk are the Pilipino World War II veterans who began to settle in the U.S. after 1990 when Congress passed Section 405 of the Immigration Act (Chin, 1993). Because the legislation did not guarantee benefits, the elders are forced to seek social services and health care through the Supplemental Security Income Program and Medicaid Program. They perceive these supports "as being on welfare" and are sensitive to being called welfare recipients (McBride et al., 1996). Many studies on availability of services have been done. The findings state that if a particular service is not being offered or is so limited in its availability that it cannot meet a potential client's need, use of the service is either not possible or unlikely (Minear & Crose, 1996).

Physical barriers pertain to the inability to get to where services are provided or physical disabilities that prevent access. These include lack of transportation, long waiting time, physical illness, distance, and non-availability of persons to accompany the elderly to services (Minear & Crose, 1996). The United Way Need Assessment cited transportation as a major need for elderly Pilipinos (United Way, 1988). The study found that those living in the Hollywood, Silverlake, and Beverly/Temple areas may be less affluent and in greater need for transportation than those in the Wilmington areas.

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Physiological and biological changes also aggravate the condition of elderly

Pilipinos to fend for themselves. There is a belief that they can turn to their family for

social and health care difficulties. In most cases, the family is unable to provide for

their needs. They then go out to the local community for help. If unable to get help at

this stage, they go seek social services which are often difficult to access (Kim, 1978).

Traditionally, Pilipinos prefer to ask the help of family members, relatives, and

friends when accessing services because they can intervene in their behalf if the elderly

Pilipino cannot communicate their thoughts and feelings, they can help in filling out

the required forms, they can give moral support to the elderly Pilipino who may be

ashamed in asking for help, they can serve as a guide in familiarizing themselves with

the service areas, or they can simply act as a physical support for their frail body.

There are many studies on the client's ability to get to the place where the service is

being offered. It was found that if the location of the service is beyond the potential

client's means of transportation, the client is less likely to use the service (Minear &

Crose, 1996).

Communication barriers include aloof or rude attitudes of service providers,

circular referrals from agency to agency without coordinated effort among all related

service providers, and overwhelming red tape (Minear & Crose, 1996). Even though

English is the second language of the Philippines, many communication problems

occur between new immigrants, service providers, and clinicians (Tompar-Tiu &

Sustento-Seneriches, 1995). Many new immigrants have heavy accents, especially

those from the rural areas, and this can cause problems for service providers. A study

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by Peterson (1978) revealed that 94% of the elderly Pilipino could "get by" in English and that 92% could use forms written in English. In addition, the Department of Aging, City of Los Angeles (1990) found that elderly Pilipinos who have been in the U.S since 1940 could communicate in English and that Pilipinos who came to the U.S since 1965 usually speak English. Generally speaking, Pilipino immigrants' English speaking skills are much more developed than comprehension skills (McBride & Parreno, 1996). It was also found that at least 66% of Pilipino households speak a non-English language, 35.6% do no speak English very well, and 13% are linguistically isolated (U.S. Bureau of the Census, 1993), therefore Pilipinos still prefer to communicate in their native language and dialects. It can also be speculated that elderly Pilipinos with limited education and hail from the rural regions of the Philippines may encounter difficulty in reading, understanding, and writing in English. This difficulty may consequently affect them in accessing services due to shame, uncomfortable feelings because of their accent, or an inferiority complex of being dumb. Unhelpful agency staff and circular referrals to different agencies without fruitful results may also aggravate the frustrations of the elderly Pilipinos in using outside help.

<div align="center">Qualities of Culturally Appropriate Services</div>

Qualities desired by elderly Pilipinos when using social services have been identified by Peterson (1978) and the Department of Aging, City of Los Angeles (1990). Pilipinos prefer to use services that employ bilingual/bicultural staff. Even if they can communicate in English, most prefer to discuss their needs with another

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Pilipino. In addition, accessibility of the service to their home, transportation, and location within or near an institution known and trusted by elderly Pilipinos, are some of the other expressed needs.

A friendly staff and agency atmosphere is foremost to attract the attention of this elderly population. Ishisaka and Takagi (1982) suggested that attention to interpersonal grace with warm expressions of acceptance, both verbal and non-verbal, is very important to Asian Pacific clients. For example, asking about the client's health, offering a cup of tea, suggesting the need to remove a coat, or indicating a comfortable seat can serve to convey genuine concern that can enhance the establishment and maintenance of a good helper-client relationship.

Respect for the elderly is an important value for elderly Pilipino. To show respect in addressing an elderly Pilipino, the title Mr., Mrs., or Miss is used before the person's first name or surname or the use of indigenous word to indicate age of the individual. For example, Mr. Santos, Mrs. Cruz, or Miss Reyes, or Lolo (grandfather) Mario, or Lola (grandmother) Maria, or Mang Mario (Mr. Mario), or Aling Maria (Miss Maria). For verbal communication, respectful and polite responses to elders or strangers must include the word "po" for emphasis. For example, "thank you, grandfather" translates to "salamat po, Lolo" (McBride & Parreno, 1996).

It is the hope of this research to verify the applicability of the above suggestions as well as to identify other factors that can enhance the utilization of services by the elderly Pilipinos.

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CHAPTER 3

METHODOLOGY

Research Design

This study utilized exploratory/descriptive design. A structured questionnaire was used to obtain data on the different levels of awareness and utilization patterns of elderly Pilipino immigrants. There were three methods of obtaining the data: 1) by administering the questionnaire to the respondents and reading each item for them; 2) by allowing the respondents to answer the questionnaire themselves; and 3) by allowing the respondents to bring home the questionnaire along with a self-stamped return envelope. A cover letter and an informed consent form were attached to the questionnaires.

Sampling

The study was conducted in different churches in Hollywood and Carson. A Pilipino senior service agency called Filipino American Services Group Incorporated in Hollywood was also included. Pilipino males and females who appeared to be 55 years and older were invited to participate in the study. One hundred fifty participated voluntarily, but only 100 were considered for completeness of their response.

A brief description of the study and procedures for the informed consent were explained to the elderly Pilipino male and female participants. These Pilipino males

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and females participants were informed that the study contained questions on demographics and questions about social service awareness and utilization. Elderly Pilipino males and females were told that their participation were voluntary, and that they were free to discontinue the study at any time. Elderly Pilipino males and females were then given the questionnaire attached to the informed consent form (Appendix A). The questionnaire and the informed consent form were collected separately.

Instrument

The questionnaire (Appendix B) was divided into two sections. The first section consisted of questions gathering demographic data: gender, age, marital status, educational levels, nativity of birth, number of years of stay in the U.S., current working status, the kind of work performed prior to immigration, living arrangement, annual household income, and members of their household.

The second section was comprised of questions designed to measure level of awareness of social services; which social services were used; length of use of the social services; satisfaction with the use of social services; reasons for not using social services as to cultural, emotional, economic, physical, and communication barriers; and the qualities desired when accessing social services. The questions were formulated by the researcher based upon the review of existing literature. The respondents were asked to rate their responses in terms of satisfaction (very satisfied, satisfied, and not satisfied), and in terms of preference (very important, somewhat important, and not at all important).

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Questions on level of awareness asked respondents if they were aware of social services and, if they were, what were their sources of information. Questions concerning social services used asked how long respondents had used the services and how satisfied were they using the services.

Questions concerning reasons for not using services were asked. Cultural barriers include hiya (shame), amor propio (self-esteem), utang na loob (debt of gratitude), submissiveness, and other reasons. Emotional barriers include anxiety, frustration, distrust, rejection, or other reasons. Economic barriers include limited income, lack of support from family, rising expenses, inability to pay share of cost of services, preference to send money to the Philippines, or other reasons. Physical barriers include distance, lack of transportation, or no one to go with when accessing services, physical illness due to health problems, long waiting time, and other reasons. Communication barriers include inability to speak, read, and write in English; shame in asking help; problems with speech accent, which led people to think respondents were dumb; unhelpful staff; bad or unsuccessful referral; and other reasons. The open-ended questions were asked after each barrier to encourage respondents to voice out other reasons not mentioned.

Questions concerning the qualities respondents looked for when selecting services were also asked. The qualities include friendly atmosphere, presence of bilingual/bicultural staff, staff who understand and appreciate the respondent's culture, closeness or proximity of the service to the respondent's house, accessibility to transportation, respondents have friends who have used the services, respondents have

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had a good experience using the services before, and family or friends have recommended the agency. The last question asked respondents about the services that they might need that were not mentioned in the questionnaire.

Statistical Analysis

Frequencies, percentages, means, and standard deviations were used to describe the demographic characteristics of the sample and to describe the respondents' awareness of social services, sources of information, types of services used, duration of utilization of services, satisfaction with services, barriers to utilization, and qualities looked for when selecting services. Chi-square analyses was used to determine significant differences between place of residence (Hollywood vs. Carson) and demographic variables, awareness level of services, sources of information, and services used. Next, t-tests were conducted to determine significant differences among gender and place of residence and satisfaction with services and barriers to utilization. A significance level of $p < .05$ was established for all tests conducted.

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CHAPTER 4

RESULTS

Response Rate

Questionnaires were given to 121 elderly Pilipino males and females in

Hollywood (LA) and Carson. The majority of the respondents from both areas

completed and returned the questionnaires on the same date that the questionnaires

were given. Ten respondents mailed back the questionnaires later. Twenty-one

questionnaires were eliminated for failure to provide sufficient information and

completing the questionnaires.

Demographic Characteristics of the Respondents

Table 1 presents the demographic data of the total respondents from both the

Hollywood and Carson areas. There were slightly more men (56.6%) than women

(43.4%) respondents in the study. Age of the respondents ranged from 55 years to

over 85 years. One half of the respondents (50.0%) were between the ages of 65-74.

Likewise, most respondents were married (70.0%). Almost all of the respondents

were born in the Philippines (99.0%). Most of the respondents were fairly new to the

United States, having stayed less than 10 years (69.8%). The majority of the

respondents were not employed or not working (82.7%). Most of the respondents

lived with their spouse and/or family (65.7%). The annual income for most

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Table 1. Demographic Characteristics of Respondents ($\underline{N}$ = 100)

Characteristic	$\underline{f}$	%
Gender[a]		
Male	56	56.6
Female	43	43.4
Age		
55-64	10	10.0
65-74	50	50.0
75-84	38	38.0
85+	2	2.0
Marital Status		
Single	8	8.0
Married	70	70.0
Separated	1	1.0
Widow/Widower	19	19.0
Other	2	2.0
Educational Level[a]		
Elementary or less	13	13.0
Middle school or less	5	5.0
High school or less	18	18.0
College	43	43.0
Beyond college	20	20.0
Born in Philippines		
Yes	99	99.0
No	1	1.0
Years in US[a]		
1-10	60	69.8
11-20	12	12.5
21+	17	17.7
Currently Working[a]		
Yes	17	17.3
No	81	82.7
If Working		
Full-time	7	7.0
Part-time	14	14.0

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Table 1. Continued

Characteristic	f	%
Living Arrangement[a]		
Alone	22	22.2
With spouse/family	65	65.7
With friends	9	9.1
Others	3	3.0
Income[a]		
$7,999 or less	63	68.5
$8,000-$14,000	15	16.3
$15,000-$20,000	4	4.3
$21,000+	10	10.9
Members of Household[a]		
Spouse		
Yes	54	59.3
No	37	40.7
Siblings		
Yes	38	43.7
No	49	56.3
Adult Children		
Yes	38	43.7
No	49	56.3
Relatives		
Yes	14	17.7
No	65	82.3
Friends		
Yes	17	20.7
No	65	79.3
Children Under 18		
Yes	9	11.3
No	71	88.8

[a] Contained missing data.

respondents was below $8,000 (68.5%). The respondents' households were mostly composed of a spouse (59.3%), siblings (43.7%), or adult children (43.7%), while the rest included friends (20.7%), relatives (17.7%), and children under 18 years old (11.3%).

<center>Respondents' Awareness and Utilization
of Social Services</center>

Table 2 depicts the degree to which respondents were aware of the existence of social services, their sources of information, and the types of services used. The majority of the respondents were aware of social services (86.0%), and most of the sources of information were from friends (59.8%), media (35.1%), and community outreach (25.8%). Respondents who used services reported having utilized health (71.0%), senior centers (50.0%), nutrition (47.1%), recreation (35.8%), legal (20.5%), housing (16.0%), employment (13.9%), and mental health (10.1%) programs.

Table 3 reports the duration of the utilization of the services used. There were three categories used to establish the length of use of the services: 0-12 months, 13-24 months, and 24+ months. The 0-12 months category yielded higher frequencies than the other two categories in almost all the services used. Health (55.1%), nutrition (45.9%), and recreation (48.1%) services showed consistencies of use and declined as the months increased, while the rest of the services showed varied duration of use.

Table 4 shows respondents' level of satisfaction in using social services. Responses range from very satisfied, satisfied, and not satisfied. Overall, the largest numbers of respondents were very satisfied with using health (48.4%) services and

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Table 2. Respondents' Awareness and Utilization of Social Services ($\underline{N}$ = 100)

Service	Yes		No	
	$\underline{f}$	%	$\underline{f}$	%
Aware of Services	86	86.0	14	14.0
Sources of Information				
Family	21	21.4	77	78.6
Friends	58	59.8	39	40.2
Neighbors	23	23.7	74	76.3
Co-workers	10	10.3	87	89.7
Town Mates	12	12.4	85	87.6
Media	34	35.1	63	64.9
Outreach	25	25.8	72	74.2
Others	19	19.6	78	80.4
Types of Services Used[a]				
None	31	31.0	69	69.0
Employment	11	13.9	68	86.1
Health	66	71.0	27	29.0
Housing	13	16.0	68	84.0
Legal	16	20.5	62	79.5
Mental Health	8	10.1	71	89.9
Nutrition	41	47.1	46	52.9
Recreation	29	35.8	52	64.2
Senior Center	43	50.0	43	50.0
Other	3	60.0	2	40.0

[a] Contained missing data.

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Table 3. Months of Utilization

Service	0-12 Months		13-24 Months		24+ Months		
	f	%	f	%	f	%	n
Employment	9	56.3	4	25.0	3	18.8	16
Health	32	55.1	15	25.9	11	18.9	58
Housing	9	74.9	1	8.3	2	16.6	12
Legal	12	80.0	2	13.3	1	6.7	15
Mental Health	4	57.2	3	42.9	0	0.0	7
Nutrition	16	45.9	11	31.5	8	23.1	35
Recreation	13	48.1	8	29.6	6	22.2	27
Senior Center	12	34.4	16	45.7	7	20.2	35
Other	1	25.0	3	75.0	0	0.00	4

Table 4. Respondents' Satisfaction With Social Services

Service	Very Satisfied		Satisfied		Not Satisfied		
	f	%	f	%	f	%	n
Employment	4	18.2	15	68.2	3	13.6	22
Health	30	48.4	29	46.8	3	4.8	62
Housing	3	15.8	9	47.4	7	36.8	19
Legal	8	40.0	9	45.0	3	15.0	20
Mental Health	3	18.8	10	62.5	3	18.8	16
Nutrition	9	21.4	28	66.7	5	11.9	42
Recreation	11	31.4	20	57.1	4	11.4	35
Senior Center	15	37.5	21	52.5	4	10.0	40
Other	1	16.7	1	16.7	4	66.7	6

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satisfied using employment (68.2%), nutrition (66.7%), mental health (62.5%), recreation (57.1%), senior center (52.5%), housing (47.4%), and legal (45.0%) services.

Table 5 depicts the respondents' responses regarding barriers to the utilization of services. Degree of importance such as very important, somewhat important, and not important were given as choices for the respondents in assessing the cultural, emotional, economic, physical, and communication barriers for not using social services. A remarkable finding was that on all the barriers mentioned the largest numbers of respondents considered nearly all of the barriers as not important (with the exception of limited income) in accessing the utilization of services.

Qualities Looked for When Using Services

Table 6 depicts the qualities that the respondents look for when using services. A friendly service agency atmosphere (93.5%) and the presence of Pilipino staff or staff who understands the respondents culture (85.6%) were the two most important considerations when using the services. All other characteristics were also equally important to the respondents.

Effects of Residence on Utilization of Social Services

Table 7 shows the effects of residence (Hollywood vs. Carson) on the respondents' utilization of services. A chi-square method was used to demonstrate any significant differences between the respondents from the two areas. Demographics, members of respondents' household, awareness level of services, sources of information of services, and services used by the respondents were all contained in this

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Table 5. Barriers to Utilization of Services

Service	Very Important		Somewhat Important		Not Important		
	f	%	f	%	f	%	n
Cultural							
Hiya	7	9.1	20	26.0	50	64.9	77
Amor propio	5	7.1	16	22.9	49	70.0	77
Utang na loob	8	10.5	10	13.2	58	76.3	76
Submissiveness	7	9.9	12	16.9	52	73.2	71
Emotional							
Anxiety	7	10.1	18	26.1	44	63.8	69
Frustration	3	4.4	18	26.5	47	69.1	68
Distrust	4	6.2	18	27.7	43	66.2	65
Rejection	8	12.9	11	17.7	43	69.4	62
Economic							
Limited Income	30	38.5	18	23.1	30	38.5	78
Lack of Support	8	12.1	14	21.2	44	66.7	66
Rising Expenses	22	29.7	20	27.0	32	43.2	74
Inability to Pay	14	20.6	16	23.5	38	55.9	68
Expensive	17	24.3	17	24.3	36	51.4	70
Send Money	10	15.6	15	23.4	36	60.9	61
Physical							
Distance	22	30.1	17	23.3	34	46.6	73
No Transportation	24	31.6	11	14.5	41	53.9	76
No One To Go	16	22.2	15	20.8	41	56.9	72
Physical Illness	16	21.3	14	18.7	45	60.0	75
Long Wait	22	29.7	10	13.5	42	56.8	74
Communication							
No English	9	12.0	10	13.3	56	74.7	75
No Read	4	5.3	10	13.2	62	81.6	76
Ashamed	8	10.7	14	18.7	53	70.7	75
Accent	12	15.2	15	19.0	52	65.8	79
Dumb	8	10.8	8	10.8	58	78.4	74
Unhelpful	11	15.1	15	20.5	47	64.4	73
Circular Referral	14	20.0	11	16.4	42	62.7	67

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Table 6. Qualities Looked for When Using Services

Characteristic[a]	Yes		No	
	f	%	f	%
Friendly Atmosphere	87	93.5	6	6.5
Understand Culture	77	85.6	13	14.4
Accessible	74	82.2	16	17.8
Close to Home	72	81.8	16	18.2
Pilipino Staff	71	79.8	18	20.2
Speak Tagalog	63	72.4	24	27.6
Friends Go	57	67.1	28	32.9
Good Experience	53	60.2	35	39.8
Service Recommended	48	55.8	38	44.2

[a] Contained missing data.

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Table 7. Effects of Residence on Utilization of Social Services

Variable	df	value	p
Demographics			
Age	1	8.17	.004*
Marital Status	1	4.76	.029*
Education	1	.24	.621
Years in US	1	4.36	.113
Income	1	.45	.501
Work	1	.10	.751
Members of Household			
Spouse	1	.51	.474
Siblings	1	4.48	.034*
Adult Children	1	6.52	.011*
Relatives	1	3.06	.080
Friends	1	5.94	.015*
Children Under 18	1	7.02	.008*
Awareness			
Awareness	1	.00	1.000
Sources of Information			
Family	1	.12	.725
Friend	1	.00	.966
Neighbor	1	7.82	.005*
Co-worker	1	4.44	.035*
Town Mates	1	10.24	.001*
Media	1	13.17	.000*
Outreach	1	10.23	.001*
Others	1	6.02	.014*
Services Used			
Employment	1	1.89	.169
Health	1	15.11	.000*
Housing	1	6.28	.012*
Legal	1	29.28	.000*
Mental Health	1	15.35	.000*
Diet	1	17.26	.000*
Recreation	1	14.19	.000*
Senior Center	1	13.71	.000*

* $p < .05$.

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table. On the demographic information, age differences between the two groups was significant (p = .004) in that Carson respondents tended to be significantly younger with (74.0%) at the 55-74 age category in comparison to Hollywood respondents at 46.0%. Also significant was the marital status of the respondents (p = .029) in that significantly more Hollywood respondents were married (80.0%) in comparison to Carson respondents (60.0%).

Siblings as members of respondents' household indicated significance at p = .034, meaning that Hollywood respondents (56.8%) had significantly more siblings in their household in comparison to Carson respondents (34.0%). Respondents' inclusion of friends in their household also showed significance at p = .015, indicating that Hollywood respondents (34.4%) had significantly more friends living with them in comparison to Carson respondents (12.0%). Inclusion of adult children in the respondents' household was also significant (p = .011) in that Carson respondents (68.0%) had significantly less adult children in their household in comparison to Hollywood respondents (40.5%). Respondents' inclusion of relatives also showed significance at p = .080 in that Carson respondents (88.0%) had significantly less relatives in their household in comparison to Hollywood respondents (72.4%).

Several significant differences between the two groups were found for sources of social services information. Media was significant (p = .000) in that more Hollywood respondents (53.2%) reported media as a source of information than did Carson respondents (18.0%). Other significant differences between the groups and sources of information included: community outreach (p = .001)—more Hollywood

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respondents (40.4%) reported community outreach as a source than did Carson respondents (12.0%); neighbors (p = .005)—more Hollywood respondents (36.2%) reported neighbors as a source than did Carson respondents (12.0%); and co-worker (p = .035)—more Hollywood respondents (17.0%) reported co-worker as a source than did Carson respondents (4.0%).

Several social services used by the respondents were found to differ significantly between the respondents (Table 7). Health services was significant (p = .000) in that significantly more Hollywood respondents (90.7%) used the services when compared to Carson respondents (54.0%). Nutrition was also significant (p = .000), wherein significantly more Hollywood respondents (73.0%) used the service in comparison to Carson respondents (28.0%). Recreation was another significant finding (p = .000) in that significantly more Hollywood respondents (61.3%) used the service in comparison to Carson respondents (20.0%). Senior center services was significant at (p = .000) in which significantly more Hollywood respondents (73.0%) used the service in comparison to Carson respondents (37.2%). Housing services was also significant (p = .012) in that significantly more Hollywood respondents (29.0%) used the services in comparison to Carson respondents (8.0%).

Effects of Gender on Satisfaction of Services and Importance of Values

t-Tests were conducted to determine the effects of gender on satisfaction of services and importance of values. Findings are depicted in Table 8. Included in this table were the different kinds of social services as well as barriers to the use of services such as cultural, emotional, economic, physical, and communication. Mental

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Table 8. Effects of Gender on Satisfaction of Services and Importance of Values

Variable	Male (n = 56) M	SD	Female (n = 43) M	SD	t	p
Satisfaction						
Employment	1.93	.59	2.00	.58	.25	.807
Health	1.53	.56	1.57	.59	.26	.797
Housing	2.08	.67	2.43	.79	1.02	.323
Legal	1.67	.72	2.00	.71	.90	.382
Mental Health	1.77	.44	3.00	.00	4.73	.000*
Nutrition	1.81	.40	2.00	.76	1.07	.292
Recreation	1.75	.55	1.79	.70	.17	.869
Senior Center	1.58	.50	1.93	.77	1.76	.086
Cultural Scale	10.33	3.16	10.55	3.75	.27	.544
Shame	2.56	.55	2.55	.81	.05	.963
Esteem	2.59	.58	2.69	.68	.66	.511
Gratitude	2.63	.64	2.70	.70	.44	.658
Submissiveness	2.61	.62	2.67	.73	.33	.745
Emotional Scale	10.05	4.17	10.33	4.25	.29	.775
Anxiety	2.48	.67	2.63	.69	.92	.362
Frustration	2.63	.49	2.67	.68	.29	.771
Distrust	2.54	.61	2.68	.61	.91	.368
Rejection	2.62	.60	2.50	.84	.64	.524
Economic Scale	11.19	5.03	9.49	5.75	1.43	.156
Limited Income	2.04	.87	1.90	.91	.68	.497
No Support	2.47	.74	2.70	.64	1.27	.208
Rising Expenses	2.13	.82	2.14	.92	.02	.982
Inability To Pay	2.38	.76	2.28	.89	.49	.625
Too Expensive	2.28	.83	2.26	.86	.10	.924
Prefer To Send	2.31	.81	2.73	.55	2.17	.034*
Physical Scale	11.56	4.82	10.58	5.20	.86	.391
Distance	2.26	.80	2.00	.96	1.25	.217
No Transportation	2.15	.90	2.33	.92	.86	.393
No One To Go	2.33	.77	2.37	.93	.18	.855
Illness	2.33	.83	2.48	.80	.75	.457
Long Wait	2.34	.85	2.14	.97	.95	.343

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Table 8. Continued

Variable	Male (n = 56) M	Male (n = 56) SD	Female (n = 43) M	Female (n = 43) SD	t	p
Communication						
Scale	17.67	5.25	16.06	7.41	1.16	.252
No English	2.65	.60	2.58	.82	.40	.691
No Read	2.74	.49	2.79	.62	.38	.706
Ashamed	2.63	.57	2.55	.83	.49	.628
No Speak	2.45	.74	2.60	.77	.87	.388
Dumb	2.60	.71	2.81	.56	1.37	.174
Unhelpful	2.49	.69	2.50	.86	.06	.954
Circular Referral	2.44	.74	2.38	.94	.26	.793

* p < .05.

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health services and the economic barrier of sending money to the Philippines were found to be significant. The mental health services was significant (p = .000) indicating that male respondents (M= 1.77, SD = .439) used the services more than the female respondents (M = 3.00, SD = .000). The economic barrier of sending money to the Philippines was also significant (p = .034) indicating that male respondents (M = 2.31, SD = .811) also showed preference for sending money to the Philippines more than female respondents (M = 2.73, SD = .550).

Effects of Residence on Satisfaction of Services and Importance of Values

t-Tests were conducted to determine the effects of residence (Hollywood vs. Carson) on satisfaction of services and importance of value. The findings are depicted in Table 9. Two scales were found to be very significant. The cultural scale was found to significant (p = .001) and all factors included in this scale showed significance: shame (p = .002), esteem (p = .000), gratitude (p = .000), and submissiveness (p = .000) which indicated that the cultural aspects where significantly more important for Hollywood (LA) respondents and than for Carson respondents. Communication scale was another significant finding (p = .005) and all factors included in this scale were significant: English (p = .017), no read English (p = .006), ashamed to ask for help (p = .055), no speak English (p = .007), feeling dumb (p = .000), unhelpful staff (p = .033), and circular referral (p = .005) which all indicated that communication aspects were significantly more important for Hollywood (LA) respondents and than for Carson residents.

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Table 9. Effects of Residence on Satisfaction of Services and Importance of Values

Variable	Hollywood (n = 50) M	SD	Carson (n = 50) M	SD	t	p
Satisfaction Scale	7.07	5.52	3.49	3.07	3.51	.001*
Employment	2.00	.56	1.88	1.64	.48	.636
Health	1.53	.56	1.60	.63	.51	.610
Housing	2.33	.62	1.75	.96	1.50	.151
Legal	1.67	.69	2.50	.71	1.62	.121
Mental Health	2.00	.63	0.00	.00		
Nutrition	2.04	.45	1.69	.70	1.98	.051
Recreation	1.95	.58	1.54	.66	1.96	.059
Senior Center	1.81	.63	1.57	.65	1.12	.271
Cultural Scale	8.82	2.76	11.83	3.49	3.50	.001*
Shame	2.32	.63	2.78	.62	3.17	.002*
Esteem	2.38	.68	2.90	.38	3.95	.000*
Gratitude	2.37	.79	2.94	.32	4.19	.000*
Submissiveness	2.47	.74	2.80	.53	2.15	.035*
Emotional Scale	9.02	4.22	11.23	3.99	2.30	.024*
Anxiety	2.30	.74	2.81	.47	3.39	.001*
Frustration	2.56	.56	2.73	.57	1.29	.202
Distrust	2.50	.62	2.70	.59	1.31	.193
Rejection	2.50	.68	2.62	.75	.68	.496
Economic Scale	9.93	4.80	10.88	6.03	7.96	.428
Limited Income	1.87	.85	2.18	.90	1.57	.121
No Support	2.35	.79	2.79	.49	2.63	.010*
Rising Expenses	1.95	.83	2.34	.84	2.04	.045*
Inability To Pay	2.28	.79	2.42	.83	.71	.483
Too Expensive	2.19	.81	2.36	.86	.87	.385
Prefer To Send	2.15	.86	2.80	.41	3.80	.000*
Physical Scale	10.24	4.51	11.98	5.40	1.58	.117
Distance	2.05	.84	2.29	.89	1.15	.254
No Transportation	2.00	.91	2.47	.84	2.34	.022*
No One To Go	2.16	.83	2.54	.78	1.99	.050*
Illness	2.17	.90	2.63	.65	2.47	.016*
Long Wait	2.02	.94	2.53	.77	2.49	.015*

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Table 9. Continued

Variable	Hollywood (n = 50)		Carson (n = 50)			
	M	SD	M	SD	t	p
Communication						
Scale	15.29	6.04	19.13	5.84	2.91	.005*
No English	2.45	.75	2.82	.57	2.43	.017*
No Read	2.61	.63	2.94	.34	2.80	.006*
Ashamed	2.46	.67	2.76	.65	1.95	.055
No Speak	2.30	.77	2.75	.65	2.76	.007*
Dumb	2.41	.81	3.00	.00	4.16	.000*
Unhelpful	2.32	.80	2.69	.64	2.17	.033*
Circular Referral	2.15	.86	2.70	.68	2.89	.005*

* p < .05.

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Results of the Open-Ended Questions

Almost 90% of Hollywood and Carson respondents did not answer the open-ended questions in each of the six items in the questionnaire; however, question 7 or the last question which asked for services the respondents might need drew interesting responses, such as the need for integrated health and health related services (e.g., long term patient care, information on health programs for newly arrived elderly, advance directives, and information on special telephones for deaf or other special equipment for frail elderly), the need for creation of more programs and assistance for elderly Pilipinos (e.g., assistance in filling forms, transportation information, more housing facilities in the community, and more community outreach on services available in the community), need for community advocacy on elderly needs (family reunification, veteran benefits, and increase in SSI benefit to cope with standard of living), and the need for more Pilipino social workers/service providers who understand the culture and needs of the elderly Pilipino population (e.g., staff who demonstrate respect, courtesy, consideration, and flexibility when dealing with the elderly clients).

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CHAPTER 5

DISCUSSION

The purpose of this study was to examine the social service awareness and

utilization of elderly Pilipino immigrants living in Los Angeles County. Demographic

information was also examined to see if it had any relationship with the awareness and

utilization of services by the elderly Pilipinos in general as well as in specific areas of

Hollywood (Los Angeles) and Carson. This chapter addresses the significant findings,

the limitation of this study, the implications for social work, and the recommendations

for future research.

<u>Significant Findings</u>

The results of this study revealed that the elderly Pilipinos were significantly

aware of social services, specifically health services. This finding was congruent with

Peterson's (1978) study which stated that 70% of elderly Pilipino in San Diego County

were aware of social services. What was surprising was the fact that the respondents

in both studies shared many demographic similarities. For example, both respondents

belonged to the 65-74 age category, more than half of respondents were married, and

that more than half of the respondents had resided in the United States for less than 10

years. There were also other noticeable similarities in the findings in that both

respondents utilized health and nutritional services the most and both respondents also

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valued friendly agency atmosphere and service providers understanding of respondents' culture when using services.

In spite of many similarities, these two groups of respondents shared differences as well. Demographically speaking, the elderly respondents of this research were mostly college graduates and held professional jobs prior to immigration, whereas the Peterson (1978) elderly respondents were mostly high school graduates and held jobs in domestic, civil service, and unskilled work. Although health and nutritional services were both popularly utilized, the degree of utilization was higher with this study's respondents and lower for Peterson's respondents. Cultural and communication barriers were the least important barriers in accessing services for respondents of this study, whereas Peterson's respondents considered the mentioned barriers as important barriers. It can be speculated that educational attainment had a strong relationship in predicting the outcome of the differences.

The awareness of social services of the respondents of this study was different from the Department of Aging, City of Los Angeles (1990) survey findings. Respondents of that study found unfamiliarity with social services that affected their utilization of the services. Reasons for underutilization of the services were attributed to shame felt by the elderly Pilipinos in revealing that their families were not able to take care of their needs and that the avoidance of indebtedness (utang na loob) to the service providers.

In spite of some differences in the findings, both respondents in the study and the Department of Aging, City of Los Angeles shared many similarities. Both

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respondents preferred to use their natural support system rather than formal agencies as much as possible, but then increased family tension from living in the same household with adult children and their families forced these elderly Pilipinos to prefer living with their spouse or alone and to use formal services instead. Both respondents valued friendly agency atmosphere and respectful service providers as well as the other qualities mentioned in the qualities looked for when using services.

The most interesting findings of this research regarding elderly Pilipinos were the distinct characteristics possessed by the respondents that may have directly or indirectly affected the high level of awareness and fair utilization of the various social services. The respondents of this research belonged to the fifth wave, or the latest wave, of Pilipino immigrants, for they are the followers of adult children and World War II veterans who have been in the United States for less than 10 years. The respondents' collegiate educational attainment was the result of mass education of the Pilipinos during the colonization by the United States. The result was the Americanization of the respondents to the American lifestyle and familiarity with the English language prior to immigration. These respondents then adapted a bicultural perspective that paved the way for a smoother transition to the highly urbanized environment of Los Angeles.

It can also be speculated that most of these respondents were urban dwellers in the big cities of the Philippines because institutions of higher learning and professional opportunities are all located in the big cities. Urban living can facilitate awareness to social services because of access to media and outreach activities. Health and

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nutritional services were popular services for proper maintenance of the respondents' well being. In general, respondents of this study were more liberal in thinking that they did not consider cultural, emotional, economic, physical, and communication as barriers to accessing social services. It can be speculated that the elderly Pilipino respondents of this study tended to use formal services to "supplement" rather than "substitute" social services for informal support (Edelman & Hughes, 1990). The Hollywood (LA) respondents who had adult children or family members living with them may have had more access to services and, therefore, used services more often because they had someone to intervene or assist them in accessing the social services. The single Carson respondents, or World War II veterans who came alone to the United States, did not have that support and, therefore, were left alone in accessing the bureaucratic process of using social services. The group that is in critical need of social services are the frail, former rural elderly dwellers in the Philippines, former agricultural laborers in California farms who have not established qualifications for Security Supplemental Income and the recently arrived World War II veterans who came alone to the United States.

There were significant differences when comparing Hollywood (LA) and Carson respondents. Hollywood (LA) respondents utilized social services to a higher degree; relied on friends, media, and outreach in learning about the social services; and considered cultural and communication as barriers to accessing social services. Demographic information for these respondents showed that they tended to be older, married, and have adult children or members of their family living with them. Carson

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respondents, on other hand, were less aware of social services and did not care as much for utilizing the different social services. These respondents considered the barriers to social services as not important. Demographically speaking, these respondents tend to be younger, single, and have very few adult members of family living with them. Results of the study showed the important role of demographic location in predicting outcome or finding relationships with the other factors mentioned in the study.

Limitations

Several limitations should be considered when reviewing the results of this study. One limitation was that the study was limited to Los Angeles County elderly Pilipino respondents and, therefore, the results of this study cannot be used to generalized the whole population of the elderly Pilipinos in the United States. Another limitation was that because the administration of the questionnaire was done in one single day per each location, those elderly Pilipinos who were not able to come but who may have been in need of social services were not included in the study. Lastly, another limitation was the fact that the questionnaire that was used in the study was not tested for reliability or validity. Due to these limitations, the results of this study are not generalizable to the elderly Pilipino population.

Implications

The findings of this study have implications for social work. When assessing the level of awareness and utilization of services by the elderly Pilipinos, social

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workers should investigate closely the elderly demographic information in order to assess their needs and recommend culturally appropriate services.

Knowledge of the elderly Pilipinos' history, culture, geography, patterns of immigration, and help-seeking patterns will prove to be helpful to social workers and service providers. The invasion of the Philippines by different world powers resulted in a rich cultural mixture of eastern and western influences, which accounts for the elderly's adaptability to live in any part of the world under different circumstances. The elderly clients' place of origin in the Philippines is also important to know because rural and urban dwellers differ in adaptational capabilities as well as speak different kinds of dialects. Knowing which pattern or wave of immigration the elderly belong to will give social workers ideas on the common characteristics of the group and problems faced by the group in relation to elderly client characteristics and problems. The help-seeking practice of the elderly is equally important because it gives the social worker information on the coping skills, available resources, and support system of the elderly client.

Since the elderly Pilipinos brought with them their culture to a new country, it is important for social workers to acquire knowledge on important cultural traits and values of the elderly. These include hiya (shame), amor propio (self-esteem), utang na loob (debt of gratitude), and submissiveness all of which are related to finding and interpreting the elderly client's behavior.

Caution must be taken when dealing with elderly Pilipinos. Respect for the elderly is an important value (Peterson, 1978). To show respect, the service providers

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and social worker should try to address the elderly client by using a Mr., Mrs., or Ms. before the client's first name or last name, for example, Mr. Santos, or Ms. Maria or use indigenous words for elderly such as Lolo (grandfather) or Lola (grandmother). For verbal communication, social workers and service providers should try to learn and say the common phrase of "Salamat po" (thank you), words that connote respect for age.

Social workers and service providers should be aware of the levels of interaction in order to collect qualitative information in the Pilipino community. Social psychologists have identified eight interrelated levels of relationships used in the Pilipino community for everyday interaction (Enriquez, 1979; Pe-Pua, 1990; Santiago, 1982). Five levels are considered to fall into the external or "outsider" category (Ibang tao), and three levels are considered to fall into the internal or "one of us" category (Hindi ibang tao). The levels are as follows: Level 1 is oneness (Pakikitungo). At Level 2 (Pakikisalamuha), the person may choose to interact with someone or mix with company, whereas joining or participating (Pakikilahok, Level 3) incorporates some form of commitment from the respondent. Conforming (Pakikibagay, Level 4) and adjusting (Pakikisama, Level 5) are zones of interaction in which some behavioral or attitudinal change may be anticipated. When relationships reach the point of mutual trust (Pakikipaglagayang-loob, Level 6) and active involvement (Pakikisangkot, Level 7), the chances of major breakthroughs are very strong. Few interactions reach Level 8, although striving for oneness and full trust (Pakikiisa) has its merits.

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There is limited literature on the social service needs of the Pilipinos in general and, therefore, it will be an error to assume that what applies to other Asian ethnic groups will work with Pilipinos as well (Green, 1995).

For program planners, it will be ideal to follow the recommendations of this study regarding the qualities respondents look for when accessing social services and also consider the answers to the open-ended questions regarding services not mentioned in the questionnaire in developing new programs or modifying existing programs appropriate to the needs of this population.

Recommendations for Future Research

Results of this study suggest that there is a need for future research on the social service awareness and utilization of the elderly Pilipinos. Due to the changing immigration patterns and demographic profiles of elderly Pilipinos, continuous research should be conducted to keep abreast with these changes so that appropriate social services programs can be developed, otherwise modify existing ones to fit the need of this population.

The county of Los Angeles and United Way are the only known consistent sources of information on the need assessments of the elderly Pilipinos. However, the lack of analysis on the data they provide, which may include proposed programs and services to the elderly Pilipinos, are seldom written so that the United States government, area aging agencies, and other entities conclude that this population is not in need of social services. This will be a challenge for individuals, students, agencies, social service professionals, program planners, and service providers to put together

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their talents, knowledge, and resources in use to benefit the elderly Pilipino population.

Conclusions

In general, the Hollywood (Los Angeles) elderly Pilipino seemed to be in greater need of services than the elderly Pilipino of Carson. Social service agencies and providers should concentrate their efforts particularly on the Hollywood elderly.

Another interesting finding in this study is that males, more often than females, are using mental health services. This may be due to the lack of social supports for a sizeable number of the Pilipino elderly. Pilipino eldery use services, in general, to supplement their family efforts. Those without family supports may experience emotional difficulties during aging that others do not. A number of men in the sample are veterans, who fought for this country but who have not been rewarded for it. Social service providers need to be aware of this.

APPENDICES

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APPENDIX A

INFORMED CONSENT

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INFORMED CONSENT

I am Susan David-Samala, a candidate for the Master of Social Work degree at California State University, Long Beach. I am asking you to take part in a study for my thesis. The purpose of this study is to describe the social services awareness of elderly Pilipino immigrants in Los Angeles County and to determine the extent of use of those services. The results of this study may help service providers and professionals in working with elderly Pilipino immigrants and in modifying the direction of services and programs.

If you decide to participate, you will be asked to complete a questionnaire about your social service awareness and your opinions of obstacles to utilization of services. This would take 10-15 minutes of your time. There are no direct benefits from participating. The subject's relationship with church/agency will not be affected whether he/she agrees or refuses to participate.

Your responses will be confidential. I do not forsee any risk to you if you participate. Rather this will serve as an opportunity for you to voice your opinions. There is no penalty to you, regardless of whether or not you choose not to answer any item, or to withdraw from the study.

If you have any questions, you may contact Susan David-Samala at xxx-xxx-xxxx or Dr. Lester Brown, thesis advisor, who can be reached at 562-985-4984 or 5293. If you have questions regarding your rights as a participant in this study, you may contact the Office of University Research at California State University, Long Beach, at 562-985-5314.

Thank you for considering participation in this study. If you wish to continue, please sign below. The procedures of this study have been explained to me and I voluntarily agree to participate.

_____   _____
Signature of Participant   Date

_____
Print Name

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APPENDIX B

QUESTIONNAIRE

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QUESTIONNAIRE

Demographic and Socioeconomic Characteristics

Please check only one (1) answer

1. Gender

   _____Male   _____Female

2. Age

   _____55-64   _____65-74

   _____75-84   _____85+

3. Marital Status

   _____Single   _____Married   _____Separated

   _____Widow / widower   _____other

4. Education

   _____elementary or less   _____middle school or less

   _____high school or less   _____college _____beyond college

5. Where you born in the Philippines?

   _____Yes   _____No

6. How many years have you lived in the US?

   _____years

7. Are you currently working?

   _____Yes   _____No

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If yes, are you working full time or part time?

_____Full time   _____Part time

8. What kind of work did you do prior to immigration

    _____

9. What is your living arrangement?

    _____live alone

    _____live with spouse/family

    _____live with friends

    _____others

10. What is your annual household income?

    _____$7,999 or less

    _____$8,000-$14,000

    _____$15,000-$20,000

    _____$21,000 or more

11. Describe the members of your household

Spouse	_____Yes	_____No
Sibling (s) How many? _____	_____Yes	_____No
Adult children	_____Yes	_____No
Relatives	_____Yes	_____No
Friends	_____Yes	_____No
Children (under 18)	_____Yes	_____No

Questionnaire

1. Are you aware of existing services? Please check the answer.

    _____Yes   _____No

    If yes, where did you learn about them? Please check all the
    sources of your information.

    _____family   _____friends   _____neighbors

    _____co-workers   _____town mates   _____media (T.V, radio
                                                      newspaper
    _____community outreach   _____others

2. Which social services have you used? Please check those you
    used in the past.

    None   _____Yes   _____No

    employment services   _____Yes   _____No

    health services   _____Yes   _____No

    housing services   _____Yes   _____No

    legal services   _____Yes   _____No

    mental health services   _____Yes   _____No

    nutrition services   _____Yes   _____No

    recreation services   _____Yes   _____No

    senior center services   _____Yes   _____No

    other services (Please let   _____Yes   _____No
       me know what this is)_____

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3. Of the services you said you have used in #2 how long have you used it? Answer in months.

For example, if you used employment services to find a job and they helped you for 2 months your answer would be

| employment services | _2___months |

none	_____months
employment services	_____months
health services	_____months
housing services	_____months
legal services	_____months
mental health services	_____months
nutrition services	_____months
recreation services	_____months
senior center services	_____months
other (s) _____	_____months

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4. How satisfied are you with the service (s) you used in #2 and #3 above. Please circle the answer.

none used

	very satisfied 1	satisfied 2	not satisfied 3
employment services	1	2	3
health services	1	2	3
housing services	1	2	3
legal services	1	2	3
mental health services	1	2	3
nutrition services	1	2	3
recreation services	1	2	3
senior center services	1	2	3
other (s)	1	2	3
_____	1	2	3
_____	1	2	3

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The next section covers the major categories of reasons the elderly persons have identified as being related to NOT using services. Please indicate those that apply to you.

5. Why have you not used other services. Please tell me about the ones you did not mark in the previous questions.

none used

	very important 1	somewhat important 2	not at all important 3
Cultural			
Hiya (shame)	1	2	3
Amor propio (self-esteem)	1	2	3
Utang na loob	1	2	3
Submissiveness	1	2	3
Others (Please tell me the reasons)			
_____	1	2	3
_____	1	2	3

Which of these are reasons that apply to you and NOT using a service.

	very important 1	somewhat important 2	not at all important 3
Emotional			
Anxiety	1	2	3
Frustration	1	2	3
Distrust	1	2	3
Rejection	1	2	3
Others (Please tell me the reasons)			
_____	1	2	3
_____	1	2	3

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Which of these are reasons that apply to you and NOT using a service.

	very important 1	somewhat important 2	not at all important 3
Economic			
Limited income	1	2	3
Lack of support from family	1	2	3
Rising expenses	1	2	3
Inability to pay share of cost for services	1	2	3
Too expensive costs to find services (telephone calls etc)	1	2	3
Prefer to send money to the Philippines instead of using services	1	2	3
Others (Please tell me the reasons)			
_____	1	2	3
_____	1	2	3

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Which of these are reasons that apply to you and NOT using a service.

	very important 1	somewhat important 2	not at all important 3
Physical			
Distance	1	2	3
No transportation	1	2	3
No one to go with	1	2	3
Physical illness	1	2	3
Long waiting time	1	2	3
Others (Please tell me the reasons)			
_____	1	2	3
_____	1	2	3

Which of these are reasons that apply to you and NOT using a service.

	Very important 1	somewhat important 2	not at all important 3
Communication			
I do not speak English	1	2	3
I do not read and write English	1	2	3
I am ashamed to ask help	1	2	3
I do not feel comfortable speaking because of my accent.	1	2	3
People think I am dumb	1	2	3
Unhelpful staff	1	2	3
Bad or unsuccessful Referral.	1	2	3
Others (Please tell me the reasons)			
_____	1	2	3
_____	1	2	3

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6.   What qualities do you look for when selecting services? Please check all that apply to you.

     1. friendly atmosphere   _____Yes   _____No

     2. presence of Pilipino staff   _____Yes   _____No

     3. staff speaks Tagalog   _____Yes   _____No

     4. staff understand &
        appreciate my culture   _____Yes   _____No

     5. close to my home   _____Yes   _____No

     6. accessible to transportation   _____Yes   _____No

     7. my friends go there   _____Yes   _____No

     8. I had good experience with
        using the service before   _____Yes   _____No

     9. the agency was recommended
        by my family/friends   _____Yes   _____No

     10. others

     _____   _____Yes   _____No

7.   Are there other needs you have for which you might need help?

     _____Yes   _____No

     If yes, what services do you think are needed that are not mentioned in the previous questions?

            Thank You   Salamat Po

By Susan David-Samala

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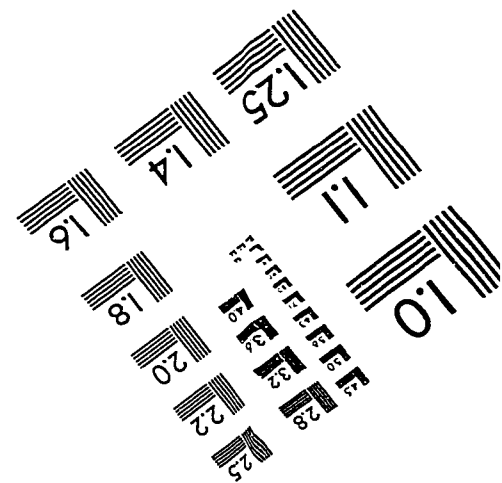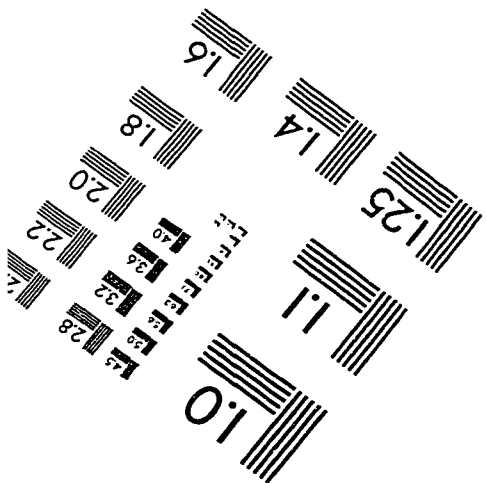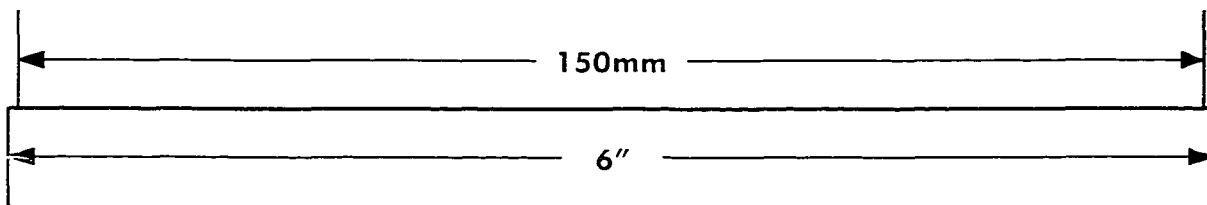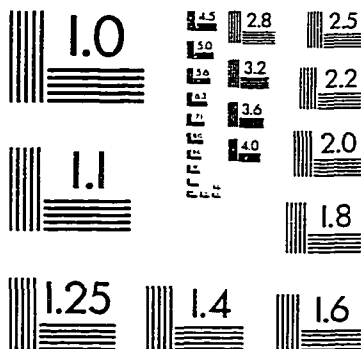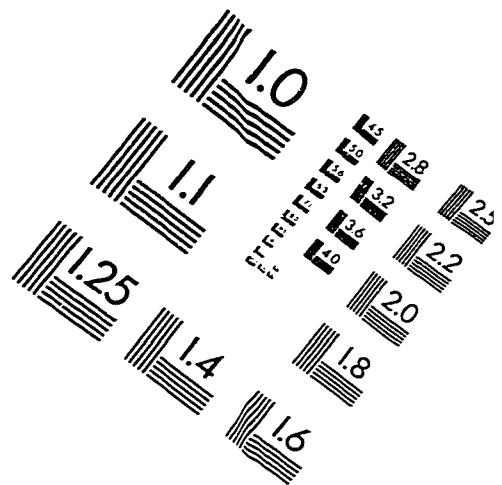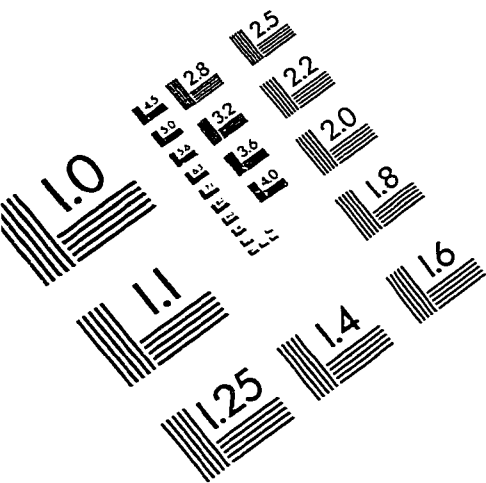
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