

ABSTRACT

SURVIVAL: CULTURE-SPECIFIC RESOURCES FOR ASIAN INDIAN ELDERLY IN THE COMMUNITY

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This study used in-depth interviews with eight Asian Indian elders and six Asian Indian community leaders to explore how immigrant Asian Indian elders were getting by. This community based study explored culture-specific material and instrumental needs and resources of early and late immigrant elders from the perspectives of elders and community organization leaders. There was a mismatch between what elders themselves would like to see in the community versus what the organization leaders thought was the best option for elders. Family and informal networks played an integral part in providing services such as cleaning, shopping, transportation, entertainment and housing. This paper also describes the implications for service providers due to the diversity prevalent within the Asian Indian community. The lack of culture-specific resources found, such as availability of ethnic food in provider facilities will prove to be a major barrier to access resources.

SURVIVAL: CULTURE-SPECIFIC RESOURCES FOR ASIAN INDIAN ELDERLY IN
THE COMMUNITY

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Dedication

For Appapa

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Chapter I

Introduction

This exploratory study examines how immigrant Asian Indian elders are getting by in the community. I also explore the role of Asian Indian organizations in the community and how the leaders of these organizations perceive the needs and adaptive resources of Asian Indian elders. I specifically focused on material and instrumental needs of elders. I interviewed eight Asian Indian elders from different cultural and linguistic backgrounds in order to capture the diversity of Indian culture. The elders ranged from age 61 to 81; 2 were males and 6 females. The elders fall into two categories: a) Early immigrants- elders who had come to the United States as students and/or professionals and are now age 60 years and above. b) Late immigrants - elders aged 60 and above who had immigrated to the United States, late in their lives to live with their children. I chose to interview these two groups in order to capture the diversity of issues among immigrant elders. I wanted to specifically explore how immigrant Asian Indian elders were getting their needs met, their expectations about their needs, and the role of different cultural and societal norms in India and United States. In addition, I interviewed six leaders of local community organizations in order to learn about their perceptions on the issues facing immigrant Asian Indian elders in the community.

In 2004, there were 3.7 million foreign born legal immigrants aged 65 and above. (www.census.gov). The 2000 census, indicated about 801,300 elders identified themselves as Asian and Pacific Islander (www.census.gov). There is a dearth of information available on specific Asian American groups since census labels the group together. Kalavar (1998) clearly points out, “ In reality, they are a diverse group of people from countries in East Asia, South Asia, Southeast Asia and the Pacific Islands, with varying linguistic, religious, and lifestyle characteristics” (p.4). It is clearly evident that the Asian American population is growing due to recent changes in the immigration laws. The Asian American elder population is expected to increase by 301 percent between 1999 and 2030 (www.aoa.gov). Due to the cultural and linguistic differences that exist within the Asian American population, I chose to study only one sub-group, immigrant elders from India. This qualitative study attempts to capture the diversity in perspectives of elders and the organizations in one particular location. The underlying assumption was that not much is known about elders in Midwestern states where traditional means of informal and culture-specific resources are rare and few.

The following questions were explored:

- How do Asian Indian elders get by in the community?
- How do people access resources in the community to get by?
- Are Asian Indian elders and their community aware of resources?
- How do leaders of Indian organizations perceive their elders are getting by?
- What is the current role of Indian organizations in the community?

The interviews were informal and semi-structured, and audio-taped when the participant agreed. The interviews were open coded to look for key concepts and later themes that emerged from one interview to the next. I present my findings from the perspectives of elders and organizations to present as broad a picture as possible. The initial chapter gives background information on immigration of Asian Indians to the United States, the diversity of Indian culture, demographics, role of family, and specific health conditions and rituals that service providers would find valuable. In addition to this information, this study will contribute to our understanding of diversity within the older population. It also includes examples of other agency's attempts to understand the Asian Indian and other population's needs. The following chapter explains the methodology I employed to gain an understanding on how elders were getting by. The next chapter includes findings of the study followed by a chapter on future implications for service providers and policy makers, and future research questions that need to be explored.

Background

In this section, I attempt to give an overview of Asian Indian history, immigration patterns, and demographic status in the United States. This overview includes diversity, health conditions, beliefs and rituals and the role of family, existing legislation regarding immigration, programs and culture specific resources available in other communities, and the importance of culture specific resources and programs to meet material and instrumental needs of early and late Asian Indian immigrant elders. This should help us understand and raise the level of awareness about Indian Americans in the United States and give an idea of the complexity of the issue and help service providers formulate programs that can meet the material and instrumental needs of this specific population.

Asian Indian American Immigration Patterns

Indian immigration to the United States has ebbed and flowed since 1790. The first Indian recorded as “Man from Madras” arrived in Salem, Massachusetts on a merchant ship in the year 1790 (www.iacfpa.org). Alagiakrishnan Chopra (2001) state that in 1908, about 3000 people moved to the West Coast from the state of Punjab in India when the British passed the “The Alienation of Land Act”. This act revoked the rights of non farming communities to own farm land in India (<http://www.stanford.edu/group/ethnoger/asianindian.html>). Since then, Indians immigrated to the United States initially as indentured servants; not much information is available from then on since many were absorbed into the then existing slave trade (www.iacfpa.org). In 1924, an act was passed to restrict immigration from Asia, Southern and Eastern Europe (Saran, 1985). In 1946, Congress lifted ban on immigration by passing the Luce-Cellar Act (www.iacfpa.org). This granted Indians the right to apply for American citizenship and many brought their families during this time. However, the immigration was minimal since the annual quota was restricted to 100 immigrations. The 1965 Immigration Act brought a large number of Indian immigrants when visas were issued for students and professionals. The Act also allowed reunification of families, resulting in a massive migration of Indians to the United States (Kalavar, 1998). Saran (1985), states that, “The act introduced four basic policy changes: abolition of the national origins systems, a new preference system, a labor certification program, and a limit on western hemisphere immigration” (p.18).

Demography

According to 2000 United States Census, the current Indian American population is 1,678,765 (www.iacfpa.org). The 2000 United States Census also indicated that the “overall growth rate for Indian Americans from 1990-2000 was 105.87% the largest growth in the Asian American community, the average annual growth rate was 7.6%” (www.iacfpa.org). The Indian American population represents 16.4% of the Asian American population and is the third largest growing group within the Asian American community (www.iacfpa.org). Indian American population is spread out in states in such as California, New York, New Jersey, Illinois, Texas, Florida, Michigan, Ohio, Massachusetts and Virginia (www.iacfpa.org).

Asian Indian Early versus Late Immigrant Elders

According to the National Indo-American Association for Senior Citizens, there are about 170,000 Indian seniors aged 55 and above, out of the 1.7 million Indian Americans in the United States (www.niaasc.org). The elders fall into two categories: a) Early immigrants:- elders who came to the United States as students, and/or professionals and later became immigrants and are now age 60 years and above. b) Late immigrants: - elders who immigrated to the United States to live with their children (www.niaasc.org). There is currently no information available as to the distribution between early and late immigrant seniors. Although there are studies done on late Asian Indian immigrant elders who have migrated to the United States to join their children, not much is known about early Asian Indian immigrant elders. Kalavar (1998) states that “cultural shock, role reversal, and adapting to a new society are big thresholds for older immigrants to cross” (p.6). There are clearly distinct issues facing both early and late immigrants. Early immigrants are financially independent, know the inner workings of American life and are highly educated. On the other hand, late immigrants are dependent on their children in various ways such as money, accessing and forming social networks. Late immigrants may also be unaware of resources and some may not speak fluent English to access resources. (www.niaasc.org). The increasing numbers of Asian Indian immigrant elders, and the differences between early and late immigrant elders make a compelling case for studying this issue. In addition there are several aspects of Indian culture that require discussion.

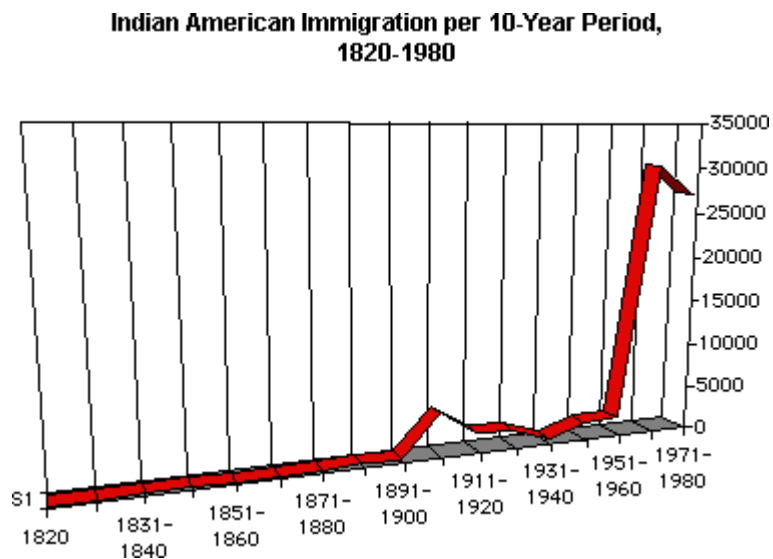


Figure taken from <http://www.iacfpa.org/iaimmig.htm#immig1>

Diversity

Asian Indian immigrants are quite diverse in terms of religious, cultural and linguistic differences. Asian Indian immigrants may practice Hinduism, Sikhism, Buddhism, Zoroastrianism, Jainism, Christianity or Islam. Asian Indian immigrants may speak languages ranging from Gujarati, Punjabi, Bengali, Urdu, Marathi, Oriya, Kannada, Tamil, Telugu, Tulu, and Malayalam. Alagiakrishnan and Chopra (2001) indicate that, Hindi is spoken by over 40% of the population and English is prominently used due to the linguistic differences within the Indian community (<http://www.stanford.edu/group/ethnoger/asianindian.html>). There are about 387 living languages in India (www.ethnologue.com). In other words, Asian Indian immigrants are a heterogeneous population and it is important to be aware of such religious, cultural and linguistic differences when implementing and providing services. Depending on linguistic differences which correlate to different states in India, the cuisine also varies from state to state. The cuisine and style of preparation of dishes also vary depending on religious beliefs (www.destinationindia.com). It is important to note the heterogeneity of the Asian Indian immigrant elder population and its varied cuisine especially for service providers when providing culture-specific resources such as ethnic meals.

Health Conditions, Beliefs and Rituals

Alagiakrishnan and Chopra (2001) state that, “Immigrant Asian Indian men in the U.S have a high prevalence of coronary heart disease, non insulin-dependent diabetes, lower high-density-lipoprotein (HDL) cholesterol levels and hypertriglyceridemia whereas Immigrant Asian Indian women have three times higher prevalence rate of coronary artery disease (CAD) compared to the national average and have a higher risk for osteoporosis and breast cancer (<http://www.stanford.edu/group/ethnoger/asianindian.html>). Alagiakrishnan and Chopra (2001) reports in their Asian Indian Geriatric Module that, a vegetarian diet cannot be necessarily assumed as a healthy diet which many elders may intake (<http://www.stanford.edu/group/ethnoger/asianindian.html>).

Service providers and health care professionals may need to pay close attention to specific cultural beliefs, rituals and dietary restrictions that may have implications for accessing and utilizing programs and services. Asian Indian Immigrant Hindu elders may practice a) *Vrata*: This cultural and religious belief may be observed by elders according to their gender, status, caste, socialization, own beliefs, and other cultural and linguistic aspects. Pearson (1996) states that

In Hindi-speaking India, however, the word *vrata* usually elicits an image of a particular observance involving fasting, worship (puja), the listening to or recitation of a narrative about the efficacy of the rite (katha), and the giving of gifts (dan) consisting of money and items of food and clothing to another person, often a Brahman. A *vrata* is usually understood to be a rite that is performed on a regular basis to achieve particular objectives, following rules that have been transmitted from one generation to the next (p.2).

The Asian Indian Geriatric Module indicates that, Asian Indians, especially women; practice fasting for religious reasons to “improve the welfare of the family” (<http://www.stanford.edu/group/ethnoger/asianindian.html>). However Pearson (1996) notes that although certain *vratas* are strictly observed by women for the wellbeing of their husbands; at the same time men perform *vratas* for a different functional purpose. b) Dietary restrictions: Elders who strictly follow Hinduism may not eat beef since the cow is considered sacred. Elders may be strict vegetarians and not even eat eggs. Jain elders may not partake of foods that may have the potential to cause injury to any living being. Hence, elders may not eat root vegetables, such as onions, garlic, beets, carrots, potatoes, seafood, any kind of meat, or alcohol and may not eat during the time between sunset and sunrise (www.jainworld.com). Just like Hindu elders, Jains, Buddhist, and Muslim elders may fast on religious days. c) End of life issues: Hindus believe in reincarnation, which means that a person is reborn as a different living form depending on the actions (karma) of their current life. The Asian Indian Geriatric Module indicates that “most elderly focus spiritually in preparing the soul for life after death” which service providers who are unaware of the belief system may construe as due to depression or lack of desire to live (<http://www.stanford.edu/group/ethnoger/asianindian.html>). The spiritual preparation of the soul can be undertaken by elders in various ways and the *Bhagvad Gita* plays in a primary role. *Bhagvad Gita* means “Song of God” and is the 18th chapter of epic poem *Mahabharata* one of the Hindu sacred scriptures. It is the result of a dialogue in the middle of a war, between Arjuna and Krishna (*Avatar* or one of many reincarnation of Vishnu) (Powell, 1996).

The Asian Indian Geriatric Module also emphasizes that “Older patients are more likely to subscribe to family centered decision making rather than being autonomous. Sometimes family members may ask the physician not to tell patients their diagnosis or other important information. Open-ended questions as to why the family does not want the patient to know may be helpful. Family and friends will likely want to stay with a hospitalized person and be included in performing personal care. The patient will be more likely to feel happy rather than tired after a visit by their family members and friends.” (<http://www.stanford.edu/group/ethnoger/asianindian.html>)

Role of family

Family is an important form of informal support for Asian Indian immigrant elders. Kalavar (1998) indicates that “There exists an element of obligation and collective responsibility for older members of the family. The traditional Indian social structure thus has a built-in arrangement for the care of the aged “(p.9). Due to such a strong emphasis on filial piety, Asian Indian immigrant elders may have conflicts with children if they conform to cultural norms of American value on independence. Asian Indian Immigrant elders are often expected to take care of grandchildren and help in raising them thus filling in the cultural void of living in a different culture (<http://www.stanford.edu/group/ethnoger/asianindian.html>). Liebig (2003) reports that in India, “ Before the latter part of the 20th century, the traditional support systems of the joint family, kin, and community provided economic security for older Indians” (p.46). In addition, the joint family system ensured that their member needs especially money, care, and social support was met (Liebig, 2003). There is a clear potential source of conflict if

there are conflicting ideologies among young and old Asian Indian immigrants in terms of filial obligations, provision of informal care and resources, and generational differences. Kalavar (1998) points out that “ American and traditional Indian views of aging and the elderly are fairly divergent; it is likely that such differences may create conflicts and difficulties in the adaptation of elderly Asian Indians to America” (p. 7).

In recent times, some ethnically diverse states such as New York and California have begun to examine the needs of seniors since many of the early immigrants have entered the retiring phase and also there has been a sudden influx of late immigrants in the late 1980's and 1990's (www.census.gov).

For example, in 1998, a survey conducted by the Asian Pacific Center on Aging (NAPCA) in collaboration with community leaders in New York revealed several issues faced by elders. These concerns include:

- lack of their own social network
- economic hardships
- communication barriers
- lack of dignity and respect for elderly among families and communities
- unawareness about programs and services provided by governmental and non-governmental agencies, including services provided by South Asian organization for seniors in local areas
- lack of information about the process of determining eligibility as well as the process of procuring these services
- lack of leadership to help in presenting their grievances to proper authorities (www.niaasc.org).

In addition to some state-level interest in the needs of minority elders, the federal government has attended to this issue. The Administration on Aging (AoA) website states, “Between 1999 and 2030, the older minority population 65+ is projected to increase by 217 percent, compared with 81 percent for older white population. The breakdown of different ethnic groups is as follows:-

- African American elders expected to increase by 128 percent
- Asian American elders expected to increase by 301 percent
- Hispanic American elders expected to increase by 322 percent
- American Indian and Alaska Native elders to increase by 193 percent

Responding to these changing demographics, service providers can no longer attempt to offer services on the basis of one size fits all (www.aoa.gov). Administration on Aging (AoA)'s guidebook for Providers of Services to Older Americans and Their Families, points out racial and ethnic minorities face barriers such as language, communication skills, loneliness, lack of culture specific resources in the community or knowledge about if it exists (www.aoa.gov). The Administration on Aging (AoA) website (www.aoa.gov) gives the following advice for creating workable culturally competent programs:

- Value diversity: You cannot begin to put in place the policies and procedures needed to become a culturally sensitive organization if staff members do not value diversity.
- Have the capacity for cultural self-assessment: In order to determine what you need to do, you must first know where you are.
- Be conscious of the dynamics inherent when cultures interact: This is a critical component in the design of service delivery. Just making the service available is not enough. How and where the service is provided must also be taken into consideration.
- Institutionalize cultural knowledge: This means that everyone in the organization must be culturally competent- from the receptionist to the agency head to the custodian.
- Adapt service delivery based on an understanding of cultural diversity: The bottom line is that your programs and services are delivered in a way that reflects the culture and traditions of the people you are serving (www.aoa.gov, p. 29).

Accompanying the increasing strong focus within Administration on Aging (AoA) on cultural diversity are two important legislations passed by President Clinton to help address these issues. The following summaries were taken from the AoA website (www.aoa.gov):

Executive Order 13166

“Improving Access to Services for Persons with Limited English Proficiency” LEP requiring that each federal agency prepare a plan by December 11, 2000, to improve access to its federally conducted programs and activities by limited English proficiency (LEP) persons.

Executive Order 13125

“Increasing Participation of Asian Americans and Pacific Islanders in Federal Programs” to improve the quality of life of AAPI where AAPIs may be underserved. This goal is to be achieved through increasing and improving research about AAPI populations and subpopulations, providing culturally competent outreach to AAPIs, and increasing AAPI participation in Department of Health and Human Services training and employment.

Resources

Accompanying governmental attention to changing demographics and needs of diverse populations, various ethnic groups adopted different approaches to help address issues associated with aging. On October 17, 2003, a conference was held by the Southeast Asia Resource Action Center (SEARAC) and The California Endowment (TCE) to explore and identify preexisting models to deliver services to Southeast Asians elders and also to gain knowledge, best practices, and understand gaps in accessing services

(www.searac.org). Aging among Southeast Asian Americans in California Conference Report (2003) indicates that above mentioned legislative mandates have not translated into extra funding, resulting in agencies inability to provide services per demand. This report is an example of the first step explored by the Southeast Asian community in California to help address the needs of their elders. Southeast Asian organizations faced barriers such as small community, lack of awareness of issues affecting them among the local Area Agencies on Aging, lack of infrastructure to help address these issues (www.searac.org). A survey mailed out to 46 Mutual Assistance associations (MAAs) and faith based organizations (FBOs) and discussions at the Conference helped the Southeast Asian community identify preexisting models for meeting the needs of their elders and also understand some of the issues facing their organizations (www.searac.org).

It was found that organizations provided services with little or no funding and were keen on meeting their demand for “transportation, housing, recreation/traveling, Meals-on-Wheels/food distribution, health education, and outreach/counseling/support groups” (www.searac.org, p.19). The Southeast Asian American community in California was quite small and did not have the capacity or the manpower to meet the increasing frailty of its elders. The elders due to their small numbers faced language barriers to access services and also self selected themselves out due to the lack of culture specific resources (www.searac.org).

In another instance, a newspaper articles reports that in Sharon, Massachusetts, the local community center offers Indian as well as Russian meals to meet the diverse needs of their elders (Gardner, November 13, 2003). This article further reports on varied culture specific food and activities programs existent in Minneapolis and St. Paul for Koreans, Hmong, Vietnamese, and Latinos and in Snohomish County, Washington, for Koreans, Filipinos, Vietnamese and Chinese (Gardner, November 13, 2003). The above are specific examples where mid-sized communities have recognized and acknowledged diversity and addressed it by offering culture specific resources such as ethnic meals.

Winokur (March, 1998) in her newspaper article, clearly captures the plight of Asian Indian elders especially late immigrants. In her interview with Shelly Roy, an Indo-American social worker in San Jose, she quotes,

People raised in India have different expectations. They're more dependent, especially the women. Elderly parents are brought over as babysitters, but they have socialization needs. Their children have to make time to take their parents places or show them how to use public transit. I've been to homes where the children say they have no time for their parents. And in South Asian society, problems are not supposed to be discussed, so the situation is very tough.
(www.looksmart.com)

In compliance with the passage of Executive orders, The New York City Department for the Aging and also the City of Los Angeles Department of Aging, both local Area Agencies on Aging provide culturally specific resources such as ethnic meals and

translation services in a number of languages (www.aoa.gov). These are examples of large communities that have a higher number of elders from different backgrounds.

Another example of consistent collaborative research done in diverse communities was completed in New York City, which has a high Asian American population. The 2000 census reported an increase of 86 percent in the Asian American elder population in New York City (www.aafny.org). In 1993, a report was published *Growing Older in the 1990s: A Study of Changing Lifestyles, Quality of Life and Quality of Care* that provided an overview on issues affecting elders in New York City (www.aafny.org). There was subsequent research specifically on Jewish elders and then Asian American Elders in New York City to help professionals in aging with concrete data on issues facing elders in the community (www.aafny.org). The Asian American Federation of New York played a key role in executing a needs assessment study with the help of Harris Interactive, Inc to assess program and resource gaps in services and legislation that have an impact on services provided by public and private organizations. The need assessment study consisted of 407 Chinese, Filipino, Indian, Japanese, Korean and Vietnamese elders over the age of 65 living in New York City (www.aafny.org). The researchers do point out that generalizations should not be made since majority of the elders live in ethnic enclaves and cannot be considered a representative sample of other geographically dispersed communities (www.aafny.org). The study revealed the following findings in terms of their socio-economic characteristics, physical and mental health and quality of life, informal and formal social supports, traditional values, stress and life satisfaction. Following are some of the findings that can inform planning and design of services and resources:

- 56% of Asian American elders are female, average age was 72.4 years and 19% lived alone
- 52% did not receive federal assistance such as Social Security while 37% received Supplemental Security Income (SSI)
- Elders came mainly to join family members and immigrated during their middle years and less than 25% had a language barrier and religion is important
- Elders were depressed due to perception of poor health, stressful life events, children living far away, burden on children, no or less religious beliefs, generational and cultural differences between elder and child.
- Elders had a higher number of neighbors and friends than children for informal support and majority of the elders saw children daily
- Majority of elders receive help from children in terms of money, running errands, groceries, transportation, maintenance and cleaning of house however elders living with others tend to get more help
- More than half elders use formal services such as Social Security, Medicare and Medicaid, senior centers and religious leaders
- Half of the Asian American elder population have health insurance in contrast to 90% of the general elder population and 80% of elders access medical care
- Elders value honor, responsibility and family togetherness (www.aafny.org)

The study recommended the following to improve the lives of elders:

- Improve economic conditions for immigrant elders and their families
- Enhance formal support services by increasing accessible and appropriate care to meet the needs of Asian American elders
- Integrate informal social support systems into program development and service delivery
- Improve the cultural competence of programs serving Asian American elders (www.aafny.org).

Another example of acknowledging and meeting the need and collaborating with local communities to meet unique needs of a diverse population comes from a volunteer organization Asian Pacific Policy and Planning Council (APPPCON), founded to address needs of the Asian American and Pacific Islander population in Los Angeles, California (Kawata and Ichioka, 2003). In 1986, The Asian and Pacific Islander Older Adults Task Force (APOATF) was created to address and develop a local service delivery system for Asian American and Pacific Islander elders. The main goal of the service delivery system was to create culturally sensitive programs that addressed linguistic differences and was accessible (Kawata and Ichioka, 2003). In 1994, The Multi-Ethnic Network for Training, Outreach, and Resources for Seniors (MENTORS) project was created by APOATF which developed a resource guide for Asian and Pacific Islander Elderly in Los Angeles County (Kawata and Ichioka, 2003). This effort was funded through the Older Americans Act and administered by the Los Angeles County Department of Community and Senior Services, an Area Agency on Aging (Kawata and Ichioka, 2003). The resource guide was developed as an attempt to increase Asian American and Pacific Islander participation in federal and state programs and also to serve as an informational tool for service providers and professionals in aging to help address the cultural and linguistic differences of the population (Kawata and Ichioka, 2003).

The importance of research in examining issues affecting immigrant elders is clearly evident. It is equally valuable to have background information to effectively formulate programs to meet the diverse needs of diverse elders. The above examples indicate that senior centers and Area Agencies on Aging in diverse communities have recognized the need and collaborated with local organizations to meet the needs of their diverse elders.

In a similar fashion, Lamb (2002) in her qualitative study on late immigrant Asian Indian elders attempted to show “ways in which Indian Americans and their families self-consciously grapple with the problem of how to refashion aging, family relationships, and national-cultural identity out of the perceived competing images and values of India and the United States” (p.300). This study included interviews specifically with Asian Indian elders who fall into the late immigrants’ category as I have described the term earlier. Lamb’s participants were residing in San Francisco, San Jose and Boston. Her findings clearly indicate how ideologies and cultural norms are constantly being redefined by elders and their kin through their life course. Lamb (2002) found Asian Indian children provided material support; however, they had relinquished the Indian intergenerational reciprocity of services such as cooking, taking care of elder, and meeting socialization needs. Agencies such as The National Indo-American Association for Senior Citizens

(NIAASC) were created in response to the growing population of Indo-American seniors; and due to the nature of their social, cultural and other unique needs.

However since this is the first generation of Asian Indians that have entered the aging phase in the United States, not much research has been done on issues affecting them. There is a lack of research information on early immigrants probably since it is a relatively new phenomenon and also it might be due to the assumption that they are assimilated into the mainstream community. The need for culture-specific resources for ethnic minorities is on the rise as exemplified by some of the examples given above. My qualitative study on how Asian Indian elders are getting by in the community will provide an insight on issues and concerns of elders living in a small Midwestern town where the infrastructure, role, and awareness of community organizations may be different. My study focuses on material and instrumental needs of elders.

My study based in the state of Ohio, (which ranks eighth in the country in terms of Indian American population) is the first step in that direction to explore the issues and concerns of immigrant Asian Indian elders (www.iacfpa.org). It also aims to identify gaps and knowledge about early and late immigrant elders and their specific issues. It also attempts to address the need for culture specific resources and programs that focuses on material and instrumental needs that would serve as a valuable tool for local private and public organizations who attempt to serve this specific population.

Chapter II

Methodology

Participants

The goal of my study was to understand how Asian Indian elders were getting by in the community. Rowles and Schoenberg (2002), states that “qualitative interviews serve as vehicles to elicit narratives and discussion of experience (p. 141)”. To achieve this, I used a qualitative interview approach.

I chose an exploratory approach using semi-structured in-depth interviews to get a better understanding of needs and available resources for Asian Indian elders in the Cincinnati area. Rowles and Schoenberg (2002) describe the purpose of in-depth interviews as having the “goal of capturing a rich and colorful mosaic of data, including extensive background on an individual’s context and personal situation” (p. 130). In essence, I wanted to get a glimpse into the varied and diverse lives of Asian Indian elders and how their needs were being met. In order to do this, I chose to interview six organizational leaders of the Indian community along with eight Asian Indian elders. I made a strategic attempt to choose organizations and elders that represented different ethnic, linguistic and religious backgrounds. It was my intention to present some of the different perspectives and some of the diversity of Indian culture. The qualitative approach enabled me to achieve this purpose.

I used purposive sampling to recruit elders for the study. I initially contacted local members of the Asian Indian community to get an idea of typical places such as community gatherings to recruit elders and also to find out about local organizations. Through networking with various contacts and using the snowball method, I recruited elders keeping in mind my goal to achieve maximum variation. Lincoln and Guba (1985), Patton, (1990), Taylor and Bogdan, (1984) as cited in Maykut and Morehouse (1994) describe maximum variation sampling, “where the researcher attempts to understand some phenomenon by seeking out persons or settings that represent the greatest differences in that phenomenon “(p. 56-57). In order to achieve maximum variation sampling, I chose elders and organizations that represented either different religious, cultural or linguistic backgrounds. I chose to interview early and late immigrants in order to capture the varied perspectives of these elders’ options and choices of available resources. Early immigrants were elders who were age of 60 and above who came initially to the United States either as students or professionals and later became immigrants. Late immigrants were elders, aged 60 and above who moved to the United States to live with their professional children.

Qualitative researchers have varied ideas about sample size. Glaser and Strauss, (1967) and Guba, (1978) as cited in Maykut and Morehouse (1994) indicate sample size depends on when saturation point is achieved that is when information is redundant. I had a specific goal –to understand how elders were getting by in the community. I stopped interviewing elders when I had reached a good balance of diverse experiences or

perspectives. I interviewed six organizations in the Indian community. I reached a saturation point with organizations at a faster rate compared to elders because most of the organizations serve either a social, cultural or religious purpose and are not focused on provision of material and instrumental resources. I had created a recruitment flyer and an introduction letter for organizations but did not feel the need to use them at all. I was able to learn about a broad range of organizations and elders using the snowball method. One limitation to my sample is that I only talked with elders who were active in the community.

Tables 1 and 2 provide information about the participants in this study; table 1 describes early immigrants, and table 2 describes the late immigrants. Overall, my sample included two males and 6 females, most of whom were from different linguistic backgrounds. The elders ranged from 61 to 81 years of age. Four elders were widowed; all of the widows were female. All but one elder had a baccalaureate education. Two of the elders were working at the time, five of them were retired and one had never worked outside of the home. All except one elder had health conditions typically prevalent among Asian Indians, namely heart disease, arthritis, diabetes etc. All female elders in this study were vegetarian. They did not eat eggs either. On the other hand, the two male elders did consume meat with the exception of beef for one. All the late immigrant elders did not know how to drive and relied on family and friends for transportation. Two of the early immigrant male elders knew how to drive, had a car and were driving. Out of the two early immigrant women, only one knew how to drive, however did not drive due to health conditions and lack of car. Three early immigrant elders lived with their spouses whereas one lived alone. All of late immigrant elders lived with their children with one child serving as the primary residence.

The mission of three organizations was cultural and the remaining three was religious. The purpose of most of these organizations was to serve as a cultural, and social avenue for members to participate. Transportation was informally provided by all organizations. Table 3 summarizes the purposes of the organizations and their involvement with elders. I will describe some of the patterns and variables mentioned in this table in my findings section.

Table 1: Biographical Information: Early Immigrant Elders

	Mr. A	Mr. B	Mrs. C	Mrs. D
Age	66	69	81	79
Marital Status	Married	Married	Widowed	Married
Education	Graduate	Graduate	Graduate	Bachelor
Living Arrangement	Spouse	Spouse	Alone	Spouse
Employment	Working	Working	Retired	Retired
Health Insurance	Employer	Employer	Medicare	Employer/ Medicare
Health Conditions	None	Heart	Knee Replacement Heart Blood thinner	Diabetic High Blood Pressure Cholesterol
Food	Non- vegetarian Does not eat beef	Vegetarian “Used to eat meat prior to illness”	Vegetarian No eggs	Vegetarian No eggs
Transportation	Does drive Has a car	Does drive Has a car	Does know how to drive No car Relies on family, friends and neighbors	Does not know how to drive Relies on family and friends

Table 2: Biographical Information: Late Immigrant Elders

	Mrs. E	Mrs. F	Mrs. G	Mrs. H
Age	61	80	79	75
Martial Status	Married	Widowed	Widowed	Widowed
Education	Bachelor	Less than high school	Bachelor	Bachelor
Primary Living Arrangement	Son's family	Son's family	Daughter's family	Daughter's family
Employment	Retired	None	Retired	Retired
Health Insurance	Private	"Social Security"	"Medicaid/Medicare"	"Social Security"
Health Conditions	Cholesterol High Hypothyroid	Arthritis Trouble getting up Language Barrier	Cataract Knee pain	Diabetic Swelling in feet, trouble walking
Food	Vegetarian No eggs	Vegetarian No eggs Used to fast Not anymore	Vegetarian No eggs Fasts	Vegetarian No eggs
Transportation	Does not know how to drive Relies on family, friends	Does not know how to drive Relies on family, friends	Does not know how to drive Relies on family, friends	Does not know how to drive Relies on family, friends

Table 3: Summary of Organizations

Org	Focus	Type	Services Events	Senior Groups	Transportation
1	Cultural	Informal	Festivals, language classes, avenue to participant in cultural programs, movies, games, plays, song and dance night	None	Informally provided
2	Cultural	Formal/Informal Membership	Festivals, avenue to participant in cultural programs, movies community service, food bank, fundraising Newsletter	Yes Independently run Informal dinner get together Recreation trips Activities Participation in cultural events	Informally provided
3	Cultural	Formal Membership	Festivals, language classes, avenue to participant in cultural programs, community service, monthly dinner, food bank, facilities free for community grieving, provide formal/informal support to inform members in the community about death, monthly newsletter	Informal Groups	Informally provided
4	Religious	Formal Membership	Festivals, Sunday school, community service, monthly lunch or dinner, Facilities for religious ceremonies, Provide informal support if asked during death of a member, Weekly worship, Newsletter Fundraising for a cause	Informal Groups	Informally provided
5	Religious	Formal Membership	Festivals, Sunday School, Language Classes, Community Service, Weekly Dinner, Food Bank, Facilities for religious ceremonies, Provide informal support if asked during death, Daily worship, Visiting Speakers Monthly newsletter Fundraising for a cause	Informal Groups	Informally Provided
6	Religious	Formal	Festivals, Sunday school, Monthly meetings, Annual family conference Thanksgiving concert, Provide informal support during death. Weekly worship, Newsletter	No	Informally Provided

Data collection and Analysis

The aim of the study was to get varied perspectives on how elders were meeting their material and instrumental needs; in addition, the study was designed to look at the role and awareness of the organizations in the community. I attempted to build a trustful interaction so that the participants felt comfortable in sharing their life stories. In part, I used my native knowledge of the culture to touch the feet of elders, a sign of respect in India. I also took my shoes off upon entry into the elder's house. Since shoes are considered dirty, Indians do not typically walk into the house with shoes on. I was able to build rapport with all of my participants due to my multilingual background. Awareness of the country aided in creating a comfortable environment for the participants to choose words in a language that best conveyed the meaning instead of using words that fully did not capture the essence. I tried my best to answer participant questions about my personal background on a factual basis. It helped gain trust with elders. My awareness and exposure to different parts and cultures of India may have had some positive and negative effect as to how the elders and organizations themselves perceived me as a researcher. It was a challenge to create an effective balance without indirectly influencing the stories that were being told.

I strategically selected community organizations and elders in order to get a diverse understanding of availability and lack of resources from the perspective of persons of different religious and linguistic backgrounds who are of Indian origin. The interview questions (See Appendix A-1) were phrased in order to glean information about the organization's sense of awareness of elders' needs in the community. The interview questions (See Appendix A-2) for elders ranged from their immigration history, family and social relationships, health, daily life, resources, and their future. The whole gamut of exploratory probing questions was intentionally created to help get a better sense of how Asian Indian elders were living in the community. It is important to note that I was only able to recruit elders who were active in the community and organizations and hence does not really address issues elders and their families who are not actively involved in the local Indian communities.

I employed an interview guide, "a series of topics or broad interview questions which the researcher is free to explore and probe with the interviewee is usually referred to as an interview guide" (Patton in Maykut. et al. p. 83). Such an approach enabled me to "go with the flow" and tap experiences that were significant and varied from one person to the next. The time duration of interview with the organizations was approximately an hour. Interviews with elders lasted for hour and a half. Interviews were informal and I took efforts to make it as comfortable and enriching for the elders themselves. Most of the interviews were conducted in the houses of the elders. The informed consent form was explained and the interview started once verbal consent was given. I had requested a waiver for informed consent signature due to the specific nature of the population that I am studying. I audio taped the interviews however at some points, did choose not to tape when I felt elders or organizational leaders felt uncomfortable. In addition, I also took notes during the interview.

Once I had collected the first rounds of data on audio tape, I transcribed them. I did an initial manual open coding to pick out themes. As I did more interviews, the patterns began to emerge. I went back to the interviews and looked for themes again and made notes to group them together to capture the varied experiences of elders.

Chapter III

Findings

Overview

The purpose of the study was to gain an understanding of how Asian Indian elders are getting by in the community. In addition, I also tried to get an understanding of how Asian Indian organizations perceived their elders were getting by in the community. The provision of care for Asian Indian elders still remains a family affair. The findings that I present in this chapter are expressed via perspectives of elders and organizations. As discussed earlier, the varied situations of elders is a testament to the fact that Asian Indian elder population in the specific community studied is a heterogeneous one and this section attempts to present that richness and complexity. In addition, I also attempt to present the similarities that exist within the perspectives of elders and organizations.

Perspectives of Elders

I attempt to present a snapshot of the varied situations of Asian Indian immigrant elders in the following discourse. I present specific situations or characteristics of elders that made them stand out from the rest. It was quite evident that early and late immigrant elders had made sense of the impending care giving situation in different ways. I present my findings in the form of themes that emerged from interviews with eight Asian Indian elders specifically the role of family, filial expectations, role and expectations of community organizations, role of an elder, cultural and spiritual norm during old age and culture-specific resources. Although, I interviewed eight Asian Indian immigrant elders, in this section, I present the experiences of only five of them. The “types” of people and situations described below sometimes include the experiences and responses of several participants.

In the middle of things

The following profile is a gist of Mrs. C’s major transition from being a caregiver to her husband to her current situation in which her own health needs are a concern. She is an early Asian Indian Immigrant retired elder. Mrs. C lived with her husband until 2002 when her husband passed away. Mrs. C has one son who currently lives in a different city along with his wife. She has no grandchildren. Mrs. C currently lives alone in her house. Five weeks after her husband passed away, Mrs. C had bypass surgery and was in the hospital for thirty five days. She later came home to an empty house. Her niece visited and stayed with her for three weeks. This was followed by elder sister’s son visit for the next two weeks. During intermittent times, when she had no family member to attend to her daily needs, her local friends helped by cooking, doing laundry and buying groceries. Last year, Mrs. C had surgery again. This time her nephew’s son-in-law came to look after her. The American son-in-law, about whom she fondly talks, cooks Indian food and stayed with her for two weeks. She proudly states “He is a much better housekeeper than women are”. Again during intermittent times of no family member, her friends provided food and other forms of support. Eventually she temporarily shifted to the home of one of her friend who looked after her daily needs for two and a half weeks. Later she moved

back home and says is on her own since then. She still needs help doing her groceries, laundry, and regular maintenance and cleaning of her house; she also requires transportation to medical, social, cultural and religious appointments. Her friends continue to help. Mrs. C called the local area agency on aging for help but was disappointed since she did not qualify for services due to income requirements. In a nutshell, currently Mrs. C is able to live independently in her house with the help of her family and friends- basically informal support.

Mrs. C's annoyance is evident when she narrates the remark made to Jehovah's Witness who knocked on her door the other day, "Just ask Christ to push the button for help". She asked door- to- door Jehovah's Witness to really help by cleaning her house next week, to which they apparently agreed.

At home, Mrs. C's primary menu is Indian cuisine followed by Italian and Mexican. Her friends who bring her food also belong to different Indian backgrounds and cultures and cook food for her accordingly. Mrs. C's educational background plays a key role when she examines how food is prepared in restaurants. She is skeptical of vegetarian food that is passed off in restaurants where usually same utensils and oil are used for both non vegetarian and vegetarian food and also when animal stock is used to make vegetarian soups. In her past eating out experiences, she confers with the cook to understand the ingredients before ordering. At the same time, Mrs. C retorts, "There is no such thing I have to have it". Mrs. C says she is a firm believer in "behavior modification" an adaptation that she employs as needed so that she is "not a slave to things".

I visited Mrs. C when she was in the "middle of things". She was faced with two options- either to go back to India to live with her sister or move near a place where her son lives. Having lived in the United States for more than 40 years, she hates to leave all things familiar and move to India or to move near her son in another city. Her son wants her to move to an apartment near him but not with him. Her dilemma is captured when she states, "If I want to stay alone, I might as well stay here. At least my friends take care of me. And I know the city and the people here". Mrs. C is in the midst of planning for her long-term health care needs, and she is caught in the middle of different cultural values about the best way to give and receive assistance.

My family will take care of me

Mrs. D is an early Asian Indian immigrant retired elder currently living with her husband in a house of their own. She has six children, sixteen grandchildren and seven great grandchildren. All of her children live close by. Both Mr. and Mrs. D do not drive. Mrs. D's children take her to doctor, hair appointments, and also do their grocery shopping and manage their financial affairs. She proudly states "We all help each other whenever we need". Mrs. D's life revolves around her family. The friends of her children and grandchildren invite them to their houses for various events. When one of her children, gets invited, all of them accompany. During family gatherings, she emphasizes that her role is to supervise, whereas all of her daughters- in- law do all the cooking and entertaining. Every Friday, Mrs. D has a family get together at their house when all the children, grandchildren, great grandchildren in the area come for dinner. She currently

takes care of her husband. Mrs. D's husband is 15 years senior to her. His eyesight is deteriorating which she finds could be a concern when he loses it altogether. Mr. D suffered from cancer five years ago and now appears to have recuperated from it after surgery. As far as future is concerned, Mrs. D emphasizes, "Some day we will move to son's house, maybe in three-four years but not yet". Mrs. D is a vegetarian and does not eat eggs. At home, Mrs. D cooks her cultural cuisine followed by other cultural cuisines of India. Her daughters and daughters-in-law cook other types of cuisine and she sometimes indulges by eating pizza and Chinese food. She strongly states "My children will take care of me. My children should be with me at the time". Mrs. D. clearly counts on her extensive informal network as a resource, and she plans on that network, especially her children, to continue to meet her needs.

Stuck between two worlds

Mrs. E is a late Asian Indian retired immigrant elder currently living with her son, daughter-in-law and grandchild. Her other son and his family live within 20 minutes distance. Mrs. E, just like many other Asian Indian elders, moved to the United States to be with her children. However, her situation is a little bit different. Her visit changed into a stay when her son was diagnosed with an illness. Her primary purpose is to provide moral and other forms of support such as cooking, babysitting for two of her grandchildren, emotional support to her daughter in law and son. Mrs. E's husband lives in India along with his elder brother, who is 15 years senior to them. Her husband has stayed in India to provide moral support and companionship to his elder brother. He has hired help to do chores such as cooking, cleaning, laundry and so on. Mrs. E communicates with her husband via phone each week and visits him every year. Mrs. E likes to learn new things and has mastered to use the computer. However, her husband in India has no computer at home and does not know how to use one; hence they do not communicate via email. Mrs. E states, "It would be nice if husband is here but cannot do that, has to take care of both sides". Mrs. E's sentiments support Lamb's (2002) observation that "A central concern of the Indian Americans I know is how to maintain intimate family relationships in a world of flowing borders and moving populations" (p.300).

Mrs. E does not know how to drive; neither does she own a car. For her medical check ups, she goes to India and confers with her family doctor (primary care physician in U.S terms). Although she has health insurance both in India and the United States, she goes to the doctor here only if it is an emergency because her deductible in the U.S. is \$5000. For regular ailments, she confers with doctors in the family who live in the United States for advice. Mrs. E is a vegetarian and does not eat eggs or cheese at all. At home, she cooks Indian cuisine and likes to eat at home. She does not care for outside food, but indulges occasionally when children go out. Lamb (2002) aptly states, " They are coming to America primarily for the purpose of being close to their US-settled children, striving to sustain the long-term bonds of intergenerational reciprocity and affection that many view as central to an "Indian" and "good" family and old age" (p. 303)".

I visited Mrs. E when she was stuck between two worlds, her son's and her husband's, trying to achieve a balance between her duty as a mother and a wife as she perceives it.

Lamb (2002) captures this in her study on transnational elders, “Transnationalism involves not only the macro, depersonalized flows of global capital, mass media images, and proliferating technologies but also the “intimate,” lived, everyday lives of particular people” (p.300). As far as her future is concerned, Mrs. E is quite uncertain, stating that it would depend on her “son’s health”. She feels more positive about surviving in India than here. Her words capture this, “If major problem happens, in India, you can pay and can get something at least that is what I am thinking. Now I am walking, so no wandha (problem). Here that is not the case. Over there, you have the independence to go explore, many places to go”.

Living in the spiritual

Mrs. G is a late Asian Indian retired immigrant elder. She currently lives with her daughter’s family. She has four children; two of them live in the U.S. Mrs. G and her husband moved to the United States earlier to take care of their grandchildren. They stayed on after the grandchildren were grown up. Her primary residence is daughter’s house. She occasionally lives with her son; however she is more comfortable living with her daughter. She states in a matter- of- fact tone, “There is no mother-daughter conflict”. She occasionally visits India to stay with her son and daughter’s family. Mrs. G does not know how to drive; neither does she own a car. She does not feel the need for it since family and friends visit her and provide transportation for social events due to deference to her in her old age. For basic illness, she confers with doctors in the family. According to her, when she was a permanent resident, getting qualified for Medicaid was difficult. Mrs. G says, now that she is a citizen, her Medicare benefits are reduced and Medicaid takes care of her expenses. So far she has accessed those benefits only to cover her cataract surgery last year on one eye and this coming year for the other eye. Mrs. G is a vegetarian and does not eat eggs. Mrs. G’s occasionally cooks at home if her daughter is okay with it. She eats her cultural cuisine at home. They have a maid in the house for cleaning.

Mrs. G’s whole day revolves around spirituality. She gets up around 5:30-6:00 in the morning. Her day begins by doing breathing and warming exercises. She then reads verses of scriptures for about two hours in the morning. She has a separate room in the house and this is her adaptation to “try to stay out of the way”. She drinks tea sometimes with daughter and son in law before they leave for work around 7:00 a.m. Mrs. G maintains *Vrat* a lot. During *Vrat*, she has a strict schedule eating only once a day, reading scriptures the entire day especially *Bhagvad Gita*. In the morning she begins her *Vrat* by eating fruits, and drinking milk. Around 6:30 in the evening she eats with her family if they are around. In the meanwhile, her entire day is spent in reading Holy Scriptures and trying to interpret it and make sense of it. Mrs. G does not just read *Gita*, she interprets and follows it. For her, “shanthi milthi hai (she feels peace)”. For example, she mentions that she tries to make sense of it with her daily life by asking questions, “How to live at daughter’s house, what to eat, how to behave”. Powell (1996) states that “The *Gita* maintains throughout that the Truth has infinitely complex facts and that a myriad of appropriate methods exist to approach it” (p.78). This is quite evident when Mrs. G asserts that she “can be an inconvenience to others unknowingly. I know what old age is- should not have many necessities, cannot get everything at this age”. Powell

(1996) states that in the Bhagvad Gita, Lord Krishna, “agrees that by eliminating desire and practicing self-restraint, one can attain tranquility (2.64). Free from lust and egotism, indifferent to possessions, one experiences peace and, ultimately, Brahman-realization, the summit of spiritual attainment” (p.41). Mrs. G lives in such a spiritual existence taking inspirations from *Gita*.

Mrs. G also leads an informal group where young members (friends of the family), come and they have discourses on *Gita*. It is important to note that she is the only person who is in her age group. She loves this time since “Anand bhi aata hai (it provides her happiness)” and at the same time provides her gossip. She is known among her daughter’s friends circle, who call upon her when they need help making a dish, or have questions on religion, etiquette, tradition, and culture. She proudly states, “for some I am mother, grandmother, aunt; there is no exchange, just pure affection”.

I visited Mrs. G when she was “*living in the spiritual*”. She followed the *Gita* and took spiritual lessons from it and tried to lead her life as God wanted her to. At one instance, Mrs. G mentions about how God through the *Gita* inspires her to make good use of her aloneness by reading and being of service to others as best as she can. Mrs. G has come to terms with her mortality. She mentions her fear of death and living alone here however overcome by letting God guide her. She mentions “wherever death happens, God will be there. Why should I plan for death? You plan for life”. About her medical conditions, Mrs. G states, “It is all old age’s problems. It has to happen. Why should I worry about it?” Sharma and Tiwari (1983) as cited in Kalavar (1998) state, “The close family system in India provides social support system for aged people, and the emphasis on spiritualism as opposed to materialism seems to help the elderly to lead a more peaceful and serene life” (p.9).

Mrs. G’s spiritual existence helps her cope, adapt and adjust to her life as a widowed retired elder who has no material possessions and is living in her daughter’s house. She creates a meaning and routine to her life based on her analytical interpretations of scriptures. Kalavar (1998) aptly points out that “In present day situations, the values of Sanyashashrama (the state of complete disengagement leading to renunciation for achievement of spiritual freedom (p.8) that includes nirmoha (detachment) and self-realization are generally practiced within the family context, living with children and grandchildren” (p. 26).

Acclimated

Mr. B is an early Asian Indian immigrant elder living with his wife. He has two children and two grandchildren who live out of state. Mr. B is very active; he has a job and does not plan to retire for the next eight years. Mr. B’s life revolves around his job and Mrs. B’s social life. Mr. B came during a time where there were no Asian Indian immigrants around. During those times, he and his wife felt quite lonely. Over the years, they have adjusted and adapted to their new environment and feel they have created a niche for themselves. Mr. B does not have any serious health conditions and neither does his wife. Mr. B is quite active in his profession that demands a lot of his time. The remainder of his time is spent socializing with the network of friends he and his wife have created over the

years. Mr. B occasionally hosts get-together at his house and is invited to his friends' house. He is also a member of a couple of local community organizations and attends events and functions hosted by them. Many of his friends he had met through these organizations. Mr. B also participates in activities hosted by his colleagues. Most of his colleagues, who are from different cultural backgrounds, are of the same age group and they discuss issues such as retirement, the future and so on. Mr. B occasionally visits his children and they come to visit him whenever they can. Mr. B and his wife love to experiment with different types of food and they eat non vegetarian food except for beef. Mr. B's wife cooks for him and he proudly states, "She is a good cook and takes care of all the nutritional and dietary concerns". The primary cuisine at home is Indian, but they do eat other types of food. As far his future is concerned, Mr. B wants to move near where his children live. His children live in two different states. He is not sure whether he would like to move in with them or they would like that either. In fact, he makes it a point to state, "I do not expect to live with them. The chances of them moving here is very small. They grew up here." Mr. B's children were born and brought up in the U.S. He and his wife would surely want to live near where their grandchildren are. Mr. B states, "I do not know what will happen when not able". He has plans to move into a retirement or an assisted living facility. Mr. B emphasizes, "I may miss Indian food, however like other food too". Mr. B sums it up by stating "This is our home".

Major themes: Needs and Resources

Early and Late Asian Indian Immigrant elders

The perspectives narrated above present varied situations and some similar concerns and issues facing Asian Indian elders. Although I interviewed eight Asian Indian elders, the above five examples capture the diversity and similarities present in the group. Early and late Asian Indian Immigrant elders in my study are grappling with different issues as they age. In the following section, I explore the material and instrumental needs of elders.

Filial Expectations

The filial expectations of early and late immigrant Asian Indian elders are quite varied and they coped with their own expectations in quite different ways. Late Asian Indian Immigrant elders migrated to be with their children and are living with them as per the traditions of Hindu culture. Ross (1970) as cited in Kalavar (1998), points out that "in the Hindu system of family obligations, the sons are expected to look after their parents in old age and illness. If there are no sons, it is the duty of the daughters. After daughters, obligations fall on brothers, uncles, and finally, other relatives" (p. 9). This study sheds an insight that not all Asian Indian immigrant elders can entirely rely on such support as in the case of Mrs. C and Mr. B.

Early immigrant elders Mr. A and Mrs. D, along with their spouses, live in their own houses; however both expect to move in with their children when unable to take care of themselves. I was not able to ascertain whether they had discussed these plans for their future with children. It appeared to me they were confident that children were aware of their expectations. It was interesting to note that both Mr. A and Mrs. D emphasized that

their daughters-in-law were good to them and they would have no trouble in getting good care. They both shared the same cultural background and were quite against moving away from family and friends or into a facility. Yet, they did not live in a traditional joint family along with their children. Mr. B, another early immigrant elder, appears quite acclimated to his host culture and has come to terms with living in a facility if need be. Mrs. C, also an early immigrant elder, has come to terms with her situation; however she is frustrated that there is no one to take care of her needs and has to make the choice. Mrs. C's example is a revelation, since she is in the "middle of things" whereas the rest of the early immigrant elders are not facing such imminent decisions about their health care and living arrangements. Mrs. C's increasing disability has forced her to ponder her future in detail. Kalavar (1998) in her study found that "coming to the United States through work affiliations was related to higher levels of satisfaction with life" (p. 89). This could be one of the reasons why early Asian Indian immigrant elders felt more secure about their future than late Asian Indian immigrant elders since they had the financial backing to make their own choices in life.

There were also differences among the participants with respect to the degree of their reliance on formal, government-supported programs. Of the late Asian Indian immigrant elders, two of them lived with their sons and the other two lived with their daughters. Except for one, all three late immigrant elders were widows. All three widowed late immigrant elders were "living in the spiritual" and were using the *Gita* to cope with old age. While Mrs. G clearly indicated that she had "Medicaid/Medicare", she did not really know any details of the policy. Mrs. F and Mrs. H indicated that they were on "Social Security" for medical care and they were also not aware of any details of the policy. They said the government took care of some of the expenses when they got really sick. All three elders' children handled the paperwork and they themselves were not aware of how their care was financially provided for. In India, Kalavar (1998) states that, "The joint family system provides security through mutuality of relationships and encourages interdependence. Children assume responsibility for the care of their parents as part of dharma or duty (p.27)". All of the late Asian Indian immigrant elders in the study were taken care of by their children. It was clear from comments made by both Mrs. G and Mrs. H that one has to adjust and adapt when living in someone else's house. It was not clear to ascertain whether Mrs. H, Mrs. F and Mrs. G were aware of the qualifications for federal and state programs for which they stated received benefits. On the other hand, Mrs. E's expenses were all taken care of by her son and she stated did not qualify for any federal or state programs.

All three late immigrant elders had a primary living arrangement such as designating a daughter's house as a permanent arrangement and then occasionally moving to live with other children's houses as circumstances arose. They lived in a transitory world moving like nomads from one house to another. On the other hand, Mrs. E also a late immigrant elder, had choices to go back to India to live with her husband. Unlike, other immigrant elders she was able to be a support for her children due to the unique situation they were in. All immigrant elders interviewed were concerned about their future once disability set in. They all would rather not be in that stage.

Informal v. Formal Support

Early and Late Asian Indian immigrant elders in my study were getting by in the community via informal support. Early Asian Indian immigrant elders had a higher network of informal support since they had been in the host country for a longer period of time and had worked here. Mrs. C is a perfect example of an elder surviving solely due to the help provided by her friends and family. She is able to access those services due to the relationships she has maintained over the life course. Her story captures the complex role of caregiving by multiple caregivers which would have not been brought to light if this were a quantitative study. Mrs. C frustration is evident when she states, "America is for healthy robust hard working people, not for old people". Mrs. D another early immigrant elder also survived due to the informal support provided primarily by family and then friends. Although Mrs. D is able she does not know how to drive nor has a car. Her children do her grocery shopping, take care of financial matters, and take her to doctor's appointments, hair appointments and social events. In comparison to early immigrant elders, late Asian Indian immigrant elders are more reliable on needs being met by informal support. Lamb (2002) in her study states that, "The expectation of participating in the first three dimensions of reciprocal exchange- of material support, services, and the sentiments of family intimacy- is the crucial factor. This is why senior parents come: to enjoy what is now due them in old age and to maintain the closeness and proper working of family, even across the expansive divides of disparate nations (p. 306)". I found this to be the case in my study also for all four late Asian Indian immigrant elders. Except for Mrs. E who was currently providing active care for her grandkids and moral support for her daughter in law, the rest of the late immigrant elders had initially come to take care of grandkids to help their children and then stayed on as is the custom.

Food

Food played an integral part in the lives of immigrant elders- the link to their past- their comfort zone. All Asian Indian immigrant elders ate Indian food at home on a daily basis, the differences only in which cuisine belonged to their cultural heritage. Many of the elders did sometimes eat other kinds of food that belonged to either different cuisines of India, or different cuisines of the world. Food played a critical role in terms of accessing services from the community. I focused on the material and instrumental needs of elders, however ended up exploring socio-emotional needs of elders too. I found that culture specific resources such as ethnic meals not only meet the material, instrumental needs but also socio-emotional needs of elders. The majority of the Asian Indian immigrant elders in this study were vegetarian and did not eat eggs. Mrs. C's example sums up the complex situation faced by many Asian Indian immigrant elders who have the resources to access services, but are unable to do so since it does not meet their specific preferences and needs. As an early Asian Indian immigrant elder, Mrs. C has been playing an active role participating in American society. However, she finds it frustrating even though she has the monetary resources to access services; she is unable to procure culture specific resources such as ethnic food in a facility. She sums her confusion as, "My food is ethnic to them. Their food is ethnic to me. People do not get that here. We use the same things like potatoes. The difference is how you fix it."

Transportation

Transportation was another need and resource that played a critical role in the lives of Asian Indian Immigrant elders. Majority of the elders had migrated from areas where public transportation was available and they did not feel dependent on family to take them to places. Except for two early immigrant elders, who were currently active in their work and did know to drive, the rest of the immigrant elders' lives revolved around the availability of transportation. For example, Mrs. H sums her life before her husband passed away. Mrs. H fondly remembers the time when she and her husband used to take their grandchildren to school and then go grocery shopping and to socialization events. She regrets not learning to drive when her husband was alive. Now she is too frail and afraid to learn it. As a result, she is confined to the house and steps out only when her children take her out to various local community functions.

Here is Mrs. D's dilemma with transportation. She appears to have accepted the situation, probably because this is her first year of retirement. Mrs. D used to commute to work using public transportation; however, the bus route she used was discontinued exactly one month after she retired. She had an opportunity to volunteer at her old workplace, but could not due to lack of transportation. Mrs. D is the elder whose life revolves around her family. She had strongly emphasized that her family will take care of her. It is clear that even though the family plays an integral part in providing various kinds of support, that support has its limitations and cannot meet all the needs of elders.

Mrs. E's life also revolves around her children, and transportation is an issue for her. She appears to have adjusted to the situation and is hoping that it is a temporary one. The following words capture her plight:

I need noise, television keeps company. I cannot sit still. I used to work in India all the time. I was worrying in India about his illness. I decided to come here and help instead. I cannot go outside alone, miss that. I do not have the confidence to drive. My kids tell me to learn driving all the time. In India, even though a car is a luxury, it is cheap to hire a driver. My age group that I know here are not that educated and so subjects differ. I have no friends here. I go to the community center to walk, and use the treadmill. I want to take yoga and attend other events however do not have the time and ride to attend them. The major classes are in the morning when I am busy getting grandkids to school.

Formal services: senior centers and retirement communities

The concept of living in a facility during old age is not appealing to any participants in this study. This arrangement is associated with a taboo that elders whose children are negligent are the ones who move into a facility. Facilities that serve the needs of a homogenous non-Indian population in terms of activities and food, is a deterrent for many Asian Indian immigrant elders. They may experience cultural shock in addition to the stress involved in moving away from home into a place where all things are unfamiliar. A retirement home that would meet the needs of elders from diverse backgrounds especially in terms of ethnic food, transportation to social and cultural and

religious events in addition to medical transportation is quite appealing to elders such as Mrs. C, Mr. B. Mrs. E, who just wants to have a good time, might also enjoy such a situation. All except one elder in this study had a language barrier. Some elders felt comfortable switching back and forth between languages to use words that captured the essence of what they were trying to say. Except for two, none of the elders were aware of the local senior centers. In order to access these senior centers for socialization purposes, elders will have to first feel comfortable in their environment.

Perspectives of Organizations

In addition to interviewing elders, I interviewed six community organizations to get insight on how these organizations perceived their elders were getting by. Three of the organizations were cultural while the rest were religious. As expected, none of these organizations had a social service component to it as seen in community organizations in large cities such as New York City, New York and Los Angeles, California. Except for one, majority of the organizations were formed to create a sense of community and a platform for Asian Indian children to get to know their cultural heritage. The focus of the majority of these organizations was to provide an avenue to host various cultural events and programs. Of the three cultural organizations, only one was formally organized and had clear vision and goals. Since the other two catered to a small community that ebbed and flowed as immigrants entered and exited the area, events were held primarily on an informal basis. All three religious organizations were formally organized and had clear vision and goals. Please check Figure 3 for summary of community organizations membership, functions and purpose. Some of the issues perceived by organizations focused on material, instrumental and socio-emotional needs of elders. The following were some of the issues perceived by the organizations that Asian Indian immigrant elders' especially late immigrant elders may face:

- Filial expectations: conflicts may arise if ideologies differ between early and late immigrant elders and their adult children.
- Loneliness: late Asian Indian Immigrant elders may experience loneliness due to lack of socialization and transportation.
- Weather: majority of late immigrant elders are from warm climates in India and the cold weather can prove to be a major adjustment.
- Insurance: late immigrant elders may not have enough resources to purchase health and auto insurance since Indian currency Rupees does not amount much when converted to dollars. Children of late immigrant elders have to fund health insurance and auto insurance since it is expensive for older adults.
- Lack of social avenues: late immigrant elders usually may not have friends of their own in the area and other factors listed here inhibit them in making new friends.
- Lack of transportation: late immigrant elders may not know to drive or have the resources to buy a car, or be afraid to learn driving and drive to places. Increasing frailties also may inhibit their confidence to drive.

Mismatch

Two of the community leaders were perplexed that elders would want to move here and live with their children permanently. Their comments “Why would someone like to come here? The weather is always cold, not to mention there is no public transportation. Old people have lots of medical problems and health insurance is so expensive. The children are at work. They are stuck in the house.” These comments sum up their perception and awareness of the issue. At the same time, they emphasize the organization’s focus is not on social service and do not have the resources to do so and they firmly believe that the community currently does not have that many elders who have needs. The community leaders also assume that majority of the Indians in the area are educated, that family takes care as issues arise, and they have financial resources to meet their needs. These organizational leaders assume that needs and resources for elder is not a major concern for them since there are quite a few elders in the area that may need them and providing care is still a family affair. All of the community leaders stated that transportation was informally provided to attend their various events. The elders had to ask the organizations and the community leaders currently did not see any issues with lack of transportation for elders to get to one of their events. It was interesting to note that two of the elders interviewed mentioned the lack of transportation as one of the major reasons they were unable to attend all the events hosted by these organization.

Two of the bigger organization’s community leaders emphasized that although they would like to provide transportation and other types of services for elders, lack of information and resources prohibit them from doing so. These organizations currently do not have the manpower or the funding to execute and maintain such a project. One of the community leaders also tried to confer with local service providers in the area about issues facing Asian Indian immigrant elders however they were educated on creating a business plan and have an approximate number of elders who would need such culture specific resources and services. One of the community leaders elaborated stating that now we all are able to take care of each other, friends and nearby family help out. However, they are quite uncertain about their future once disability sets in.

Community Center- a future potential to be a senior center

One of the organization leaders is clearly grappling with issues of concern to elders such as impending care when their children have moved out of state and they would like to live in the current area. This specific organization currently serves as a community center for their members. They host monthly ethnic dinners as a fundraising opportunity that many elders and their families come to partake in the social and nutrition benefits involved with it. One member family sponsors the dinner and cooks for the entire community. Only occasionally is the food catered for the monthly dinners. The monthly dinners are served on a walk- in basis and the sponsor family has no idea as to how many people to expect. According to the community leader, on an average they expect about 60-100 people for a monthly dinner. This particular organization’s community members also cook food in their homes to donate to the local food bank. Another aspect of this organization is that they informally provide bereavement support for its members. Members belonging to this organization are informed by committee members who are notified by the bereaved family. The committee members take the responsibility of

informing the community about a death. The Asian Geriatric Module indicates that “When close to death, family members are likely to be present in large numbers. A dying Hindu person may wish to be moved to the floor, with an idea of being close to the mother earth. Family members will prefer to wash the body after death. The preference is also for cremation. It is an accepted practice for family members and others to have an open expression of grief. After cremation there is a mourning period of from 10 to 40 days” (<http://www.stanford.edu/group/ethnoger/asianindian.html>). Since the organization is cultural and has a facility of its own, it provides the hall free of charge for community members to hold the mourning prayers for 2-4 days.

In other words, this organization is serving culture specific resources such as ethnic meals and socialization avenues for the Asian Indian community on an informal and limited basis. This particular organization could look at the preexisting models present in other cities such as New York City and Los Angeles stated in the background section of this document and tailors it to their own needs. This organization currently has activities and events and also their own facility. It only needs enough manpower and funding to offer services such as medical and social transportation to culture-specific events, and provide ethnic meals. This organization currently exists as a community center attempting to meet the cultural needs of its members. It has the potential to be a senior center by collaborating with other local cultural Indian organizations and other public and private agencies that currently provide such services to the general elder population.

Chapter IV

Conclusion

The United States as a nation is becoming increasingly culturally diverse. At the same time, the aging population is becoming diverse. The current programs in place were generally designed to provide services to a categorically homogenous population. Although attempts have been made in various parts of the country as need and demand have risen, there still is an overwhelming gap in recognizing and acknowledging the need for culture specific resources. Similar small communities that exist in a primarily homogenous population have adopted a holistic approach to either partner or collaborate with existent larger organizations to meet the needs of their elders or to provide services for issues affecting all age groups. Lack of awareness of the need for culturally competent services is most prominent in locations where ethnic families appear to be acculturated with the mainstream community however is leading assimilated lives in public and ethnic lives in private. The goal of my study was to gain an understanding of the lives of early and late immigrant Asian Indian elders, to explore the lack or want of culture specific resources in the community to meet their material and instrumental needs. The study also attempted to explore the level of awareness and role of the Asian Indian organizations in the community.

In order to capture the diversity of the Indian population, I attempted to interview elders from different linguistic and cultural backgrounds. I also interviewed organizations representing varied cultural, linguistic and religious backgrounds. The results were presented from the varied yet interconnected viewpoints of elders and organizations. I focused on the material and instrumental needs of elders, however ended up exploring socio-emotional needs of elders too. I found that culture specific resources such as ethnic meals not only meet the material, instrumental needs, but also socio-emotional needs of elders. This study tries to separate the early and the late immigrant elders and to present their unique situations yet similar needs. It attests to the fact that although majority of the early immigrant elders were assimilated in their public lives, they led ethnic lives in private in terms of food preferences and certain cultural values and norms. The life stories of early and late immigrant elders clearly indicate a hybrid of cultural values and norms which are neither Indian nor American. These elders have shaped and redefined values and cultural expectations important to them to adapt and assimilate to the mainstream community in their own unique ways.

This study clearly indicates that although it is valuable to have a generic understanding of the dimensions of needs of Indian elders, it is crucial not to lump all elders into one category which may prove detrimental in providing services. The study's findings do try to emphasize the varying expectations and dimension of needs of early and late immigrant elders which may or may not coincide with either their children's expectations or the mainstream community. The findings implore future service providers to look at individual situations when providing care and services to either early or late immigrant elders. The Asian Indian organizations for the most part were aware of the issues that may affect elders in the community. However due to the voluntary nature of most of

these organizations, there were no measures in place to help address concerns of few elders in the community. As in India, elder care clearly still remains a family affair in this small community U.S study. These elders themselves, if they had the means and resources would certainly like to be independent and able to take care of themselves without having to solely depend on family and friends for transportation and socialization needs.

Recommendations: Practice Implications

Some of the Asian Indian organizations interviewed were quite concerned and aware of the issues affecting their elders and were quite in a bind to figure out a way to meet the needs of their elders without having the numbers to make a demand for culture specific resources. Organizations that are small in number can learn from other preexisting models that are currently being explored in other states such as California where similar small yet different ethnic communities have had to grapple with the same issues. For example, in San Diego, different immigrant groups from the Asian American community did not have the individual capacity to build a senior nutrition site. The community collaborated and created programs that provided services on a rotation basis to meet the varied needs and tastes of their elders (www.searac.org). In a similar vein, the Asian American community in Sacramento supported an initiative for an Asian Nursing home and a community center that offers varied services to Asian American seniors from different ethnic backgrounds (www.searac.org). The above examples were part of discussions in a conference report prepared by the Southeast Asian community in California that were grappling with some of the same issues that local Indian organizations foresee might happen in the near future as the first generation of elders become increasingly frail.

Another example of a collaboration effort is the creation of The Multicultural Coalition on Aging HRCA Research and Training Institute in Boston, Massachusetts. This coalition of 85 organizations offers programs that are multilingual and multicultural in addition to serving as a focal point for conferences, workshops, a resource library and research (www.aoa.gov). The Washington County Department of Aging and Veterans Services has created a specific program La Fuente de la Amistad or the Fountain of Friendship to address the needs of Hispanic elders. The approach is quite unique in terms of employing local Hispanic elder women from the community who are then trained as PROMOTORES or ambassadors by Area Agency on Aging (AAA). (www.aoa.gov). The older women serve as liaison and provide services such as home and community based care that is culturally appropriate in addition to various other culture specific resources.

Findings from the Aging among Southeast Asian Americans in California Conference Report (2003) conclude that “programs that strengthen ties across racial and ethnic lines are valued by government and funders because they strengthen the community as a whole” (p.26. www.searac.org). Preexisting models in the community emphasized the importance of collaborations and partnerships with local and other ethnic minority agencies to help them meet the needs and demand of culture specific resources for their elders. This would be a first step for local Indian organizations to explore in order to address and deliver culture specific resources for their elders. The local Indian

organizations could also collaborate with the local Area Agency on Aging (AAA) along with other programs such as for Jewish elderly to create culture specific resources such as ethnic meals. The resource guide developed by The Multi-Ethnic Network for Training, Outreach, and Resources for Seniors (MENTORS) in Los Angeles, California was an attempt to increase Asian American and Pacific Islander participation in federal and state programs and also to serve as an informational tool for service providers and professionals in aging to help address the cultural and linguistic differences of the population (Kawata and Ichioka, 2003). The local Indian organizations could also collaborate with the local Area Agency on Aging or other service providers to come up with a similar resource guide that outlines the diversity existent within their area and provide tools to increase cultural competency of programs. Service providers would benefit exploring the terminology used by elders especially late immigrant elders who have lived majority of their lives in India where healthcare services and programs are quite different from the U.S. It would also help service providers to educate elders on specific policies and programs to create an awareness and clarity on existing resources. It was clear from some of my interviews that elders were confused about federal policies such as Medicare, Medicaid and Social Security.

Recommendations: Future research

The purpose of this study was to get an understanding of how Asian Indian elders were getting by in the community. I have attempted to present a varied perspective on situations facing both early and late Asian Indian immigrant elders. During the course of this study, I found a dearth of information specifically on how early Asian Indian immigrant elders were coping with aging. It could be due to the fact that this cohort is the first substantial generation to age. Future research needs to be done on the varied issues facing early immigrant elders and their notions of filial expectations versus their children's ideologies. It would be interesting to see how traditional cultural norms that are quite varied in the U.S and India have an effect on how care is informally being provided and formally being accessed by Asian Indian elders. It would be also useful to look at how families were coping with elder care.

In addition, further research needs to be done on elders who are quite mobile in terms of living arrangements and how care is provided to them and by whom once disability sets in. In this case, it would be insightful to get the elders as well as the informal support network's perspective as to how care is being given. It would be interesting to explore elder's perceptions on who is responsible financially for their care and to probe further to see if they were comfortable with such an arrangement. It will also be valuable to do a survey on Asian Indian Immigrant elder population in the area to learn more about the diversity that is existent within the group. It could be possible that elders may belong to certain linguistic and religious backgrounds more so than others.

This study did have limitations. I was not able to tap the perspectives of late immigrant elders living in families who were not active within the Indian community or of early immigrant elders who themselves were not active within the Indian community. It would be interesting to get their perspectives and to also look at the numbers of elders and their families who are not connected to the Indian community. The life stories of early and late

Asian Indian immigrant elders in this study provide us a glimpse of the complex nature of providing care and accessing resources from the community. It brings our attention to the importance of culture specific resources such as availability of ethnic food, and familiar social and cultural avenues to alleviate boredom and loneliness not to mention common resource issues such as transportation that equally undermine the independence of elders irrespective of any background.

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Appendix A-1: Interview Schedule

Interview Questions for Community Leaders

1. Please describe your organization to me.
 - a. What is its mission?
 - b. Whom does it serve?
 - c. What services do you offer if any?
2. Do you conduct any events or activities for Asian Indian Elders age 50 and above?
3. Do you provide any resources for Asian Indian Elders age 50 and above?
 - a. Food
 - b. Transportation
 - c. Recreational
 - d. Cultural
 - e. Social
 - f. Religious
 - g. Health
 - h. Counseling
 - i. Funeral
4. Are you aware of other organizations that provide such resources?
5. Are there a lot of Asian Indian Elders over the age of 50 in the community?
6. What is your sense of how Asian Indian Elders get by in the community?
7. How do people come to know about resources?
8. Are you aware of the lack of certain resources in the community that would be of benefit to Indian elders?
9. Do you foresee any healthcare needs or issues in relation to culture or religion?
10. What, in your opinion, are some of the specific diet restrictions for Asian Indian elders, with respect to their religion, culture, or social background?

Appendix A-2: Interview Schedule

Interview Questions for Asian Indian Elders

The following general topics will be discussed in an informal open ended interview.

Immigration to the U.S.

Tell me the story how you came to the United States?

Probe questions

What year did you move to the United States?

Tell me about the decision to move to the United States?

Tell me about the decision to move to the Cincinnati area?

Do you live in the U.S. permanently?

Do you visit or live part of the time in India?

Which part of India are you from?

In India, were you employed outside the home?

Are you presently employed outside the home?

If retired, what was your occupation?

Family Relations

Tell me about your family?

Probe questions

Where do you live and with whom?

Do you have any family members living in India?

Do you have other family members in the United States?

Do you visit them often?

Daily life experiences

Tell me about your typical day in the United States?

Tell me about your typical day in India?

Probe questions

How do you pass your time?

What kinds of things do you enjoy doing or not enjoy doing in your life here?

Do you drive a car?

Do you use public transportation?

Social relationships

Tell me about the Indian community in the Cincinnati area?

Tell me about your friends in the Cincinnati area?

Probe questions

Are you aware of resources in the community that meet your religious and cultural needs?

If No, What resources would be useful for you?

If Yes, could you please list them?

Do you use any of these?

Do you like these?

What would you like to see in your community?

Are there any Indian events or activities in your community?

Probe question

Which ones do you attend?

Do you meet regularly with other Indian seniors?

Probe question

How often?

When and where?

What type of food do you like to eat the most?

What dish do you like to cook?

Do you eat out?

Are there Indian restaurants in the area?

Have you tried their food?

Do you like to drive a car?

Where do you typically go shopping?

Do any of these stores deliver?

Health

How is your health?

Have you ever been sick? What was it like?

Do you have a family physician?

Are you aware of Homeopathic or Ayurvedic doctors in the Cincinnati area?

Probe question

Do you have a preference for medicines from India or U.S.?

Do you know of any Indian seniors in the U.S. who are very sick or frail?

Tell me about them?

How often do you go to the doctor?

Future

What more wishes do you have in life?

Do you think about where and when and how you would like to die?

What kinds of funeral rituals, etc. will be performed?

Do you know of any Indian seniors who have passed away in the Cincinnati area?

Tell me about it?

Well-being

In general, how do you feel about your life?

Probe question

What do you like the most living in the United States?

What do you like the most living in India?

What do you miss the most? Or don't?

Socio-demographic

1. Gender

Male _____ Female _____

2. How old are you? _____ years

3. What is your present marital status?

Single _____

Married _____

Divorced _____

Separated _____

Widowed _____

4. What is the highest education level completed?

Less than high school graduate _____

High school graduate _____

Attended college _____

Completed college _____

Graduate degree or professional training _____

5. What religion do you follow?

Hindu _____

Muslim _____

Christian _____

Buddhist _____
Jain _____
Sikh _____
Zoroastrianism _____
Other _____

Appendix B: Informed Consent

Who is responsible for this study? The study is being conducted by Mary Vadakkan, a Masters student of Gerontological Studies at Miami University in Oxford, Ohio, (515)-556-6388, vadakkmf@muohio.edu.

What is the aim of the study? The aim of the study is to explore resources available for Asian Indian elders in the Cincinnati area.

Why was I chosen? You are being asked to participate because you may be a person aged 60 and above who became an immigrant or who has immigrated to live with or near U.S. - settled children, or, you may be someone who works with Indian seniors and the community.

What will be involved in participating? Mary Vadakkan will interview you at a time and place of your convenience. The interview will take about an hour to hour and a half and, if you are comfortable with this, it will be tape-recorded. The interview will be informal, and I will ask you questions about your life, your family, what your daily life is like, what your plans are for the future, and what do you think about the resources available for Asian Indian elders in the Cincinnati area, etc. If you are with an organization, I will ask questions about the organization, its mission, vision, membership, events and activities.

What are my rights as a participant? You may ask any questions whatsoever regarding the study, and they will be answered fully. Your participation is entirely voluntary. If you wish, you may decline to answer specific questions and you may withdraw at any time. However, it is anticipated that you will find the study interesting enough to continue.

Who will know what I say? Any information that you volunteer will be handled with confidentiality. Only the researcher (Mary Vadakkan) will have access to the interview records and tapes. To further protect privacy, names and identifying characteristics will be altered in any publications resulting from the study.

So, what's in it for me? There are no direct benefits from participating in this study. However, you may enjoy discussing your views and experiences with an interested listener. The information that you provided will be used to contribute to the scholarly knowledge of aging and the needs of Asian Indian elders.

Questions about the study can be directed to me, Mary Vadakkan, at Miami University at (515)-556-6388. My mailing address is Department of Sociology & Gerontology, Miami University, 396 Upham Hall, Oxford, OH 45056. You may also contact my academic advisor, Dr. Suzanne Kunkel, at (513)-529-5214. Any and all questions or concerns are welcome. More general questions regarding the rights of subjects in research or to confirm the legitimacy of this study can be directed to the Office of Research and Scholarship at Miami University. The phone number is (513)-529-3734 (web site: humansubjects@muohio.edu).

Consent to Participation: You will be given a copy of this consent form to keep once you verbally agree to voluntarily participate in the study.