

Culture and Caregiving Roles in Asian, Pacific Islander, and Native Hawaiian Families
"Aging in Place" in Hawaii Division 20 Symposium
121st American Psychological Association Convention, Honolulu, HI
July 31, 10:00-10:50 am, Hawaii Convention Center, Room 321A

Hawai`i provides a futuristic glimpse into a silver and increasingly diverse Age Wave tsunami that will engulf states, the nation, and countries around this world. Hawai`i has a higher proportion of elders in the state, one of oldest and most diverse aging populations in the country. This symposium will describe how diverse Native Hawaiian and Asian American elders experience aging processes in the context of culture and families in a geographically isolated Hawaiian Islands in the Pacific Ocean. Discussion will focus upon how multiple generational families and cultures have blended since the Hawai`i's plantation era to produce highly diverse families across 5-6 generations. These diverse families and their mixture of cultures have produced creative and adaptive responses to aging, and family decision making for care of elders in their families and communities.

This presentation will outline important predictors of mental and physical health outcomes for Asian and Pacific Islander caregivers of elderly relatives. The burden of caring for frail parents is shouldered disproportionately by women (National Caregiver Alliance & AARP, 2004). This burden of family caregiving is exacerbated by cultural norms that may lessen the use of formal gerontological services and increase caregiver burden. Little is known about how mental health may be affected when females provide care to older relatives in Asian American, Native Hawaiian, and Pacific Islander families.

This study examined predictors of mental health in a sample of 85 female Asian American, Native Hawaiian, and Pacific Islander family caregivers. Participants were recruited and employed in service, clerical, and faculty positions at the University of Hawai`i at Mānoa and responded to an online family caregiver survey. The ages of these female API family caregivers ranged from 24 to 70 years of age, with an average of 50.51 years. Most were married, and caring for a parent or parent-in-law. Multiple regression analysis was used to predict mental health. The dependent variable was mental health as measured by the MOS 20 mental health scale. Independent variables were caregivers' age, income, job class, hours of care provided per month, physical health (MOS 20 current health scale), and work-caregiving conflict (Perlin's job-caregiving conflict scale). Characteristics of caregiving responsibilities were examined and found that negative mental health outcomes was predicted by conflicts in work and caregiving responsibilities.

This presentation will conclude with a short discussion of lessons learned in recruitment of Pacific Islander and Asian American multiple generational families. In a study of cancer literacy among Filipino and Mexican American immigrant women, finding low literate women in a narrow age range, proved difficult, recruitment occurred in

frequented visited locations, workplaces, and community center. This study found that universal and culturally specific cancer health beliefs and lifestyle practices. Recruitment barriers, such as conflicting work and family schedules, are create high barriers in using three and two generation family focus group methodologies. This is important in this high cost state, where many family members may be working 2-3 minimum wage jobs, and grandparents may be caring for their grandchildren.