

# Chinese women who care for ageing parents in three generational households: some immigrant experiences in Toronto

HH Leung<sup>1</sup> PhD, L McDonald<sup>2</sup> PhD

## ABSTRACT

**Background.** The purpose of this study was to explore whether Chinese ethnicity and Chinese cultural practices serve as ethnic compensators functioning as positive resources for the caregivers and care receivers in Toronto. This issue is examined in the context of three generational households and immigrant experiences.

**Methods.** This study adopts an ethnographic approach consisting of in-depth interviews with semi-structured questions. Nine caregiver and care-receiver dyads were recruited from the Chinese Interagency Network, a resource developed by the joint efforts of more than 30 service agencies serving Chinese Canadians. A snowball strategy was also used to locate participants.

**Results.** Women found caregiving a burden only when the care recipients were frail and ill, and immigration issues added challenges. The mobility and independence of elderly Chinese immigrants were largely reduced by language barriers, transportation, and lack of culturally and linguistically sensitive health and social services. The assistance available from able and healthy elderly parents lessened some of the caregivers' problems settling into a new country, especially for those who needed to participate in the work force to support their families.

**Conclusion.** This paper suggests that ethnic compensation is a rather bittersweet mixture. Although both caregivers and care receivers benefit from a reciprocal relationship in three generational households, such a practice is not without limitations.

**Key words:** Aged; Chinese; Culture; Ethnic groups; Emigration and immigration; Health services

<sup>1</sup> Department of Sociology, State University of New York College at Oneonta, New York, USA

<sup>2</sup> Director, Institute Life Course and Aging, Professor Faculty of Social Work, University of Toronto, Canada

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Correspondence to: Dr Ho-hon Leung, Department of Sociology, State University of New York College at Oneonta, Fizzelle Hall 409, Oneonta, NY 13820, USA. E-mail: leungh@oneonta.edu

## INTRODUCTION

It is widely recognised that women are more likely to be the primary caregivers in the family.<sup>1</sup> After marriage, they are expected to shoulder the burden of care for their spouses and children, and also to care for their parents and/or parents-in-law. Even when they are at work, they are still obliged to carry out these duties.<sup>2</sup> Despite the potential for gaining satisfaction

from caring for others, the burden on these women is very heavy.<sup>3</sup> However, most of the research into caregiving patterns has been done on Caucasian populations. de Vries et al<sup>4</sup> argue, "ethnicity rarely appears as a factor in the gerontological literature." Ujimoto<sup>5</sup> also suggests that the existing theories of ageing may not be adequate when applied to particular ethnic groups. Minority populations have been increasing steadily in Canada over the last three

decades, particularly in larger cities such as Toronto and Vancouver and research on ageing and ethnicity is urgently needed. The purpose of this study was to explore whether Chinese ethnicity and Chinese cultural practices serve as ethnic compensators that function as positive resources for the caregivers and care receivers in Toronto. This issue is examined in the context of three generational households and immigrant experiences.

Much research has been devoted to women who care for ageing parents.<sup>6</sup> Adult children are considered a major source of help for the elderly, second only to the spouses of those elderly people.<sup>7</sup> These caregivers tend to be women in middle age,<sup>8</sup> either a married adult daughter or other married relatives, who are also mothers of children.<sup>9</sup> Research<sup>1,2,10</sup> suggests that the caring experience of these women is hard work, a love-and-hate relationship, considered stressful, and a juggling act. The burden on these women is even greater when the care is given in a multi-generational household.<sup>11</sup>

This type of living arrangement is particularly common in East Asian cultures<sup>12</sup> that have been strongly influenced by the Confucian value, filial piety. Filial piety dictates that adult children are responsible for the care of their elderly parents and is a moral obligation governing inter-generational behaviour. Forming a multi-generational household consisting of the adult child, his spouse and offspring, and his ageing parents is a traditional way of expressing care for ageing parents, and this practice continues.<sup>13</sup> Even though filial piety has remained strong in East Asian societies,<sup>14</sup> it is performed in different ways due to different constraints and circumstances.<sup>12-14</sup>

This study intends to examine how care for elderly people is performed under a change of circumstances, such as immigration, by focusing on a three generational household setting. Chinese have a long history of being a Diaspora group. Chinese, like other immigrant groups, tend to selectively carry certain traditional values, such as filial responsibility, when they settle in new countries.<sup>15</sup> Yet, the immigrant experience has added new challenges to the caregiving experience for many Chinese Canadian women caregivers. They, like the non-Chinese in Canada, have general caregiving responsibilities. They provide care for their spouses, and children, and their ageing parents. As Al-Issa<sup>16</sup> argues, "Ethnic

group immigrants are exposed to the same stressful experiences (major life events and daily hassles) as members of majority groups. However, because of the process of migration and their minority status, they experience acculturative stressors that are unique to them."

Furthermore, a feature of the caregiving experience of these Chinese Canadian women is that they are more likely to live with their ageing parents or parent-in-laws. According to Government of Canada statistics<sup>17,18</sup> only 11 % of senior Chinese immigrants (those aged 65 and over) live alone, compared to 25% of all immigrant seniors and 29% of Canadian-born seniors. Chinese Canadian families tend to be larger because of living arrangements<sup>19</sup> that may involve three generations. This type of living arrangement has been common throughout Chinese history.

Some studies<sup>20,21</sup> have found that recent immigrants lack well-established informal social networks of relatives and friends who prove useful when they need help. In addition, immigrants from minority groups face barriers when trying to use formal health and social services, even when they need them urgently because these services may lack cultural and linguistic sensitivity. The help-seeking patterns among Chinese are different from those of non-Chinese, something that might prevent them from accessing services. These women not only face the 'usual' caregiver burdens, but also need to adapt to a new living environment. The added stress may jeopardise their well-being and the lives of elderly parents and parents-in-law depending on them may be affected.

This study has attempted to fill the gaps in the existing literature, and contribute a more complete understanding of the dynamics of caregiving in the Chinese community in Toronto. In addition, this study took a dyadic approach. We explored the perspectives of both the caregiver and the care receiver. The concept of ethnic compensation is used to understand and analyse their experiences. Ethnic compensation<sup>21-23</sup> argues that ethnicity is a positive resource for older people and a form of compensation for the problems associated with ageing. Ethnicity may function as an integrating force to buffer the stresses sometimes associated with ageing in an unfamiliar social environment. In short, this study examines the experiences of a group

of Chinese immigrant women who provide care for their ageing parents. The ethnic cultural dimensions and immigrant experiences of the caregiving dyad are explored.

## METHODS

Since the purpose of this study was to explore the cultural dimensions of the caregiving dyad in Chinese immigrants, the best method for examining this was an ethnographic approach. This method allows the researcher to explore "the life, behavior, attitudes, and concepts of a particular cultural or social group".<sup>24</sup> We conducted in-depth interviews using semi-structured questions. They focused on the caregivers' emotional, physical, and social burdens.<sup>25</sup> The interviews ranged from 30 minutes to 2 hours. Some elderly participants had serious health problems, such as strokes, and could only tolerate a very brief interview. The interviews were tape recorded with the permission of the participants and conducted in Chinese (Cantonese and Mandarin), translated into English, transcribed, then thematically analysed using content analysis.<sup>26</sup>

Two strategies were used to recruit participants. The Chinese Interagency Network, which has been developed by the efforts of more than 30 service agencies serving Chinese Canadians, assisted us to recruit participants. A snowball strategy was also used to locate participants. The criteria for selecting potential participants were: (1) those who identify themselves as Chinese immigrants; (2) those women who identify themselves as caregivers; (3) caregiver-care receiver dyads who live in a three generational household; and (4) participants aged 60 years or older who identify themselves as care receivers. We included participants regardless of their number of years in Canada. Nine dyads were willing to participate in this research.

Of the nine women caregivers, three cared for an ageing parent who suffered from either a stroke or dementia. Other care receivers suffered from osteoporosis, arthritis, and other age-related health problems, and one parent was recovering from a heart attack; otherwise they were generally healthy. Caregivers ranged in age from 35 to 60 years. Most of them were in their mid-30s to mid-40s. One was widowed, three worked full-time, two part-time, and one had left a full-time well-paid job to care for her

mother. Others were either not working or retired. The number of children each woman had ranged from one to three.

The age of the parents ranged from 66 to 87 years and almost half were in their late 80s. Seven were widows and over half of the ageing parents had more than three to six children. Some of these parents had worked before in their homelands, but none of them had worked in Canada.

The caregiving women had been in Canada for between 1 and 26 years. Seven dyads came from Hong Kong, one from mainland China, and the other one from Vietnam. The parents immigrated to Canada under family sponsorship. All came to live in Toronto, except one dyad, which spent 14 years in Ottawa, before moving to Toronto 12 years ago.

The term 'parents' refers to both biological parents and in-laws, unless specified. The names and some family events used in the report have been changed to preserve participants' anonymity.

## RESULTS

### Continuation of the traditions: living with parents

Traditional Chinese culture, strongly influenced by Confucian teaching on filial piety, emphasises strong parent-child relationships. One of these relationships is expressed in what Fei<sup>27</sup> calls the "feedback principle" or the principle of reciprocity in the family. The parents are responsible for taking care of their children when they are young, and the children, in turn, are expected to take care of their parents in old age. Ideal care, usually provided by daughters or daughters-in-law, is given within an extended family household, often a three generational household. Due to a combination of factors, such as employment structures, attitudes, and limited space in modern housing, this type of living arrangement has declined steadily in rapidly changing Chinese societies.<sup>28</sup> However, adult children continue to fulfill their filial duties in the form of three generational households when their situations allow. This is the pattern that this study examined.

Most of the parents had lived with their adult children in their homelands. Only two parents had lived away from their adult children for some time.

This separation occurred when the adult children formed their own families and moved out of their parental homes. Other parents had always lived with at least one of their adult children, even after they married.

Our first question explored the conditions under which these immigrant families formed a three generational household in Toronto. The interviews revealed a combination of factors contributing to this, including cultural conditioning, family dynamics, and the surrounding social conditions. Beyond these factors, filial responsibility was often cited as the key reason.

Chen had left home for university in China, and spent the next 10 years overseas with her husband. When her family, including two teenage sons, settled in Toronto, she invited both of her parents to stay with her. Her parents had been with her for more than a year. She explained why she wanted her parents to come to Canada:

"It's the longest time to be with my parents since I was in university. I usually stayed home only for one month or so, when I was on school holidays. I want them to stay with me. You know, I am the eldest. I want to fulfill my responsibility. Now we can support and serve them."

Wong migrated to Canada with her family 17 years ago. She had three children, and was living with her mother-in-law. She was prepared psychologically to live with her mother in-law after marriage because her husband was an only child and she believed it was her duty.

"I was well aware of the situation when I was going out with my husband at the time. I knew I was going to live with my mother-in-law after marriage, and she has got one child only, who is my husband. So I guess she has to stay with us."

A rather 'touching' example, as a parent put it, involved a thoughtful daughter-in-law. Elder Lam enjoyed her empty-nest lifestyle in Hong Kong after her three sons grew up and started their own families. Her immigration to Canada was not planned at all. At the time, she had one child living in Hong Kong, and three in Toronto. It all started on Valentine's Day some years ago. She recalled:

"On Valentine's Day, my second daughter-in-law asked her husband what gift he wanted. He said that he wanted his mom to live here. Later, my daughter-in-law called and asked us whether we wanted to come to Canada. My husband agreed. Then, we signed the application forms."

Analysis of the interviews reveals what the adult children perceived as the reasons why their parents were willing to join their families. Some of these included that their parents are "typical of Chinese elderly who prefer to live with younger generations," and "it is a custom that Chinese elderly people live with children." The adult children's perception of their ageing parents' views on their current living arrangements was also supported by our data. Although the parents did not explicitly say that living with their adult children was their most preferred living arrangement, they did not express the opposite view either. All except one of the parents were satisfied with their present living arrangements.

In short, although the number of three generational households is on a steady decline, it does not mean that adult children are no longer filial toward their elderly parents. Our interviewees' situations suggest that when circumstances allow, adult children try to show their filial piety toward their parents by inviting them to live under the same roof. Our next set of questions explored the challenges of caregiving and care receiving experiences in three generational households in the context of immigration.

### **Dynamics of caregiving and receiving experiences beyond filial piety in immigrant families**

Our study indicates that there is a high congruence level on the types of care given and received, which includes financial, emotional, and instrumental assistance. Depending on the health status of the elderly parents, women's caregiving experiences in our study falls into two broad categories. For some of these members of the 'sandwich generation', having a parent at home was actually a benefit, as long as they were healthy and able. The reason for this is that the elderly parents were useful in the home, especially for dual career families. On the other hand, when elderly parents suffered from serious health problems, the caregiving experience was very exhausting and frustrating.

### ***Reciprocal benefits***

Feng's case is an excellent example of a caregiver who benefited from intergenerational reciprocity. Feng was in her mid-30s. Her mother, 79 years old, lived with Feng, her spouse, and their child. She had mild cataracts but was otherwise healthy. Elder Feng, like many of her cohort in Canada, faced language barriers and difficulty with adaptation. Her daughter had to take her shopping, to her medical appointments, and help her do her banking. Feng made an effort to enlarge her mother's social network by encouraging her to take English classes and to join activities in a community centre. After settling in their new home, Feng started her career, and worked full time and Elder Feng became a helping hand. Feng described it thus:

"She takes care of my son in all aspects, so that I can sleep for another 30 minutes. When I come home, dinner is ready. My husband and I do not need to worry about meals. My mother also helps out house chores."

Wong also found that she benefited a lot from living with her mother-in-law. Seventeen years ago, six members of Wong's family migrated to Canada together: Wong, her husband, their three very young children, and her mother-in-law. Wong's mother-in-law is already in her late-80s, and does not have any major health problems. When asked in what way she cared for her mother-in-law other than financial support and housing, she had a big laugh and answered, "Nothing much. Nothing much... though I cook sometimes, and I am not sure if this can be considered as a way of looking after seniors [laughing out loud]." Instead, Elder Wong has been a "handy" person at home, as Wong described her. She single-handedly raised three of her grandchildren, so that Wong and her husband could devote themselves to their careers. After the children grew up, she spent more time on housework and church activities. With Elder Wong's helping hand, Wong said:

"[My mother-in-law] is amazing, and she even does sewing for her son. She also helps out house chores. She sometimes gives us comforts especially when we are worried about certain things, such as medical report and job prospects."

It seems that living together under the same roof serves as a compensator that may buffer the struggle of settling in a new country. These elderly parents

were able to offer some help to their own families. In return, they were able to receive different types of care from the young. They expressed their joy with their families in the following way:

"My four children love me very much."

"My daughter loves me very much."

"Now my family is here, and I feel so much better when we are together, and I just feel great."

In brief, the caregiving and receiving experiences can involve a high level of reciprocity, particularly if the elderly parents are able and healthy. This reciprocal relationship can be highly beneficial to the caregivers. Although the elderly parents perhaps find adjustment more difficult when settling in Canada, they have found joy and the care they need in their new country.

### ***Difficulties in caregiving***

We found that the language barrier, profile of the city, and the lack of culturally and linguistically sensitive health and social services added an extra challenge to the general caring experience. Regardless of the health status of the elderly parents, all women caregivers in our study faced difficulties, in varying degrees, related to these three factors.

It is nothing new that immigrants face language, transportation, and settlement problems. And it is not surprising to find that older immigrants, who lack the skills to overcome these problems, require more assistance with managing their daily activities. All the elderly parents in our study claimed that they were much more independent when they were in their homelands. They could handle all daily activities without much assistance from their family members. However, all the elderly parents reported that they needed their family members to drive them to places, especially when they first arrived. They needed family members to be translators for their doctors' appointments and their physical activities, other than those limited to their immediate neighbourhoods, and thus were highly dependent on their family members' routines. They could usually only do their errands when their family members were available, particularly if they lived outside the public transit service area.

With occasional help from other family members, these women caregivers helped do the errands with

or for their parents. In other words, these women had to give extra attention to their very dependent parents, an imposition dictated by a set of social conditions.

The most difficult challenge these women felt was that posed when their parents fell ill. They felt extra physical and psychological strain when caring for their ill parents, because the health and social services in Canada did not meet the specific cultural and linguistic needs of many minorities. Lee described how exhausted she and her family were when she took care of her terminally ill father:

"It was hard work. We went to hospital frequently. I had to take care of my son. I had to bath my father, help him to toilet, and feed him. Fortunately, my elder brother gave help. I had my day shift, and my brother had his night shift. Despite writing his professional exams, my husband had to take care of our son while I was busy. Then both of them became sick. I was completely exhausted."

Being trapped between two generations, she went on to explain how the lack of culturally and linguistically sensitive services in the hospital increased her workload:

"My father was demanding. He didn't feel safe at the hospital, as he didn't speak English. The nurse gave him wrong drugs once. He knew it but didn't know how to inform the nurse who didn't speak Chinese. Later, he became more demanding and insisted family members be with him all the time. Also, my father did not like the food prepared by the hospital. He preferred Chinese food."

Chiang described another scenario with a severe impact on the caregiver. Chiang had to take care of her mother who had dementia and diabetes. Unlike Lee, she had little help from other family members. Although her brother, who lived in Ottawa, offered to relieve her caregiving burden, her mother did not like living in Ottawa at all. Elder Chiang felt that there were too few Chinese there. Chiang described how tired she had been over the last 4 years of constant care for her frail mother:

"I need to remind her to put on more clothes when the weather gets cold, and not to skip medication. Sometimes she gets up in the

middle of the night to take a shower, or she cannot find her way home when she is out. When she is not feeling well, I have to decide whether I should go to work or stay home..... I know there could be all sorts of problems when taking care of seniors, but I don't know there is so much involvement."

Although Chiang had some relief of her burden when her mother was sent to a geriatric centre that offered day care services at a very reasonable charge, she worried about what would happen when her mother's health deteriorated further. Therefore, planning ahead, she had put her mother on the waiting list for a Chinese-operated nursing home. The whole business of searching for a "suitable" home for her mother was challenging, laborious, and time-consuming, let alone the burden of guilt induced by doing so. She had visited many nursing homes inside and outside the Chinese community and found that:

"I cannot just pick one without giving much consideration. And most of them are not in good sanitary conditions, and they do not have Chinese-speaking staff. I really don't want to see her there. I like her to stay in a better-operated home in the Chinese community. But the waiting list is long. The staff said I have to wait for four to five years. I hope they can take her sooner so I can be relieved, and get more free time."

Elder Chiang shared these concerns, even though she was prepared to be admitted to a nursing home:

"I am told I have to wait, and I don't know how much longer I have to wait. Perhaps at least for another two years. I like this centre, but it has an even longer waiting time. It better be someone who can speak Chinese for I cannot speak English."

Chiang and her mother had very limited choices when choosing a nursing home. The scenarios discussed above demonstrate that a lack of culturally and linguistically sensitive health and social services has posed additional challenges for these women caregivers. A city with a low concentration of ethnic Chinese might not be an option for some elderly parents. Women caregivers who live in large cities, like Toronto, might have better assistance with the care of their ageing parents.

## DISCUSSION

This study offered an opportunity to explore the relationship between caregiving and care receiving in a three generational immigrant household. Our findings correspond with studies that have found that women giving care in three generational households can find it a burden, a strain, and a negative experience but only when the care recipients are frail and ill. In contrast, women living with healthy and able elderly parents enjoy many benefits. Furthermore, the caregiving and receiving experience is not in one direction alone; rather it is reciprocal. The family provides affective, financial, and instrumental support for the elderly parents, who in turn provide whatever services they can, such as doing household chores and raising grandchildren for the family. This strong reciprocity characteristic in these Chinese Canadian families reflects cultural traditions in the Chinese family system. Furthermore, the continuous caregiving provided for frail elderly parents, who have lost this exchange power, can be characterised by Antonucci's concept of a 'support bank'.<sup>29</sup> Elderly parents expect their adult children to provide them with support when they are old, because they provided support to their children when they were young. These findings are consistent with other studies that have found that such living arrangements among immigrants are an ethnic characteristic,<sup>30</sup> and that the living arrangement is a common means of exchanging informal support among minority groups.<sup>31</sup> We conclude that ethnicity can be a compensator in the context of immigration. Reciprocal benefits can help all members of the three generations overcome challenges that are important for adaptation to their new host country.

Furthermore, contrary to what Kamo and Zhou<sup>15</sup> found, this study suggests that formation of a three generational household is far more complex than the manifestation of filial piety or the continuation of traditional values. Although many of the participants in this study have continued the living arrangements they had in their homelands, we argue that perhaps such a practice has been reinforced by the participants' immigration experiences. Many of the resources and skills the elderly parents had in their homelands are obsolete when they arrive in their new country. Therefore, they are forced to rely more on their adult children, who are struggling to adapt as well. Yet the whole family also benefits a great

deal from the elderly parents' household assistance. Such reciprocity can occur effectively within the same household. This inter-dependence between generations has assisted the adaptation process in immigration. Further studies on this topic should continue to explore beyond race/ethnicity as powerful factors that determine household structures among the elderly (see African and Hispanic Americans<sup>32</sup>). We should also consider how the members of an ethnic group change, adapt, and/or retain their cultural practices according to the changes in their social circumstances.

However, such cultural practices can be a burden for caregiving immigrants. The concept of ethnic compensation might be too optimistic. It tends to ignore the limitations of the functionality of ethnicity among immigrant populations. As repeatedly argued throughout this paper, ethnic culture can be seen as a benefit in the process of immigrants' adaptation and settlement. Yet what happens to the caregivers who are stretched to their physical and financial limits, when their elderly parents become frail. Due to the limited informal (kinship network) and formal (culturally and linguistically appropriate services) support, the stress of some of the caregivers managing their frail elderly parents in this study could be considered high. If they cannot gain reasonable support formally or informally in the future and are stretched to their limits, their elderly parents might suffer. Since conventional service delivery to the elderly in Canada has been shaped by mainstream values which stress the importance of the nuclear family, new health and social service policies aimed at ethnic elderly people and minority families should consider this alternative three-generation mode of coping, if Canada continues to welcome immigrants. This study indicates that the development of culturally and linguistically sensitive services able to assist these minority caregivers and receivers is urgently needed. Such a policy change will enhance the opportunities for minority groups to enjoy healthy ageing in Canada.

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