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# Singapore Malay migrants' concepts of "filial-piety" and its support for aged parents to age-in-place in Australia

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**Singapore Malay migrants' concept of "filial-piety"  
and its support for aged parents to age-in-place in Australia**

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A Report Submitted in Partial Fulfilment of the Requirements for the Award of

**Bachelor of Social Science (Honours)**

**Faculty of Health, Engineering and Science,**

**Edith Cowan University**

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## **Declaration**

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### **Abstract**

This study investigates the perceptions of first-generation Malay migrants from Singapore in Perth, Western Australia, who are caring for aged-parents at home. This research examines their interpretation of the Confucian concept of “filial piety” and how this influences their aged-caring. Using a social constructionism epistemology and interpretive phenomenological theoretical framework research methodology, data was collected through semi-structured in-depth interviews, supplemented by observation of verbal and physical expressions. This research used purposive criterion sampling to achieve a culturally homogeneous sample. Results were analysed according to themes from previous findings, and newly identified themes. Among new themes discovered included a refined interpretation of Australian Malay carers’ subscription to the concept of filial piety. Contrary to previously reported research, this research found that carers provided care for their aged-parents to “filially serve” their parents and not to “repay” their parents’ kindness. Participants did not expect their own children to provide care for them at old age in contrast with participants’ parents’ expressed expectation to be physically cared for. This study found that participants felt disadvantaged when comparing themselves with their counterparts in Singapore. Even though additional support would have eased the burden of caring, these carers were unwilling to seek information about ageing challenges (including dementia), or outside help, because existing aged-care provision was not culturally sensitive or responsive; and because “dementia” was stigmatised in the Malay community. The outcome of this research has implications for the planning and provision of culturally responsive and sensitive aged-care policy and services, to assist the Singapore Malay population and other similar migrant populations with similar values, to provide care for their aged-parents. These results contribute to an understanding of the values of Singapore Malay carers’ living in Western Australia; and recommend culturally sensitive training and education about ageing processes, consequences and challenges.



## **Chapter 1: Introduction**

Traditionally in Malay communities, adult-children provide care for their aged-parents at home, in adherence to “filial piety” values. This is a social norm within the Malay culture. In Singapore, many Malay families have live-in domestic helpers to support the care of their elderly parents. However, in Australia, live-in domestic help is unavailable, because the Australian aged-care is mostly organised on the assumption of non-familial support to older people, even though most older Australians do not want to go into institutional care (Department of Health and Ageing, 2010). Policies like the Home and Community Care Programme (Department of Health and Ageing, 2010) have been, to develop strategies to support older people to “age-in-place” where possible. This research project examines how Singapore Malay migrants adapted their aged-care practices when they moved to Perth, Western Australia, and what use these carers made of the Australian aged-care services.

### **The Malay culture**

Winstedt (1953) and Hasni (2008) reported that Malay populations were found in China, India, Burma, Philippines, Thailand, Brunei, Malaya (now Malaysia and Singapore), Indonesia, Morocco, South Africa, and Australia, with greatest concentration in the Southeast Asian region. According to Winstedt, Malay culture is syncretic. It integrates the elements of other cultures that its seafarers and traders brought from other parts of the world to the Indo-Chinese and Malay Archipelago. Malay culture blends Hindu and Islamic practices and embraces influences from the Berber, Nigerian, Sudanese, Albanian, Turk, Egyptian, Syrian, Pakistani, Indonesian, Kurd, Afghan, Persian, Mongolian and Chinese cultures. According to Hasni, Malay presence in China dates back to the eighth century. Malay culture has adopted elements of Confucian ethics and values, and has incorporated the Islamic faith which promotes respect for parents, congruent with the Confucian doctrine of filial piety.

## Malays in Australia

Since early 18<sup>th</sup> century, Malays from South-east Asian countries including present-day Singapore, have migrated to Australia to work. Initially they settled in Christmas, Cocos (Keeling) and Thursday Islands, Darwin, Broome, Port Hedland, Exmouth and Katanning - working as labourers, divers, cooks, pump-hands, crewman and slaughterers in various copha, pearl-shelling, marine and 'halal' meat industries (Richards, 2008). According to the Department of Immigration and Citizenship (2008), the Malay population now numbers around 150,000 in Western Australia, following intermarriages and the recent growth in business and skill migration. Many Malay migrants are now living in many different suburbs of Perth, in addition to the locations where early settlements occurred.

## Ageing population in Australia

Fig.1 Population Aged 65 years and over - Australia - 1990-2010

(Australian Bureau of Statistics, 2005).

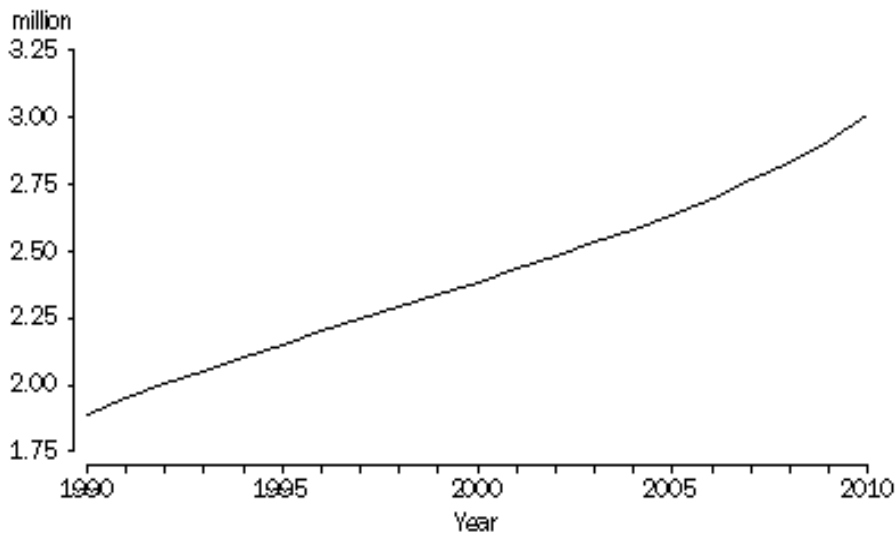
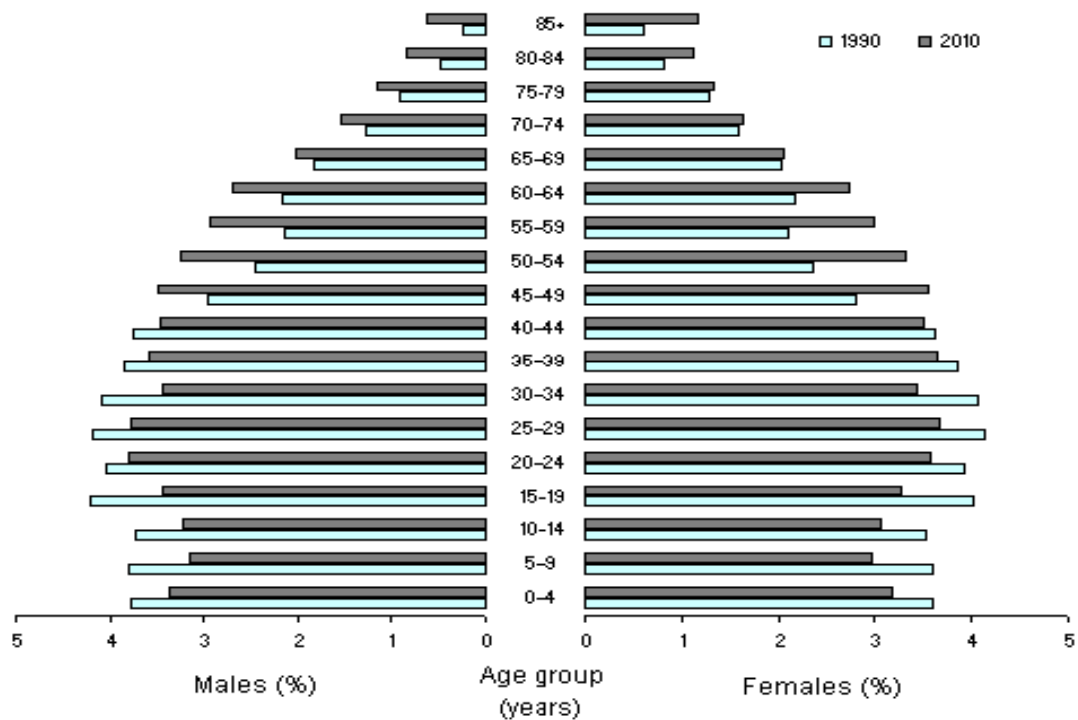


Fig.2 Population Structure, Age and Gender - Australia - 1990-2010

(Australian Bureau of Statistics, 2005).



According to the Australian Bureau of Statistics (2005), the Australian population is ageing (Fig. 1) despite an immigration policy that gives preference to youth. The demographic graph (Fig. 2), which was in the past presented like an age pyramid now appears barrel-shaped with its top widening. Currently 14.4 per cent of Australia’s population are people 65 years and over, and this is projected to rise to between 23 percent and 25 percent of Australia’s population by 2056 (Australian Bureau of Statistics, 2008). Increased life expectancy has increased disability at old age. This has led to increased level of dependence and increased consumption of medical and social services, support and resources (Department of Health and Ageing, 2008 & 2011). Increased life expectancy requires adaptation of older people’s functionality (role, purpose and contributions in everyday living) and survival (Department of Health and Ageing, 2010). This brings several challenges including overcoming the negative attitudes and stereotypes about ageing; the lack

of awareness about the science of ageing; and the design and provision of aged-care services and resources.

More elderly people are living longer with chronic health conditions including Alzheimer's disease (Alzheimer's Australia, 2008), and this raises questions about care. According to the Department of Health and Ageing (2008), there is doubt about the sustainability of family members assuming the role of primary caregivers in the future. In Australia, as a contemporary western society, the challenge of aged-care is becoming a significant moral and practical issue (Department of Health and Ageing, 2008).

### **Aged-care and Confucian ethics**

In many traditional societies, there is an expectation that children will care for their aged parents (Diwan, Lee, & Sen, 2011; Johar & Maruyama, 2011; Khalaila, 2010; Ruiz, 2007). In Asian (including Malay) societies influenced by the Confucian ethics (Aday & Kano, 1997; Chappell & Kusch, 2007; Kauh, 1997; Kobayashi & Funk, 2010), parental-care is socially expected as part of the system of familial obligation, where filial piety forms an important constituent of this obligation. However, social changes have weakened intergenerational family cohesion (Aday & Kano, 1997). These changes include: changes to the structure of the nuclear family especially with declining birth-rate; increasing numbers of adult-children living at a distance from their parents; increased geographic mobility of young people because of work and study demands; increase in number of women in the work force; and lifestyle differences between generations following modernization, technology advancement and rise of industrialisation (Aday & Kano, 1997). The change in family roles has led to questions about the consequences for values including the nature and extent of subscription to filial obligations towards ageing parents (Chiang & Yang, 2008; Sung, 1998b).

**This study**

This study investigated the perceptions of key informants from the Singapore Malay population living in the Perth metropolitan areas of Western Australia, about care for aged-parents and how their aged-parents were supported to age within the community. This study examined research participants' interpretation of the Confucian concept of "filial piety", and how they used their interpretation to support their decision-making, planning and coping strategies in providing care for their aged-parents. This study investigated how participants' interpretation of the concept, was reflected in the ways they cared for their aged-parents. The researcher asked participants about their feelings, thoughts and beliefs, and the challenges they encountered in their carer role. The researcher also asked participants about their expectations and hopes for their own future aged-care.

The purpose for this study was to understand how participants interpreted filial piety when living in Australia; and to ascertain whether this group could be better supported. A secondary purpose was to find out what could be learnt from their experiences which may be useful to other cultural groups where children provide care to elderly parents; and whether anything learnt could contribute to the success of the Australian ageing-in-place policy promoted by the Department of Health and Ageing (2010).

**Background of study**

As a starting point for this study, it is necessary to define the concept of "filial piety". This section will explain the conception of "filial piety" and the implications of filial beliefs and practices to the provision of physical, financial, social and emotional care to the elderly population. This section will also discuss the relevance of this concept of "filial piety" to the contemporary Australian culture.

### **Definition of “filial piety”**

“Filial piety” is defined as “the characteristics befitting a child having the offspring-parent relationship”, described as a virtue of respect, devotion and dutifulness to the parents and ancestors (Bolander et al., 1992). “Filial piety” involves acts of being good to and serving one’s parents with the highest degree of obligation (Xing, 1980). To be filial to one’s parents, is to be responsible, and to dedicate energy while disregarding own personal comfort and convenience to care for the parents’ provision, nourishment, welfare and activities of daily living; and to make the parents happy through endowment and sustenance (Fan, 2006; Sung, 1998a, 2004). Engaging in good conduct so as to bring a good name to the parents; performing the duties of one's job well so as to earn the material means to support the parents; non-rebelliousness and courtesy in nature; wisely advising one's parents including dissuading them from moral unrighteousness; remedying their errors; correcting and lessening the consequences of those errors; displaying worry and anxiety about their sufferings, sickness, grief, sorrow and mourning in their death (Cheng & Chan, 2006; Khalaila, 2010; Xing, 1980); while giving them love, affection and support (Sung, 1998a) - are all filial characteristics.

According to Xing (1980), filial piety is not blind loyalty to one's parents, but the benevolence and righteousness in one's dealings with elderly people, in harmonious exchange of intergenerational relationships (Khalaila, 2010). Xing emphasises this concept of filial piety as a moral conduct in all aspects of life, because it propagates good behaviours for the family unity. As one respects and treats one's parents well; and as one learns and acknowledges the kindness of one’s parents and repays that kindness (Khalaila, 2010; Sung, 1998a), one also extends the same to one’s relationship with others, particularly the next generation. It is this extension and transformation of noble behaviours, integral to the

principle of reciprocity or the mutual beneficial exchange, that society becomes a civil and moral one.

Filial piety to Nuyen (2004) is above all, an obedience and respect for tradition. He wrote, to follow tradition is to follow the guidance of seeking knowledge in one's process of personal development. Because the concept of filial piety requires one to defer to parents for advice based on their knowledge, experience and wisdom, hence filial piety is an inter-generational concept, where one's parents represent tradition. Disobedience to this tradition then can be interpreted as a disregard to a learning precondition which cultivates a person to regulate the family, and promote harmony in the community. Nuyen (2004) and Sung (2004) reiterated, this concept of filial piety is in principle reciprocal, and preserves a distinction that structures values.

### **Relevance to contemporary Australian culture**

Nuyen (2004) wrote that the Confucian concept of "filial piety" has relevance for the twenty-first century contemporary society with its advances in biomedical technology and exploding process of globalization, because the doctrine endorses adaptation of its teachings within limits, to suit the prevailing social conditions. Nuyen found, filial piety is relevant because its concept is not based on any religion. It can be accepted into, complement and strengthen many religious, philosophical or ethical systems. Nuyen said that it is a matter of interpreting the belief of the concept as close as possible to the original idea of never to disobey one's parents; one's ability to support the parents; and one's subordination to the will, wishes and welfare of the parents.

Nuyen (2004) contended that in the "age of globalisation", to be filial is to flexibly negotiate with other traditions to attain a fusion of perspectives. He claimed the main problem with globalisation and universalism of cultures is the threat of clash of civilizations.

He claimed that this willingness to negotiate a global justice, to maintain and preserve tradition, and resolve cultural differences and conflicts, constitutes an interpretation of the doctrine of filial piety. Filial piety contributes to development of universal justice that promotes cultural diversity while impartially adjudicates competing cultural claims (Nuyen, 2004). According to Nuyen, this doctrine constitutes values that guide a person towards responsible conduct. In behaving filially responsible, Nuyen wrote, one is empowered to set the framework and regulations that will determine one's actions. Thus subscribing to this concept of "filial piety" is interpreted as relevant in any modern contemporary culture or society.



## **Chapter 2: Literature review**

A literature review of previous studies revealed what was already known about this topic of study; what the ongoing discussions were; and the gaps in knowledge. Through examination of the topic of study – “filial piety and caring for aged-parents”, several themes of findings emerged most commonly in the current literature. These included: care-giving culture of the elderly population among Asian migrants in western societies like America, Canada and Australia; adult-children’s adaptation of filial behaviours towards parents, and the filial practices adopted by adult-children in western-style aged-care arrangement of their parents; and the notion of reciprocity in the conception of filial piety between parents and children. These themes were used to contextualise this study; to structure and evaluate the research findings; and to explain the contribution of this study in answering the research questions.

The Confucian concept of filial piety has been considered in several studies. A study by Lo and Russell (2007) noted a diversity of experiences and expectations among Chinese migrants in Australia. These migrants transformed and adapted the traditional filial culture to the demands of the Australian society. Other relevant studies included research by Johar and Maruyama (2011), Sung (1998a), and Xing (1980) that discussed the concept of filial piety and filial behaviours towards aged-parents. Researches by Aday and Kano (1997), Chappell and Funk (2011), Diwan, Lee, and Sen (2011), Johar and Maruyama (2011), Kauh (1997), and Kobayashi and Funk (2010), that related people from collectivist societies like Asians, comprising the Laotians, Chinese, Indians, Indonesians, Koreans, and Japanese’ strong subscription to the traditional concept of filial piety, and their experiences in westernised societies like America, Canada and Australia, were also reviewed.

## Care-giving and culture

According to Khalaila (2010) and Sung (1998a), filial aged-care demanded carers' highest degree of obligation, and dedication of acknowledgement to parents' kindness and repaying that kindness. The care-giving pattern was related to the health of the parent, and varied by culture (Chappell & Funk, 2011). As Chappell and Funk discovered, the caregivers' cultures were reflected when considering caregiver characteristics such as filial responsibility norms, care-giving behaviours, and health and relationship quality between carer and the person being cared for.

Chappell and Funk (2011) found that modern Anglo Celtic culture that informed the values of mainstream Australian culture did not prioritise filial responsibility towards parents, unlike the Asian cultures influenced by Confucian ethics. Until recent time, it was the norm in Australian culture for children to care for their frail elderly parents at home, often from financial necessity. The fundamental difference in the norm of filial responsibility between Singaporean Malay culture and Anglo Celtic Australian culture was that in Anglo Celtic Australian culture, filial responsibility was to fulfil the needs of parents when they were no longer able to care for themselves, whereas in the Asian culture, where Confucian ideas were held, filial care was a demonstration of children's esteemed devotion towards their parents (Cheng & Chan, 2006; Xing, 1980; Xinrui & Qing, 2011).

Even years after migration to Australia or America, many migrants from Confucian-influenced cultures continued to accept and adopt their parents' subscription to the traditional concept of filial piety (Aday & Kano, 1997; Suzuki, 2001). These migrants' cultural heritage continued to influence them significantly - for example, they would avoid any confrontational approach when in disagreement with their parents (Chiang & Yang, 2008). This difference was reflected in a study of Laotians who scored significantly higher on the dimensions of normative (agreement that adult children owed it to their parents to put family interest above

their own personal interest), functional (indication of a greater commitment to provide various types of assistance including financial), and structural (eagerness to look after aging parents at home because it was respectful, honourable and a cultural obligation) solidarity, compared to their American counterparts (Aday & Kano, 1997). According to Aday and Kano, this higher score was in spite of these Laotians having acculturated toward more mainstream American values in their other areas of life. Aday and Kano claimed their study underlined the role of culture as an important influencing factor in shaping perceptions and determining attitudes of filial obligations toward aging parents.

However, when young Asian migrants moved into western society, and adapted to new ways of life in their new cultural and social environment, they may adopt western social and cultural patterns. They may regard their elderly parents as an unwelcome burden. Hence, according to Aday and Kano (1997), the stereotype that elderly people of Asian heritage have the least worry because children in Asian cultures always provide care for their own parents, can be a misconception. Exposed to different norms and values, young Asian migrants may find demands imposed by survival in their new country overwhelming and thus making it challenging for them to sustain their traditional roles. They may find adherence to such roles in filial aged-care as inappropriate or unnecessary (Aday & Kano, 1997).

### **Adaptation of filial piety practices in western style aged-care**

Chappell and Kusch (2007) examined aged-care practices among Asian people in western society, and discovered there was a blending of traditional Asian patterns with the western norms. Chappell and Funk (2011) found that Asian migrants' beliefs and attitudes were moving away from support for traditional values of filial piety, to more westernized values of independence and individualism in family relationships. Social changes in intergenerational relationship today had caused the older generation to adapt by changing their traditional filial expectations of their younger generation (Cheng & Chan, 2006; Kauh,

1997). This was despite the finding of Cheng and Chan (2006) that young Asian migrants had stronger belief in filial responsibilities and had more traditional expectations, than were expected of them. Yet, the expectation for parent-adult child co-residence had declined, and vicinity or community-care (Fan, 2006) and institutionalisation of aged-parents in aged-care facilities, increased (Cheng & Chan, 2006).

Sin (2006) found that in co-residence, there was a very high expectation of responsive voluntary support from family members and informal networks. Sung (1998a) found that while co-residence positively influenced the welfare of the elderly, and constituted the culturally ideal and preferred living pattern, it was not necessarily an indicator of children's filial commitment to their parents. In interviews with older Chinese immigrants living in Australia, Lo and Russell (2007), found elderly people reported intergenerational tension rather than emotional closeness in co-residence. The authors found this intergenerational tension arose because of differences in life's outlook and style between the older people and their young.

Leung and McDonald (2007) found, in order to avoid intergenerational tension, a move away from co-residential arrangement and moving into aged-care facility were considered. However, the search for a "suitable" home for the aged-parents, to the Asian migrants living in western societies, constituted a challenging, arduous, and time-consuming effort, which was further worsened by the burden of guilt induced by doing so. Long waiting list, long waiting time of years, and very limited choices because of a lack of culturally and linguistically sensitive aged, health and social services, were only some of the problems faced by the diverse population in selecting aged-care facilities for their parents.

According to Fan (2006), from the Confucian point of view, no matter how well-designed and how well-managed institutional care of the elderly people was, it could not be morally good, because it denied the elderly people of the experience of natural intimacy that

could only be achieved in family care that supported family determination, integrity and continuity. Hence, Fan (2006) discovered, in order to accommodate these values whilst acknowledging the difficulties of co-residence, the vicinity or community-care may be a solution for Asian parent-care style in Australia. This represented a departure from the traditional norms of filial piety towards westernisation of care practices both in terms of what families do for their parents and what the older people themselves expect (Lo & Russell, 2007).

Fan (2006) said that, vicinity or community-care constituted an arrangement whereby aged parents stayed in an independent home near their children and grandchildren, mutually offering and receiving necessary assistance when needed. This arrangement gave both parties sufficient independent space to attend to their privacy and different habits, and still allowed the children to exercise the virtue of filial piety. According to Fan, this arrangement offered all parties the opportunity to learn skills for a harmonious balance of independence and interdependence, while drawing on the resources of the community to look after the elderly people. The elderly persons would not lose their neighbours and the companion of the young; and young people would not lose the chance of sharing the experiences of the elderly people. The combination of family-care and vicinity-care was morally acceptable in contemporary society because it was close to the ideal Confucian model of elder-care, and was preferred to institutional-care (Fan, 2006).

Although it was common for older Australian people to live on their own, Lo and Russell (2007) found, older Asians generally preferred to live with children and grandchildren. But, if necessary, they were prepared and were willing to move to aged-care facility as long as it provided high standard of care and catered to their specific requirement. Motivation to live with children, the authors found, was only to avoid loneliness (Cheng & Chan, 2006) and not for physical and financial support because they did not want to be a

burden to their children. They were also adamant that separate living avoided conflicts of lifestyle and ideas (Lo & Russell, 2007).

Cheng and Chan (2006) found that what important to these elderly people depended on the quality of their relationship with their children. Despite hoping their children could support them, as society became more affluent and urbanised, and dual income became a norm, the authors found elderly people's filial piety expectations shifting from material and day-to-day practical assistance to more emotional and psychosocial support. They preferred to let their children respond to their needs as and when their children wanted and wished to support. Co-residence and frequency of interaction were becoming less of a requirement. What motivated older people in maintaining the quality of their interaction and relationship with their children, the authors noted, was to serve their psychological needs of being heard of their worries and problems when they became ill. Aged parents expected their children's act of paying respects, though no longer regulated by the traditional norm of absolute obedience. In addition, Lo and Russell (2007) found, these elderly people did not expect financial support from their children if they had pension or other financial support - preferring to be financially independent. Some however expressed bitterness if they did not receive financial contributions from their children because to them this signified that their children were fulfilling their filial responsibilities.

Chiu and Yu (2001) found that children may not always be able to provide all the required support. Women who were usually expected to fulfil the social role of carers, and who had better understanding of the burden of caring tasks, were more likely than men to prefer paid professional care despite the impersonal nature of help delivered through bureaucracy (Chappell & Kusch, 2007). The perceived benefits were formal support and avoidance of complex family relationships and tensions (Sin, 2006). Sin said, there was

increasing evidence that older people too did not necessarily want direct care and support to be provided by family members, especially when their care needs became extensive.

In conclusion, with the perceptions of aged-carers being complex, there is no single model of aged-care. In Australia and many other western societies, there is a trend towards utilising institutional aged-care among migrants holding the Confucian values. This is the outcome of modernisation of family forms and functions, reflected in the declining number of extended households; change in aged-caring attitudes; social affluence and higher affordability; and availability and increased utilisation of quality holistic formal services (Lo & Russell, 2007). Elderly people too find public assistance, and separate living arrangement acceptable – they do not mind utilising formal community-care services like domestic or personal-care assistance, gardening and shopping assistance, if they live on their own, because these community services give them a sense of autonomy and independence (Cheng & Chan, 2006). But, Lo and Russell added, elderly people, however, still preferred to call on families for emergency medical assistance and emotional support, and this illustrates the on-going importance of family ties.

### **Reciprocity in filial piety**

Liberal western democracies value individualism. In western democracies, there was a strong parental obligation to look after children. In contrast, the obligation to care for aged-parents was voluntary and was based on the principle of reciprocity (Fan, 2006). In traditional collectivist societies however, the obligation to look after parents was culturally expected based upon the concept of filial piety (Chow, 2004; Kobayashi & Funk, 2010). According to Aday and Kano (1997), parent-care resulting from that sense of obligation based on either of these two societies' practice, depended on the parents' and children's style and degree of interaction with each other established early in the children's history of

development. These interaction style and degree guided the children's role expectation and relationship solidarity in their later life.

Obligations towards parents, resulted from various moral, social and emotional parent-child attachments developed from the quality of past relationships and experiences (Aday & Kano, 1997). The ideal practice of reciprocity in daily family living was the love and care parents gave to their children, and children in turn reciprocated their parents with compassion and respect (Kobayashi & Funk, 2010; Sung, 1998a). Such parent-child attachments, Sung (1998a) added, were primarily based on gratitude for parents' love, care and help earlier in the children's life, that lead to a desire on the part of the children to repay their parents by providing care for them in their old age or times of need (Yoo & Kim, 2010). This aspect of attachment, Aday and Kano (1997) said also influenced children's commitment to over-ride past conflicts or negative feelings with their parents, assuming the children internalised the societal norm that required them to repay others as equally as possible.

### **Previous studies and gaps**

According to previous studies, the style of aged-care rendered had somewhat moved toward financing aged-parents to be cared for professionally in the care institution (Diwan, Lee, & Sen, 2011; Kauh, 1997; Lo & Russell, 2007; Sung, 1998b; Zhan, Feng, & Luo, 2008; Zhan, Feng, Chen, & Feng, 2011). Diwan and colleagues, Kauh, Lo and Russel, Sung, and Zhan and colleagues, contended this as a result of globalisation, urbanisation, and demands of dual income family, where the traditionally female primary care-givers participated in paid work-force. These authors argued the trend of institutional aged-care as the outcome of having professional and quality aged-care service providers with medical and social facilities readily available; and children's raised level of financial affordability.

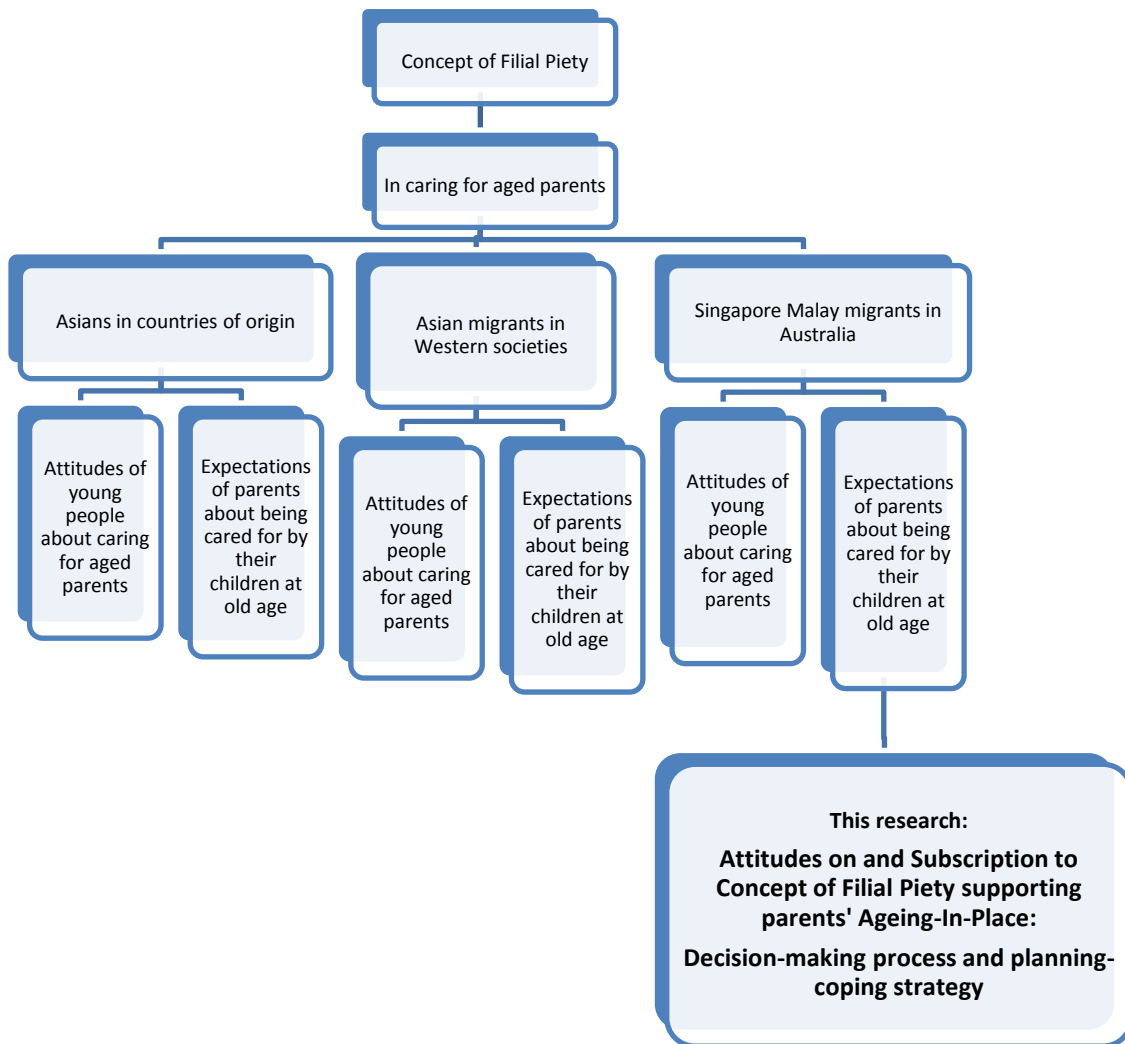


Australia now increasingly relies on limited residential aged-care beds and service providers (Department of Health and Ageing, 2008). Government policy now promotes ageing-in-place through its Home and Community Care programmes and services (Department of Health and Ageing, 2008, 2010, 2011). Hence, it is possible that in future, there may be greater reliance on family members to provide personal care to elderly parents, or for the elderly people to privately finance these services.

**Chapter 3: Research Design**

**Research questions**

Fig.1 Research Map



This research project explored the interpretation of Confucius’ doctrine of filial piety by first generation Singapore Malay migrants to Western Australia; and how their interpretation of this concept shaped their life choices especially towards their parents, in contemporary Western Australian society (refer Fig.1 Research Map).

This study explored the challenges participants faced in providing care for their aged-parents, and the complexity of participants' decision-making process and coping strategies with regards to those challenges. This study also investigated participants' expectations, anticipation and planning process of their own future aged-care arrangement.

A phenomenological methodology was used to explore and understand the cultural rules participants adopted in embracing the Confucian doctrine of filial piety, and the relevance of their conception of the traditional value to their Australian lifestyle and aged-care practices. This phenomenological methodology was adopted because it focused on participants' perceptions and elicited their values.

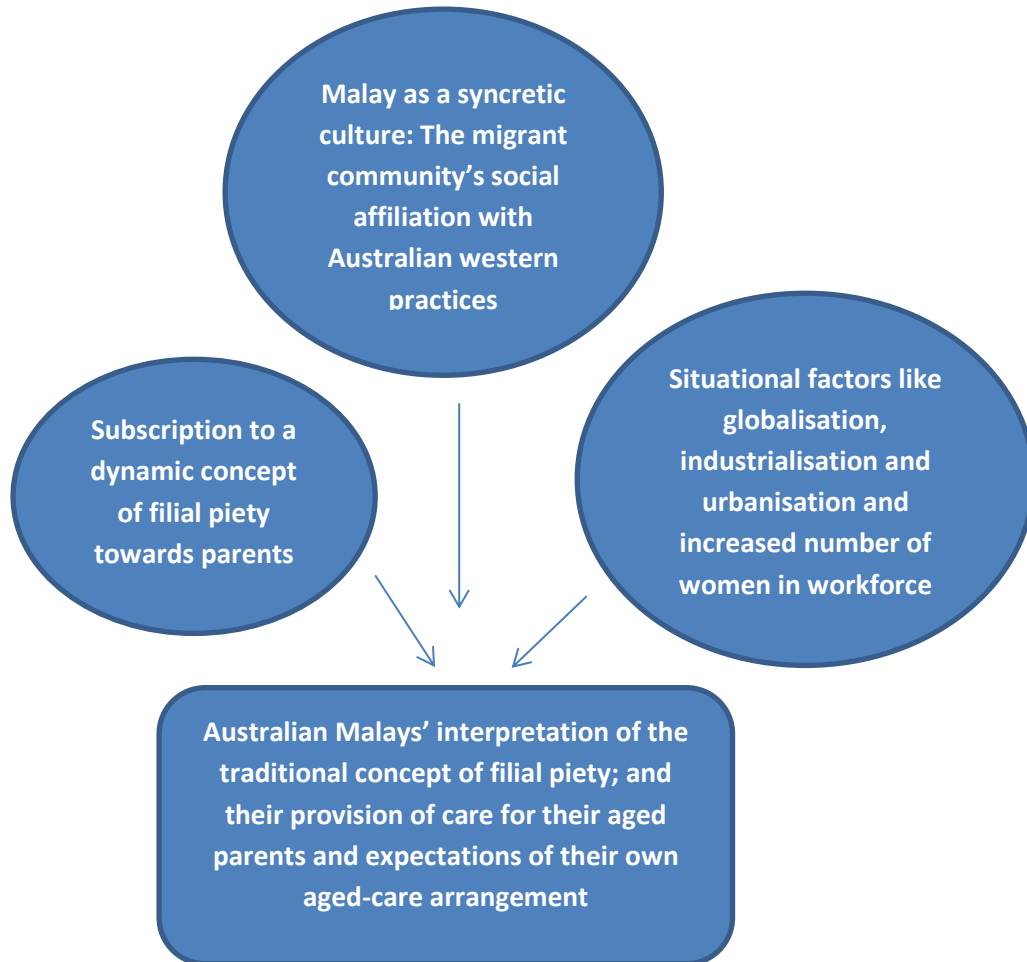
### **Epistemology**

This research took a social constructionist perspective, based on the fact that "social constructionism" when referring to philosophical epistemology was described as knowledge that resulted from a compilation of multiple human constructions according to individual's social, cultural and historical subjectivity and viability (Creswell, 2009, 2007). Liamputtong (2009) contended that a phenomenological theoretical framework of research elicited an individual's personal interpretation of a phenomenon, and the meaning and essence constructed by his or her perception and real lived experiences.

A phenomenological framework of research methodology (Creswell, 2007 & 2009; & Liamputtong, 2009) was employed to investigate the sample Singapore Malay migrants' perceptions about caring for their aged-parents. This study used observations for verbal, facial and physical expressions, and semi-structured in-depth individual interviews using open-ended questions, as data collection methods. Results were then analysed thematically. The themes identified were compared with the findings of previous studies.

## Theoretical framework of research

Fig. 1 Theoretical framework of research diagram



The theoretical framework (refer Fig.1 Theoretical framework of research diagram) for this research comprised of a synthesis of three main perspectives. They were: Malays' dynamic subscription to the traditional Confucian ethics of filial piety towards parents; Malay, as a syncretic culture, that participants' social affiliation to the community they now lived in became instrumental to them adapting traditional parental-care practices to the mainstream Australian style aged-care system; and the perspective of situational demands like globalisation, urbanisation, industrialisation and the return of the traditionally female care-givers into the paid workforce. These perspectives dictated their re-interpretation of the

traditional concept of filial piety towards parents, and their decision-making processes with regard to their own care arrangement adapted to the contemporary western care practices.

This framework was used to investigate how the Singapore Malay migrants to Australia responded to the Australian cultural context - adapting their customary care practices, and at the same time preserving the essential meaning and central values of the Confucian concept of filial piety towards their parents. This framework was used to enable this study to examine how the Singapore Malay migrants in Western Australia utilised resources available to them to support their parents to age within the community.

### **Sampling methods**

This study used a purposive criterion sampling technique where the recruited sample (Morse, 2000) complied with a predetermined criterion, to purposefully inform the phenomenon under study (Creswell, 2007). The criteria used in the sampling frame were that:

- participants must be Malays who were born and raised in Singapore and who had migrated to Australia;
- they must be looking after their aged-parents; and
- they must have children who would be at the age able to provide care for their parents (participants) when the time and need arose.

The sample was drawn from the researcher's social network, and therefore shared some of the benefits and limitations of a convenience sampling. An advantage to this had been the ready access to the population. This was an 'emic' study, a "same community" research, where the researcher's 'insider' perspective allowed for better understanding of values embedded in the participants' culture. The researcher also took an outsider or 'etic' perspective, because of her employment in residential aged-care. This homogeneous sample

allowed the researcher to examine a specific group in a specific setting which shared the common experience of researcher's study topic (Berg, 2001; Liamputtong, 2009). This was crucial for this research because this sample represented a "phenomenon" through their insights and information.

### **The sample**

The sample included both fluent as well as non-fluent English-speakers. Interviews were conducted bilingually, in "Bahasa Melayu" or Malay, being the participants' mother-tongue, and English. The researcher, holder of an interpreter qualification and professional membership of the National Australian Accreditation Authority for Translators and Interpreters (NAATI), was able to work effectively in either language. This was a benefit of this research because some expressions in Bahasa Melayu did not have an English equivalent that could accurately capture the nuances and meanings of the expressed idea or feelings.

Ten Australians of Singapore-Malay origin participated in this study. They were Malay-English-speaking. Between the ages of 45 years and 59 years, they were all in the work force either full-time or part-time. They were at the stage of their life where they were thinking of or planning for their retirement which included their aged-care arrangement, should debilitating and crippling ill-health strike. They were all, at the time of data-collection, providing direct care to their ageing parent or parents in the same household. Their households included their respective spouses and children between the ages of 10 years and 30 years. Participants' children were raised, educated and socialised in the Australian western culture, environment and society. Participants' aged-parents under their care were between the ages of 70 years and 85 years. The majority of the aged-parents were still mobile with walking aids, while some were wheel-chair-bound. They all needed assistance with meal preparations, washing and cleaning. Some needed assistance with showering and dressing. They were all able to feed themselves. They all suffered from some medical

conditions including diabetes, hypertension, stroke, cardiac ailments, and arthritis. Although, all were showing symptoms of dementia, only some had been formally diagnosed with it.

## **Materials**

A personal journal for the researcher, note-taking stationery, good quality audio-recorders and microphones were used. Information letters (Appendix B) and consent forms (Appendix C) were provided by the researcher.

## **Ethics and risk management**

This project was approved by the Edith Cowan University (ECU) School of Psychology and Social Science Human Ethics Research Sub-Committee. This study required ethical awareness during sample recruitment and data collection procedures. For instance, there was a risk that potential participants might feel coerced into participating in research, because the participants came from the researcher's community; and informed consent procedure (Berg, 2001). To prevent this, as recommended by Creswell (2007), the purpose and importance of this study and its benefits over risks were explained to participants. In addressing issue of participants' confidentiality and anonymity, numbers and aliases were assigned to individual informant.

The researcher identified a potential safety risk while interviewing participants in their homes and at quiet and secluded locations. A risk assessment management plan was drawn, put in place and was approved by the Edith Cowan University (ECU) School of Psychology and Social Science Human Ethics Research Sub-Committee. Another potential ethical issue which the researcher was aware of was the researcher's sharing of personal experiences with participants. In this matter, the researcher abstained from sharing information, and was mindful of the need to bracket her own expressions during data

collection, in order to essentially construct participants' phenomenological meanings during data analysis (Berg, 2001; Creswell, 2007; Groenewald, 2004; Liamputtong, 2009).

At recruitment stage, some participants showed apprehension about the purpose of the list of "help-organisations" attached to this research project's Information Letter. The list made them anxious that questioning would be intrusive and that they would need help to recover. In future, to avoid participants' anxiety about problems or difficulties during or after the interview, this list would be given to participants after the interview had been conducted, during debriefing session, rather than with the Information Letter.

### **Validity**

For this study to achieve auditability and transferability, Liamputtong (2009) and Berg (2001), recommended that all research processes were thoroughly and systematically documented. The researcher journaled personal reflections during the data analysis process, to minimise the chances of drawing incorrect interpretations from the collected data. The purpose was to accurately interpret and construct the participants' experienced phenomenon, Groenewald (2004) confirmed that the presence of such a structure in research enhanced the validity of the study and constituted strength in this research.

### **The researcher's reflections and bracketing in study**

Although it was difficult to separate the self from the study, the researcher used a third-person ("the researcher", when referring to self) reporting style in this study for a number of reasons. Firstly this thesis constituted a formal and academic writing project. Secondly, the researcher was aware of the potentially differing perspectives from participants' interpretation, and therefore did not want to be misconstrued as collaborating with the participants to present a phenomenon, if a first-person reporting style was used in this study. Because this was a phenomenological study, the researcher found it useful to



bracket and detach the self and not appear “in-person” in the study. This helped to ensure expressions of the participants remained separate from the researcher’s perspective.

The researcher was a member of the Australian Singapore-Malay migrant community which embraced the doctrine of “filial piety”; and had provided both direct and indirect care to her own aged parents. This provided the researcher with the ability to understand the broader philosophical assumptions of the topic being studied. Therefore the researcher could not be expected to be totally detached because she held explicit pattern of thoughts, beliefs and values about the topic of research; and that her own theory of knowledge dictated how this social phenomenon was studied and data gathered from the perspective of the research sample. Thus, the researcher’s bracketing became necessary in this study.

### **Strategies taken to reduce bias**

The researcher acknowledged the philosophical assumption that this research was value-laden, and that it was unavoidable (Creswell, 2007). This study may contain biases despite the researcher’s attempt to distance own perceptions from the perceptions of the participants. The knowledge derived and disseminated may also be biased, as the researcher possessed personal and cultural history, knowledge and experiences on the topic of investigation, and played a role in how the research data was shaped and analysed. However, on the other hand, this resulting discourse of the researcher’s subjective prejudices and critical self-reflection had made this research more credible as such reflexivity constituted a resource for this study’s depth and significance (Liamputtong, 2009).

Throughout data collection and analysis process, the researcher journaled her own opinions and feelings to raise awareness of any personal biases, and this enabled the researcher to differentiate between her “insider” and “outsider” perspectives. As an “insider”, the researcher understood and empathised with the expressed emotional, physical

joys and challenges of caring, because the researcher had the experience of providing care to her own aged parents. As an “insider”, the researcher understood participants’ cultural spectrum, and therefore was able to de-code meanings from indirect expressions communicated, and accurately interpret expressed perceptions, thoughts and ideas, because the researcher shared the same Singaporean, Malay, and migrant cultures including language, community, and way of life. As an “outsider”, the researcher, working in the Australian aged-care industry was exposed to the challenging issues involving ageing and aged-care, and the Australian institutional aged-care practices and help-resources available to and utilised by carers. The researcher having dealt with clients from other diverse minority cultures and exposed to these diverse minority cultures’ acceptance of the mainstream aged-care system and their adaptation of their traditional aged-care style to the western style aged-care system, could see the viability, practicality and benefits of utilising available help-resources.

### **Strategies for validating findings and risks management**

Strategies were put in place to validate interpretations during data analysis. The researcher read through interview transcripts and listened to audio-taped interviews several times to obtain an overall understanding of what was being said. The method used, to examine and make sense of participants’ answers to the interview questions, was the researcher’s going back and forth from transcriptions to interpretations, and scrutinising field notes containing descriptions of research setting, social atmosphere, participants’ physical presence, behavioural and oral expressions and discrepancies (Silverman, 2001).

Where there were inconsistencies and incongruences in observation, the researcher double-checked if such dissonance was due to interpretation error, methods of analysis used, or if it was suggesting an alternative view of the issue (Berg, 2001; Liamputtong, 2009; Silverman, 2001). Collected evidence inconsistent with a particular theory was further examined if it carried alternative rival explanation. The researcher then sought to identify the

more compelling of the competing explanations, because collected evidence may not only support the most common or the expected theory, but may also disprove some other theories (Groenewald, 2004).

The researcher had bracketed personal experiences, thoughts and feelings (Creswell, 2007). Mindful of the importance of lending credibility to the study, and to validate data analysis, the process followed by the researcher included questioning: if the researcher had influenced the contents of participants' descriptions; if the interview transcripts were accurate at conveying the actual meaning and essence of participants' oral expressions; if conclusions during analysis were influenced by the researcher's own prediction; if the researcher had engaged in prejudgement or used personal intuition and imagination to obtain a picture of experience, beliefs, thoughts and feelings in the analysis of participants expressions; and if the researcher had been reflexive throughout the study.

As an integral component in the construction of this study, as well as to manage risks and prevent potential conflicts in research processes, the researcher reviewed personal reflective journals in order to verify and validate the study's finding. This process was intended to not only identify personal biases in analysis, and rid of the researcher's own perspective on issue of investigation, but to also lend objectivity, consistency, validity, reliability, transferability and credibility to the research. This study attempted to achieve integrity by being authentic, genuine and trustworthy, which according to Berg (2001) and Liamputtong (2009) was achievable, because multiple realities held by participants, had been accurately represented.

## **Research methods**

### **Data collection process**

Research participants were given Information Letter (Appendix B), which the researcher explained verbally and bilingually, where necessary. The Information Letter contained an explanation of the purpose and importance of the research; the study's potential challenges and benefits; how the study's findings would be used; participants' obligation-free commitment to withdraw from the study anytime; the ability to have the interview conducted in participants mother-tongue ("Bahasa Melayu" or Malay) and the availability of Malay-English translation service of interview transcripts; statement of assurance of participants' privacy and confidentiality because no real names nor other personal details about participants would be recorded; and a Consent Form (Appendix C). The Information Letter also stated, participants would be informed of research findings, if they so wished, when the study was completed. No participants were identified to be illiterate, so written consent was secured from all.

Each interview was audio-recorded and assigned an alias and a code which confidentially identified the participants. During interview process, only pseudonyms were used. Field notes containing the researcher's observations of participants' body language, mannerisms and facial expressions were taken. Explanation on the need for audio-recording and note-taking during interview sessions was given and permission from participants was sought and received. A list of the main interview and probe questions is included in Appendix A. These questions were piloted with three Singapore Malay adult-migrants living in Perth who were not part of the study, prior to the interviews. This was to ensure the interview questions were not intrusive, were respectful and sensitive. In response to feedback, some words in several questions were simplified.

The researcher engaged in self introduction and small talks before commencing interviews, to make the participants comfortable, and to establish rapport and show empathy. The researcher adopted an analytical and active listening style and used verbal cues and body language to show interest in participants' input and to encourage participants' contribution; attention was given to participants' silences and pauses, and noted as perceivable emotions and as reflecting meaning (Baron & Byrne, 1994).

Each participant was individually interviewed in private. The day and time of contact sessions were decided at the convenience of participants but within the pre-determined research schedule period. Quiet locations were chosen to ensure the quality of recording; privacy and confidentiality of conversations; and comfort of participants. Generally the interviews took about one hour for each female participant, and longer for male participants, excluding breaks in between sessions.

During interview, female participants showed greater enthusiasm, giving a lot of input and depth. They were informative, did not require much prompting, and not the entire interview questions drafted had to be asked, because they answered all the questions that needed to be asked through their own elaborate input. Female participants were observed to be putting in a lot of effort and passion into the interviews. Interviews with female participants took about one hour. Male participants, on the other hand, required a lot of prompting and encouragement to express themselves. All the drafted interview questions were used. Some rephrasing of interview questions had to be made to generate and confirm clearer messages given by the male participants. They were reserved and quiet, and their input was general, matter-of-factly, and direct. Unlike female participants, the male participants showed no emotions. Interviews with them took about one-and-a-half hours each.

At the end of the contact sessions, participants were debriefed for any additional input and concerns. This was to ensure participants were not feeling stressed by the process or outcomes of the interview. Participants' feedback on the way the interview was done; the questions asked during the interview; the duration, time and place the interview was carried out, were gathered and documented. All valuable information raised during debriefing was included in this study with participants' permission.

### **Data analysis process**

All interviews were manually transcribed, as the first stage of data analysis (Silverman, 2001). Participants' word-for-word quotations of grammatical conventions, metaphors, emphases, expressions of laughter, sighs, and tears, were used extensively in the process of analysis to reveal the meanings expressed in participants' own words. Translations during transcription process involved several repetitions and continuous evaluation of the descriptive contents of the dialogue. Some problematic interpretive elements such as absence of a direct English translation of Malay terms or expressions were noted, and the Malay terms retained. The fact that qualitative data analysis was not prescriptive as meanings always evolve, the researcher engaged in cyclical approach in analysis (Berg, 2001; Liamputtong, 2009), adopting the interpretive method that identified and tallied according to collective patterns (Liamputtong, 2009; Silverman, 2001). This was a time-consuming process that involved around eight hours in total for every hour of audio recorded conversation.

In open coding (Liamputtong, 2009), the researcher engaged in full immersion in data, line-by-line listening and reading of feelings, thoughts, actions, interactions and expressions, including all nuances in language and ideas. This was followed by axial coding where the what (texture) and how (structure) of participants' expressions of lived experiences were coded through analysis of significant phrases or statements, formulation of meaning

units, and extraction of essence in the transformations of experiences (Creswell, 2007; Liamputtong, 2009). Data was triangulated through multiple quotations either from the same participant, or different participants on the same idea, to confirm and illustrate the discovered “themes” in results. This process of data analyses then went through selective coding (Liamputtong, 2009) where core categories central to the study’s theory were identified following editing, organising, revising, and refining the structure of the discovered “themes”.

“Themes” discovered in previous studies, that included the “Asian migrants in western societies’ care-giving culture of the elderly population; children’s adaptation of filial behaviours towards parents; the filial practices adopted by children in the western-style aged-care arrangement of their parents; and filial reciprocity between parents and children”, were used as base “themes” to evaluate those past findings, base assumptions, and support arguments in contextualising new discoveries produced by this study, in effort to answer the research questions. Once new “themes” in the findings (Creswell, 2007; Liamputtong, 2009) had been developed and refined, the results of this study were written and reported.

### **Limitations**

This study’s small research sample meant that its findings were neither representative of, nor generalisable to the Malay population in Australia. The researcher status, as a member of participants’ cultural and socio-political group - a Singapore Malay migrant to Australia, may be considered as a strength because an “insider” perspective had enabled in-depth exploration and discovery of participants’ unspoken feelings, thoughts and beliefs, despite participants’ strong efforts to hide them, to protect their personal and family privacy, reputation and parents’ dignity, and for the fear of being judged. Conversely, however, as an “insider”, the researcher may have missed something, an “outsider” researcher without the advantage of an “insider” perspective could have picked.

#### **Chapter 4: Findings and discussion**

This study produced new findings that have both theoretical and practical implications. The most significant theoretical contribution was concerned with the participants' interpretation of filial piety. The participants provided care for their aged parents only to serve them in their old age and not to repay their parents' kindness. Through their actions, these carers endeavoured to educate their own children through leading-by-example, so that their children would in turn serve and provide care for them when they become old and in need of caring. This study discovered participants' lack of knowledge about the processes of ageing and its challenges; and participants' unawareness about the availability of aged services and help-resources which they could utilise to ease their burden of caring. This study found that participants regarded dementia as a social stigma, and were unwilling to seek outside help, in an effort to safeguard their privacy and their parents' self-respect and dignity. These participants said they felt disadvantaged when they compared themselves with their peers in Singapore who also provided care to their aged parents because of the lack of support network in the form of relatives and live-in domestic helpers.

Some other results of this study were consistent with the findings of previous studies which found many migrants from collectivist cultures living in western countries like Australia, to still strongly hold on to the values of Confucian doctrine of filial piety, despite having lived and socialised in western society (Aday & Kano, 1997; Chappell & Kusch, 2007; Chiu & Yu, 2001; Kobayashi & Funk, 2010; Kwak & Salmon, 2007; Liu, Ng, Weatherall, & Loong, 2010). They expressed this either through direct care (physical, emotional and financial) or indirect care (emotional and financial). This study concurred with the findings of previous studies that filial piety has relevance to contemporary society (Nuyen, 2006); and the idea of reciprocity in filial piety between parents and children (Aday & Kano, 1997; Chow, 2004; Kobayashi & Funk, 2010). The challenges in caring for aged-



parents (Chow, 2004; Kauh, 1997; Levande, Herrick, & Sung, 2000; Lo & Russell, 2007; Mehta & Ko, 2004; Nuyen, 2004; Sung, 1998b; Zhan, et al., 2008); elderly people understanding their children's constraints to provide care for them (Chappell & Kusch 2007; Chiu & Yu, 2001; Sin, 2006); and their acceptance of the western style aged-care arrangement (Chappell & Funk, 2011; Chappell & Kusch, 2007; Cheng & Chan, 2006; Kauh, 1997; Lo & Russell, 2007), discovered in past studies were further supported in this study.

### **Discussion of themes**

#### **Not to “balas budi” (repay kindness) but to “berjasa” (serve) – a theoretical contribution**

The participants of this study insisted that their engagement in filial conduct towards their aged parents - providing care for them in their every aspect of living, was simply and only to “berjasa” or serve. They believed in the noble act of “serving” their parents, as “what goes around comes around”. They were referring to their belief and hopes that their good intentions and conduct towards their parents would be observed, learned and emulated by their own children. Although they accepted that it was their duty and responsibility as children to look after their parents at old age, they felt that they did not have to, or were not forced to provide care, because of the presence of other willing siblings to take over that caring responsibility, or the existence of quality aged-care institution which they or their aged parents could financially afford to patronise. They emphasised and reiterated the point that they provided care for their aged parents out of choice. They were “pleased and proud to be looking after” their parents.

The findings of this study did not support the interpretation that people indulged in filial behaviours towards their aged-parents in order to filially repay their kindness, that had emerged in several previous studies, including by Aday and Kano (1997), Chappell and Funk

(2011), Chow (2004), Fan (2006), Johar and Maruyama (2011), Kobayashi and Funk (2010), Liu and Huang (2009), Lo and Russel (2007), Mehta and Ko (2004), Ruiz (2007), Sung (1998a; & 1998b), and Yoo and Kim (2010). The difference in interpretation compared to these studies' other Confucian-influenced cultures like Laotians, Chinese, Indonesians, Japanese, and Koreans; as well as the Latinos, coming from collectivist society, was also that these aged-carers provided aged-care to repay their parents' kindness.

By contrast, the participants in this study, believed in gaining "pahala" or rewards from "God". They provided care for their aged parents for the sake of their spiritual ascension. The participants believed "pahala" from "God" came in the form of glad tidings, material prosperity, good health, happiness, and emotional peace for themselves. They also believed filial devotion towards parents brought "baraqah" or blessings onto themselves, their families and their lives. This attitude constitutes an unrealised advantage to these participants because it also helped them to accept and cope with the challenges of caring for their aged-parents.

### **Carers educating children through leading-by-example – a theoretical contribution**

Participants' motivation in providing care for their aged-parents was to "berjasa" (serve their aged parents) instead of "balas budi" (repaying their parents' kindness), and they were hoping the same from their children. While participants held the "hope" that they would be cared for by their children at old age, they were also cultivating that sense of filial obligation in their children through leading and educating (their young) by example – to "berjasa" (serve) rather than to "balas budi" (repay kindness). They actively showed their children how they fulfilled their commitment and devotion to their own aged-parents, with the hope their children would learn from them and emulate their commitment and conduct. Participants strongly believed that this ancient tenet of filial piety had remained relevant and continued to be upheld by them in a western society like Australia because their subscription

to this concept was based on the strength of their own personal ethical interpretation and their family's cultivation of such values. Hence, they were neither demanding nor expecting, but were just hoping that their children would adopt similar values towards their parents, when they became old.

### **Carers' lack of knowledge about ageing challenges (including dementia) and available aged-care resources – a practical contribution**

Not reported in past studies, was researcher's discovery that carers relied on personal hands-on and direct experiences that went through trial and error; and informal input, advice or recommendations from friends and relatives who had prior experiences in caring for aged-people. The information they received was not accurate and comprehensive, and the advice or recommendations they accepted were not always effective or helpful to them.

Carers' admitted their lack of knowledge about the science of ageing, its processes, progression and consequences. They also admitted that they were "not bothered to read books" or seek information about "ageing", because "everybody grows old....just accept." Carers also admitted their lack of knowledge about the availability and type of aged-care help and information resources provided by the government and private agencies for them to utilise.

The researcher interpreted this admission by participants, as them feeling resigned with the inevitable challenges they were facing. They seemed to simply accept their fate, and to absorb as much difficulties for as long as they could take. They did not realise that their lack of knowledge about the science of ageing had contributed to their lack of understanding about the challenges that came with ageing and caring for their aged-parents. They did not see that their lack of awareness about the help resources available to them was adding to them being, in their own words, "frustrated" and "tired".

**Dementia - a social stigma – a theoretical contribution**

The carers' interviewed lack of knowledge about ageing challenges especially common medical conditions that afflict the older population including the dementia phenomenon, had caused them to dwell in their fear of being negatively judged because of their aged-parents' condition. The majority of them, with parents who have dementia expressed feeling stigmatised for their parents' condition.

Not previously studied, the researcher's interpretation of participants' body language, observed circumstances and cultural knowledge, found dementia to be a condition that was hidden and regarded as shameful in the Malay community. Dementia or "nyanyuk" (closest English equivalent was "senility") in the Malay language, according to participants, was negatively judged in the Malay culture and community as reflecting the personality or activities of the person suffering from that condition, when he or she was younger. The symptoms or behaviours of the elderly suffering from dementia were interpreted as a reflection of their habits, yearning or longing. Because spirituality in the Malay community shaped their thinking and attitudes, they were influenced by the spiritual belief that, "nyanyuk" was "God's retribution to one's bad conduct in his or her younger days". The families of those elderly people not yet formally diagnosed with dementia, at present did not wish to have their parents diagnosed, although they knew their parents may be suffering from the medical condition. This was because they thought a diagnosis of dementia would bring them face-to-face with a palliative rather than a curative treatment. These participants were not prepared to confront that "worry and fear", although an early diagnosis would present them with access to relevant information and care service resources specific to dementia, and may alleviate their "frustrations".

Participants' reflected lack of awareness that dementia constituted a descriptive term for a collection of symptoms that resulted from the degeneration of, or miscommunication

among nerve cells (Alzheimer's Australia, 2008), was a loss to them. If they had known that such neurological impairment was caused by reaction to medications and their side effects (Pisani et al., 2009), metabolic disorders and nutritive deficiencies (Whitmer et al., 2008), chronic lung and heart diseases; bleeding in the brain, high LDL cholesterol level and diabetes; smoking, recreational drug and alcohol abuse; and dehydration and infections from fever (Alzheimer's Australia, 2008), they would be in a position to assist their aged parents to prevent and treat those medical conditions from progressing to cause the onset of dementia.

If they had understood dementia as an illness like any other, without the spiritual dimension, it would alleviate their sense of shame. If they knew dementia as an illness, they would understand that their parents' significantly impaired intellectual functioning that interfered with normal daily activities and relationships, was causing their parents' bizarre and challenging behaviours. They also would then understand why their parents had lost their decision-making and problem-solving skills, and experienced personality changes and behavioural problems such as loss of inhibitions and delusions. Knowing that their aged-parents with dementia would gradually lose their bodily functions would help them prepare for even more heart-wrenching episodes of undignified behaviours their parents may display in the future.

If these participants had a better understanding of what their aged parents with dementia were going through, they would be less concerned about the "stigma" of dementia; about feeling embarrassed, and refusing to seek help for fear of being judged, to protect their parents' dignity, to guard their parents from the prying and judging eyes of others, and to protect their own family privacy and reputation. Their lack of knowledge about dementia was adding to their emotional "stress".

**Carers' unwillingness to seek outside help – a practical contribution**

As a consequent of feeling stigmatised, and wanting to do things themselves, carers were not willing to seek outside help. This was previously unknown, because no study had examined the stigma, and the aged-carers' lack of awareness and understanding of the dementia phenomenon, which were preventing them from calling out and seeking the much needed help. By saying, they could not and would not let other people know of their parents' dementia because "it's embarrassing", the researcher interpreted participants' defensiveness with their parents' and their families' reputation as "maintaining appearances of normality". They expressly did not want to ask for help because they feared and did not want to be judged or labelled as "unfilial", "irresponsible", "uncaring", "incompetent", incapable of looking after their own parents, or being "selfish" for placing priority and importance on their own personal interests and needs over their parents' welfare and well-being. Participants were adamant about not losing their family privacy if they were to get outsiders into their homes to assist them in caring chores. They did not want to be judged and labelled as inconsiderate to their parents' feelings, discomfort, shame or loss of privacy.

Participants however admitted that if and when situation became worse and they desperately needed help, they would get formal or informal help from someone from their own community because of their common language and cultural practices. Participants regarded approaching 'their own people' as convenient because 'their own people' already knew the sensitivities they should observe. However, the criteria of accepting this help, was that the outside helper must be someone they did not know and someone not known by others in their social circle. This may be convenient to them and their aged parents to protect their privacy, but participants were aware of the difficulty of getting such trained carers or volunteers from their own community who fulfilled their expectations and those criteria.

To address this “unwillingness to seek outside help”, aged-carers needed to be made aware that by 2016, dementia would be the largest source of disability burden (Alzheimer’s Australia, 2008). They needed to be equipped to care for people with dementia who commonly suffer from impaired brain functions in memory, language skills, perception, and cognitive skills in reasoning and judgment, which affect their abilities to function normally (Alzheimer’s Australia, 2008). They needed to be “helped”.

### **Challenges in caring for aged parents and need for respite help**

Supporting past findings (Chow, 2004; Kauh, 1997; Levande, Herrick, & Sung, 2000; Lo & Russell, 2007; Mehta & Ko, 2004; Nuyen, 2004; Sung, 1998b; Zhan, et al., 2008), physical and emotional challenges and difficulties in caring for aged parents experienced by children were also highlighted in this study. The researcher interpreted participants’ sighs and side-to-side head movement response when questioned about the challenges they encountered as expression of difficulty. Although no verbal admission was expressed, this interpretation was supported by ‘complaints’ that they were physically “tired” at having to provide physical assistance to their parents “in almost every aspect of their living”. They found those “chores” as “taxing” and especially “frustrating” when their parents were “uncooperative” or sick, when at the same time, they had “other problems to take care of”.

At this challenge, participants expressed anger that their parents “refused to understand” their difficulties and were “simply being inconsiderate”. The researcher understood this as an expression of emotional challenge faced by participants because of their expressed inability to address their parents’ ‘refusal to understand and inconsideration’ directly with their parents. This was because such act would then be regarded as unfilial and impolite - they also did not want to ‘disobey’ their parents (Nuyen, 2004). Although participants received help from other members of their family like their spouses and children,

they felt that it was their duty as children to shoulder this emotional challenge on their own, and not share them with their spouses and children.

Consistent with other studies, this investigation found that as caring difficulties advanced, carers were at high risk of slipping into depression (Rao, 2009), because they absorbed stress not only from managing the challenging caring problems – physical and emotional, but also the social death of their own parents, especially if they have dementia. Compounding this stress was the fact that apart from providing informal care without compensation, carers were also making sacrifices on their own social life and economy, all for the sake of ‘filial piety’. Such sense of duty, to be proud of, enjoyed and contented with, and benefited from, would be difficult to achieve when stressors like negative outcomes of burden and impaired health and social accomplishments outweighed and reduced the positive rewards.

This study detected participants’ need for “time-out” and their silent call for respite help, before they slipped into possible burn-out. In this matter, respite care could assist carers to lighten the burden of physical stress, with an outside helper doing the showering, dressing, washing, cleaning, and cooking for their parents. Respite care would also allow carers to take time off to attend to their “other problems” or just to rest and recover, and go on social outings or vacation with their spouses, children or friends.

### **Strong subscription to concept of filial piety as a coping strategy – a theoretical contribution**

Participants verbally expressed being “stressed”. Yet, they also admitted to coping well. Although they were acculturated to the mainstream Australian society that did not subscribe to the same traditional Confucian concept of filial piety, they remain strongly subscribed to the concept. This belief and attitude, according to them, had helped them tackle



the challenges of caring for their aged-parents. This accords with previous studies (Aday & Kano, 1997; Chappell & Funk, 2011; Chappell & Kusch, 2007; Kobayashi & Funk, 2010; Kwak & Salmon, 2007; Liu, Weatherall & Loong, 2010; Xinrui & Qing, 2011) which noted a diversity of experiences and expectations among Asian migrants in western societies including Australia. This strong conception of filial beliefs towards parents seemed to be a coping mechanism for these adult-children aged-parent-carers.

### **Confucian filial piety: Relevance to contemporary Australia**

Supporting past findings (Aday & Kano, 1997; Chappell & Funk, 2011; Chappell & Kusch, 2007; Kobayashi & Funk, 2010; Kwak & Salmon, 2007; Liu, et al., 2010; Xinrui & Qing, 2011), these participants remain subscribed to filial piety despite having socialised with the western society and aged-care systems. To the participants, this value system endorsed adaptation of its teachings to suit the prevailing social conditions. Participants said it was a matter of interpretation as close as possible to the original idea of submitting to the wish and welfare of their parents - to be filial to and never to disobey them; and to support them. They said their subscription to this traditional concept was reflected through the virtue of their orderly conduct with their parents; and their cultivating compassion and righteous relationship with their family. Participants' willingness to negotiate, maintain and preserve their tradition, has helped resolved differences and conflicts, and guided them in making responsible choices that reflected responsible behaviours. Therefore, congruent with previous studies, the Confucian concept of filial piety was found to be still relevantly upheld in the contemporary Australian society.

### **Decision-making process: No expectation to be cared for**

Participants understood their children's constraints to look after them at old age after they themselves faced those challenges in looking after their own parents. Therefore they "were not demanding" their children to provide care for them at old age. Participants' filial

piety expectations seemed to be shifting from material and day-to-day practical assistance to more emotional and psychosocial support. They admitted preferring to let their children respond to their needs as and when they were able to. In maintaining the quality of their relationship with their children, they only wanted their psychological needs served when they became ill and needy. Participants only expected their children to pay their respects. This was in contrast with participants' parents' expressed expectation for participants to provide care for them at old age. The researcher found participants' values differed, compared to their own parents' and other older people in previously mentioned studies. This discovery requires further exploration.

Reflecting on the trend towards institutional aged-caring, where contribution was financial, emotional, and social, rather than physical, the participants in this study were however adamant that their parents would never be sent for institutional care. They also expressed "hope" that their own children would provide care for them at home when they became old and needy. At the same time, they did not mind if this "hope" was not fulfilled, as they understood their children's constraints and accepted that their children would have their own lives to lead with their own family, children and work commitment. They also stated they did not want to get entangled in family tensions should they come under the direct care of their children and their families, especially when their care needs became extensive.

### **Decision-making process: Acceptance of western-style aged-care**

This attitude of not demanding and expecting their children to provide direct care at home during their old age, motivated their acceptance of the western-style aged-care arrangement. Exposure to the commonality of the Australian idea and practice of being cared for in an aged-care facility during old age; being aware of the existence of numerous aged-care institutions which were regulated to provide quality and holistic aged-care; and personally knowing people who were residents of these facilities, were making participants

embrace the possibility of them facing a similar fate. Participants expressed willingness and readiness to move into aged-care institutions when the time and need arose.

The findings of this research confirmed previous studies that explored the Asian migrant elderly people's expectations of their aged-care arrangement (Diwan, et al., 2011; Sin, 2006); and the viability and effectiveness of the western style aged-parent-care arrangement for this population (Chappell & Funk, 2011; Cheng & Chan, 2006; Fan, 2006; Lo & Russell, 2007; Sung, 1998b). Consistent with past findings (Cheng & Chan, 2006; Kauh, 1997), this research also related today's social changes in intergenerational relationship that had caused the older generation to adapt by lowering their traditional filial expectations from the younger generation. As society became more affluent and urbanised, filial piety expectations were shifting from material and day-to-day practical assistance to more emotional and psychosocial support. Participants seemed motivated to maintain the quality of their interaction and relationship with their children, only to serve their psychological needs of feeling loved, being heard of their concerns and difficulties when they became needy. In reflecting their strong family ties, they however still preferred to call on their family for emergency medical assistance.

This research affirmed that participants only expected their children's act of paying respects, rather than absolute obedience. Participants did not expect their children to provide direct care for them at old age, and this indicated their attitudes had moved from support for traditional values of filial piety, to more westernised notions of independence and individualism in family relationships, consistent with previous study by Chappell and Funk (2011).

These participants had acculturated to the Australian way of thinking and life, indicated by changes in their family forms and functions; and reflected in the absence of

extended households or extended family support; change in caring attitudes; social affluence, and higher income. They found public assistance, and separate living arrangement acceptable. These participants stated that they planned to use formal community-care services like domestic or personal-care assistance, gardening and shopping assistance, if and when they lived independently at old age, because these community services would give them a sense of autonomy and independence. These participants acknowledged their children may have some constraints to accommodate them because of their own family commitment, although they would generally prefer to live with their children and grandchildren. As such, they also wished to remain independent for as long as they could, although they were prepared and willing to move to aged-care facilities.

#### **Decision-making process: Reciprocity in filial piety**

Participants planned not to be “a burden” but to be “useful” to their children as long as they remained independent. Participants felt there was reciprocity in the subscription to the concept of filial piety between children and parents, and towards each other. Mutual emotional support and comfort between aged-parents and children were crucial, and could be fulfilled through frequent contact and communication. Participants agreed that this could be achieved through elderly parents, if they were able and healthy, offering to give physical care to their grandchildren – this concurs with the findings of Fan (2006) and, Leung and McDonald (2007). Participants felt that such reciprocal relationships, was highly beneficial because it enabled their adult children to focus on earning, to provide emotional, financial and instrumental support for them, while as grandparents, they could contribute to assist in household chores and provide their grandchildren with physical care and valuable educational opportunities. They felt that they could teach and impart some history lessons about their family and ancestors to their grandchildren, so that their grandchildren could have a sense of appreciation for family identity. This effort reiterated the usefulness of older people, to

combat the negative attitudes and stereotypes about ageing (Fan, 2006; Leung & McDonald, 2007). Such care arrangement, highly reciprocal in characteristic was predominant in the traditional Malay families. This arrangement, Fan, Leung and McDonald said, had nurtured and provided perfect practice for virtues of filial piety to be learnt and practised in the family.

As parents, they educated their children by “leading-by-example” in acts of caring for their own aged-parents. Participants wanted this concept of filial piety to be demonstrated to their children, grandchildren and generations after, because this traditional concept characterised respect for the tradition, supported the principle of reciprocity and contributed towards family and community-building.

### **Carers feeling disadvantaged**

A theme that emerged strongly in this study was carers’ expressed feeling of disadvantage when they compared themselves with their peers in Singapore, who also looked after their aged-parents. Participants felt “envious” that on top of having wider extended family network and support system which participants, being immigrants, were not privileged to have in Australia, those who looked after their parents in Singapore had the convenience of live-in-domestic helpers to assist them with household chores and physical caring of their aged-parents. Such service was affordable in Singapore because the Singapore work-force system allowed the importation of foreign carers and domestic workers from nearby countries like Indonesia, the Philippines and Sri Lanka, who were paid low wages. These live-in domestic helpers lived under the same roof and were on-call at all ours. Because of this, participants’ peers in Singapore were able to pursue their career, social and personal interests while still able to provide care for their aged-parents at home.

In Australia, to provide care for aged-parents at home constituted a full-time commitment, because to engage live-in domestic helpers was too costly to be a realistic

option. Participants have had to make career, social and personal sacrifices to accommodate caring for their aged-parents, making them feel “alone, isolated, and economically disadvantaged”. Participants expressed wish that the Australian work-force system allowed the importation of foreign domestic workers as a consideration to help solve some caring problems of the aged population. This possibility calls for more research.

### **Significance of results**

Participants in this study indicated that some Singapore Malays in Western Australia support future provision of a mix of community and institutional aged-care styles. With increased social mobility, and declining family size and number of extended households which transformed the traditional filial care-giving culture, norms and behaviours, the now Australian Singapore-Malays’ care-giving style have been influenced by both the traditional Asian and western practices. Living separately from their adult children was valued by participants in their future aged-care planning, as a means to avoid conflicts in inter-generational lifestyle and to prevent them from becoming a burden to their children.

## Chapter 5: Summary and conclusions

This study produced at least four new and most important findings that provided practical as well as theoretical contributions to the existing body of literature. First was the discovery, Singapore Malay migrants to Australia regarded their providing care to their aged-parents as to “berjasa” or filially serve their parents out of their own personal volition and commitment, and sense of filial obligation for the intangible rewards of spiritual ascension, and not to “balas budi” or repay their parents’ kindness in providing for their needs when they were younger. The small research sample means the findings of this study could not be generalised. Whether or not this attitude was unique to the Singapore Malay migrants in Western Australia, or if other Malay migrants in other parts of Australia also share similar values, is unknown. This interpretation has not been found in previous investigations on Asian migrant aged-carer population in other western societies.

Secondly, participants were not expecting their children to provide care for them when they became old in contrast with their parents’ expressed expectation to be cared for by their own children. These participants hoped that their children would emulate their filial care-giving actions towards their parents, while at the same time they were prepared to enter aged-care institution. This indicated a cultural change between two generations and a shift from previous practice, as a result of migration and socialisation into a western society, and having understood, accepted and adapted to the western style aged-care practices.

Thirdly, not previously documented for this cultural group was the feeling of stigma attached to older people with dementia and their families. Participants with parents suffering from dementia felt stigmatised, ashamed and isolated, while participants whose parents were yet to be diagnosed with dementia felt fearful of their parents’ possible and impending diagnosis, and the social repercussions attached to that medical condition. As a consequent,

carers refused to seek outside help which added to their frustrations in facing the challenges of aged-caring.

Finally, this study discovered that participants felt disadvantaged when they compared themselves with their peers who looked after aged-parents in Singapore. Without extended family network and support system, their providing care for their aged-parents at home in Australia constituted a full-time and costly commitment because they have had to make career, social and personal sacrifices to accommodate their aged-parents' needs. Participants felt envious that their Singapore counterparts had the convenience of affordable live-in-domestic helpers to assist them; and with such service, they were able to pursue their career, social and personal interests while providing care for their aged-parents at home.

These new findings provided significant contributions as they implicated a need for more responsive culturally sensitive aged-care policy and service design, and respite services and resources. A need to inform, educate and better prepare the future aged-carer population was highlighted. Because this research, with its small sample constituted only an investigative study, a need for more research is proposed. This study was important because it gave the following recommendations.

### **Recommendations**

This study has implications for service policy, planning and delivery; and professional practice.

#### **Need for niche services**

Recommendation 1: There is a need for increased provision of more responsive quality aged-care and respite resources and facilities that cater to the specific needs of the culturally diverse Australian population,



- to appropriately support family carers to provide care at home;
- to support independent living for the elderly; and
- to provide culturally sensitive institutional aged-care where required.

This will require support from the commercial sector through provision of more responsive and quality aged-care and respite services and resources; and support from the government, which role is to regulate and facilitate aged-caring, through accessible infrastructures and sensitive policies, necessary for the older population's successful ageing-in-place.

A “one size fits all” approach to service delivery is not satisfactory because of language and cultural differences. It is no longer appropriate to assume that the Singapore Malay population's care needs will be met through traditional family structures and care practices. It is very likely that some older people will remain independent for as long as their physical and medical conditions allow. It is also likely that in the future, some will make use of institutional care. If and when they are ready to be placed in institutional aged-care setting, the existence of a niche service will give them the assurance that their specific cultural needs are met.

### **Need for education**

Recommendation 2: The Department of Health and Ageing needs to provide information about the processes of ageing and issues of aged-care to culturally diverse populations, in a culturally sensitive and knowledgeable way that supports their value systems. This study found that participants are not well-informed about ageing issues. This carer population when well-informed will impart the same to their younger generation about issues and challenges involving ageing, aged-care and ageing-in-place, to prepare them for future aged-caring role.

Education plays a very important role in resolving problems of: carers' not wanting to seek nor accept help which only further worsens their difficulties; carers' lack of knowledge about ageing and caring challenges; and their feeling isolated and stigmatised for having parents with dementia, as this study has found. Best care practice will only be meaningful if receivers of services are aware of their needs. When educated and informed of the benefits of the aged-care help-resources, carers' utilisation of such services could reverse stressors like physical and mental stress due to lack of care support. Education on ageing issues especially on 'dementia' and its plight which is essential can alleviate carers' feeling stigmatised. Knowing dementia as a medical condition, carers will understand that these older people with this condition are incapable of comprehending, regulating or controlling any anti-social or inappropriate behaviours, which carers find challenging, because of the progressive nature of dementia that causes these older people to lose their sense of inhibitions. This knowledge and understanding will alleviate carers' feeling isolated and socially stigmatised. When educated and informed of the science of ageing, people will better understand and will be able to anticipate and prepare for their own ageing process.

It is a vicious cycle if lack of education brings about underutilisation of available resources and the ripple effect of shortage in quality services. Only through education, will there be appreciation and utilisation of help resources, as well as commitment to provide better quality and more adequate aged and respite care services. Only through awareness created by education, would there be more interests for more formal and informal resources and support, which are evidently lacking, and contributing to the aggravated stress and "frustration" among the care community especially in geographically and socially isolated communities.

**Need for more research**

Recommendation 3: More research on how cultural values and interpretation of filial piety changes over time in relation to care of elderly parents, are required on:

- a) Young people who are second generation migrants from cultures influenced by Confucian values;
- b) How aged-parents negotiate their desire to maintain their social identity and independence to age within the community; and
- c) Whether non-migrant Singapore Malays living in Singapore share the same values as the Singapore migrant population in this sample.

This would require three separate studies or one large study. A search for past studies, about Australian young people's perceptions or attitudes about caring for aged relatives, using search terms like "Asian youth/young people/teen in Australia's perception of/attitudes towards aged-care/filial obligation/piety", which gave a nil return, constitutes a gap in research. Since this is the population which will be providing care in the future, it is important to understand their interpretation of filial piety. This research found carers provide care for their aged-parents not to serve rather to repay their kindness. Is this unique to Singapore Malay Australians, or this is shared by the Malays who live in Singapore? Is it also shared by other cultures that subscribe to the Confucian values?

## Appendix A – Semi-structured in-depth interview questions

Beginning with easy questions to put interviewees at ease, and to encourage them to tell their story in their own words:

1. How long have you been in Australia?
2. Who else among your immediate family are here?
3. Please tell me about your parents.
4. Where do they live?
5. What sort of support do they require (prompts: practical, financial, and emotional)?

If currently they require support - How is this provided? If your parents need more support in the future, what do you think will happen? How do you think it will be provided?

If currently they do not require support - If your parents need support in the future, what do you think will happen? How do you think it will be provided?

6. Are any family members involved in providing any of the support? Who? What support?
7. What is your role?
8. Please tell me what you think about your role in providing support.
9. Please tell me your practical arrangement in caring for your aged-parents.
10. Please describe the events leading to this caring arrangement. (Note: researcher will probe for elaboration of determining and influencing factors in expressed thoughts and feelings).
11. What options did you have or consider before coming to this decision on care and support choices? (Note: researcher will probe available options like Residential

care/day care/home and community care; if they have been considered, what happen?  
Or if not, why).

12. What other care and support services are you aware of? Did you consider any of them?
13. What made you choose this arrangement  
Why did you reject other options?
14. What do you feel about this arrangement you made?
15. What do you think are the views and expectations of your parents of you in caring for them?
16. If you still lived in your country of origin, do you think your family would have chosen the same care arrangement for your parents as they aged?
17. Compared with your home country, how are the arrangements for your parents similar? How are they different?
18. What additional options are available in your home country, but not in Australia?
19. What additional options do you have in Australia but not in your home country?
20. What additional services would help you provide better care for your parents in Australia?
21. Who among your family members, who do not live in Australia, do you discuss this care arrangement?  
What do they understand about the differences?

Describe your thoughts about your own aged-care arrangement in the future? (Note: researcher will probe for elaboration of participants' coping plans).

## **Appendix B - Information Letter**

(On ECU letterhead)

### **Malay migrants' concept of "filial-piety" and its support for aged parents to age-in-place in Australia**

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You are invited to participate in a research project conducted as part of the requirement of a Bachelor of Social Science Honours degree at the Edith Cowan University of Western Australia by,

**Nur Yakin MOHD ALI**

The purpose of this research is to investigate if and how support services and resources for people who care for elderly relatives are utilised. I will be interviewing Malay migrants to Australia to find out how they provide care for their aged parents. The findings of this study will be used to make recommendations for a more responsive and culture-specific aged care services to be provided.

If you choose to participate in this project, you will be interviewed. Individual interviews will take about one hour per participant at a venue, time and date to be negotiated and confirmed later. Interview may be conducted bilingually in English and Bahasa Melayu or Malay according to your preference. Interview sessions will be audio-recorded with your permission. Please ask any questions you have about the research at any time. I have attached a list of contacts in case they are useful to you.

Your privacy and confidentiality are assured because your names or other personal details will not be recorded during the interview, and will not be shared with others beyond the interview. Participation in this research project is voluntary. You may stop the interview session or withdraw from participating in this research any time without having to provide

reasons. You may ask that information provided by you be excluded any time before process of data analysis commences. After that, the information you provide are no longer identifiable. Only the researcher and research supervisor will have access to all information collected during the interview process. Materials containing this information will be stored and treated with strictest security, locked and password-protected. You will be provided with an electronic summary of the research findings if you request.

Data collected from interviews with participants will contribute to this research, and will be presented in researcher's thesis. This thesis may be published and the findings of this research may be presented at conferences or in journals.

Some benefits in participating in this research include:

- Your information will contribute to a better understanding by the mainstream Australian society, policy makers and service providers of your needs and the needs of other Malay migrants; and how you would like to provide care for aged-parents;
- Your answers will contribute to research that aims to create change in Australian aged-care;
- You will be able to share your perception, thoughts and feelings, emotional, mental and physical joys and challenges, decision-making processes, the support resources available to and utilised by you in performing your filial obligations towards your parents. This report may help others in similar position.

The identified risks in this research are:

- the inconvenience of completing forms;
- the inconvenience of making time for the interview (we thank you for this); and

- a possibility that some people may feel slightly uncomfortable when they share their personal experiences, feelings or thoughts with the researcher (you do not need to share anything you do not feel comfortable sharing).

This research project has been approved by the Edith Cowan University (ECU) School of Psychology and Social Science Human Ethics Research Sub-Committee. If you have concerns about this research and would like to discuss them, you may contact:

A/Prof Dr Trudi COOPER

Dr Andrew GUILOYLE

Email: t.cooper@ecu.edu.au

Email: a.guilfoyle@ecu.edu.au

Telephone: 6304 5637

Telephone: 6304 5192

If you wish to participate in this research project, please complete and return the attached consent form. Thank you for being part of this important study.



Useful sources of information and assistance:

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- Australian Asian Association  
Address: 275 Stirling Street, Perth WA 6000. Tel.: 9328 6202  
Email address: austasia1@inet.net.au Internet: www.aaawa.org.au
- Home and Community Care, Aged and Continuing Care  
Directorate of Department of Health. Tel.: 9222 4222 / 1800 052 222  
Email address: haccwa@health.wa.gov.au  
Internet: www.health.wa.gov.au/hacc
- Department of Health and Ageing  
Residential Care Section (MDP 118)  
Aged and Community Care Branch. Tel.: 9346 5206
- Multicultural Respite Services  
Address: 9 Nyamup Way, Bentley WA 6102. Tel.: 9231 0500  
Email address: tania.trengove@canning.wa.gov.au  
barbara.kasprzak@canning.wa.gov.au  
Internet: www.canning.wa.gov.au
- Rainbow Multicultural Aged Care Programme  
Address: 33 Eighth Ave, Maylands WA 6051. Tel.: 9271 2026
- Umbrella Multicultural Community Care Services Inc.  
Address: 263 Coode Street, Bedford WA 6052. Tel.: 9275 4411  
Email address: umbrella@westnet.com.au  
Internet: www.umbrellacommunitycare.com.au
- Centrelink  
Tel.: 132300

Internet: [www.centrelink.gov.au](http://www.centrelink.gov.au)

- Commonwealth Respite and Carelink Centre

Tel.: 1800 052222

Email address: [commcarelink@health.gov.au](mailto:commcarelink@health.gov.au)

- Independent Living Centre of WA

Tel.: 9381 0608

Email address: [help@ilc.com.au](mailto:help@ilc.com.au)

**Appendix C - Consent Form**

(On ECU letterhead)

**Malay migrants’ concept of “filial-piety” and its support for aged parents to age-in-place in Australia**

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I have read the information regarding this research project and have been informed of all aspects of the study. All questions asked by me have been answered to my satisfaction.

I agree to participate in this research project, acknowledging that I can withdraw my participation any time without reason and without negative consequences.

I agree that I can ask for data collected from me to be withdrawn any time before process of data analysis commences, because by that time, data collected from individual participants cannot be identified.

I also agree that data gathered during this research project will be presented in researcher’s thesis, and may be published and presented at conferences, provided I cannot be identified.

Participant ..... Date: .....

Researcher ..... Date: .....

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