Getting Old in the U.S.: Dilemmas of Indo-Americans

Pallassana R. Balgopal
University of Illinois, Urbana

Getting Old in the U.S.:
Dilemmas of Indo-Americans

PALLASSANA R. BALGOPAL

University of Illinois, Urbana
School of Social Work

*Adapting to old age is an arduous task in every society. For Asian im-
migrants because of drastically different value systems getting old in the
U.S. poses a number of dilemmas. For the Indo-American elderly and their
families a major dilemma is whether to expect and abide by the value
orientation of collectivism or follow the main stream American value of
individualism. In this study the ethnographic approach operationalized
through Interpretive Interactionism for an understanding of the interac-
tion between the elderly and their families and their overall coping and
adaptation process in the United States is presented.*

Introduction

Since the liberalization of the immigration policies in the
United States in 1965, the number of new immigrants from Asia,
Africa, and Latin America has dramatically increased. At the
present time, it is estimated that there are nearly 1.5 million
Indo-Americans[1] in the U.S. Like their predecessors, these new
immigrants come to the U.S. primarily to improve their economic
status. A majority of these immigrants, at the time of their arrival
in their new homeland, are between the ages of 25 and 35. This
demographic pattern is contributing to a rapid increase in the
elderly population of this group.

Adapting to old age is an arduous task in every society. Due to
the decline in their health as well as in economic status, the elderly
need supportive networks both at informal (social and kinship)
and formal (human and health services) levels. For the Indo-
American elderly and their family, a major dilemma is whether to

expect and abide by the value orientation of collectivism, which implies dependence and nurturance from family and kinship networks, or to comply with the dominant value of their new environment, which is individualism (implying minimal dependence on others). This conflict or dilemma creates turmoil both in the elderly as well as in their family members. For example, placing a family member in a nursing home is not an easy decision, but for an Indo-American family, this option simply does not exist. In reality, even if these families believe in such options they have tremendous difficulty in implementing it. Such decisions are unacceptable on an emotional·level, including the fear of alienation by the social and kinship networks.

The focus of this study is to examine the current status of Indo-American elderly in the U.S., including the role of their social and kinship networks. The specific aim of this study is to examine: The current profile of the Indo-American elderly in the U.S., differences and similarities of Indo-American elderly with other Asian American elderly, the structure and functions of their social and kinship networks, feelings about living in the U.S. at this stage of their life cycle, and their current dilemmas, conflicts and concerns.

Asian American Perspective of Getting Old

Percentage-wise, Asian Americans is the fastest growing ethnic group in the U.S. Between 1970 and 1980 the U.S. population increased by 11%, whereas the Asian American group increased by 141%, and between 1980 and 1990 the total American population increased only by 10% compared to the increase of the Asian American groups by 99%. Currently there are nearly eight million Asian Americans and it has been projected by the year 2030 that this population will cross the 20 million mark (Barringer, Gardner and Levin 1993).

The Asian American group is a collection of extremely diverse groups. These differences are clearly evident along racial, religious, and lingual dimensions. Adherence to their ethnic customs and values is often influenced by the historical context of their arrival in the U.S. The term Asian American connotes people who can trace their ancestry to all the countries of South Asia, South

East Asia and East Asia. The individuals from the Pacific Islands including Hawaii are included in this cluster known as Asian and Pacific Islanders. Because of their high numbers, racial commonality, and their early arrival in the U.S., often the Asian American group is perceived as people of Japanese, Chinese, Korean and Filipino ancestry. It needs to be recognized that people from the South Asian countries and new arrivals from the South East Asian countries must also be included in the Asian American cluster. The Asian American groups have both a great deal of similarity as well as unique features related to the role and status of their elderly members. However, often their features are very different from the mainstream American values. A brief examination of the role and expectations of the elderly in these groups is in order.

In her discussion of **Chinese** values of aging, Cheung (1989) identifies four categories. First, it is expected that elderly parents are supported by and live with their children. Filial piety and respect for the elderly are seen as essential values which promote close family relationships. Second, older people, because of their life experience, knowledge and authority, represent a link to the past. Third, aging is seen as a harmonious process, and fourth, the elderly are seen as being productive. Mui (1996) also postulates that the elderly Chinese immigrants, as well as their culture, place a strong emphasis on family togetherness and active interdependence. Thus, when children move out and establish their own homes, the parents are disappointed, hurt, find it difficult to accept, and experience shame. According to Cheung (1989), to overcome the pain of isolation and rejection coupled with economic hardship, the Chinese elderly lean on their peers for support and foster less dependency on governmental assistance.

Kitano (1990), in describing **Japanese** family values related to the elderly, identifies the following dimensions: obedience to rules, roles and controls, obligation to the family, sense of fatalism, strong dependency needs, family reciprocity and filial piety, indirect methods of communications, and modesty. Yamashiro and Matsuoka (1997), in their analysis of Japanese-Americans help-seeking behavior, indicate that such behavior is greatly influenced by the doctrines of the Buddhist religion, which teaches that all life is subject to suffering. Adherence to this doctrine is reflected in

a number of Japanese beliefs such as *gaman* (to endure) and *shikata ga nai* (whatever has happened cannot be helped). According to Kim and Kim (1992), unlike the Japanese elderly who maintain a close support network with their cohort group members, the **Korean** elderly are determined to maintain their independence and are reluctant to ask for help from sources outside their family. They are observed with traditional value of *Che-myun* (or face-saving). Even if they are living in abject poverty, the Korean elderly often pretend they are being well cared for by their children. Such behavior is to save their children's and their family's dignity and reputation.

The **Filipino** and **Hawaiian** cultures emphasize respect for their elderly, but strict adherence to such practice is not required. In the Filipino family hierarchy, age is important, but it does not imply authority. Grandparents are indulged and respected, but they are not perceived as authority figures and do not have the final say in family matters. The elderly are considered valuable and their opinion is sought on important matters (Agbayani-Siewart 1994). Based on their study of life experiences of native Hawaiian female elders known as *Kupuna*, Mokuau and Browne (1994) report three major life themes for this population. These themes/expectations are: (a) relationships with people, (2) relationships with nature, and (3) spiritual and religious beliefs. The Hawaiian elders have a special responsibility of tutoring the young and transmitting knowledge and values. In their view, one should not be greedy and take only as much as one needs. Regarding religious beliefs, the *Kapunas* have uniquely blended the Hawaiian indigenous spiritual beliefs with Christian ones.

The **Indo-Americans** share many of the above features, but they have a certain unique perspective on these issues. From ancient times the family has dominated the cultural values and belief systems of the Indian society. The Indian family has changed in recent years as the aging of family members has become problematic and continues to increase. Unfortunately, a majority of the elderly Indians have to rely on their families for support and have little or no means of independent support (Gulati, 1995). Ramanathan and Ramanathan (1994), in discussing the attitudes and expectations associated with the aging process, articulate that in the Indian cultural context this stage of life cycle is seen

as a period of rightful dependency with security assured by the extended family, especially the sons. Caregiving by the children is a product of cultural expectations, duty, love, and mainly an extraordinary sense of positive regard for their elderly family members. Every aspect of Indian life is integrally intertwined with religion. *Dharma* is the Ultimate Law of all things in Hinduism that governs "correct" individual conduct. Scrupulous role fulfillment is the *dharma* of every member of society. *Dharma* for a female is to be the devoted daughter, wife; and—the most vital—mother. It demands her submission to the hierarchical imbalances of a patriarchal culture within which she is nurturer, server and procreator but always subservient to the male. The *dharma* of a male is to be the provider, and protector, of the family, the guardian of the family's morals, and preserver of the status quo (Kishwar, 1984; Miles, 1980). As guardian, the male has the obligation to subjugate and channelize highly potent "Feminine Energy" which could be destructive to society if left uncurbed. Often such beliefs of women's power presents the recognition of violence against them in the Indo-American families (Das Dasgupta & Warrior, 1995).

   Karma is the unending chain of conduct and its reward or punishment that is meted out through successive rebirths, and that constitutes fate or destiny. *Karma* ties all joys and sufferings in *this life* to good or evil deeds in *past births* (Venkataraman, 1996). Scrupulous compliance or non-compliance with *dharma* impacts all aspects of one's rebirth, including gender (male birth signals reward, female birth signals punishment), position in the power hierarchy, occupation, and the degree of pain to be suffered. There is a clear-cut reciprocity of *dharma* and *karma* especially as related to parents and children. The reciprocal responsibilities and obligations for both parents and children are explicitly delineated, implying each of them caring for one another in different stages of their life cycle.

   Respect and honor given to the elderly in the Indian culture is structured through the socialization process. In the Indian homes, children are taught to treat their grandparents as if they are deities. As the father in the Indian household becomes older, the elder son assumes more family responsibilities (Pillai 1985). *Dharma* and *karma* are more culture-specific rather than religious concepts,

and non-Hindu Indian families equally adhere to these concepts as do most Hindus.

In the life cycle stages of Hinduism, the final stage before death is asceticism and renunciation expressed through denial of material and sensual pleasures (Pillai, 1985). In the Indian culture, this process is known as "*Vairagya*," translated as "detachment-from," referring to a disengagement from material possessions and ego-fulfilling desires, and engagement in spiritual pursuits through philosophical introspections. The latter is carried out both individually and through in-depth discussion amongst peers. Most Hindu elderly men and women in India spend much of their time in spiritual activities, such as singing *("Bhajans")* hymns, praying, and engaging in spiritual discussions.

Profile of Indo-America Elderly

The first group of Asian Indians arrived in the U.S. as early as the middle of the nineteenth century, and were primarily agricultural workers. Their numbers significantly increased in the later part of the nineteenth and beginning of the twentieth century. In July 1946, the U.S. Congress passed a bill allowing naturalization for Indians. While highly educated and technically, and professionally trained, Indians desired to enter the U.S., restrictive immigration policies and quotas ensured that only a small number (about 100) were allowed to immigrate per year. Overall, about 6,000 Asian Indians immigrated to the U.S. between 1947 and 1965. After the 1965 Immigration Act, which abolished the quota system, the Indo-American population is one of the fastest growing ethnic groups.

The 1990 U.S. Census (U.S. Bureau of Census, 1992) placed the Indo-American population at 815,447, the fourth largest Asian American group. Based on the data of new immigrants arriving every year, the current figure for Indo-Americans is easily estimated to be over 1.5 million (U.S. Statistical Yearbook of the Immigrating and Naturalization Service, 1995).

In the present context, Indo-American elderly are those who are above 60 years of age. They are classified in three groups: (1) Those who came prior to 1965. As mentioned above, because of the restrictive immigration policies of quota system, it was very

difficult for people from the South Asian countries to immigrate to the U.S. Most of them came as students and, after completing their education, many decided to become American citizens. These individuals, because of their educational achievements as well as good employment, are generally well-settled. Generally, they seem to have balanced their American and Indian identities. (2) The second group includes those who came after the 1965 Immigration Act. Individuals falling under this category are usually professionals and others with technical expertise who had been well-employed in India, married with children, and immigrated to the U.S. primarily to improve themselves professionally and economically. (3) The third group of Indian elderly include those who came to the U.S. as elderly immigrants because their adult children (often sons) had immigrated here and left little option for them to live in India.

As presented in Table 1, in the 1980 Census, it was reported that there were 23,966 Indians over the age of sixty. This number had increased to 37,347 in the 1990 Census. Interestingly, there is a dramatic increase amongst the male population over sixty compared to their female counterparts. In 1980 there was a total of 5,776 men and 17,990 female; this number increased to 17,744 men and 19,503 female in 1990. Although, there is a numerical increase in the female population over sixty, percentage-wise there is a significant decline. In the absence of hard data explaining such significant changes among the gender distribution, one can only speculate the reasons. In the first phase of Indian immigration there was a disproportionate number of single men entering the U.S. who are presently over the age of sixty. The likelihood of these men marrying non-Indians was greater than their marrying Indians. More recently, secondary immigrants (i.e., parents sponsored to immigrate by their children) include more men than women. However, these factors do not fully justify the dramatic drop in numbers of female Indians, especially those over the age of seventy.

After two decades of steady annual increases, the number of parents of U.S. citizens immigrating declined for the third consecutive year. In 1992, 64,764 parents were admitted whereas in 1995 this number dropped by 25% to 48,382. However, it needs to be noted that parents immigrating to the U.S. were

Table 1

Distribution of Indo-Americans in the U.S. Sixty Years and Above by Age and Gender for 1980 and 1990.

Age	1980			1990			%		
	All	*Male*	*Female*	*All*	*Male*	*Female*	*All*	*Male*	*Female*
Total	361,531	187,083	174,448	815,447	437,843	377,604	126	134	116
60 to 64	5,080	1,603	3,477	14,243	7,161	7,082	180	346	104
65 to 69	5,164	1,387	3,777	10,285	4,690	5,595	99	238	48
70 to 74	4,807	1,142	3,665	6,281	2,837	3,444	31	148	(19)
75 & over	8,915	1,844	7,071	6,438	3,056	3,382	(28)	60	(52)

Source: Adapted from U.S. Bureau of Census 1980 and 1990.

primarily born in Asian countries (57%). India being the third highest source to send the elderly immigrants, and numbered 4675 or almost 10% of the total number of parents coming to the U.S. This number constitutes almost 14% of all immigrants coming from India (Statistical Yearbook of the Immigrations and Naturalization Service, 1997).

Methodology

As the increase of the Indo-American population in the U.S. is a recent phenomena, there are minimal systematic data related to their elderly members. Thus, this exploratory study was undertaken not to test specific hypotheses, but rather to generate questions for further investigation. The ethnographic approach operationalized through Denzin's Interpretive Interactionism (1989) methodology helped in understanding the interaction between the elderly and their families and their overall coping and adaptation process in their new environment. This approach further enhanced understanding of the meaning of getting old for this ethnic group and the dilemmas of spending the final years of their lives in a drastically different cultural setting. This research strategy was sensitive to the Indian cultural norms and customs. Interpretive interactionism was operationalized through a series of steps from data collection to analysis based on "thick descriptions" which conveyed the meanings and feelings of the dilemmas experienced by the elderly and their family. "Thick descriptions" are the data which capture the meanings and feelings of the elderly as shared with the researcher and providing extraordinary experience of having "been there."

Most of the interviews were conducted in the respondents' homes or in other informal social settings. They were identified through a purposive and chain referral sampling method. Research sites included three cities of different sizes located in the Eastern and Midwestern U.S. Virtually all of the thirty respondents (seventeen men and thirteen women) interviewed were very receptive in sharing their experiences, and were willing to discuss their current dilemmas and struggles.

As all three aforementioned groups of elderly in this study have different life experiences, conscious efforts were made to

gather data from individuals representing all the categories. In-depth interviews were conducted, and the data were analyzed, using the interpretive interactionism perspective. The emphasis was on understanding how the Indo-American elderly were adapting to getting old in the U.S. Besides personal interviews, sensitive observation, careful listening, and interacting with the respondents, were other sources of data collection. In addition to finding out the reasons for their immigrating to the U.S., the respondents were asked to share information concerning their current living situations, and economic, employment and health status. They were encouraged to share their thoughts and feelings about getting old, especially in a place so geographically and culturally distant and different from their country of origin. They were also asked to share their cultural, religious, and social needs and how these were being met. Special care was taken to understand what and how the elderly were relating and sharing about their joys, happiness, sorrows, concerns and dilemmas. The analysis process involved linking and organizing data to highlight themes, patterns, struggles, compromises, and conflicts experienced by these elderly Indo-Americans. Besides English, other South Asian languages such as Hindi, Tamil, Marathi, Malyalam and Urdu were used to interact with these elderly persons.

Findings

The Indo-American elderly who came prior to 1965 and those professionals who came after the relaxation of the immigration policies are economically independent. Also, those immigrants who arrived prior to 1965 are financially stable and have sufficient retirement benefits ensuring economic independence. Those belonging to the third group which include parents sponsored by their children, lack any source of income. They are completely dependent on their children and feel very vulnerable.

The common health ailments reported by Indo-American men are hypertension, diabetes, high cholesterol and cardiovascular difficulties. Health ailments among Indo-American women include hypertension, arthritis and obesity. In a study of Coronary Artery Disease (CAD) among Indo-Americans, Jha and

colleagues (1993) report the following distressing facts: Indo-Americans have one of the highest rates of CAD, conventional risk factors, such as high blood pressure, high serum total choles-terol level, high fat diet, and obesity. Interestingly, though, more than fifty percent of all Indo-Americans are life-long passion-ate vegetarians, and the high prevalence of CAD is not fully explained.

A pervasive sense of depression was noticed among a number of men and women respondents. Depression was evident through their emotional sharing of a sense of social isolation, lack of meaningful existence, mechanical life, infrequent contact among peers, and limitation in mobility.

With regard to social and kinship networks, various themes were consistent among subjects. If living in the same town, chil-dren and parents live in the same households. Frequently, parents live with their married sons, and if several children are married, extensive visits are made to their homes. If parents are living by themselves, they have regular contacts with their children. Such established contacts are not limited to immediate family but also maintained through extended families. This pattern is similar to that prevailing in all the South Asian countries. In all the three research sites it was evident that this ethnic group had well es-tablished social networks, especially for the younger generations. The elderly reported that they interact with other Indo-Americans in both formal and informal gatherings. Yet, these meetings pro-vide an outlet for socialization and support, but participation is less frequent due to their advanced age. Some shared that the only time they get together revolves around more formal events, such as weddings, birthdays, ethnic holidays, and cultural events. A degree of disappointment and even sadness was expressed that the formal setting of such gatherings prohibit meaningful personal interactions and avenues for mutual support.

Religious and cultural needs of Indo-Americans are met through many groups. Indian religious and cultural groups are ample in the large metropolitan communities where temples, mosques, and other places of worship are available to meet the needs of the diverse Indo-American population. Unfortunately, many of the elderly reported that because of their dependence on their family for transportation they are not able to go to

these places as often as they would like. Those living in smaller communities have virtually no opportunity to partake in such activities.

The responses of the elderly Indo-Americans who participated in this study can be classified into subcategories with regard to specific conflicts or dilemmas related to their coming to and staying in the U.S. This exploratory study generated the following themes related to the dilemmas and conflicts experienced by the Indo-Americans:

Pervasive ambivalence of having immigrated

Social isolation

If children have no identification with Indo-American culture, parents feel sense of failure and question immigrating to U.S.

Should have returned to India while the children were young

Spiritual needs are not met

Health deterioration and fear of dependency on children

Fear of being placed in nursing homes, but denial also that it will not happen to them

Fear of what will happen to their spouse after their death

Problem with severe winters

Visits to their native homes and concern about the continuation of such travels

Exploitation by children (seen to be glorified baby-sitters)

Discussion

Pervasive ambivalence of having immigrated to the U.S. was evident in the discussion with virtually all the subjects. However, those in the third group (that is, the parents who immigrated due to limited choice) were more vocal in their desire to spend their final years in their countries of origin. Also, women respondents readily expressed their preference to live in South Asia.

In situations where children are married (irrespective to Indo- or to non-Indo-Americans) and have no identification with South Asian cultural tradition and heritage, the respondents expressed a tremendous sense of failure, and questioned their decision to

immigrate to the U.S. Questioning the decision to immigrate to the United States is followed by conflict/guilt of having not returned home when the children were young. Helweg (1987), in his research in understanding migrant behaviors of Indians through case illustrations, suggests that these individuals came to the U.S. to seek experience and knowledge which would make them more marketable in India. A recurrent theme emerged that, unfortunately, the longer the immigrants stayed in the U.S. the harder it became for them to return to their homes in South Asia. Some believed that if they did not achieve in America what they had set out to do, they would be considered failures in their countries of origin. Others found that the money and employment opportunities here made it difficult to leave, thus postponing return to South Asia until it was no longer an option. In the present study, the respondents falling under the second category (that is, those who came after the 1965 Immigration Act) frequently shared this sentiment reported by Helweg (1987). It is also important to recognize that Indo-Americans do not make unilateral decisions. Family members are actively involved in the decision-making process. With grown children who categorically oppose returning to South Asia, the elderly feel "stuck" in an alien environment.

A number of respondents voiced that there was not an outlet for their spiritual needs. Although there is a growth of religious institutions, including temples and mosques, they are not always easily accessible. Women respondents especially shared the discontentment in not being able to go to a place of worship on a regular basis. Missing spiritual discourses and lack of peer group discussions around religious and philosophical issues emerged frequently.

Concerns for advancing age include health deterioration, fear of dependency on children or others, and uncertainty of whether children will care for them as they grow older. The utmost fear is whether they would be placed in a nursing home. The respondents were reluctant to speak on this topic. There was a pervasive sense of denial. They were quick to emphasize that their own children will never place them in a nursing home, but one could sense their apprehension. Also, it is interesting that this issue was brought up by virtually all the respondents, but they discussed it only in terms of how the elderly in the U.S. are "pushed" into

nursing homes. This fear of abandonment by children is similar to that being discussed about other Asian elderly. In the traditional Chinese culture, the children take care of their older parents who live with them. Children and societal values promote support and respect for the aged. In recent years it is evidenced that once respected elderly Chinese persons are increasingly neglected and forgotten by their families (Cheung, 1989). One of the myths discovered by Liu (1986) is "that elderly Asian Americans are adequately provided by their families and adult children, and that ethnic institutions exist for older immigrant communities" (p. 156). In discussing the Korean elderly, it has been suggested that to alleviate their adjustment problems, the elderly parents should discard their attachment to preimmigration belief systems, such as the traditional expectation of filial piety, and accept the modified expectations (Kim et al.,1991). As resources become scarce, often family members—even with the best intentions— are unable to access and locate culturally-sensitive services for their elderly, and increasing number of Indo-American families are finding themselves in this predicament. Because of religious differences and dietary restrictions, they are reluctant even to consider placing their elderly in general nursing homes.

Most respondents reported a close relationship with their spouses and how they nurtured their mutual needs and created inter-dependency. With such positive symbiotic relationships, there is a growing concern of what will happen when the partner passes away. This fear was shared by male respondents, especially if their wives did not have formal education or professional training and had never held any employment in South Asia or in the U.S.

Even after living for a long period in America, with very different climatic conditions, most Indo-American elderly feel adversely towards the winters and they seem to be quite preoccupied with living in a warmer area. Although, this concern is shared by most elderly in general, the respondents in this study felt that by using the option of returning to their native countries they would not have to experience the agony of the severe winters.

Most respondents reported that they have been regularly visiting their native countries. They readily shared how pleasant these visits have been, and how their socio-cultural needs have

been met through such trips. But they were quick to express their concerns of how long they would be able to sustain the strains of such a long journey. Because of their advancing age they may not be able to undertake these frequent sojourns and a sense of sadness is evident. Of course, some respondents (especially from the third group) also referred to the high expenses involved in making these trips. Some of them are also worried about who they will stay with in their country of origin.

As pointed out by Pillai (1985), a significant point that enhances Indian women's familial position is the devotion and respect she receives from her children. Often in India this devotion reaches the point of worship as if towards a deity. Sons are expected to abide by their "Dharma" to take care of their mothers unconditionally until they die. Some of the women respondents expressed anguish over the disrespectful treatment they were receiving from their children, their spouses, and even grandchildren. A few of these women felt they were exploited by their children, and the only reason they were brought to the U.S. was to be a "maid" and "baby sitter" for the family. Interestingly, this sentiment was not shared either by the male respondents or by women from the first and second groups.

Summary

This exploratory study has generated significant data concerning the dilemmas and conflicts experienced by the Indo-Americans in the U.S. As these immigrants are getting older there seems to be an increasing sense of ambivalence over the issue of immigrating, especially over not returning back to India while their children were still young.

Respondents from group one seemed more assimilated and adapted to American culture and customs. Socially they interacted with both Indo-Americans and other Americans. They also reported feeling less socially isolated. Of course, most of these respondents, even those who were near 70, were still employed. In this group, both spouses are frequently professionals. In the second group, respondents reported more interaction with their fellow ethnics. They socialized with other Americans only during formal events. These immigrants seemed intensely involved in

socio-cultural and religious activities including establishing and participating in these institutions. Respondents from group three felt, by-and-large, out of place in the U.S.

Almost all of the respondents in this study came from middle or upper middle income families. Indo-American families with marginal incomes, whose numbers are rapidly increasing, are more likely to experience greater degree of social isolation. In discussing Indian immigrants in Canada, Murzello (1991) reported that migration increased social isolation and destroyed extended kinship networks for the elderly. Unfortunately, similar patterns is emerging among the Indo-American families.

Finally, the findings of this study confirm those related to other Asian American elderly groups (Cheung 1989; Kim & Kim, 1992, Mui, 1996; and Miah & Kahler, 1997). Most of these elderly are disturbed about the loss of tradition and family values, and feel they do not get the respect from their children and grand-children. Having immigrated to the U.S., they do not have much of an option of returning home. To preserve their family's pride they are reluctant to expose the family conflicts in the open.

The existential dilemma of getting old is real and universal, and especially for the immigrants it does not matter whether they were forced out of their homelands or migrated voluntarily. The dilemma is compounded when they have to spend their final years in a society with drastically different values, customs, and norms (as presented in this study of Indo-American elderly in the United States). The themes which emerged in this study warrant further investigation, which should capture the stories of the elderly from different ethnic immigrants. It will be interesting to learn of the similarities and differences among the various ethnic groups in the Asian American cluster, as well as among other ethnic groups.

Note

1. The term 'Indo-Americans' is used here to refer to immigrants tracing their ancestry to the six countries of the Indian subcontinent, viz, India, Pakistan, Bangladesh, Sri Lanka, Nepal and Bhutan. While the countries are separate nations, they share a common cultural history dating back 5000 years. Sociologists and political scientists have more popularly used two additional classifiers to describe immigrants from the Indian subcontinent, viz, Asian

Indians and South Asians. The term 'Indo-Americans' is chosen because it is more in line with other more culturally distinctive classifiers for hyphenated categories of immigrants such as Chinese-American or Japanese-American; it reduces the element of confusion between natives of the Indian subcontinent and other Asian groups, such as Southeast Asians; it clearly distinguishes between residents of South Asia and American citizens or legal residents of America, and it eliminates opportunities for confusion between Asian Indian Americans and Native Americans.

References

Agbayani-Siewert, P. (1994). "Filipino American Culture and Family: Guidelines for Practitioners". *Families in Society: The Journal of Contemporary Human Services.* Vol. 75(7) 429–437.

Barringer, H. R., R. W. Gardner, and M. J. Levin, (1993). *Asian and Pacific Islanders in the United Sates:* The Population of the United States in the 1980s. New York: Russell Sage.

Cheung, M. (1989). Elderly Chinese Living in the United States: Assimilation or Adjustment. *Social Work,* 34(5), 457–461.

Das Dasgupta, S. and S. Warrier, (1995). *In Visible Terms: Domestic Violence in the Asian Indian Context.* N.J.: Manavi.

Denzin, N. K. (1988). *Interpretive Interactionism.* Beverley Hills, CA: Sage.

Gulati, L. (1995). Women and Family in India—Continuity and Change. *Indian Journal of Social Work,* LVI (2), 1333–154.

Helweg, A. (1987). Why leave India for America? A Case Study Approach to Understanding Migrant Behaviour. *International Migration,* 25(2), 165–176.

Jha, P., Enas, E. A., and Y. Salim, (1993). "Coronary Artery Disease in Asian Indians: Prevalence and Risk Factors" *Asian American and Pacific Islander Journal of Health,* Vol. 1(2), 161–175.

Kim, P. K. and J. S. Kim (1992). "Korean Elderly: Policy Program, and Practice Implications." S. M. Furoto, et al. (Eds). *Social Work Practice With Asian Americans.* Newbury Park: Sage Publications.

Kiswar, M. (1984). "Some Aspects of Bondage" in (Eds.) Kishwar, M. and R. Vanita, *In Search for Answers.* London: Zed Press.

Kitano, H. (1990). Values, beliefs, and Practice of the Asian-American Elderly: Implications for geriatric education. *Minority Aging.* Washington, DC: U.S. Department Health Human Services.

Liu, W. T. (1986). Health Services for Asian Elderly. *Research on Aging,* 8(1), 156–175.

Miah, M. R. and D. R. Kahler, (1997). "Asian American Elderly: A Review of the Quality of Life and Social Service needs." *Journal of Sociology and Social Welfare.* Vol. XXIV: 1, 79–89.

Miles, M. (1980). *Women and Patriarchy: Conflicts and Dilemmas of Students and Working Women.* (Translated from German by Sarkar, S.) New Delhi: Concept Publishing.

Mokuau, N. and C. Browne (1994). "Life themes of Native Hawaiian Female Elders: Resources For Cultural Preservation." *Social Work*, Vol. 39. No. 1, 43–49.

Mui, A. C. (1996). "Depression Among Elderly Chinese Immigrants: An Exploratory Study." *Social Work*. Vol. 41, No. 6, 633–645.

Murzello, F. (1991). *Quality of Life of Elderly East Indian Immigrants*. Unpublished Master of Social Work Thesis. University of Calgary, Canada.

Pillai, A. K. B. (1985). The Asian Indian Model of the Elderly: A Study in Anthropological Gerontology. *Journal of the Indian Anthropological Society*, 20(3), 210–225.

Ramanathan, C. S. and P. N. Ramanathan, (1994). Elder Care Among Asian Indian Families: Attitudes and Satisfactions. *Community Alternatives*, 6(1), 93–112.

U.S. Bureau of Census (1992).

U.S. Immigration and Naturalization Service, (1997). *Statistical Yearbook of the Immigration and Naturalization Service*, 1995. Washington, D.C.: U.S. Government Printing Office.

Venkataraman, J. (1996). "Indigenization Process of Alcoholism Treatment From the American to the Indian Context." Unpublished doctoral dissertation, University of Illinois at Urbana-Champaign, Illinois.

Yamashiro., G. and J.K. Matsuoka, (1997). "Help Seeking Among Asian and Pacific Americans: A Multiperspective Analysis" *Social Work*, Vol 42, No. 2, 176–186.