MIGRANT WORKERS AND THE CANADIAN LIVE-IN CAREGIVER PROGRAM: THE IMPACT ON MULTIGENERATIONAL FAMILY

by

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Abstract

Filipino workers migrating overseas have put at risk the traditional model of eldercare in the Philippines. Instead of co-residing with their aging parents or guardians, migrant workers, especially women, choose to work in Canada, typically caring for Canadian children and people in the last stages of their lives. This situation raises the question of who will care for their own parents during their final years. Existing literature addresses the effects of migrant workers leaving behind their children and spouses; however, the ramifications of worker emigration on seniors, the elderly, and the infirm have not been explored to the same extent.

This master’s thesis addresses the gaps in the literature by providing a qualitative examination of the impact of worker migration on traditional Filipino senior care, focusing on Live-In Caregivers in Victoria, BC, Canada. Migrant workers are able to take care for their families through remittances, which in turn pay for education, health care, and an overall higher standard of living. Primary eldercare becomes a responsibility shared by all members of the family who are left behind. Caring for the elderly is thus maintained transnationally through cultural adaptation.
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List of Abbreviations

OECD Organization for Economic Co-operation and Development
LCP Live-In Caregiver Program
OFW Overseas Filipino Worker
POEA Philippine Overseas Employment Administration
OWWA The Overseas Workers Welfare Administration
Chapter 1

Introduction

Introduction and Thesis Question

Life has a beginning and inevitably an end. In most of the world, large populations of the elderly are increasing, which will have serious implications on almost every aspect of their societies. Given Canada’s relatively low fertility rate compared to historical averages, we are left with the question of who is to take care of the elderly and frail. Canada, among many other countries that are part of the Organization for Economic Co-operation and Development (OECD) such as the United Kingdom, Ireland, and the United States, has turned to migrant workers (Spencer et al. 2010). As well, there are more women in the paid workforce than ever before, and domestic duties that were once traditionally theirs are being done by hiring migrant workers. Under the Live-In Caregiver Program, our crisis care problem is being solved by migrants from the developing world, in particular the Philippines. Canada’s borders have been opened to allow for cheap labour, a feature that continues to be widely utilized given the relative value of our currency compared to those in developing countries; indeed, monetary remittances from Canadian low-waged jobs far exceed income from even Philippine’s best and brightest professional and intellectual occupations.

But OECD countries are not the only ones facing a growing aging demographic. The developing world is also experiencing declining fertility rates, and with many of their adult children going abroad to work, they too are left with the question of who will take care of their aging populations. Ironically, while the problem in Canada is temporarily solved, it is at the expense of migrant workers who have left their families back home. Migrant workers are motivated to work with people in the last stages of their lives, but who will be available to care for their parents at the last stages of their lives? Clearly with the increases in Filipino workers
migrating overseas, it is no longer the adult children that had traditionally co-resided with their parents/guardians that can provide this care.

The existing literature and academic work have looked in detail at the impacts and effects of migrant workers leaving behind their children and spouses; however, the ramifications of worker emigration on seniors, the elderly, and the infirm have not been explored to a similar extent. It is necessary to address these important considerations because the economic option for as many young adults to stay in the Philippines may no longer exist. My master’s thesis will attempt to address these shortcomings in the literature by conducting a thorough examination of the impact of worker migration on senior care. It will ask: “How does a participant of the Canadian Live-In Caregiver Program arrange eldercare transnationally?” By placing a particular emphasis on identity, culture, and practices, this thesis will delve into the expectations for the migrant worker to be financially contributing to their elderly relatives, while family members left-behind in the Philippines contribute to the physical care of their elderly relatives. This situation means that all adult children, extended family, and grandchildren are part of the effort.

Theoretical Framework
Transnationalism is based on the notion of meaningful exchanges, connections, and practices that span across transnational space, between sending and receiving countries. Although migrants may have left their families and networks behind, they maintain transnational linkages that transcend social scales and multi-stranded connections that continue to influence their life worlds as migrants in their new homes (Kelly and Lusis 2006, 831). The effect can be seen in their original neighbourhoods, the urban labour market, and the national society of their new homes (ibid., 831). Migrants’ realities and activities include, but are not limited to, ideas, values, political mobilization, and economic contributions such as remittances (IOM International Organization for Migration 2010).
Looking at the macro-level of why migration occurs allows for a comprehensive view of remittances at the national level and their impacts on households at the micro-level. Transnationalism will be the overarching framework used in this thesis since looking at the links with the Philippines can help explain how relationships are maintained while live-in caregivers are physically present in Canada. As Ley and Kobayashi (2005) explain transnationalism, “invokes a travel plan that is continuous not finite,” and “[I]mmigrants never quite arrive at their destinations because they never quite leave home” (113).

**What is the Live-In Caregiver Program?**

The Live-In Caregiver Program (LCP) fills the need for care workers for childcare, elderly care, and the elderly who are disabled or sick (Bourgeault et al. 2010, 84). Established in 1992, this program replaced the Foreign Domestic Movement Program (FDM) which only acknowledged the need for childcare (ibid., 84). A live-in caregiver is “a person who resides in and provides child care, senior home support care, or care of the disabled without supervision in the private household in Canada where the person being cared for resides” (ibid., 85). In much of the literature, the LCP is usually addressed and the terms and regulations of the program explained, along with many different issues and impacts about Filipina migrants (Goli 2009, 9; Bourgeault et al. 2010; Brickner and Straehle 2010).

Live-in caregivers, particularly women, are able to come to Canada without going through the immigration points system or through family sponsorship (Goli 2009, 9; Bourgeault et al. 2010; Brickner and Straehle 2010). Eligibility to be a live-in caregiver requires an application to Citizenship and Immigration Canada (CIC) with the following requirements: job confirmation from Human Resources and Skills Development Canada (HRSDC) to the employer that shows they are in agreement with the need for a live-in caregiver; a contract with the employer; the equivalent of a Canadian secondary school education; at least six months of full-
time training that is relevant and/or related work experience (can include six months with one employer) in the three-year prior to the application; good knowledge of English or French; and a work permit (Bourgeault et al. 2010, 85).

Live-in caregivers are permitted to change employers, although there can be administrative and financial barriers in doing so (Bourgeault et al. 2010, 86). If things do not go as smoothly as planned, these disruptions can severely jeopardize the LCP’s status (ibid., 87). Consider the situation in which the caregiver falls ill; in such circumstances, a medical note can be written to account for a leave of absence in order to complete the required 24 months of work. Likewise, if the Filipina migrant becomes pregnant and gives birth during the period of her temporary status, she must then search for childcare, which is a difficult financial burden on its own (ibid., 87). Searching for new employment requires a new work permit and prolongs the 24-month requirement. Rather than move, many women choose to keep performing unsatisfying work (ibid., 87). Therefore, with so much at stake and so little time, LCP workers are vulnerable and prone to abuse. Prior to the policy changes of the LCP in November 2014, in cases of abuse, it was likely to increase due to the live-in aspect of the program, because a caregiver is constantly kept in the home and forced to be available at every beckon and call (ibid., 87). This can also lead to working more hours than what was laid out in the contract.

Prior to the changes to the LCP on November 2014 and this thesis, in order to be allowed to apply for Permanent Residency status, live-in caregivers must work 24 out of the 36 months in a client’s home; in many instances, the client may in fact also be the employer (Bourgeault et al. 2010, 86). Permanent Residency means that the caregiver is protected by Canadian laws, including labour laws (Brickner and Straehle 2010, 310). During the initial period, her status is temporary. She is neither an immigrant nor a visitor and she is only allowed to work for the employer stated in her work permit (Bourgeault et al. 2010, 86). After three years of being a Permanent Resident, she would be allowed to apply for Canadian citizenship (Goli 2009, 10;
Brickner and Straehle 2010, 310). The LCP is the only type of program that can result in residency status for low-skilled temporary workers (Brickner and Straehle 2010, 310) and is an important phenomenon since there has been a rise in Filipina migrants coming to Canada as caregivers (Citizenship and Immigration Canada 2013).

**Thesis Organization**

The thesis is structured such that it describes the foundation of the research questions, and provides rationale for the findings. The following section is the literature review in which transnationalism is used as the overarching theme for the subsections. It uncovers the reasons for Filipino migration to Canada, and addresses the political environment allowing this process to occur. It discusses the importance of culture and family, as well as their influence, on a personal and cultural level, on why Filipino migrant workers come to Canada. Finally, it explains how eldercare has traditionally been conducted, and how traditions can be compromised due to migration. The concept of landscapes of care examines caring across spaces and places, as migrant workers maintain transnational ties and compromise their cultural expectations.

The research section will explore the research in detail: how it was conducted, the demographics of the participants, and the findings. On the latter, each subsection in the findings will have an analysis section to break down what was found. By the end of the findings section, the answer of how eldercare is performed transnationally and in the Philippines by family members left behind will also be explained. Finally, the conclusion will be presented, in which all three sections will be compiled to complete the thesis.
Chapter 2

Push and Pull Factors

This chapter will provide an in-depth analysis of the transnational “pull and push” factors for the reasons why female migrant workers come to Canada to live as live-in caregivers, since gender, as well as class and race, influences transnational behaviours (Kobayashi and Preston 2007). It will try to provide a different perspective for understanding how the private sector has dealt with the aging population and unaffordable daycare costs in Canada. It will also try to draw together a variety of perspectives regarding this phenomenon and how it can elaborate on our understanding of transnationalism, the globalized division of labour, and migrant workers. Only through understanding the labour demand, how migrant workers can fulfill them, and why they move in the first place, can the impact of migrant workers in Canadian society and policy be understood.

Pull Factors

The history of Canada and its global relationships are important in understanding how present day labour shortages are filled by migrant workers. The current pull factors to Canada from the Philippines shows that not only does history repeat itself, but due to globalization, it does so at a larger scale.

Domestic Work in Canada’s History

Brickner and Straehle (2010) provide a short history of migrant domestic workers in Canada since the early stages of Confederation. In 1867, British unmarried women came to work in upper-middle class households (ibid., 310). In 1955, Canada opened its borders to Jamaica and Barbados for domestic workers (ibid., 310). Under the Caribbean Domestic Scheme, one could apply for Permanent Residency after one year of live-in domestic work (ibid., 310). In this way,
Canada used domestic employees to fill domestic labour shortages and in turn granted access to Permanent Residency once the fulfillment of the contract had been completed (ibid., 311). Then 1981 the Foreign Domestic Movement Program was created to help fill the need of affordable daycare centres and allowed migrants to obtain Permanent Residency but only after two years working with a temporary worker visa in the country. That program was replaced in 1992 by the Live-In Caregiver Program which is in place today. The current program has opened its doors to live-in caregivers to work not only with children but also with seniors and people with disabilities (ibid., 311).

**Global Structures and Political Relationships**

Canada has usually followed in the footsteps of the US. Since Filipino migration to the United States has been occurring to fill elder and childcare shortages, decisions and actions took place for Canada to follow suit. The colonialism and imperialism that occurred in the Philippines by the Spanish and the United States have left a legacy of inequalities and poverty (Urbano 2011, 614). Philippine incorporation in the global capitalist system is also racialized and gendered (Kelly and Lusis 2006, 832). This complex colonial history of conquest and global capitalism between the Philippines and the United States (ibid., 831) has allowed Canada to benefit from these global relationships to help with their elder and childcare crisis.

**An Aging Demographic and Labour Demands**

Canada is a rich country with a support system that supplements elderly care in one’s kin group (Climo 2000, 695) with assistance from government and public agencies. The assistance and support systems range from food to expensive medical care (ibid., 694). There has been much scholarly work on issues of an aging demographic in Canada, affordable and available childcare, and the lack of care workers to fulfill care taking jobs (Bourgeault et al. 2010; Brickner and
Straehle 2010; Ieovich 2011; Kelly and Lusis 2006; McDonald and Valenzuela 2009; McKay 2004; Valiani 2009). Bourgeault et al. (2010) point out that in the 2006 Canadian Census, 13.7 percent of the population (4.3 million) was aged 65 and over. Of this number, 27.9 percent (1.2 million) were aged 80 and older. The 65 and over population is expected to double by 2036 to 9.8 million, bringing the share of the seniors’ population to 25.5 percent in under three decades (ibid., 84), making elderly care a tremendously growing occupation. Canadian women’s participation in the workforce has increased over time leaving behind what was deemed as “women’s work” and replacing it with educated women from developing worlds to work these domestic jobs.

As well, family members no longer live geographically close to one another. The demands of work also contribute to the difficulty in caring for an elderly parent and children (Ieovich 2011, 617). Yet Bourgeault et al. (2010) argue that the lack of eldercare workers is due to the rationalization of health care resources in the past decade. The lack of women staying home on the domestic front, coupled with dwindling state support in things such as fully funded home care for the elderly and affordable daycare costs for children, have forced Canadian families and elders to reach out to migrant workers (Guerrero et al. 2000, 277) through the LCP. The demand for cheap labour in the West, combined with the international calling to support developing nations and migrants’ desire for higher wages (ibid., 100), has led to migrants moving to the developed world.

The world of migration started to become a new trend in the 1960s, when movement to different places to work grew more than any time in history (Cohen 2005, 90). Women from the developing world were hired to perform domestic work—considered “woman’s work” in both poor and rich countries (Bourgeault et al., 694)—leading to a feminization of Philippine migration (Guerrero et al. 2000, 277). With the lack of reproductive female workers in the developed world and the history of the Philippines sending their own since the 1970s, the Philippines have been
able to respond to this demand (ibid., 277) by sending women to work through the LCP in Canada.

Although immigration is a way to alleviate the effects of the declining birth rate, lack of affordable daycare, and increasingly aging population, the motivation for Canadian's immigration policies is primarily economic (Bourgeault et al. 2010, 85). While migrant workers may benefit from the opportunity to live permanently in Canada, Canadian families are also supportive of the LCP initiative due to the reduced costs of hiring. Canadians interested in hiring a migrant live-in caregiver must prove that they have made every effort to hire a Canadian citizen or Permanent Resident. From 1996 to 2006, 83 percent of migrants who entered Canada through the LCP were from the Philippines (ibid., 86). That said, it should be noted that the total number of caregivers in Canada is unknown since undocumented immigrants are not accounted for (ibid., 86). Nevertheless, the data speak to the demand for migrant workers, since these positions are not being filled otherwise.

**Pull and Push Intertwined: Government and Policies—Canada and the Philippines**

To meet both the desire of migrant workers to leave the Philippines and the demand for live-in care workers, policies have been implemented in both Canada and the Philippines to allow for easier movement across the world. Scholars have documented how these policies regulate migrant live-in caregivers and working in Canada (Bourgeault et al. 2010; Bourgeault et al. n.d.; Brickner and Straehle 2010; Hodge 2006; Ieovich 2011; Kelly and Lusis 2006; McDonald and Valenzuela 2009; McKay 2004; Valiani 2009). Everyday lives of migrants and their decision to go abroad are heavily influenced by the global structural power relations and policies of Canada and the Philippines.

**Race and Gender**
The LCP uses global labour from low- and middle-income countries for jobs that few Canadians are willing to do (Bourgeault et al. 2010, 88; Hodge 2006, 64). Additionally, policy makers consider migrants who are given the opportunity to come to Canada as “privileged” rather than exploited (ibid., 88). With the rising aging demographic and lack of individuals to take caregiving jobs, migrants are an effective response for solving this problem immediately. The global economic inequalities, seen in the Philippines, and the economic privileged, seen in Canada, in combination create an ideal situation to sustain the LCP (Hodge 2006, 64).

Some academics criticize the LCP program for the racial and gender hierarchies intertwined with its policies (Bourgeault et al. 2010, 88). The LCP marginalizes women of all classes and races in Canada, since it devalues and continues to feminize domestic labour. In fact, Canadian women are usually the employers of female migrant workers (Hodge 2006, 64). Canadian female employers do not free themselves from working these jobs, but rather add to the racial and gendered component, pushing more women into the caretaking fields (ibid., 64). They naturalize “feminine” traits such as hard working, loyal, and “good with children,” that patriarchy has used against all women (ibid., 64).

According to Geraldine Pratt, there are also indications of racial stereotypes of caregivers from the Philippines and Britain, which can be observed in the structure of their workplace conditions (Hodge 2006, 62). Consider the shift in origins of domestic workers from Western Europe to the Caribbean and the Philippines, where the visa status has changed from permanent to temporary status. This shift was also accompanied by racist sentiments, especially because racism is noticeable in the differential treatment of domestic workers coming from different parts of the world (Bourgeault et al. 2010, 88).

The Philippine Government
Guerrero et al. (2000) explain the history of migrant workers from the Philippines where what started as a temporary fix that would help alleviate both the rising unemployment rate and the balance of payments in the 1970s. One economic crisis after another has led to the continuation of sending Filipinos overseas, with multiple presidents, from Marcos and Aquino, to Ramos and Estrada, allowing for such movements (ibid., 278). The Philippine government did try to curb migration after seeing that many women faced abuse. Bans were created to try and protect these women, but they only led to irregular migrations, putting women at more risk (ibid., 279). Those bans were lifted once it was noticed that migration and remittances have extreme economic benefits not only to the household, but the nation as a whole. Eventually, the Philippine economy started to stabilize and the government was intending to slow down the emigration pace; however, the 1997 Asian financial crisis resulted in the government encouraging migrants to stay abroad and to continue to look for work in their host countries (ibid., 278). Since then, emigration out of the Philippines has continued.

The Philippine government, alongside various political parties, companies, and agencies involved in the migration industry and various types of informal networks, has helped established migrants and non-migrants to continue to meet the needs of the international labour market (Guerrero et al. 2000, 278). It has also taken additional measures to protect migrant workers who contribute to the economy, putting them in a difficult situation. While they want to promote overseas employment due to the competing interests, they also want to provide more protection to workers overseas (ibid., 279). The Philippines have taken some measures to empower female migrants such as giving information, training, and pre-departure seminars by NGOs (ibid., 279).

Despite the negative impacts to migrants abroad, the Philippine government has also tried to instill a comprehensive legal and institutional framework to help with different stages of temporary migration: before migration, while migrants are abroad, and on their arrival back to the Philippines. Additionally, the Migrant Workers and Overseas Filipino Act of 1995, as amended
by RA 10022 on 13 August 2010 (Asis 2013, 4), provides mandatory health coverage to land-based workers to cover “death and permanent total dismemberment, repatriation, subsistence allowance benefit, compassionate visas, medical evacuation, and medical repatriation” (ibid., 4). To be classified as an Overseas Filipino Worker (OFW), one has to be recruited to work an overseas job with the precondition that employment and travel documentation papers are processed by Philippine Overseas Employment Administration (POEA) and documented by the Labor Assistance Center at the Ninoy Aquino International Airport upon departure (Lorenzo et al. 2011).

There are also programs and services to deal with migrants’ experiences of displacement, repatriation, and reintegration that are part of the National Center for the Reintegration of OFWs (Asis 2013, 4). Two government agencies promote overseas work and help with migrant welfare and benefits (Urbano 2011, 608). The Philippine Overseas Employment Agency (POEA), created through Executive Order No. 797, was designed to protect migrant worker’s rights, as well as promote and develop overseas employment (ibid., 608). The Overseas Workers Welfare Administration (OWWA) is responsible for the delivery of services and benefits (i.e. insurance, health care services, education, training, and family assistance programs) to migrants and their immediate families (ibid., 608). The OWWA collects from each member a $25 USD contribution, which is invested, including interest income, into a single trust fund for the various needs of the members (Asis 2013, 4). Since this is an acceptable practice of livelihood, NGOs, the Catholic Church, and other faith denominations have influenced the policies concerning migration, by advocating the protection of the rights of OFWs and their families (ibid., 4).

**Pull and Push Intertwined - Injustice in the Present Global Order**

The global labour movement has contributed to the current global injustice that has greatly impacted the movement of migrants from the Philippines to Canada (Hodge 2006, 64). Urbano
(2011) argues that migrant workers going to developed countries is indicative of an unjust global order. The social world is organized by laws, conventions, practices, and social institutions that affect individuals’ everyday lives (ibid., 605). Although it is not the poorest populations leaving the Philippines due to the costs of passports, visas, travel fares, and other high costs, relatively well-off migrants choose to move because of the lack of employment opportunities in the Philippines (ibid., 607). Underlying these decisions to move is a political culture that has been dominated by the elite minority who were given power by the U.S. and Spanish during colonialization.

International social institutions affect the living conditions of people around the world (Urbano 2011, 612). The U.S.’s economic and political institutions, through “foreign investment trade flows, world market prices, interest rates, and the distribution of military power” (ibid., 612), have a global reach that is not limited only to American citizens. Nevertheless, economic conditions favour the richer, developed countries such as the United States and Canada, leading to uneven distributions and poverty (ibid., 612). Corruption notwithstanding, the International Monetary Fund and World Bank (IMF/WB) has lent money while being fully aware of this fact, with the misguided hope that poor countries like the Philippines would recover through the meagre decisions of the elites (Hodge 2006, 64; Urbano 2011, 615). The rich Northern countries feed this assumption, giving money to and subsequently subordinating, the Philippines and other Southern developing countries. As well, the money that is lent to them must go towards structural adjustment programs (SAPs) which restrict these countries, eventually forcing them to “pursue economic liberalization programs like privatization, deregulation, and the reduction of trade barriers” (Urbano 2011, 615). In response, countries like the Philippines must then increase taxes and reduce spending to balance the national budget and avoid deficit (ibid., 615). Such reforms cripple the Philippines and other developing countries, despite the arguments that these changes will benefit them in the long-run (ibid., 615). But “long-run” is a subjective notion: the question
is, when exactly will developing countries see these benefits? Regardless, unless these SAPs are adopted, loans are not provided (ibid., 615). The World Trade Organization (WTO) also has a heavy foot on the Philippines, making it difficult to export products to developed countries through the imposition of high duties and tariffs on their export products, agricultural subsidies, and other policies that stunt economic growth.

The history of the ruling elites and the three centuries of oppression, abuse, forced labour, and resource exploitation before that, has led to poverty and the push of migrant workers out of the Philippines. And although the world has known the Philippines to be sending their citizens to different parts of the world, the United States and Canada have refused to sign the United Nations International Convention on the Protection of the Rights of All Migrant Workers and Member of Their Families (Urbano 2011, 17). Given the current terms of globalization, it will be hard for the Philippines to attain economic prosperity. Consequently, it has become vulnerable to the unjust global structures which contribute to poverty (Hodge 2006, 64). But in the meantime, the use of migrant workers still acts as one of the temporary financial reliefs for the Philippines.

**Push Factors**

Many factors that contribute to the decision to leave one’s home country and move abroad have been explored in the literature concerning migrant workers to Canada and other developed countries (Bourgeault et al. 2010; Bourgeault et al. n.d.; Brickner and Straehle 2010; Hodge 2006; Ieovich 2011; Kelly and Lusis 2006; McDonald and Valenzuela 2009; McKay 2004; Valiani 2009). Additionally, multiple sources have brought up the importance of transnational links (Antman 2012; Asis 2013; Cohen 2005; Kelly and Lusis 2006; McKay 2004; Peralta-Catipon 2012; Pozo 2007; Semyonov and Gorodzeisky 2005; Urbano 2011; Vertovec 2009). While the most obvious reason is for financial remittances, research has also revealed other reasons for moving that are non-economic in nature (Vertovec 2009). Nevertheless, financial remittances
remain the driving force for leaving and coming to Canada and can have developmental benefits such as financial growth in the household, the community, and the nation as a whole (Cohen 2005, 89).

**Socio-Economic Issues**

Overseas employment is no longer a short-term goal, but rather a permanent feature of the government’s development program (Urbano 2012). As of 2006, there were more than 8.5 million Filipinos working abroad, with domestic work encompassing 29.7 percent (91,451 out of 308,142) of the total labour exports; in 2009, 84 percent were women (ibid., 609).

Urbano (2012) outlines some of the socio-economic realities that are faced by Philippine citizens, which pushes them to move out of the country for economic gains. The first are economic issues, such as food crises, the rising price of crude oil, poverty, and unemployment (ibid., 607). The poor population in 2009 was 23.1 million, an increase of 0.97 million since 2006 (ibid., 608). Unemployment and underemployment rates were 7.2 percent and 19.4 percent, respectively, as of April 2011; the inflation rate as of June 2011 was 5.2 percent (ibid., 608). In contrast, to meet minimum basic food requirements, a family of five needs a monthly income of 4,869 pesos, but it takes 7,017 pesos to rise from the poverty threshold (ibid., 608)—more evidence that the Philippines suffers from crippling poverty (ibid., 608).

Urbano’s second reality is political instability and armed conflict, especially in the predominantly Muslim region in the far south of the country (Urbano 2012, 607). The Philippine government itself is faced with its own problems, including: a lack of employment opportunities, political instability, a flawed democracy, corruption, bribery, armed conflict, high population rate, cheating, and rampant vote-buying during elections and environmental concerns (ibid., 607).

The third reality is debt. In the first quarter of 2011 alone, the Philippines’ foreign debt amounted to $60.1 billion USD, almost 30 percent of its GDP (Urbano 2012, 608), causing
concerns over whether the Philippines will be able to pay off its national loans. This may be one of the contributing factors hindering the government’s efforts to solve its poverty issues and deterring more investment in education and health (ibid., 608). Due to the long history of migrant workers from the Philippines, overseas work is an acceptable livelihood strategy at the household and national level (Asis 2013). The Philippines is not the only country that use migrants to boost their economy. Many developing countries throughout the world use remittances as a valuation instrument to upgrade creditworthiness and secure large-scale international loans (Vertovec 2009, 107).

Remittances Impact: Macro-Level
Remittances not only impact individual households, but they also positively impact the nation as a whole (Cohen 2005, 91). This can be seen by looking at global flows and trade links between nations and the national impacts of financial remittances sent back home (ibid., 91). Remittances flowing back to the Philippines play an important role in the economy, significantly contributing to the GDP (Vertovec 2009, 106).

The push factor out of the country is due to the surplus of labour and unemployment, while the pull factors in the new country include the demand for labour to deal with the crisis of care for the elderly and children. By keeping Canadian borders open, Canada has the opportunity to use this surplus of labour. Moreover, the exodus of this surplus labour force from home countries might result in higher wages as the surplus shrinks (Cohen 2005, 92). Remittances that are deposited into the bank as savings can also provide the nation with financial security: the country’s balance of payments to international lending agencies can be maintained and remittances can help with managing regular payments (ibid., 93), which in turn can stabilize a country. Therefore, remittances can be a large source of income for the country, can contribute to the national GDP, can change national economies, and can stimulate economic growth that the
state cannot do (Cohen 2005, 93). They can also help where there are national market failures and where local production is lacking (ibid., 96). In rural areas where the state does not play a great role and there are few programs, local investments through remittances contribute to the international movement of capital in those regions (ibid., 96).

According to figures collected from the International Monetary Fund’s annual Balance of Payments data, as of 1999 there is at least $105 billion USD of formal remittances sent around the world, with 60 percent of those going to developing countries (Vertovec 2009, 105). Fast track to today, where remittances have become a source of income greater than official development assistance in developing countries (ibid., 105). According to the International Fund for Agricultural Development (IFAD), a UN agency, it is estimated that global remittances in 2006 was over $300 billion USD (ibid., 105) and sent by 150 countries worldwide in more than 1.5 billion separate financial transactions. They are usually sent in denominations of $100 to $200 USD, to households consisting of approximately 10 percent of the world’s population (ibid., 105). And this only considers documented transactions, since it is known that unofficial transactions occur through illegal means (ibid., 106).

**Remittances Impact: Micro-Level**

Migrant workers transform their economic capital into much needed remittances. Given the low wages for high economic exchange back home, one is able to see these transnational economic conversions through the eyes of the migrants going abroad (Kelly and Lusis 2006, 831). Even though there are few options for people who stay behind, the positives still outweigh the negatives. Families left behind are dependent on remittances for survival, while migrants are willing to make the sacrifice to be separated from their families to have their economic capital converted for financial gain (ibid., 839). Through the movement of migrants, the more that leave and arrive in their host countries, the less risk there is for the next migrant and the next therefore
sustaining remittances throughout time (Cohen 2005, 100). Remittances also act as a security net. Through past research on remittances that go to agricultural households, even crop failure can be withstood, resulting in a positive impact on the economic status of the household (ibid., 101).

Choosing to send remittances is not an automatic occurrence, but rather is made through a decision-making process (Cohen 2005, 88). Vertovec (2009) views remittances as playing a significant role in transnational relationships, mainly in three areas: for family members and housing improvements; “productive” activities in the village and rural setting; and “conspicuous” consumption which allows one to gain more status back home. These activities are facilitated by banks, various agencies, directly online, through professional couriers, or through social networks (ibid., 103).

Remittances and Family Members

Remittances reduce the risks of poor health by improving the family’s standard of living: better education, access to health care, buying land, or improvements to property. Remittances can also be used for special investment funds, like other forms of savings accounts. Remittance patterns do not seem to fade or decrease the longer migrants are abroad. In fact, transnational migration tends to bring out long-term remittance practices (Cohen 2005, 90).

In Manila, the capital of the Philippines, the main source of income for 11 percent of households is through remittances (McKay 2004, 5), evidence of how remittances contribute tremendously to the daily cost of living and how important overseas workers are (Cohen 2005, 92). This situation can also challenge the economic status quo by giving workers the ability to reject the low wages paid in the home countries and instead choosing to go abroad for higher wages where their labour value is decided through transnational terms. Unfortunately, remittance practices can be addictive to the family members left behind, where there is a continuous cycle of going abroad for money and seeking financial gain through migration (ibid., 89).
Remittances and Education

Migrant workers moving to developed countries also results in the expansion of education back home. As discussed, a migrant family member sending economic remittances home opens the opportunity for their children to attend higher education, greater college enrollment, and in turn hopefully produce a population that can also leave the country. Overseas employment and enrollment in higher education are highly sensitive to each other (Puzo 2007, 26).

Remittances and Local Villages

There is potential for entire communities to be transformed through enterprises and land holdings. Being a part of economic transnationalism gives people the chance to live a better life, in comparison to marginal, non-transnational locations that remain in poverty (Vertovec 2009, 103). Other reasons for local development include, but not restricted to: economic and social growth, health, and environment and technological improvements (ibid., 110). Other reasons for sending remittances home are for hometown associations and affiliations such as churches (ibid., 111).

Other Benefits of Remittances

Not only do remittances directly affect families, but they also have the ability to change a variety of socio-cultural institutions, like social hierarchies, gender relations, marriage patterns, and consumer spending habits (Vertovec 2009, 104). Also, moving has the effect of spreading the risk and moving workers out of tight or non-existent local labour markets (Cohen 2005, 96). Remittances can also be used for the transfer of ideas through “social remittances” (IOM International Organization for Migration 2010).

Rise in Status
Ingrained in the culture is the desire to move abroad to get ahead in life, where one escapes poverty, politics, and pollution (Kelly and Lusis 2006, 831). As opportunities for people in the Philippines continue to emerge abroad, so have the ambitions of upward mobility, and new forms of cultural, social, and economic capital (Semyonov and Gorodzeisky 2005, 53). From that comes the expectation of that family member to bring about resources and monetary gain for the entire family. This gives members of the household better opportunities to advance up the social ladder (Cohen 2005, 96). The transnational conversion of remittances to family members back home creates economic mobility for them as well (Kelly and Lusis 2006, 839). This upward mobility can change village life in the Philippines, as migrant workers leave the village, send home remittances, and intensify transnationalization of village life in the global south (Semyonov and Gorodzeisky 2005, 54). Further, the economic capital gained in Canada is converted back into other forms of capital in the Philippines such that greater education of children and other family members is now available. This allows children to develop social and alumni ties and networks, along with adults developing new ties with people from a higher status in their society (Kelly and Lusis 2006, 840).

Kelly and Lusis (2006) explain how economic capital can be converted into physical assets, which in turn result in a boost of their status. They use the example of a picture of a woman sitting in a very cramped and small apartment, wearing cheap clothes with low-end appliances—this would be how someone in a developed country would interpret the scene; however, if that picture were shown to someone in the Philippines, it may be interpreted differently: this woman would be seen in a clean apartment and able to afford appliances that Filipinos have never seen before. Social mobility is important in contexts such as these.

A rise in status is evident when migrants return home. Returnees adopt Western clothes, speech, and appearance; they exhibit a social presentation that coincides with the modernity they have acquired while abroad. This is sometimes a façade; there are many stories of migrants going
into debt to impress old friends and family members back home (Kelly and Lusis 2006, 844). While abroad, it is expected that migrants will be working in exploitative working conditions, but it is rationalized by a reversal in their status once they return home (McKay 2004, 11).

**Family Reunification and Residence for All**

The LCP is the only federal and one of the rare international programs for “low-skilled” temporary foreign workers to gain Permanent Residency and citizenship (Brickner and Straehle 2010, 312; Goli 2009, 8). As discussed earlier, once the initial 24 months is completed, there is a near-guarantee that Permanent Residency will be granted. Once Permanent Residency is established, family reunification becomes an option.

This phenomenon is occurring at an intense rate, where 90 percent of live-in caregivers apply for Permanent Residency; out of that number, 98 percent are approved (Brickner and Straehle 2010, 312). Between 2002 and 2009, caregivers who received Permanent Residency rose from 3,063 to 6,272 (Brickner and Straehle 2010, 312). And in the next ten years this figure is expected to reach 10,000 women (Brickner and Straehle 2010, 312). Therefore with the cultural and economic gains through the LCP, women are coming here and bringing their families to enjoy the financial liberties that Canada can provide.

**Conclusion**

There has been much written on migrant workers coming to Canada through the LCP, but the pull and push factors have not been extensively researched. This section of the thesis has attempted to synthesize the existing knowledge and concepts regarding the pull and push factors in the current literature. One limitation found ubiquitously throughout the literature is the lack of men migrating from the Philippines to work in live-in care; therefore, the impact of gender on the LCP is a promising area for future inquiry (Brickner and Straehle 2010, 310). One possible explanation is
that the high rate of domestic care done by women affects the number of men who are willing to apply to the program. On a larger level, there needs to be additional research on eldercare in general, since the majority of the research compiled is on the childcare aspect of the LCP. In particular, future research should be conducted into the current models of the relationship between elders and their live-in caregivers; cultural and life histories may provide important considerations in indicating the successful employer and employee relationships mediated by the program. The experiences of Canadian elders need to be further understood to see if and why employers have preferences for a Filipina rather than a Canadian born live-in caregiver. For example, in a collective culture such as the Philippines, eldercare is seen as a responsibility of the household, with heavy respect towards elders and looking outside of the kinship group for help is very rare; the opposite to what is found in an individualistic culture like Canada.

Overall, from reading the materials used in this section there needs to be a direct involvement of both host and home governments, local authorities, migrants, and their families, migrant networks and associations, civil society, and the private sector, as a partnership to help create policies that enable a better way for transnational activities (IOM International Organization for Migration 2010). On one hand, there are activists and academics, and on the other hand are policy makers (Brickner and Straehle 2010, 310). A bridge between these two would allow an easier migration process on the part of the migrants and a better understanding of what the elderly want during the last stages of their lives. The phenomenon of migrant workers in Canada to fill labour demands is only going to grow in light of an aging population. In order to ensure the successful relationship between all of the parties involved in the process, understanding the dynamic pull and push factors is an important step to ensuring Filipina rights and end of life considerations are respected.
Chapter 3
Family and Identity

In this chapter family values will be explained since they are the basis of Filipino families, society, and culture. To unravel Filipino culture will mean to understand eldercare practices and how migration is threatening traditional eldercare. Filipino families highly depend on, find unity, and are loyal to their family and kin group (Agbayani-Stewart 1994, 7). Individualism is not commonly seen since solidarity and self-sacrifice are stressed (Agbayani-Stewart 1994, 8). The identity of the live-in caregiver in the Philippines and here in Canada will also be looked at and how at times these two identities can create internal conflict for the Filipino migrant. Knowing and understanding the cultural and family practices of Filipinos is important in order to understand identity formation, traditional eldercare, and the threat to this by migration despite remittances, since gender, class, and race are important factors that influence transnational behaviours (Kobayashi and Preston 2007).

Identity

The Filipino identity is unlike any other Asian group since the majority of Filipinos are Catholic, not Confucian or Buddhist. The relationship between the sexes are also different since this relationship is structured on egalitarian principles rather than patriarchal, with bilateral ancestry (Agbayani-Siewert 1994, 7). In fact, some Filipino historians think that Filipino society was matriarchal prior to the Spanish arriving (Pido 1986 cited in Agbayani-Stewart 1994, 9). Both women and men are expected to contribute to increasing family resources since the family is built on values such as cooperation, obligation to family members, and interdependency among relatives and family. Yet, due to Spanish influence, women are expected to be the nurturers and males and females are expected to perform their expected gender roles (Agbayani-Stewart 1994, 7).
Despite these influences, Filipino law allows for equal opportunities for both genders in employment and allows for both maternity and paternity leave (Agbayani-Stewart 1994, 9).

**Family inside and Outside the Home**

Familism is strong and deep-rooted in the Philippines (Morillo et al. 2013, 5). The kinship network consists of the nuclear family and the members of the extended family of both sides. The *compadrazo* (godparent) system (Kimura and Browne 2009, 232) is also a part of the extended family added into the family unit by Catholic religious rites (Agbayani-Stewart 1994, 8). Even when one is not related by blood and becomes a godfather or godmother ninong/ninang family ties and support systems grow.

To refer to one’s in-laws names such as *bilas, bayaw, and manugang,* specific family names, includes them in the family circle. Familism is reflected in Filipino society, in that even complete strangers are called *manang, kuya,* and *tita.* In doing so the other is not seen as a stranger but brings them closer (Morillo et al. 2013, 7). Calling a close family friend *kapatid* (sibling) or *kapamilya* (family member) are other words to include friends into a family. Even media networks use them on their viewers to instill closer ties of loyalty with their supporters (Morillo et al. 2013, 6).

**Family Values and Responsibilities**

A good interpersonal relationship with other family members is encouraged and maintained by four means: *utang ng loob* (reciprocal obligation/inner debt), *hiya* (shame when you fail to meet obligations and expectations to family members or others), *amor propio* (conserving self-esteem therefore overly criticizing complain or question others), and *pakikisama* (getting along) (Agbayani-Stewart 1994, 8). These reciprocal obligations create strong bonds between people who have done something to benefit from their service (Kimura and Browne 2009, 232).
Utang ng loob is when a recipient is in debt to receiving help therefore they must repay the favour through either service, goods, or money (Kimura and Browne 2009, 232). Hiya is when someone fails to pay back one’s debt therefore resulting in the disapproval of family members or others (Kimura and Browne 2009, 232). Amor propio is a higher self-esteem, where one is sensitive to criticism and humiliation (Kimura and Browne 2009, 232). Pakikisama is making sure to get along with people and to avoid confrontation. Cooperation and being sensitive to one’s feelings is important to have smooth relationships. This may have something to do with asking for help outside of the family kinship.

Children
For many Filipinos having children was meant for family happiness, companionship, love, and comfort during old age despite belonging to a socioeconomic group. Morillo et al. (2013) studied changes in family values from 1996 and in 2001 in terms of the nuclear family, woman’s role in the family, and the reciprocal relationship between a parent and the child. Some factors such as educational attainment, geographical location, social class, and ethnic groups may have slightly influenced the results, but generally speaking family-centeredness, being child-centric, close reciprocal ties to one another, and large family sizes are common in Filipino society (Morillo et al. 2013, 6). Migration has played a role in these characteristics despite families adapting to mothers leaving. Children are raised to be dependent on the family; therefore relatives often assist in childcare when one or both parents are away (Agbayani-Stewart 1994, 9). Although the family network is strong in taking care of the children a child that is raised in a Filipino family and society still needs his or her mother and father as a nuclear unit. Having a solid nuclear family is an important factor that results in the child’s physical and psychological wellbeing (Morillo et al. 2013, 5).
Exploring Space and Identity as a Migrant Worker in Canada

Moving away from one’s home country to another country for economic reasons creates both new opportunities and problems for the migrant and his or her family (Cohen 2005, 88). This is seen in the Filipina identity in terms of Canadian live-in caregiving roles. Understanding one’s identity-formation in a transnational context will help elaborate on the complexities of a transnational experience and strategy when moving to Canada and other host countries.

Migrants may have conflicting feelings about their sense of self, such as the notion of being the “breadwinner” in the Philippines, while at the same time being a low-waged domestic worker in Canada. Space and identity influence the different identities depending on the sociocultural contexts. Given that the rate of migrant workers to Canada will only increase, it is important to understand these conflicting ideas of self for psychological health (since they will be a future Canadian citizen) and a better understanding of Filipino culture (for integration purposes).

Gendered Work

Migrant female workers usually feel the brunt of effects and social repercussions of leaving their children and parents behind (IOM International Organization for Migration 2010). Yet family members usually find new and creative ways to maintain and develop relationships across worldwide spaces (IOM International Organization for Migration 2010). Meanwhile in Canada, due to the lack of public support in developed countries for work associated with social reproduction, like subsidized daycare and eldercare, more responsibility has been shifted to Canadian families, primarily women. Coupled with women moving into the workforce, it becomes hard to balance all of these responsibilities; hence why low-paid female migrant workers are being hired. Social reproduction, when valued by the market, is gendered, racialized, and poorly remunerated (Brickner and Staehle 2010, 317). Thus live-in caregiving contextualized as
being a gendered immigration issue, seeing how Canadian women are just replacing unpaid domestic labor with low paid labor of socially, and politically invisible migrant women. Occupational segregation occurs, due to women only performing caregiving roles. And because it is caregiving labour associated to women, it is lower paid (Brickner and Staehle 2010, 317). Since many Canadian women with children are in the workforce and needing childcare, hiring live-in caregivers does not cause the social status of traditional female occupations like caregiver to rise (ibid., 317). Women have been the primary gender that has been entering Canada through the temporary labour force and in the world as a whole (ibid., 311). The reasons to migrate are different from those of men, since there is more of a reliance on remittances by the family, loss of social and family networks, the liberalization of female dominant industries, and trafficking (ibid., 311).

Although some women migrate as professionals or skilled workers, the majority of women migrate with the intention of doing “women’s work” and other low-skilled work, such as domestic work (Brickner and Staehle 2010, 311). But many women who come through the LCP are highly trained nurses with university education (ibid., 315).

**How Canada Thinks of Migrant Workers**

Canadians typically see the “temporary worker” as disposable labour that can be sent home once the labour market signals that it is not needed (Broadbent 2013), or as the transient, from migrant worker to Canadian citizen, going through numerous hardships. Less compassionately, migrants have also been seen as people who steal jobs, given the lower wages paid compared to Canadians—even increasing rural poverty (Cohen 2005, 92). This line of thinking leads to racial stereotyping, which in turn can cause problems once the migrant is able to become a Canadian citizen (Brickner and Staehle 2010, 314).
Culturally embodied capital of being “Filipino” along with “Filipino-ness” is a specific attribute that characterizes a worker once outside of the Philippines. It is a notion associated with racialized understandings of Filipino characteristics and aptitudes for both migrants and Canadians (Kelly and Lusis 2006, 843). Through women’s visual appearance, the embodied cultural capital is devalued and denigrated (ibid., 836). Stereotypes, such as Filipinas are caring and nurturing, help Filipinas gain employment in the healthcare system, childcare, and elder-care types of work (ibid., 843). What these stereotypes do is segregate Filipinos into subordinate and nonprofessional occupations in these fields, to the point where it becomes normal to see Filipinas as nurses, carers, and live-in caregivers, but not as doctors, surgeons, or in higher paid occupations (ibid., 843). These stereotypes have created a gendered Filipino-ness asset to certain occupations, as well as limitations on social mobility in Canada (ibid., 843).

Given that many of the women who emigrated out of the Philippines have nursing degrees, the nature of their domestic work demotes their social class, due to the fact that these caregiver roles are regarded as poor or uneducated (Peralta-Catipon 2011, 17). Not being recognized as an educated individual it paints them as being in a clearly-defined inferior position. While part of women’s cultural capital, their university degrees are not acknowledged in the same way as in the Philippines (Kelly and Lusis 2006, 834), where being a domestic worker means being a “maid.” Therefore many of these women have experienced ridicule from their own children (Peralta-Catipon 2011, 17).

**Migrant Workers’ Identity in Canada**

The status of economic migrant workers help to justify Filipina workers being poorly paid in Canada (Brickner and Staehle 2010, 315). This creates conflicts with their original identity back home, as well as a creation of a new identity to fit their domestic worker roles and the new ties that they create in their host country, all the while maintaining ties back home.
Identity Formation in Canada

Social and cultural context affect the identity-formation among individuals of a collectivistic community. Although one’s occupation is important in identity formation, for Filipina migrant workers who primarily live within the employer’s home, identity formation is also influenced, dependent, and contingent on one’s culture (Peralta-Catipon 2011, 14). Understanding the interrelation between identity, culture, and occupation needs to be used in understanding Filipina migrants. This is important since in the Philippines, the culture is “interdependent”; that is, people focus more on others and there tends to be more concern with the whole. This is different from the Western perspective where culture is “independent” and everyone has unique traits, abilities, motives, and values (ibid., 15). The Philippine collectivistic culture values the importance of having smooth interpersonal relationships: being in agreement with each other, sensitive to others feelings, and willing to change one’s behaviour to avoid confrontation (ibid., 14). Other traits include valuing social acceptance, group identity, deference for authority, close emotional ties with other people, and reciprocal obligations (ibid., 15). Thus it follows that finding one’s identity in a new country is influenced by various sociocultural environments within the context of being a Filipina worker in Canada.

Many workers feel isolated and lonely having to live in their employer’s house (Peralta-Catipon 2011, 18). Therefore many Filipinas usually meet at their local community centres or other similar settings in which they can have conversations in their home language or dialect. During their days off and when meeting other Filipinas for the first time, “From where are you from back home?” is an often used question when first getting acquainted (ibid., 18). Social connections, groups or close friends are known as “barkadas”, which are usually made if they are from the same hometown or speak the same dialect (ibid., 18). If a person knows of someone who has just arrived from the Philippines and they both share the same dialect, they are usually
introduced and thereby the network grows (ibid., 18). It is very common that they give a strong sense of support for one another, usually referring to each other as “kuya” or “ate,” which means older brother or sister, as a sign of respect, irrespective of age. These social groups support one another and give each other a sense of a family with kinship ties (ibid., 18). What arises is a set of unique social structures that resemble their family and clan ties back home and a group of live-in caregivers representing various ethno linguistic regions of the Philippines (ibid., 18).

Subcultures also tend to form wherever mini communities catering to migrant workers needs are created, such as places to send remittances and discounted overseas phone cards (Peralta-Catipon 2011, 18). As well, certain practices and expectations are adopted as unspoken rules. An example of this: if one of your barkadas are going back home, there is an expectation that she will be a courier of goods and news to and from their families and hometown (ibid., 18). The place where Filipinas come together can also help create and enforce a more positive image of workers, such as sharing their culture through city events. As well, politicians in the Philippines speak very highly of migrant workers, calling them “national heroes” of their land since being a domestic worker and sending money back home is helping the government (ibid., 18).

When a new migrant arrives in the community, there is always support. Through meetings and events at local community centres or groups, specific roles and status within social circles allow for transformations of identity as one becomes a mentor to the newcomer (Peralta-Catipon 2011, 18). As well, news comes from others who have gone home to visit, such as accomplishments back home like a new store or business, children graduating from school, or newly-built homes (ibid., 18). Being from a collectivist society, there exists a mindset of mutually expected dependence and sharing practices, whereby a migrant worker whose financial gains are sent home through remittances puts them in high positions within their family as being the
breadwinner and the decision-maker. This helps to de-emphasize unfulfilled roles and obligations and their inferior status back home (ibid., 19).

The Double Life and Connecting with Loved Ones Back Home

Filipino migrants essentially live two lives: one at home as the breadwinner and the other as a low-paid female worker who is a visible minority. Through the globalization of communication, transport, trade, and information networks, it is now easier than ever to stay connected to one area of the world while being in another place (IOM International Organization for Migration 2010). This also makes taking care of relatives remotely easier than ever before. If there is a problem or a need of assistance in one area of the world, one is able to help in a more timely fashion. Transnationalism has affected not only those who leave their home countries, but also those who stay behind. In particular, families who are left behind are important stakeholders to consider, as childcare and eldercare are important issues that cannot be neglected (IOM International Organization for Migration 2010). These have a bearing on the ways and extent that the migrant will be engaged in transnational activities, as well as on the sense of individual and collective identity (ibid.).

Many Filipinas struggle with familial and societal roles and status: both as foreign domestic workers and as members of a Filipina domestic worker community in their new home. Many of these women struggle with unfulfilled maternal obligations, such as being a mother and a wife—not atypical scenarios (Peralta-Catipon 2011, 17). Some children left behind experience depression since their mother is gone for long periods of time. This can be coupled with the financial benefits that can lead children to have vices and the ability to buy more things than their peers (ibid., 17). As well, due to reversals in gender roles, women may find themselves asking, “Why am I here? I am the woman. Isn’t it the husband’s duty to be the breadwinner of the family? I feel that is unfair, but I guess that is how it is. I just have to accept it. My husband raises
the children while I earn the living” (ibid., 17). A woman’s fertility is also inhibited since there are restrictions on being pregnant for migrant workers.

**Life in Canada after the Contract is over**

Working two years in a field that does not recognize their university education can lead to the deskilling of the worker. Working as a live-in caregiver can cause doubt in some caregivers, such that they begin to be uncertain if they are able to be a nurse again, or go back to what they use to do, since they have spent the last 2 years without exercising their skills or improving them (Brickner and Staehle 2010, 315). Conversely, there are also times when confidence is gained from being overseas—the ability to overcome obstacles can help gain this confidence (Guerrero et al. 2000, 288).

**Getting Out Means Getting Ahead**

For Filipino migrant workers, going “abroad” is akin to being successful (Kelly and Lusis 2006, 843). As such, when migrants go back home, they are expected to live up to this expectation, to demonstrate their distinctness from the people “left behind” (ibid., 844). They adopt aspects of Western dress, speech, and appearance (ibid., 843), and other things they have acquired from abroad (Ibid., 844). Additionally, some migrants have gone into debt to meet this “expectation” of being part of the elite by family members and friends (ibid., 844). There is definitely a difference between Canada as an “elite” lifestyle versus the Philippines poor lifestyle (ibid., 844), even though Filipina migrants are among the lowest paid of all minority immigrating groups in Toronto (ibid., 845). But relatively speaking, only the Filipino elite can pay for school, move abroad, and get ahead (ibid., 841).

**Going Back Home**
Women who return back home tend to revert back to their traditional gender roles (Guerrero et al. 2000, 287). But as migrants returning back to the Philippines, they bring about a different embodied cultural capital which is apparent in the way they dress in Western clothes and how they have adopted Western speech and habits (Kelly and Lusis 2006, 836). Once one is able to migrate out of the country, their status is seen as being “elite” back home (ibid., 841).

The driving force for migrants moving to Canada is mostly economic in nature: “a fierce desire to find a better life for them and their children” (Broadbent 2013). Migrants seek a better job, a better education and, on top of that, acceptance and love in their new country (ibid.). By moving from one place to another, one can choose between identities while straddling two different sites, or perhaps create a new identity altogether (Cohen 2005, 91). A transnational community is born, in that the moves of migrants transcends boundaries and state borders (ibid., 91).

Being able to support one’s family is a big reason why women leave, which makes the decision not hers alone, but a family one (Guerrero et al. 2000, 284). Younger women are more pressured by the family to send large amounts of money back home, especially compared to males and other siblings (Cohen 2005, 98). As well, women send remittances of higher amounts and more regularly than men (Guerrero et al. 2000, 284).

Families that do not have a family member who has gone abroad tend to be seen as “impoverished” (Cohen 2005, 102). Canada is able to give them financial liberties, unavailable in the Philippines, to help support their families; this includes the elders and seniors, through transnational exchanges remittances which can be used to help care for them financially (IOM International Organization for Migration 2010).

While live-in caregivers do value the pay received, they see their roles as a gold ticket for a Canadian citizenship (Brickner and Staehle 2010, 316). Moving for economic reasons has the secondary effect of giving Filipinas the freedom of mobility (Guerrero et al. 2000, 275).
Furthermore, poverty is an important context that leads migrants to leave the Philippines (ibid., 283). With new global opportunities abroad, Filipinas are granted the possibility of moving up the class hierarchy and benefiting from new forms of cultural, social, and economic capital (Semyonov and Gorodzeisky 2005, 53).

Networking is available if one can connect with a family member who has gone abroad, therefore there is a cycle of getting ahead from the first migration of one family member (Kelly and Lusis 2006, 841). Job channelling and labour-market segmentation occurs where certain jobs are where the new immigrant might end up. If one is working as a live-in caregiver, once her contract is done, she may be able to refer her friend or relative to replace her (ibid., 842).

**Changes to Class in the Philippines**

Class was once determined through land ownership, but with many leaving the country to look for jobs abroad, determining class has become more challenging. Upward mobility of family members left back home is now possible through remittances (Semyonov and Gorodzeisky 2005, 53). Moreover, to fill the jobs that overseas workers once performed in the village, internal migration from different villages and cities fills these subordinate gaps. Cities that once spoke the same language now speak multiple languages since there are several different linguistic groups occupying the Philippines (ibid., 54). This process affects gender identities as men and women have now taken on new roles, in both the international community and in the local labour force.

The influx of money from remittances creates class differentiation more than ever before. People who once had access to land and were paid to harvest rice are now able to earn more money. For those who owned property, they harvested the “surplus” labour of people working on their lands, giving them the highest level of the class hierarchy; however, with many migrant workers earning more than Filipino land owners, this dynamic has changed (Semyonov and Gorodzeisky 2005, 54). Indeed, money through remittances gains more respect than being a landowner due to the
high worth of currency from developed countries (ibid., 55). This also complicates things for a wealthy landowner who may go abroad as a live-in caregiver, a relatively low paid and under respected occupation, but then comes home to her old class description as a landowner (ibid., 57).

Someone from a poorer family who sends remittances can help her family gain more class distinction through money, allowing them to buy their way up the social and class ladder (Semyonov and Gorodzeisky 2005, 57). Through this class consumption of the finer things compared to the rest of the people in your village, such as better clothes and foods, one can gain more status recognition (ibid., 57). This creates a cycle of dependency, as it creates a need to continue sending remittances and sending workers abroad to work and sustain this “higher quality” of life. If you move to Canada, at least you have the opportunity to stay for good and send a constant stream of remittances.

Consider the case study done in Cavite, Philippines by Semyonov and Gorodzeisky (2005) in which one quarter of the households in the village had someone in the family who worked overseas. In Cavite, the population doubled, with 35 percent of the population born outside the city from 1995 to 2006. This is evidence of how a city’s socio-economic class has changed drastically because of migration, new identifications and difference in the village (ibid., 60).

International and internal migration induces social mobility. Remittances can help move family members out of lower social classes to higher ones by paying for education (Semyonov and Gorodzeisky 2005, 63), which inevitably helps the newly educated to leave the Philippines in search of better jobs abroad—to get out is to get ahead. In turn, just like in Canada where migrant workers work jobs that others do not want, there are people in the Philippines who will move to certain cities to work the jobs that overseas migrants leave behind. Farming is one type of work that is a non-respected occupation that these domestic migrants perform, where these sun-tanned bodies provide markers of a low class identity (ibid., 66).
Conclusion

The literature written on migrant workers is extensive in terms of the identities of women coming to Canada as migrant workers through the Live-In Caregiver Program; yet it is rare to consider this in a larger context. Therefore, as explored in this chapter, migrant identities are best explained using the framework of transnationalism. Depending on where the Filipina resides, one’s identity shifts between being the breadwinner of the family and someone who is subservient to their employer. But, there can be social consequences for the home country, such as the family members left behind. These women are leaving, but what about the husbands, children, and the elderly left behind? There needs to be a direct involvement of both host and home governments, local authorities, migrants and their families, migrant networks and associations, civil society, and the private sector as a partnership when creating policies that enable a better way for transnational activities (IOM International Organization for Migration 2010). Currently, there tends to be a dichotomy in views between activists and academics on one hand and policy makers on the other (Brickner and Straehle 2010, 310). A bridge between these two would allow for an easier migration process on the part of the Filipina migrants and a better understanding of the impact on their identity. The phenomenon of Filipina live-in caregivers in Canada to fill labour demands is only going to grow in light of an aging population. In order to ensure the successful relationship between all of the parties involved in the process, understanding the dynamics of migrant identities which can only be fully explained through transnationalism, is an important step to ensuring Filipina rights and their psychological and emotional well-being.
Chapter 4

Eldercare and Caring Across Distances

In this chapter the aging demographic of the Philippines and traditional eldercare are explored. With understanding these two, coupled with the emigration of Filipino workers, it is apparent that problems could arise concerning the elderly left behind and the threat to traditional eldercare practices. Later on in the chapter caring across distances will also be explored since today, our world is becoming more and more intertwined and transnational. With globalization, people are moving around the world more so than ever before. Not only are people travelling to distant lands and places, people are also moving from one place to another in search of better economic opportunities to help with their life situation and to improve their family’s standard of living. Host countries are usually in the developed world, where women in particular are entering the global workforce leaving shortages within traditional jobs such as caring for children, the elderly, and the sick. Therefore, people move from developing countries to developed countries to help fill job shortages, such as Filipino migrant workers coming to Canada. But consequently, adult children from the developing world also leave shortages back home. If they are going abroad to seek employment, then who are left behind to take care of their young and elderly dependents that are left behind?

A Soon to be Aging Demographic

A senior is considered someone who is 60 years and older. The age structure in the Philippines is generally younger than in the developed world, yet older in comparison to other developing countries totaling 5.8 million senior citizens (NSO 2008 cited in Sanchez 2008, 1). In a government study done in 2000, there were 63 young Filipinos, and 6 senior dependents for every 100 people who are in the economically productive age (Ogena 2006, 6). As seen in the West
there is an increasing number of seniors due to declining fertility rate, increasing life expectancy, and a large demographic that is approaching 60 years of age.

Figure 4.1. In the Philippine Census (2007) the annual population growth rate was 2.04% which was the lowest annual growth rate ever recorded and had not been seen since the 1960s (NSO 2008 cited in Sanchez 2008, 2).

This decline in fertility and the increasing numbers of seniors in the Philippines will make the Philippines an aging population that cannot be reversed. From the NSO survey the actual number of senior citizens is growing while the fertility rate is declining (NSO 2008 cited in Sanchez 2008, 2). According to the 2000 Census of Population and Housing, they counted 4.6 million senior citizens, which is 5.97% of the total population which grew from 3.7 million people, growing 4.39% in five years (Sanchez 2008, 2). The growth rate five years earlier, 1990 to 1995, was only 3.06%. (Sanchez 2008, 4). The older population is growing faster than the total population of the Philippines (Ogena 2006, 7). It is expected from these past statistics that this year (2015) there will be 8.8% more than 8.72 million Filipino senior citizens (Sanchez 2008, 4).

Sanchez (2008) categorized the Filipino senior citizen into four groups depicted in the graph below. Poverty plays a high role in any of these groups, since having financial resources can gain them access to medical services and better care. As time goes on, home care needs are expected to grow since the number of older persons are increasing (Ogena 2006, 15). This is
especially true since retirement homes are not common in the country, but in villages and cities, where 10 percent of the population are 60 years and older, community-based health social services for the elderly and training and support for caregivers could be beneficial (Orgena 2006, 15).

In a study looking at elders being taken care of by government social workers, elders being cared for by caregivers had the lowest protein-energy intakes and the highest proportion of being underweight (Pedro and Barba 2001 cited in Orgena 2006, 15). But the families may not be the ones to blame since they do not have the means or knowledge for proper eldercare, especially if the elder has a disability (Orgena 2006, 15). Therefore community support is needed for these families in these areas (Orgena 2006, 15).

Note: Activities of Daily Living (ADL)

![Diagram of Filipino Senior Citizens (SC) Categorization in the Community]

**Figure 4.2.** The four groups of senior citizens (Sanchez 2008, 2).

**Government Initiatives**
Seniors are entitled to discounts for medications, basic commodities, health services, and socio-recreational activities (Sanchez 2008, 1). The Philippine Constitution states that the family is to be the primary caregiver for the elderly but will provide social services for the underprivileged (Sanchez 2008, 1). The constitution encourages them to have a positive role in the family and the nation, and supports NGOs specifically dealing with senior citizens (Sanchez 2008, 5). The Philippines also signed the Madrid International Plan of Action for Older Persons (Sanchez 2008, 5). This plan of action addresses: older persons and the family; social position of older persons; health and nutrition; housing, transportation, and environment; income security, maintenance, and employment; social services and the community; continuing education/learning; and older persons and the market (Orgena 2006, 14).

To Become an Elder

There is no real family hierarchy, yet grandparents are to be respected and to be pleased. The social position of Filipinos as their age increases does not change their standard of living, familial interactions and support, or health services (Casterline et al. 1991 cited in Ogena 2006, 11). Their advice is important when dealing with important family matters and they help with household chores and caring for children (Agbayani-Stewart 1994, 8). But not only are they financially supported by their family members, they financially support their children and grandchildren as well (Ogena 2006 cited in Valdez et al. 2013, 91). If they are financially viable, they are to support their grandchildren’s education therefore grandchildren feel the obligation to help care for their aging grandparents (Agbayani-Stewart 1994, 8).

In the Philippines the elderly population are usually financially supported by their adult children and their families. This care arrangement is due to the ideas of strong family ties repeatedly seen in the literature (Concepcion 2012, Ogena 2006; Valdez et al. 2013). These ties
and familial responsibilities are more apparent when Filipino seniors are the primary carer to children left behind and financially helping the grandchildren.

**Happiness and Health**

The happiness and quality of life for a senior depends largely on his/her family (Ogena 2006, 11). The home is a place where support and care are given to both the elderly and children (Ogena 2006, 11). When one is healthy, has frequent social connections, and is financially independent, then they have more influence in making family decisions (Ogena 2006, 11). The young and old Filipinos believe that putting an elder in a long-term care facility is unnatural when one has children and family (Ogena 2006, 11). But this could change since the traditional family is changing due smaller family sizes, delaying marriage for younger generations, migration, and Western influences (Ogena 2006, 11) despite constant filial support of children by their parents (Perez 1999, 13).

In a study done by World Health Organization (WHO) an estimate of Healthy Life Expectancy (HALE) found that Filipino men who were 60 years or over in 2002 have 10.6 years of good health and 8 years of lost healthy years (Ogena 2006, 11). Women aged 60 years or over have 12.1 healthy years and 10.2 lost health years (Ogena 2006, 11). This study also found that the projected number of people who will need daily care will almost triple by 2050 resulting in the share of 60 years old increasing from 18.2 percent in 2000 to 42.2 percent in 2050 having serious effects on the traditional practice of caring for elders and relying on the family to provide primary care (Ogena 2006, 11).

The majority of seniors lack healthcare insurance (Sanchez 2008, 8) and coupled with the cost of care this will have serious implications for the government to provide social services and support (Ogena 2006, 11). The costs of medication for elders is 5 to 45 times higher for the same medications in India or Pakistan (Global Action on Aging 2006 cited in Ogena 2006, 15). If a
child in the same household are in need of medications, the family may have to sacrifice the health of the elder to ensure the health of the child since Filipino culture centres on children (Orgena 2006, 15). Some families may have to deal with intergenerational resource allocation favouring the children (Orgena 2006, 15) and since most of the burden of eldercare falls on the shoulders of the females in the family this will have effects on the left behind family members who will have to take part in the care since feminization of workers going abroad is increasing (Ogena 2006, 11). Due to the migration of women, there are more and more seniors taking care of their adult children’s children (Ogena 2006, 11). This is especially seen when two parents are abroad, and the grandparents take on all the childrearing responsibilities, which is not ideal in a typical Filipino life course (Ogena 2006, 11). This is even a great problem when the elder is in need of care as well due to the natural course of physiological aging process (Ogena 2006, 11). The migration of adult children leaves uncertain prospects for elderly health care (Ogena 2006, 11). Yet despite this large migration of women and lifestyles influenced by globalization, eldercare by adult children and other relatives is the norm (Ogena 2006, 13).

Head of the Family—Caring for Left behind Children

Nearly three in five seniors were head of their households in 2010 (NSO 2005a cited in Ogena 2006, 3). Sanchez (2008) states 57.41% of seniors were household heads and one-fourth were the spouse of the household head. This means that the total number of households in the Philippines (15.3 million), 17.13% (2.6 million households) were headed by a senior. Sanchez also notices that female migrant workers are moving abroad leaving the childrearing behind and that we do not know the effects of this generational loss where the grandparents are to care for the children left behind.

Challenges
In a comparative study done of seniors over the age of 60 in Taiwan, Chile, Mexico, Uruguay, Argentina, Cuba, Brazil, and the Philippines, Filipino seniors were most likely to be financially and materially supported by their children. Yet they were the least likely to receive physical help such as: walking, help to, and from the bed/chair, eating, putting on clothes, toilet use, personal hygiene, meal preparation, housework, use of phone, use of transportation, shopping, managing basic finances, and taking medications (Glaser et al. cited in Ogena 2006, 4). Ogena (2006) states that this may be due to how many Filipinos are emigrating overseas therefore separating the elderly from their adult children. Yet, unlike the other countries Filipino seniors are also contributed financially and materially, as well as helping in childcare for their grandchildren, other children, siblings, parents, and others (Ogena 2006, 4). The typical Filipino senior was nearly twice more likely and three times more likely than seen in Thailand and Taiwan to be both receiver and provider of support (Oftedal et al 2004 cited in Ogena 2006, 4).

**Eldercare**

Filipino children are to respect, love, and have reverence for their parents and are taught this at a young age (Galang 1995, 4). Parental love and honour is most specially seen in times of illness and even after death (Paguio 1991 cited in Galang 1995, 4). Parents are not to be put into nursing homes and to care for them is a sacred obligation (Galang 1995, 4). This is because nursing homes are not emotionally well-equipped to care for the elderly as well as not a culturally practiced alternative (Galang 1995, 4). There is more than just physical care, but also attention, love, respect, and sense of personal dignity that are important for good eldercare (Galang 1995, 4). Adult children are expected to be the caregivers for their aging parents as well as grandchildren, depending on if everyone lives in the same household (Galang 1995, 5). The family is expected to provide primary eldercare—both paid and not paid (Kimura and Browne 2009, 232). Interdependence and filial responsibility are commitments of all the children (Bulatao...
1968 and Hunt et al. cited in Galang 1995, 5). One either lives under the same roof with the family or live in the same city or village (Caringer 1977, 33). There is a cooperation between older relatives and younger ones (Caringer 1977, 33).

In the Philippines a family member who is in the productive age of their lives is sacrificed or volunteers to do the eldercare (Orgena 2006, 15). The trade-offs, which include career trajectory, earnings, and productivity potential and social capital of the elder caretaker could potentially increase as the age disparity of the elder and caregiver increases (Orgena 2006, 15).

**Living Arrangements of Elders**

Most of the elderly in the Philippines live either with their children, spouse, or another relative (De Guzman 1999 cited in Ogena 2006, 4) and are most likely to live with unmarried children (Glaser et al. 2004 cited in Ogena 2006, 4). One in five households had one senior living there in 2000 (NSO 2005a cited in Ogena 2006, 2). Only 5.38 percent of seniors were living alone and most of them were women aged 60 to 64 (Ogena 2006, 4).

**What Elders Want**

In a study by Kimura and Browne (2009) the culturally shaped attitudes towards caregiving and service use among Filipino elders who have immigrated to Hawaii were explored. Filipino cultural values that apply for caring for the elderly and what might influence these values were *utang na loob* (reciprocal obligation/inner debt) and respect for elders such as addressing them with respectful titles such as *po* and gestures such as kissing the hand of an elder.

The elders have used government and private caregiving assistance such as food stamps, respite, adult day care, and nursing services. When asking elders who should provide financial assistance to them they all said family and the government. The elders believed that only after
they exhausted all of their own resources should they ask their children or other family members for money (Kimura and Browne 2009, 237). When asked who should help the caregivers when caring for an elder, all the elder participants thought that the government should help them, rather than children or family members. This might be because their children are working.

They explained that they would only use these government health services if things get hard since they would usually just rely on themselves. From this study one might think that elders in the Philippines might be willing to rely on government support despite the notion that primary eldercare should be performed by family members. Elders in the Philippines with children abroad working overseas who are not able to be there to physically help the elders left behind may turn to people outside of their families. Therefore, government services in the Philippines should have support for elders left behind, which they do not.

When asked what kind of caregiving and services helped they mentioned: having faith—turning to God when things are hard; their daughters; and the government in forms of health services such as nurses (Kimura and Browne 2009, 237). Despite their being religious they did not think it was appropriate to turn to the church for financial aid (Kimura and Browne 2009, 237).

Even when the elders had to turn to their friends and people outside of their family, their children were not blamed for not being able to help (Kimura and Browne 2009, 237), probably because they are constantly working and in economic hardship. This might be applicable in the Philippines where elders are left behind. Since their children had to emigrate and work abroad they must be more self-reliant but understanding of their children’s economic hardships.

Money can also be a problem, therefore decreasing the expectations for their children to provide care for elders and the acceptance of looking outside of the family in government services was needed (Kimura and Browne 2009, 238). This can also be applied to the economic realities of migrant workers who are leaving the Philippines and leaving behind elders. Due to
economic hardships maybe the elders in the Philippines are finding new ways to cope with their daughters leaving and turning to new and creative ways to find care elsewhere.

The study can also be applied in situations where adult children are not physically present in the Philippines due to finding better economic opportunities elsewhere. Some of the women in the study by Kimura and Browne (2009) had children and elders who are still in the Philippines. They plan to go back there to care for their parents and be taken care of by their own children since the adult children in the US cannot.

Bagtas (2000) has argued that because of Filipinos’ high value on personal relationships, people would not turn to formal services. Yet, from this study it was shown that elders would accept formal services and have used them, especially health related. The elders did not have a preference for indigenous healthcare services, but as one participant mentioned Filipino organizations “make us happy, make friends, dance, sing”. This was unlike other Asian and ethnic minority elders (Chung and Lin 1994 cited in Kimura and Browne 2009, 240).

The study could help with a new caregiving model not only in the U.S. and here in Canada, but also in the Philippines since old traditions are changing to globalization, immigration, and the feminization of Filipino migrants out of the Philippines. Cultural values are important when determining what good care looks like, yet they are changing due to economic barriers to caregiving because of one’s immigration status (Kimura and Browne 2009, 241).

**Caring Across Distances**

This section will explore different case studies to examine the effectiveness in transnational care practices for the elderly by both male and female migrant workers. Using Milligan and Wiles’ (2010) landscapes of care and caring for versus caring about and then determining the problems of transnational eldercare, I will explore different case studies to examine the effectiveness in transnational care practices for the elderly. Living in a transnational world, this section will seek to answer the question: is it possible to care for the elderly across spaces and places?
Landscapes of Care

Milligan and Wiles (2010) defined care and care relationships as being located in spaces and places that span both the local and the global. To them, care is the action of providing or supplying practical or emotional support, much more than just work or just something you do. Care is reciprocal dependence, in which everyone is involved in the coproduction of care (Milligan and Wiles 2010). It is multidirectional, interdependent, reciprocal, multilayered, policy dependent, and could be between humans and animals (Milligan and Wiles 2010).

The two researchers also were able to define many different caring sites, using their own theoretical framework of “landscapes of care” to understand the complexities of spatiality and its relation to care and care relationships (Milligan and Wiles 2010). They argued that the “landscapes of care” framework can help make sense of the complex relationships between people, places, and care (Milligan and Wiles 2010). This framework looks at the wide areas of geography and other disciplines to look at care: socio-economic, structural, and temporal processes. These three factors influence the experiences and practices of care through various aspects: spatial sites, scales, personal, private, public, regional, national, and global (Milligan and Wiles 2010). Therefore, landscapes of care can look at the acts and structures of caring that connect individuals, communities, and institutions across public and private spheres.

In coining a term for care, there are two types: caring for versus caring about. This is because of the problems with caring for people emotionally and who are geographically close (also known as caring across distances) became an issue once women from developing countries migrated to developed countries to perform “women’s work” (Milligan and Wiles 2010). These issues have been taken up due to our transnational world; for example, caring for children and elderly, with migrant workers leaving the developing world to come to the developed world, which in turn created global care chains (Milligan and Wiles 2010).
Caring for

Caring for usually involves a specific subject. It involves certain activities performed by formal or informal paid workers, as well as unpaid workers like family, friends, and volunteers (Milligan and Wiles 2010; Milligan 2003). This type of care is beyond normal reciprocity. It is not just about the performance of proximate and personal care tasks, but also more personal activities such as child-minding, pet care, and various household tasks (Milligan and Wiles 2010). For someone who is physically far away, this typically means arranging and monitoring paid and professional care (Milligan and Wiles 2010).

Caring About

Caring about involves less of a general commitment and includes less concrete objects. It looks at the emotional aspects, such as “being caring.” Caring for does not have to involve being physically close. Just because one cares about does not mean one cares for and may just be “tending” (Milligan and Wiles 2010). Moreover, one can care for and about, such as caring for human rights organizations (Milligan and Wiles 2010).

Caring about is an embodied phenomenon, not a disembodied experience. It can be across spaces and places and can shape beliefs or personal politics (Milligan and Wiles 2010). An example of this embodied enactment of care is how the values from an individual’s personal emotional relationships become applied to more spatially-distant social relationships and vice-versa, as a way of thinking ethically and acting responsibly in an increasingly interconnected world (Milligan and Wiles 2010). This can be seen in global care chains where migrant workers care for strangers and care about and for their families left behind. This allows for caring to be disembodied, the result of more advanced technology (Milligan and Wiles 2010).
Caring for and about can be intertwined, such as when looking at proximity and distance—both can be done from a distance, but that raises the question: if we care for, do we care about? Although one can be physically away, one can still feel socially and emotionally close while being distant (Milligan and Wiles 2010). In geography, looking at support networks and the risk of isolation are sometimes overlooked or underestimated. This is especially the case when the frequency, importance, and quality of alternative forms of contact, such as Skype and telephones, are overlooked (Milligan and Wiles 2010). Even when one is far away, being emotionally proximate is still possible. And even when one is far away, one can still be involved in care-giving, sometimes in partnership with paid professional care-givers or other family members that are left behind as well (Milligan and Wiles 2010).

**Testing Filipino Families**

Each particular place, culture, individual circumstances, and one's ties to their families can all affect how migrants care for and about their elderly parents. In Filipino culture and many others, one person affects everyone else in the family and vice-versa, since the Filipino family is the sum of its members (Morillo et al. 2013, 6). The ties are so close that globalization and the emigration of one person can affect the whole family. This migration affects reproductive health and divorce (Morillo et al. 2013, 6). Studies such as caring across distances but also looking at cultural traditions and practices, are important since understanding the common Filipino core values and how this commonality has changed over time will help the government create policies and bills that reflect this common trend.

It is apparent that migration into the host countries and the emigration out of rural areas and home countries are having negative effects on the families left behind, even with remittances being relied on for survival. Remittances are the prime reasons for family separation, since the economies in the developing and unstable regions of the world still pose challenges for those
looking for better job opportunities. While moving out of a country ridden with poverty due to economic hardship is problematic it is necessary despite the potential suffering by family members left behind. Countries that send their citizens abroad as migrant workers, need to have policies to protect not only their citizens abroad, but also the family members left behind.

The Filipino familial links and cultural traditions are threatened due to migration. Elders and women tend to feel the brunt of these expectations. Adaptation problems may arise therefore expectations, and obligations of caring for the elderly may be compromised. Yet, these traditional caregivers, are going abroad due to better their economic positions and the family. The remittances helps family members left behind out of poverty and the Philippines financially afloat, keeping a health balance of payments (Orgena 2006, 15). Yet, practices of sending remittances, technology that keeps them close despite being far away, going back to visit, and even retiring back home to their ancestral province are seen (Morillo et al. 2013, 8). Values such as: respect for parents, placing the child’s needs first, and maintaining a high regard for the elderly are hard to maintain because family traditions continue to be tested due to migration (Morillo et al. 2013, 8).

Different family living patterns are emerging: one parent with one child, both parents and child, just parents, and parents with their in-laws and child (Medina 2001 cited in Morillo et al. 2013, 8). Yet, family traditions are still strong in regards to the changes of living arrangements and family dynamics (Morillo et al. 2013). Although there should be two parents living together with the children for the children to be physically and emotionally healthy (Morillo et al. 2013, 23) it is hard to do so with migration. Morillo et al. (2013, 23) mentions that the second most shared viewed value among the participants in their study is the belief that a child is to be given a “complete” family supplement. This is hard to do because of migration, therefore there is difficulty in upholding a child-centric characteristic in Filipino families. This is important since the closeness of this relationship and the reciprocity that continues when a child becomes an adult
is seen when the adult child cares for their aging parent, or when the adult child goes abroad to work therefore leaving familial responsibilities to their elderly parent, and even continuing with parental responsibilities despite the child is an adult with stable status (Morillo et al. 2013, 23). Although children should be loved unconditionally the family value of the parents to be loved unconditionally is waver (Morillo et al. 2013, 23).

This too is a factor in this thesis, since this expected traditional practice of caring for the elderly changes when caregivers leave their children – would these children still uphold their traditional family practices of caring for their aging parents? As well, with the migration of females, how does migration affect the parental living arrangement of elderly parents? It is evident from the literature that female migrant workers have left behind their traditional eldercare practices but have substituted that for remittances.

Although it is possible to care for and about, it can be difficult. But once able to do so, the benefits of emigration and remittances for food and health, seen in Cambodia (Hak et al. 2011) and Moldova (Bohme et al. 2013). This can be in places as disparate as in Jawa (Wahyuni 2005) and Thailand (Abas et al. 2009) since other family members left behind can substitute for their missing siblings; contrast that with places such as China (Chang et al. 2011), which is challenged due to previous decades of the one child policy. It does not mean that the culture or the particular migrant is at fault, but caring for and caring about is difficult to maintain, especially when compounded by increased physical proximity, difficulties in the workplace, and adapting to a new country. Therefore, while it is possible to care for and about distant elderly parents and relatives, the difficulties in doing so are readily apparent. This thesis will try to ask how Canadian Live-In Caregivers try to perform eldercare transnationally.

In this chapter the aging demographic of the Philippines and traditional eldercare are explored. With understanding these two, coupled with the emigration of Filipino workers, it is apparent that problems could arise concerning the elderly left behind and the threat to traditional
eldercare practices. Later on in the chapter caring across distances will also be explored since today, our world is becoming more and more intertwined and transnational. With globalization, people are moving around the world more so than ever before. Not only are people travelling to distant lands and places, people are also moving from one place to another in search for better economic opportunities to help with their life situation and to improve their family’s standard of living. Host countries are usually in the developed world, where women in particular are entering the global workforce leaving shortages within traditional jobs such as caring for children, the elderly, and the sick. Therefore, people move from developing countries to developed countries to help fill job shortages, such as Filipino migrant workers coming to Canada. But consequently, adult children from the developing world also leave shortages back home. If they are coming abroad to seek employment, then who are left behind to take care of their young and elderly dependents that are left behind?
Chapter 5
Research Directions

Over the last 20 years, the migration of live-in caregivers to Canada has placed considerable pressure on the dynamic between traditional family values and eldercare in the Philippines. This relationship, once characterized by closeness and cohesiveness, has quickly evolved into one of distance and separation between nuclear family members for long periods of time. Both caregiver and elderly experience significant hardships, in spite of the noble reasons for this personal sacrifice: higher wages, a large portion of which is ultimately shared with those in the homeland.

To help understand these struggles, caregivers were interviewed to provide insight on how they provided care to their elderly relatives transnationally. The interviews were semi-structured: questions were prepared, but some leeway was permitted to explore attitudes, experiences, and interpretations of the caregivers. All the caregivers are part of the Canadian Live-in Caregiver program and each brought to the research different characteristics. Additionally, a questionnaire was used to quantify the demographics and representation of the group of participants as a whole.

I interviewed 19 Canadian live-in caregivers currently living in Victoria, BC using a mixed methods approach. This chapter explains how caregivers were recruited, describes how the interviews were conducted, and provides details on their demographic background.

Recruitment & Methods
Prior to illustrating how the research was conducted, several definitions of status need to be explored to fully understand the different immigration status of caregivers and will help to understand the thesis as a whole further into the chapters.
The first status is Temporary Worker. A caregiver with temporary worker status is one who has just arrived in Canada and still has ties to an employer: he or she is not allowed to work for anyone except for the employer stated on the work permit. As previously discussed, these caregivers would be subject to all applicable provincial or territorial laws, based on where the employer is located.

The second status is an Open Work Permit status, which is closely tied to becoming a Permanent Resident. To apply for an Open Work Permit, one must have completed 24 months or 3,900 hours of authorized full-time employment. These hours may be completed within a minimum of 22 months, which may also include up to 390 hours of overtime. The work experience must be acquired within four years of a caregiver’s date of arrival. With an Open Work Permit, a caregiver can work any job while still having to complete the original employer’s contract—one reason why most caregivers with Open Work Permit status still work as live-in caregivers.

The third status is Permanent Residency, for which a caregiver may choose to apply concurrently with an Open Work Permit application. While none of the caregivers that were interviewed had Permanent Residency, the end goal for all of the caregivers is to obtain Permanent Residency and eventually become Canadian citizens. This issue will be further discussed in the later chapters.

My research looks primarily at women who have come to Canada within the last three years and are currently working in Victoria, BC. Male live-in caregivers were also included in my research, as the men interviewed also had left behind family members—children, wives, and parents—in the Philippines who are financially dependent on them.

The possibility does exist that some of the live-in caregivers may be undocumented and illegal. This study does not screen for this status, and some of the participants may not have told the truth on the questionnaire question regarding their current immigration status. Separately, I
also interviewed caregivers who were hired by family members, but then released from their contracts upon arrival or once they received their Open Permit; therefore the Caregiver Program was used as a family reunification opportunity for them. This practice will be explained further into the thesis.

The interviews were conducted from July 2014 to August 2014 in Victoria, BC. All the women and men lived and worked in Victoria: 16 women and three men, all recruited using the snowball method. I had approached three more women, but they had refused to take part in the study. When asked why, they replied with “no time.” Additionally, I made a short-term volunteer commitment at the Bayanihan Community Centre so that I could be a familiar face to the caregivers who went there or were members. This helped me interview my first four participants—three women and one man, all of whom were board members of the Victoria Filipino-Canadian Caregivers Association, at the Bayanihan. They supported other Filipino live-in caregivers in the community. Through these four caregivers I met other caregivers who were interested in being a part of the study, including nine caregivers who were not part of the Bayanihan Community.

The location of Victoria did not affect the caregivers since they were all under the Live-In Caregiver Program as recognized across Canada. That said, what is significant to Victoria is the high population of elderly, which made it easier to find interviewees of both children and elderly caregivers. The women and men interviewed were from different parts of the Philippines.

The interviewees determined where the interviews took place: typically in coffee shops such as Starbucks or Tim Horton’s, or at their employer’s house without their employers present. If the employer was present in the home, he or she was either in a separate room or a different floor, so we had the privacy to talk about many issues without the concern of being overheard.

I hit saturation after interviewing four female caregivers (Participants #1-4) in terms of answering my master’s thesis question, after which I decided to interview two more female
caregivers. Because I was using Grounded Theory and believed that future interviews would sound like the first six, I decided to interview one male caregiver (Participant #7) to seek out more information and validate whether his story differed. After interviewing seven caregivers, since their stories about elders left behind all sounded similar, I decided to conduct seven interviews with two women (Participants #8-9) simultaneously to see if their answers could bounce off of each other, which I hoped would have allowed me to extract more information. The majority of their answers followed the trend of the previous interviews: that the elder(s) were left behind and either living by themselves yet had help from other family members in the Philippines; or living with another family member. Yet despite the help from those still in the Philippines, those elders were still receiving money from the Canadian live-in caregiver and thus financially dependent on him or her.

After interviewing those two women, I decided to interview a group of individuals to help facilitate more comments and ideas. The focus group included two males and seven female caregivers (Participants #10-18). The group interview was conducted immediately after the aforementioned two women, in the same house—conveniently, the two women were hosting a BBQ event for live-in caregivers. A final interview was conducted as a one-on-one interview. All 19 had similar stories of coming abroad to Canada and the types of care for their elderly relatives: parents, aunts, uncles; grandparents and their siblings; in-laws; and even brothers and sisters, which is typical when caregivers’ children are left behind with their parents. Of the 19, only one had a live-in caregiver who looked after her father in the Philippines. This was Participant #19 and will be elaborated on since this was the only case of eldercare arrangement.

All the interviews were semi-structured with predetermined questions broken down into several themes: experiences coming to Canada, working as a live-in caregiver, relationship with one’s employer, one’s work environment, ideas on aging, history of family eldercare, relationships with elders in the Philippines, eldercare arrangements, employing a care worker in
the Philippines, living arrangements, relationships with the family, remittances and spending habits, and the future. Examples from other studies helped to create these questions (Bourgeault et al. n.b.; Chubachi 2009). The questions were arranged strategically to easily code the answers once transcribing was complete.

The caregivers were also given a questionnaire in which to fill out subject information, such as marital status, children left behind, education, prior experience abroad, immigration status, number of elders are left behind, and economic status. I decided to ask these straight-forward questions to gather some raw data on the demographic that I was working with. While many of the interviewees were very willing to talk about their experiences, some left parts of the questionnaire unanswered. This issue will be explored in the demographics section.

In the eight-person group interview, some participants were more vocal than others. They were more passionate about bringing their family here and their rights as live-in caregivers. Much of this enthusiasm was driven by the news in August of possible changes to the live in caregiver program, including the possibility of taking away a caregiver’s right to gain Permanent Residency. The private interviews and the interview with the two interviewees tended to talk more about their families left behind and provided more in-depth information on their elders left behind.

The following sections will explore citations of the interviewees. The interviews were conducted in English since the requirements to be accepted as a live-in caregiver is to have the equivalent of English 12. That said, since English is not their first language, there were some difficulties in proper grammar; since I am a second-generation Filipino, these grammar mistakes were easily corrected. Editing was kept to the absolute minimum so that their original voices can be heard. The thesis mostly uses qualitative methods; therefore, due to the nature of the research, Grounded Theory was used. Grounded Theory was an effective way to elicit new ideas and theories through the analysis of the data. Data were collected through the semi structured
From there, specific common themes in the answers were gathered, which I used as my codes. The semi-structured interview questions were already divided into themes so the codes were easily identifiable. Next, I categorized these specific codes into more general subtitles, through which concepts emerged that allowed me to create my broad categories, which form the basis of my theory and hypothesis of how these 19 caregivers looked after their elderly relatives transnationally. Descriptive quantitative methods were also used to see trends between the interviewees. Although saturation was reached, results should not be used to generalize about the rest of Filipino live-in caregivers in Canada.

**Demographics of the 19 Interviewed Caregivers**

Nineteen caregivers were interviewed of whom 16 self-identified as female and three as male (Figure 5.1.). Generally in Canada the majority of caregivers are women; therefore the number of female participants disproportionately outweighs the number of male caregivers.

![Figure 5.1.](image)

Ages of caregivers ranged from 27 to 50. The mean age was 39 ($SD = 6.9$) and the median was 41.5 (Figure 5.2.). Five caregivers chose not to disclose their age. The high
percentage of omission is likely due to cultural sensitivities around age (Valdez 2013) and may have been biased by my young age.

Figure 5.2. Distribution of the ages of the participants as self-reported on questionnaire. Five caregivers chose not to disclose this information.

The majority of the participants in this study were married (n = 11) with the second highest proportion self-reporting as single (n = 7). Only one participant was separated (Figure 1.3.).

Figure 5.3. Marital status of participants as indicated by self-reported on questionnaire (N = 19).
Of those who were married, 83 percent had left their significant other back in the Philippines (Figure 5.3.). The remainder (n = 2) had spouses that had also chosen to emigrate from the Philippines to find work in the nations of Saudi Arabia (S.A.) and the United Arab Emirates (U.A.E.).

![Figure 5.4. The current location of spouses indicated by participants on self-reported surveys.](image)

There were 13 caregivers who had children left behind in the Philippines. They made up 68 percent of the participants. Among these caregivers, two were single but had children and one caregiver was separated but had one child. No caregiver brought their children to Canada.

Participant #6 gave birth to one child in Canada, but that child is now living in the Philippines.

Data on how many children each caregiver had left behind in the Philippines were also gathered (Figure 5.5.). All of the caregiver’s children were listed as financially dependent on the live-in caregiver.
Figure 5.5. The number of children left behind by caregivers as indicated by self-reported survey. The majority of the participants reported leaving at least one child behind.

The temporary guardians of these children were also identified (Figure 5.6.). From this particular information it is apparent how much the nuclear family has been broken down. In two instances the children of two different caregivers had been split between different households. One caregiver had divided her children between her husband and her sister-in-law, while the other caregiver divided her children between three family members, her mother, husband, and her sister.

Figure 5.6. Depicted is with whom the children left-behind in the Philippines live with as indicated by self-reported survey (n=13). There were two caregivers who had split her children up between different
households. One caregiver had divided her children between her husband and her sister-in-law, while the other caregiver divided her children between three family members, her mother, husband, and her sister.

Both the place of residence prior to migration and the place of birth were determined for the interviewed subjects (Figure 5.7.). All caregivers but one had decided to disclose their birthplace. All caregivers but two remained in their place of birth prior to migration. Participant #15, who was born in Kabankalan City, moved to Bacolod City within the province of Negros Occidental. And Participant #16, from San Juan, La Union moved to Dagupan City, Pangasinan, which is just the province north from place of birth.
Figure 5.7. Cities located are the birth city of each caregiver as indicated by self-reported survey (N = 19). All the caregivers came from different parts of the Philippines with just two caregivers coming from the same city and province (Cebu City, Cebu). Ten caregivers were from the geographical location of Luzon, five caregivers were from the geographical location Visayas and two from the geographical location Mindanao.
First language was also asked since many Filipinos speak not only the two main languages of the Philippines, Tagalog and English, but their native language from their city, village, or province (Figure 5.8.).

**Figure 5.8.** Although the official languages of the Philippines are Tagalog and English, data collected on caregiver’s first language as indicated by self-reported survey showed much diversity. Twelve caregivers (n = 12) were trilingual and are able to speak their first language, Tagalog, and English. Five caregivers (n = 5) were bilingual and able to speak Tagalog and English, and one caregiver (n = 1) spoke two Philippine languages, Tagalog, and English.

One of the criteria of applying for the Canadian Live-In Caregivers is a Canadian secondary school education, yet 17 caregivers had further education than the minimum (Table 5.1.). All post-secondary education was accomplished in the Philippines. A calculation of the percentage of caregivers who hold a Bachelor’s of Science in Nursing Degree is also provided (Figure 5.9.).

**Table 5.1.** Highest Level of Education

<table>
<thead>
<tr>
<th>Highest Level of Education</th>
<th>Number of Caregivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor's Degree</td>
<td>15</td>
</tr>
<tr>
<td>Diploma</td>
<td>2</td>
</tr>
<tr>
<td>High School Diploma</td>
<td>1</td>
</tr>
<tr>
<td>Uncompleted Bachelor's Degree</td>
<td>1</td>
</tr>
</tbody>
</table>
Figure 5.9. The percentage of nurses from the 17 caregivers that held a Bachelor’s of Science Degree in Nursing as indicated by self-reported survey (N = 19). Other consisted of: Hospitality Management, Computerized Management, Mass Communication, Education, Biology, Secretarial, Medical Technology, and Computer Science.

Another criterion to apply for the Live-in Caregiver Program is to have worked for one year, including at least six months of continuous employment for the same employer, as either a nurse or a related job. Many caregivers have done this work experience in other countries prior to coming to Canada as caregivers. Eleven participants interviewed had worked in other countries as caregivers (Table 5.2.). Since this experience must have been acquired within the three years immediately before the day on which one makes an application to be a Canadian live-in caregiver, it is likely that many caregivers have been away from their families for several years. In addition, one caregiver, Participant #7, had previously worked in Regina and Calgary as a nurse, yet could not complete the contract.

Table 5.2. Past Location of Previous Caregiving Work

<table>
<thead>
<tr>
<th>Location</th>
<th>Hong Kong</th>
<th>Taiwan</th>
<th>England</th>
<th>Macau</th>
<th>Hong Kong &amp; Singapore</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Caregivers</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
In total eleven caregivers had already worked as caregivers outside the Philippines and in Canada (Figure 5.8). The eight who had not done any previous migrating worked as nurses in the Philippines prior to migrating to Canada, with one caregiver not having either nursing or caregiver workplace experience. This caregiver is Participant #12 who had completed three years of her nursing degree, thus obtaining her experience requirement through nursing school.

![Figure 5.8. Eleven caregivers had worked as caregivers outside the Philippines and in Canada as indicated by self-reported survey. Seven worked as nurses in the Philippines prior to migrating to Canada, with one caregiver not having either nursing or caregiver workplace experience.]

The question of voluntary and involuntary migration was asked (Figure 5.9.). Participant #1 had decided to not answer the question. Out of all the caregivers (n=18) who had answered this question, all but one caregiver chose voluntary. Although this could have been a mistake, this was Participant #12, who had two children and a husband and had only completed three years of her nursing degree.
Figure 5.9. Seven caregivers claimed that their migration was voluntary, while one caregiver claimed that her migration was involuntary. One caregiver gave no response.

The number of caregivers who are temporary workers under the Live-In Caregiver Program and those who have Open Work Permits (application for Permanent Residency still pending) were assessed (Figure 5.10). Those on Open Work Permits continue to finish their original three year contract as a live-in caregiver.

Figure 5.10. Current Immigration Status of the 19 caregivers, where 13 caregivers held a temporary foreign worker (Live-In Caregiver) status and six caregivers held Open Work Permits who were finishing their original live-in caregiver contract.
The weekly gross income of caregivers before taxes was also determined by self-report (Figure 5.11.). One caregiver makes 850 Canadian dollars (Participant #18). The average weekly gross income is 472 Canadian dollars, while the median was 410 Canadian dollars.

![Figure 5.11. How much caregivers are being paid per week prior to government deductions as indicated by self-reported survey (N =19).](image)

Each caregiver currently has an elderly relative left behind in the Philippines who is financially dependent on the caregiver in Canada (Figure 5.12). The majority of caregivers (n=16) were supporting their biological parents, yet many (n=5) were also sending remittances to other elderly relatives including sisters, in-laws, and aunts. This practice will be further looked at in later chapters. As well, eight caregivers were supporting more than one elder. On average each caregiver was financially supporting 1.52 elders in the Philippines. The distribution of how many elders were financially dependent on the caregiver was also calculated (Figure 5.13).
Figure 5.12. Financially dependent elders who are left behind in the Philippines that are financially dependent on caregivers as indicated by self-reported survey (N=19). Take note that more many caregivers are sending remittances to not only biological parents but aunts, grandmothers, sisters, and in-laws.

Figure 5.13. The number of elders that are financially dependent on caregivers as indicated by self-reported survey. Note that eight caregivers were supporting more than one elder.

All 19 caregivers had answered “no” to whether or not they would be financially better off if they were still in the Philippines. They were asked to further answer why they would not be financially better off if they stayed in the Philippines. Although the question was asked as a short
answer, many answers were repetitive. Responses are summarized in Table 5.3. The most repeated answers to the question are “lack of jobs” and “low salary.”

**Table 5.3. Reasons why Caregivers are not Financially Better had they Remained in the Philippines**

<table>
<thead>
<tr>
<th>Financial Reason(s) For Leaving the Philippines</th>
<th>Number of Caregivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corrupt Government; Better Future for Children</td>
<td>1</td>
</tr>
<tr>
<td>Lack of Jobs</td>
<td>7</td>
</tr>
<tr>
<td>Lack of Jobs; Low Salary</td>
<td>2</td>
</tr>
<tr>
<td>Lack of Jobs; Low Salary; Better Future for Children</td>
<td>1</td>
</tr>
<tr>
<td>Lack of Jobs; Nepotism</td>
<td>1</td>
</tr>
<tr>
<td>Low Salary</td>
<td>6</td>
</tr>
<tr>
<td>Low Salary; High Cost of Living</td>
<td>1</td>
</tr>
</tbody>
</table>
Chapter 6

Findings and Analysis

In this section I aim to detail to the experiences and ways that the 19 caregivers perform their familial duty of caring for their elderly relatives while not being physically present in their home country. Through my interviews, this chapter looks at how not only has their physical presence in the Philippines been replaced by transnational ties, but how strong Philippine values are in regards to the family responsibility of not only brothers and sisters, but grandchildren, cousins, aunts, and extended family, to care for their aging relatives. I hope to answer what happens to the aging Filipinos left behind in the Philippines, which has been missing in the current literature (Asis 2013; Guerrero et al. 2000; Ogena 2006). In the following chapter, there are four sections: 1.) The Decision and Processes of Coming to Canada; 2.) Being a Live-In Caregiver; 3.) Remittances and Relationships Back Home; and 4.) Aging and Eldercare Practices.

The sections build upon each other to understand the ideas of aging in the Philippines, eldercare practices in the Philippines, and caregivers’ eldercare responsibilities and practices. Towards the end of the chapter it will look at their hopes and goals in the future and where they would want to live their final stage of life in reflection of their experiences of eldercare in Canada and eldercare practices in the Philippines, which is then followed by concluding thoughts in Chapter Seven.

The Decision and Process of Coming to Canada

Why Come? Permanent Citizenship

Twelve caregivers explicitly picked Canada as their host countries due to the best pathway to become a Canadian citizen through the Live-in Caregiver Program (LCP). And once here all the caregivers wanted to stay, complete the LCP to obtain Permanent Residency, and then get their Canadian citizenship. As seen in the literature, the knowledge of being able to apply for
Permanent Residency and then Canadian citizenship was a major factor in the decision to either come to Canada and/or stay (Bourgeault et al. 2010, 86; Brickner and Straehle 2010, 310; Goli 2009, 10). This was discussed by Participant #1:

Because I think the program is more, more, really, you know, good for me. Like, I worked at a hotel and a restaurant in the Philippines that maybe, but then I realized the program for the live in caregiver is more, real-, what do you call that? Reliable, then temporary. Because I thought, with temporary worker, if you stay for 4 years and then you get back to the Philippines and you don’t become nominated, what do you call that, get nominated by the government, right? If you’re a temporary worker, you’re only picked by the employer, so it’s not really, you can’t right way be immigrant. But as a caregiver, after two years, you can right away apply.

Participant #8 explains how the promise of Permanent Residency gave her the reason to come to Canada:

The thing is, the thing in Canada, after completing the 2 year contract, you have a right to become a Permanent Resident... The reason to come and work here because of the Permanent Residency.

Take away the right to obtain one’s Permanent Residency, Canada would probably not be an option as Participant #8 says:

But here in Canada you need to pay as one. Everything. Like when you have a job over there, you pay partial. And then when you have your LMO, you pay partial, until you can come over and then you have to pay everything. And very far from our place. So I’m sure if they implement this, no one will come from the Philippines to Canada. They prefer to go to Asian countries. Because it’s near and they can still go home.

Out of the 19 caregivers, there was one who had failed in trying to come to Canada through different avenues. Participant #7 originally came to Canada as a nurse. He could not finish that program so he opted to going through the LCP to obtain Canadian citizenship:

Oh, more like… well, the one job that I had in Regina, it was not really good of an experience. Let’s just put it, it was a little traumatic. I didn’t, I wasn’t able to finish my contract. Because I got terminated. Because we were on probation and I didn’t pass the probation. So, you know…

Canada—Better Than the Rest

When asked why move to Canada rather than other countries such as the United States 17 caregivers had thought it was harder to get into the US and obtain Permanent Residence. Other reasons were lack of jobs and instability because of the recession, but most had no previous
intentions to move there at all. Participant #7 was one of the caregivers that had an opportunity to move there but the recession of 2008 and the unstable economy played a factor as reported by Participant #7:

I was going to work there, but then, when they had the recess[ion] ... Ya, so everything kinda shut down.

The stability of Canada in comparison to the US meant that employment would be easier to find as described by Participant #11, who opted to not go to the US because of the recession as well:

Umm… well I had an opportunity before to come to the States, but I prefer to stay in Canada, because, number 1, economic reason. ‘Cuz through research and my studies um, Canada is more stable than the states when it comes to like the economy.

Couple the recession with the difficulty of obtaining Permanent Residency, especially when migration is to better their opportunity of gaining employment, the US was not an option as described by Participant #2:

I think… because I heard a lot of good things about Canada. And there’s a lot of opportunity if I come here, than the US or other countries.

Some caregivers have been told from other caregivers anecdotally that Canada’s two year live-in requirement meant that it was easier to obtain Permanent Residency compared to the US as described by Participant #19 who was told by friends who were already there:

Because they said that it was hard in the US to get the, the residency.

**Job Opportunities and Employment**

Opportunity for employment due to the lack of jobs in the Philippines which was seen in the questionnaire were further explored in the interviews. The opportunities that are available in Canada was something that many Filipinos could not overlook. To be able to come to Canada would mean a chance of employment; important to Filipinos since the Philippines has high unemployment and underemployment. Participant #3 who is in her 40s was given a second
opportunity to come to Canada since her children were older and could be left behind. Not knowing what Canada would have in store for her she was still willing to come:

    Well, everyone says that it is good, but of course I don’t know. And, because I already, when I was 20 years old I was planning to come to Canada but I never got the chance. And when I’m 40 and someone was gonna help me come here, I was like, ‘oh’, I’m going to accept this opportunity. Ya…

Participant #5 explained how there is a problem in the Philippines where jobs were not as easy to come by but Canada was able to provide this:

    Because the first reason is no permanent job. That is the first reason. Because you know, us Filipinos, wants better, looking for greener pastures. So of course we need to find a living. So I know that Canada is a nice place. Lots of opportunities here. Lots of jobs. It’s a good to start a family.

As seen in the questionnaire, 17 caregivers had their Bachelors in Nursing Degree. The lack of jobs for nurses means that nurses in the Philippines must leave to be able to practice their profession or something close to that. In the literature, the Philippines does not seem to have any shortages of nurses, but an oversupply (Cheng 2009). Canada gives them the opportunity to gain employment and once upgrading is finished can practice their profession, which was explained by Participant #14:

    Like, when we were in the Philippines it has high unemployment rate for registered nurses, right? But here, um, they have significantly high shortage of registered nurses. So we came here through the live-in caregiver program because it was the easiest way to come in here. So we will have the chance to be employed someday if we will be given the right for the Permanent Residency then we will be able to work here as registered nurses and that’s the reason.

And with employment comes money – the primary reason to come, as Participant #9 compared her previous employment in another country:

    We think there would be a lot of money. And that we would have more freedom.

Family members can also have a lasting impression on what you think Canada would be like. Participant #19 goes further into the good life in Canada:

    Actually, before, before I got the idea to come here to Canada, I have friend, I have brother in Toronto who immigrated here with his family. He said that live-in care is good and then if you are a hard worker than uh, it will be easy for you to have a good life here.
Remittances

The decision to come to Canada is usually a decision that is made with the family in mind. This responsibility, whether it is supporting parents, children, siblings, and/or aunts, is one of the primary reasons why caregivers migrate, which was confirmed by all participants and within the questionnaire. All the caregivers sent money back home including to the elders left behind.

Remittances were further explained by Participant #2, whose main reason to make her first migration to Singapore as a caregiver was to not only send money to her parents but to help her sister with tuition and books:

Because it’s not really enough, my salary. I was helping my sister with her studies. It’s not really enough because if I send her… she’s high school and it’s easier and then it turns into college, and my parents cannot support her, so I’m thinking 500 pesos, if I send her 500 pesos every month it’s not enough for college. I’m thinking, I’m going to move.

To Get Out Means to Get Ahead

Due to the limited opportunities in the Philippines not only to gain employment but to have a decent wage to live comfortably, to get out of the Philippines and to work abroad is to get ahead in life (Kelly and Lusis 2006, 831). But there are also situations where highly educated and over qualified individuals come through the LCP for this dream of coming to Canada to get ahead in life. These ideas were further explored and talked about with Participant #19 who seemed to be from an upper middle class family whose family was able to afford a nanny and a cleaner when she was growing up. She also explained that she had friends who were doctors who had decided to come to Canada as a live-in caregiver only to gain Permanent Residency and eventually practice medicine:

Do you know, some of my doctor friends, they’re also here in Canada.

A wage as a doctor would make you a decent wage in the Philippines yet the ideas of getting out to get ahead is ingrained in the culture and the Philippine government. Doctors
migrate not as doctors but nurses since the Philippine government encouraged the outsourcing of their own people as cheap labour (Cheng 2009). This was further discussed with Participant #19:

Ya. You know, he worked as a caregiver, really honestly, he lived in Winnipeg. And after he, he finished his live-in caregiver program and then that’s the only time, he practice his, his, his degree. He tried to take the, board, board exam here. For, for, for doctors and then he passed. And right now he’s a doctor here in Winnipeg. Actually, really, promise. We’re really vocal about our job.

Escaping a Corrupt Government

Within the questionnaire other answers of why caregivers come to Canada besides financial reason or to obtain Permanent Residency included escaping a corrupt government. Urbano (2012) saw this as well (607). Within the interviews the participants who stated this reason were asked to elaborate. Participant #5 blames the government for not having a fair job opportunity and how the government favours others over people who may in fact be best fit for the job:

The money that I send back home is very helpful. Because, my brother does not have a permanent job too in there. He was a teacher, but he cannot teach too. Because there is no vacant… And some are like, you know, they are still practicing the nepotism system … The government, they just employ their relatives or friends… And some of the government job, not only that… it’s whom you know. Ya, not what you know. That’s the problem back home. That’s why, too bad, it’s very bad.

Participant #6, who had worked within the government, also explains the corruption in the Philippines and wanted to leave despite earning a decent wage to live comfortably:

Because in the Philippines I worked in the government, so my eyes were open to how dirty the system is. The corruption and all that. I was the one that was doing the papers so I know how it works, it works you know, how the corruption works. So I told myself that I can’t raise my children here. Because as a human I want to have better humans too, you know. Not those ones who steal. I want a better world for my kids. So I asked myself when, where will I start? And then I came to the realization that in order to have a better world you should start with your kids. And then I looked around my environment it’s not conducive in raising children… And then my family is growing and I have 3 kids. And so I told myself that I want a better environment than in the Philippines. Although, compared to in the Philippines and here, I had a decent wage back there. So I decided to come here because it was a better environment and everything, I thought, that everything, I thought that the government is better, which is. Because it’s not democratic, it’s parliamentary still. And then that’s when I decided to ask help from my aunt. I asked her to help me to go here, then I’ll take care of myself.

Initial Thoughts
Thoughts of Canada not only meant financial gains and possible Canadian citizenship, but also other positive attributes of the country. The landscapes and ideas of a beautiful garden were examples of how caregivers had imagined Canada as heard from Participant #5:

I thought that Canada was a nice place. Like a garden! *laughs* Oh, my gosh.

As well from Participant #19:

Uh, most people really think that Canada is that place, a beautiful place, you know, all the good things are here.

Pollution is a problem in the main cities in the Philippines (Urbano 2012, 607) so ideas of Canadian fresh air was another positive idea of Canada prior to arrival heard from Participant #7:

For me, I didn’t look at the money. I considered the weather, how clean it was here... Like not polluted. *laughs* compared to the Philippines. Ya, the weather here, the air is fresh.

But most importantly, what was commonly heard of as another perk of coming to Canada is family reunification, as seen in the literature (Brickner and Straehle 2010, 312; Goli 2009, 8). Thirteen caregivers, all who have children hoped to bring their children to Canada. Participant #19 spoke of her daughter who she had left in the Philippines:

And the one more thing is, my daughter, my priority. My brother too, told me that, that if you are going to work here as a caregiver after, ah, a few years, you will be able to come here you daughter so that the two of you will be together. Unlike in Taiwan. I would be able to bring my daughter, even if I were to work there for 20 years or so. I can’t take my daughter there.

Caregiver Training

One requirement to enter Canada through the LCP is six months training, so many caregivers decided to do the caregiver training even when having gone abroad to work in a related work experience, as a caregiver, or occupation all including six months with an employer. The training not only included the caring aspect of being a caregiver but jobs such as cooking and cleaning which was explained by Participant #19:
Well everything. Like caring for the elderly... And then. Actually, being a caregiver, they will also teach you to manage the home.

While being a nurse meant that they did not need to have caregiving training, the seven caregivers who were not nurses thought that the caregiving course was useful and “worth the money” said Participants #11, #12, and #16. Yet nothing could be more helpful than in the real life context. Participant #4 did learn a lot from the training yet experience was valuable as well:

Bathing, suctioning, and everything, but I learned a lot through experience.

Others, who have already been educated in nursing did not have to do the caregiver course, seeing how a nursing degree requires higher education than caregiving. As seen in Cheng (2009), there are many live-in caregivers from the Philippines who are overly qualified for the LCP. Caregivers acknowledge that they are over qualified yet ignore this since the desire to come to Canada is stronger. Participant #7 explains how he did not need to take the caregiving course:

No, because I’m already a nurse, so it’s more than enough training if you’re working as just a caregiver. Nursing is way beyond... It exceeds the standards, the requirements.

Participant #5 explains how she was once a nurse prior to working for the government:

Before I became a government employee, I use to work in a hospital and in a school. I was a staff nurse and a nursing instructor... And there’s a government position for primary health nurse, so I applied and I get in.

**Agencies**

The caregivers interviewed all faced some struggle to get to Canada. Having all the requirements to apply for the LCP a caregiver cannot come to Canada without finding an employer in Canada. Eleven caregivers used an agency that help them find employment in Canada, while the rest used either direct hiring, with no agencies involved. Agencies may be hard to find as explained by Participant #11:

It was really hard, because when we were in the UK, some of you were in the UK maybe and we had a hard time looking for an agency because there was not enough agencies in the UK.
Yet, with the high prices of agencies, many scams can occur. All the caregivers explained the hardships of finding the right agency. There was always a fear of getting ripped off if no one you know has used that agency. The caregivers would hear from other caregivers of agencies that were reliable or knew someone already abroad that had used that agency. Participant #2 feared of falling prey to a bogus agency:

[You] give them all the money and then the agency is gone.

Besides the qualifications that the Canadian government had set caregivers were expected to pay large amounts of money to agencies as explained by Participant #11:

The pay was too high, so we had to save money to get here to Canada ... In my case, I paid 4 thousand 500 hundred pounds, like almost 7 thousand Canadian dollars.

Caregivers sometimes were not able to pay for all of the costs therefore were financed with the help of friends and family since the idea of having one family member abroad could potentially mean financial help for left behind members in the Philippines. As well, having helped a friend financially, that caregiver could potentially help that person come to Canada. Two caregivers needed financial help from family and/or friends to come to Canada. Participant #3 details who helped her:

I had a friend who helped with financially, so I got the chance... it’s a person from America. A sister of my classmate.

If help could not be found within the caregiver’s circle of family or friends, caregivers have been known to sell their homes, as Participant #8 tells:

Some come here, they are selling their houses.

The cultural idea, to get ahead is to get out, is primarily seen in the middle or upper class because not everyone can afford these high costs as explained by Participant #19:

That’s why *laughs*… If you don’t have money, you can’t come here, really.
Unlike in some other countries, Canadian agencies do not give different payment options such as installments since Canada as a host country is in high demand due to the LCP being a pathway to obtain Permanent Residency as Participant #9 illustrates:

You can pay also to the agency. But um, like, installment. You can fly now and pay later. Sometimes.

Although financially it is easier to go to other countries, finding agencies to match a caregiver with a Canadian employer may be difficult as well, as described by Participant #3 who found it hard to make time to organize the paperwork and finding an agency for Canadian employment:

Oh, it’s really hard because while you are working, a lot of planning to papers and on the weekdays you can’t go out too. You have to pick up medical, pick you visa and kind of requirements to submit and we can’t go out because, the Chinese people were really really strict. So what we do, is…

Using other Countries as Stepping Stones

A large number of the caregivers, as seen in the questionnaire and in the interviews, went to other countries to work as caregivers to meet the work requirements of the LCP. This pattern was also seen in the literature that included testimonies from other caregivers (Pratt 2009, 8). Participant #1 illustrates her work experience abroad prior to coming to Canada:

That’s why I worked in Hong Kong to have the experience before coming here. Because if you apply to be a caregiver you need to have experience. Ya, I worked in Hong Kong for three years and a half. Before applying here, but you know, it’s just a stepping stone, right? So it’s just a stepping stone. You need the experience with working with children and like that.

Many of the caregivers used other countries as stepping stones to come to Canada as described by Participant #4:

That’s only one thing to go to Taiwan, was to… ok, I want to go to Taiwan to go to Canada… That’s only the focus… just focus on the goal. I said, ‘that’s ok, just focus on the goal’.

This was due to strict laws and competition as described by Participant #9:
I was working in Taiwan for 1 year and 5 months to apply here, because in the Philippines it’s very hard to apply to go to Canada.

The requirements to go to some of the other countries were not as strict as Canadian laws although the job is still as a caregiver. The only requirement is a high school diploma. Participant #5 took care of two children in Singapore:

Umm... In Singapore, no education needed. Actually, it’s a high school graduate you can go there.

As seen above all the caregivers who had gone abroad to work as caregivers compared these countries with Canada. Using other countries as stepping stones had many disadvantages though. All of them described their experiences as harder than those in Canada. Participant #2 never had any days off:

It’s not really easy there because there’s no day off for the whole year.

Participant #4 explains how she felt free because of the lack of days off in comparison to Canada:

Free. I’m free here because when I was in Taiwan I’m not... I was not allowed to go. I didn’t have a day off.

When describing their work, it was as if they worked harder in other countries than in Canada as explained by Participant #4 who went to both Taiwan and Hong Kong:

It’s different in Taiwan, because work there is very hard. *sigh* Here, it’s much more easy and you know, the work here is very, what do you call that, more relaxed... It’s different than in Taiwan. You can’t imagine. Also with Hong Kong.

Participant #6 experienced so much abuse in Singapore she had to leave on an emergency flight:

Umm… actually, before I was, obviously in Singapore, my Chinese employer was not good. Maybe because we cannot understand each other. He couldn’t speak English well. So, that’s the reason why, I was abused, I don’t know. I don’t want to recall all those things that happened to me in there. It’s the reason why my uncle here, sent me a ticket just to go home, emergency flight from Singapore. Because if I stay there of course, maybe, I’m getting mental problems, because I suffered depression in there ... Participant: That’s the reason why I had to come back home. When I was in the Philippines I rest for 1 year. And then, I had, I got caregiver training before I came here.

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Knowing Friends and Family Abroad

Knowing someone who has come abroad can help one get to Canada since knowing someone in Canada or even in the US can help a caregiver get connected with an agency that their friend had used or knows of. As well, the networks that a caregiver has can help with job placements and even advice. Participant #2 knew of one of her high school teachers that had moved to Victoria:

She arrived here one year ahead of me. So we send messages in Facebook and then, ‘ok, I’ll meet you here’. I felt a little bit excited because she’s here and I won’t get lost.

Even when the agency is out of province knowing someone already here in Canada who had used one agency can help them find a placement nationwide, which Participant #3 relates:

I have one friend that has one friend in Calgary. So that agency. My agency is in Calgary.

Knowing someone that has already used an agency is important since avoiding scams can be difficult and can happen to many others. Participant #19 explains how knowing someone already here in Canada helped her get in touch with an agency:

I ask from my friend’s referral because I don’t want to take a risk giving my money to somebody who is a fake. Because there are so many fraud. So I phoned a friend who is already here in Canada. And then I asked her oh, does she have somebody that she knew somebody that is ah, looking for a caregiver. So she referred me to her agent... So her, so I get her number and then I tried to contact her and then, she, she, told that oh this is the processing fee and then here are the requirements, are you a nurse, or in any field, a graduate in any medical field. And I said that oh ya I’m a nurse, and I’m also uh, physical therapy. And that I’m working here in Taiwan and I have working experience in the hospital. And then the elders. And then she said ok. I’ll find, I will try to uh, look for an employer for you. And then she found an employer.

Knowing someone who is already here could potentially lead to direct hiring (Kelly and Lusis 2006, 842), which is when you remove the agency that sets you up but get connected with the employer directly, which happened for Participant #8:

I came here through direct hire. My niece was here and she met my… her employer is my boss’ friend. That’s how I came here in Canada.
This can also happen when a Filipino knows a live-in caregiver in Canada. When a caregiver’s contract is over and the employer still needs a caregiver, the Filipino could potentially be given a job by the recommendations of their caregiver friend. That is when the Filipino is contacted and the hiring process for he/she begins. This can happen between friends or relatives, as with Participant #9:

Because my sister was working here also, after she get her open visa permit and they hired me.

Yet, directly hiring someone does not always work. Sometimes this cannot follow through for some reason, as Participant #3 explains, who instead of going to Toronto after her caregiver training had to go to Hong Kong:

6 months. I studied there. Because my cousin told me that I should take the caregiver while she’s waiting. Because I should be replace me as a caregiver in Toronto. But it didn’t happen, so I applied in Hong Kong

Knowing a friend or family member already in Canada may lead to their migration, so does their migration lead to others migrating to Canada, creating a cycle (Kelly and Lusis 2006, 841), explained by Participant #2:

I have one sister in Hong Kong and one sister in Oak Bay... I came first and she came one year after. She came here last June, but I came first

**Working for Extended Family Members**

Two of the caregivers interviewed had been hired as caregivers to supposedly help with their aging relative and be paid for it. Yet, these two did not get paid and were waiting to get their Open Work Permit to work for a new employer. The contract that was drafted was only for government paper purposes. Participant #6 discusses the contract with her aunt:

No… my expectations to her… you know what everyone expects, just going to go abroad… is to work. But then I’m familiar with the contract, but she… beforehand she told me that… your work is not… you know… in the contract. Because you know…
Participant #5 explains how she came through this way and was hired by her uncle to work for her aunt:

My uncle helped me to come here, just because of my aunt. The reason why is I don’t have a job, so, how could I live like that? So I had to decide to come here, for a good future and the future of my future children. Because it’s not easy living back home even, it’s difficult. But no choice ... I stay with my aunt for more than 2 years. Until I got my Open Work Permit. And that was the time I found a new employer.

And as explained, once the Open Work Permit is obtain they must find a new employer in order to work. Participant #5 explains how she had to find new employment:

How could I stay with my uncle? They do not need me anymore. They took my cousin already. They took my cousin to take care of my aunt. If I stay with my aunt, they cannot pay me. So I had to find another job.

Although one does not get paid by their employers due to being part of their family, there are some benefits of living with a family member. Participant #6 had gotten pregnant prior to coming to Canada, yet did not know until she had already arrived. She tells her story about what it was like working and being unsure about employment and her baby:

Well what happened with me is that she didn’t release me because I was pregnant. I had an employer than, who was ready to sponsor me right away, but then I told her, I don’t want to get you in trouble because I’m pregnant so right now it’s not in that stable position, like it was before, because I didn’t know that this was coming, you know… And then she had a good heart and understood me right away and then my aunt understands me as well and then what happened was that, for 2 years I worked under the table. You know, like…

Her story was unique in that she was technically employed by her aunt, but they had arranged under the table work for her until her Open Work Permit was obtained. So, depending on your situation working for a family member could have some advantages despite not getting paid and the Canadian government frowning upon using the LCP as family reunification. Overall, knowing someone, either a friend or family member, can be an advantage. Knowing someone could potentially help find an agency or by-passing the usage of an agency which can save money and could led to an employer who is better known since someone who you know may have been previously employed by them.
Forever Here

After planning, dreaming, and struggling with the process of coming to Canada, once here many caregivers are happy to stay in Canada forever, despite missing home, and having to learn a new culture and way of life. As mentioned earlier, many of the caregivers choose to come to Canada to be able to obtain Permanent Residency and because their financial situation would not be better off in the Philippines. Yet the question, “when you first arrived here how long did you want to stay?” was still asked since the shock of coming here could deter them to follow through with their original plan. But when asked, Participants #1, #2, #7, #8, and #11 wanted to stay here “forever” and as Participant #11 states:

Given the chance, because one of the reasons is to have a better life. So if you can have a better life, why not stay forever?

Missing Home

Homesickness can be a problem since the Philippines is so far away. Adjusting to a new life, even when preparing for coming to Canada could have been multiple years in the process, missing home is still inevitable, which Participant #3 explains:

But when I came here, that, sometimes, hmm... when I’m here, I feel sad. And stressful because I miss home. And then it’s different. The culture is different. The environment is different, ya. But now, it’s ah, I got adjusted already.

Because of the need of remittances back home is much needed the pressure to stay in Canada is apparent and a ticket back home is costly, which Participant #3 explains:

Oh, because when I first met my employers, I was really adjusting. I had to accept the weather, because the weather is really bad and it’s raining. And I was kinda homesick. And then my employer wasn’t expecting and we don’t have a good relationship. So, I feel hard. And especially for the kids. They’re different attitude, from Chinese to Canadian. So after that, I decided to kinda go home, but I cannot go home, because it’s our own fare. *laughs* you cannot just get out of it and go home, because of the salary is only 700 in a month, so how could I, right? How could I go back to the Philippines? But after that I recoup.
In this situation Participant #3 did not have a good fit with this employer, who actually hired someone else to take care of their kids. Sometimes the employer and the caregiver find it hard to get along, resulting in the move and severing of the contract (Bourgeault et al. 2010, 86; Brickner and Staehle 2010, 317). Participant #3 is an example of someone who had to find new employment, but in the end she was happy with the new employer:

I can stay there for a year in my first employer. And then I didn’t know they hired a nanny. So, I decided to quit. And especially I have a chance to get out of them. They gave me already a chance. So that’s happen. And then I found a new employer. I’m pretty good now, because I found a really good employer.

Learning the Ropes

Many caregivers that are not privileged enough to leave their employers or not willing to take that risk, learn to stay with their employer. Jumping from one employer to another along with finding employment can cause a caregiver to wait longer to apply for Permanent Residency, create administrative and financial barriers, and can even jeopardize the LCP status (Bourgeault et al. 2010, 86). Participant #6, who after her contract with her aunt ended had to find a paying caregiver employer:

Oh, my first month here, I didn’t expect everything. I’m a newbie so everything is unexpected and then I got used to it and it was more of a personal… it’s like in your own, you have to… what’s the word… what’s that word again? You have to adjust yourself!

Analysis

Although the primary reason to migrate is for financial reasons and for Canadian citizenship that will hopefully lead to family reunification, questions on why they came to Canada were still asked. The caregivers gave answers such as having better job opportunities and able to get employment. By moving to Canada they were bettering their own and their family’s situation by helping family members left behind financially. Seen during the interviews and in the questionnaire, the financial prospects, opportunities, and the chance for family reunification are
also reasons and factors contributing to their decision to come to Canada. Another answer that came up twice is escaping a corrupt government which was also discussed in the interviews with the two participants that wrote it in their questionnaires.

Along with the main reasons to come to Canada such as financial gain, job opportunities, Canadian citizenship, and to get away from a corrupt government, other thoughts prior to coming to Canada were also factored. Positives such as ideas of a clean environment free from pollution and a place where they can live with family members they have left behind and be financially stable in the same location are also factors into reasons why the caregivers picked Canada as their new home.

Many of the caregivers faced hardship while trying to come to Canada. Many who were nurses had to pay and get caregiving training, and some even had to get work experience in other countries prior to coming to Canada. Finding an agency that was reliable was also a difficulty. The difficulty of finding an agency is increased when the search is happening in a country where they are not able to leave the house of their employer due to not having time off from employment.

As seen in the questionnaire and expanded on during the interviews, many caregivers used other countries as stepping stones to enter Canada. The reason why caregivers would go to other countries before coming to Canada is because it is easier to meet the requirements and to gain employment to come to Canada if they had abroad experience. Yet in doing so they run the risk of entering into a contract that requires one to work longer hours and sometimes with no days off which most likely will result in abuse. As well, since they are using these countries as stepping stones to come to Canada, working long hours can lead to many difficulties finding time in their schedule to make it to embassies and finding agencies to connect them to an employer in Canada.
The plan to get to Canada is a great one, but once they are here their goal of gaining Permanent Residency, and then Canadian citizenship never changes. Yet, this does not mean that they do not miss home. Suffering from homesickness coupled with learning how to adjust to their new life in Canada, can be hard mentally and emotionally.

**Being a Live-In Caregiver**

Once in Canada the caregivers may have reached a huge goal, but they were still on a two-year path until their next: applying for Permanent Residency. During those two years they are required to live in the employer’s home and do the work stated in their contract. Adhering to the contract is important since their Visa and the ability to stay and work in Canada are tied to their employer. This situation changes only after obtaining their Open Work Permit; which can be applied for at the same time as applying for Permanent Residency. Yet, working the maximum hours that are outlined in the contract may not be enough. Many caregivers work more hours and additional jobs than what are agreed upon in their contracts. Some even do work that is unrelated to their contract position such as gardening, which was done by Participant #17:

> Ya, lawn mowing. I’m doing other jobs beyond my contract.

Other hardships may also arise. Caregivers, although meeting the requirements of Grade 12, had trouble communicating and getting ideas and thoughts across to either the parent, family member, or employer (Bourgeault et al. 2010, 95). This was experienced by Participant #3. The complication of communication was amplified since she had lived elsewhere before coming to Canada:

> It’s hard for me to adjust to them and especially my English is not really good, because I use to be Cantonese fluent before.
Yet despite the obvious hardships when coming to a new country and learning a new culture, some of the caregivers actually enjoyed their job and did not mind (Peralta-Catipon 2011, 18). Participant #3 conveys her work experience in her current employment:

It’s perfect. It’s really perfect.

Caregivers’ work experiences really depended on the work environment, the type of work they did, and their living conditions, but also one’s relationship with their employer since their experiences as Participant #15 says, “Depends on the employer”. Obviously, if one has a horrible working relationship with their client or employer who you live with and work for, the experience can be devastating. Participant #5’s experience at her current workplace was just that. She was the only caregiver who explicitly described her experiences as abusive do to her constant availability to her employer. Her situation will be further explored.

**Working with Children**

Four of caregivers (Participants #1, 2, 5, and 18) worked with children as nannies within the home. Caregivers who worked with children did light housework such as cooking, cleaning, and laundry. They also worked more outdoors and did more “fun” activities to keep the children entertained. But this becomes quite difficult when you are just learning your way around the home and getting used to learning the city and outside environment. Finding where parks and such are located and where to go with the children may be difficult, as explained by Participant #3 who first started working with children upon arrival in Canada:

You know, just to spend the day with them, you go to the park, you go everywhere, as long as you spend those 4 hours to play with them and stuff like that. That’s kind of hard because you don’t know where the things are.

Generally, the four caregivers working with children had no real complaints about their employer or the children. Participant #3’s employers moved residences and actually factored her
in when choosing a new home. The interview was done at her private basement suite. It had a spacious living room area, bathroom, and a bedroom. As Participant #3 explains:

Ya, ya. They are very nice to me. They brought me even though they moved houses. We lived somewhere else before here ... “Well I’m happy because they treat me as family.

All four of the caregivers who worked as nannies felt like they were part of the family they worked for.

**Working with Elderly**

Due to the location of where the study took place and the high percentage of elders living in Victoria, a large portion of the caregivers worked with the elderly. Working with the elderly consisted of helping or doing personal hygiene, giving medications, as well as domestic work such as cooking and light cleaning. And depending on the physical and/or mental capabilities of the elder, caregivers may participate in physical activities or bring their employer/patient to centres to participate in activities. Caregivers play many roles (Bourgeault et al. 2010, 98).

Caregivers who work with the elderly are doing more than caring and domestic work, but are also companions and friends. Participant #4 explains how she accompanies her elder to run errands together:

So, number one is to do his personal hygiene. And I cook for them. And do the exercises. Bringing them for centres and something like that. Because every week they have two times going to the centre for some exercises; activities. Something like that. And companionship.

Working with elderly may lead to caregivers having to deal with outbursts due to medication, which Participant #6 shares:

They got, they take too many pills, which it interferes with their thinking process ... and at times, they have this outburst and you need to understand them. It’s not them, it’s the... Sometimes it’s a side effect of the medications that they are taking.
Due to the cognitive functions deteriorating with age, many caregivers in eldercare have to deal with many different types of physical and emotional hardship, which was also found in the literature (Bourgeault et al. 2010, 99). Participant #5 explains:

Um, here, it’s seems, in my present employer, Alison, I’m treating her as a part of the family, as such as my mom. It was, I feel very bad, very guilty if I do not try my best to take care of her. Like giving her medicine, sometimes she does not want to eat. My heart is breaking is she does not want to eat. I want her to regain the strength and having more energy to live more better. To live more happy. I’m trying my very best. Ya, that’s why I’m not here for money or like what, or some other, but for me I’m like that. Ya.

Either the patient or their adult children may be the employer. With someone who is suffering from dementia and declining health, caregivers who work with such patients found that at times things were hard. Some caregivers, such as Participant #5 had to perform 24-hour care. Care arrangements such as this are seen in the literature where working with the elderly could pose some difficult challenges due to the decline of mental capabilities and indirectly may result in abusive and physical behaviour towards the caregiver (Bourgeault et al. 2010, 95). Participant #5 describes how yes it may be stressful but the trade-off are the remittances:

My present employer, it’s very difficult, it’s hard to deal with that kind of illness, like Dementia. Everything, it’s very stressful actually. It’s no choice because it’s a job. You have to do it. Right? Because it’s not easy to find a job here too. If you are choosing a decent job. So, we want to live, so we want to send money back home, so we have to do it.

Participant #12 also explains that the unstable mood-swings causes hardships between her and her employer:

Especially the elderly. They have their moods.

This stress can be emotionally exhausting and creates difficulty maintaining a positive relationship with their employer all the time. The stresses are explained by Participant #11:

It’s really hard, it was emotionally exhausting. You don’t really work hard physically but you are like, a, how do you call it, a shock absorber. Whenever they, a person with dementia have a panic attack, they will have their very irritable and they will have this irritability and they throw tantrums on you. You need to absorb all of that… and need to have incredible amount of patience to just be able to cope with that. Like, with that mental disability of the elderly person that you are caring for. So it’s very, sometimes it will come to a point where you will have emotional exhaustion.
But other employers, who were not dealing with debilitating illnesses thought that the work that they were performing was easy. Participant #6 states that her job is easy but this is not always the case since your work experience and relationship with your employer differs from caregiver to caregiver:

Ya, so somebody is coming here to clean the house every Wednesday. I just have to look after her care, cook her healthy meals … and what else, ya ... I like it, it’s more relaxed, but it depends, it’s case to case, right?

Participant #8 describes her relationship with her employer as a very positive one. She even felt like she was part of the family. Participant #8’s relationship with the family that she works with was so close that she takes her employer, on her days off, to the Bayanihan, which is the Filipino Centre in Victoria. As well, the son of her employer pays for her driving lessons:

Here, based on my elderly, she’s very sweet… and very kind and very loving. So, she’s easy to get along with... She is very nice. I take her to the Bayanihan and likes to eat Filipino food. She is so kind. Her son bought me a car so I learn to drive now. He pays for my driving school. They are so good to me.

Participant #9 explains that she goes on family vacations on his yacht and in his mobile trailer with him and his family. The interview with Participant #8 and #9 were conducted in her employer’s home, as well as the group interview (Participants #10–18) that followed later on that evening:

He is very good to me. He takes us, he takes, me, on trips with the family. On the boat and on the bus. He’s very kind. I have parties with my friends when his son isn’t home. He’s so nice.

But with being seen as part of the family negative effects (Bourgeault et al. 2010, 99) resulting in more responsibility and living up to family expectations. When being treated like being a part of the family the assumption to go above and beyond what is in the contract might occur since you feel like you are responsible to do so because you apart of the family. Participant #5 illustrates how she treats her employer as someone in her family:
Um, here, it’s seems, in my present employer, Alison, I’m treating her as a part of the family, as such as my mom. It was, I feel very bad, very guilty if I do not try my best to take care of her. Like giving her medicine, sometimes she does not want to eat. My heart is breaking if she does not want to eat. I want her to regain the strength and having more energy to live more better. To live more happy. I’m trying my very best. Ya, that’s why I’m not here for money or like what, or some other, but for me I’m like that.

What also happens is through acting as someone in their family and caring for someone like they are a part of it, feelings of guilt may arise since they have left their aging relatives behind in the Philippines. The guilt of leaving behind family members are seen in much of the literature where mothers have left behind their children in the Philippines (Peralta-Catipon 2011, 18). Participant #5 who works in eldercare has replaced the time and physical energy that she should be doing for her parents with her aunt here in Canada. Participant #5 illustrates why she wants to work in elder care with her aunt in Canada and how she has almost substituted her aunt for her own parents:

Ya, because, ah, it seems, my parents back home, they are back home, right? So it seems I want elderly because I counted them already as my own parents. So, it seems like that. The reason why … and I understand their situation, especially dementia, I understand why they are like that. Because everybody getting old.

Comparing Eldercare and Childcare

There were two caregivers (Participants #3 and #6) who had worked with children and then switched to working with elders. Participant #3’s reason was due to the previous contract being broken, therefore she had to find other employment. She then found an opening with her current employer, which happens to be in eldercare. Participant #6 was hired under her aunt, then worked under the table since she was pregnant. She then found employment in childcare but never signed a contract with that family since her contract was still attached to her aunt. Upon receiving her Open Work Permit she found her current employment, which is in eldercare. These two caregivers that have worked with elders and children both prefer working in eldercare. Of course there are pros and cons to each but with eldercare they worked more hours but described it as not
as strenuous and more spread out. While in working with childcare they worked fewer hours but the workload was more condensed since the parents came home and then took over. Participant #6 states:

Oh with the family, the kids have parents right, so umm … I got to rest. My work is done at 4PM. So time after that I’m resting. But if you’re taking care of an elderly, you look after her for 24 hours.

**Working with Mental/Physical Disabilities**

#7 was the only caregiver that worked with clients who had mental and physical disabilities. This may be due to his background in nursing which made him more than qualified for this job and more qualified than a caregiver who had no nursing background. Although it is hard to generalize the experiences of caregivers working with individuals with mental and physical disabilities, it is safe to assume, from the other interviews with caregivers who worked with elderly who have dementia, mental illnesses, and need physical assistance it is somewhat similar to eldercare. Participant #7 illustrates the difficulty:

I say just, pretty much the same. Although sometimes, when the two guys that I’m taking care of if they throw, if they, how do you say that, if they… Throw a tantrum, it’s really challenging. It really ruins my day. It, just ruins the whole shift. I have to focus on making them calm down. Ya.

When asked what kind of duties he performs he says he is involved in personal hygiene, using feeding tubes with one of his patients, but also going out and being a companion:

It’s more than taking care of, it’s more that they are fed, the other one, is, he has to be, like, he has a tube thing so I have to fed him every 3 hours. Personal hygiene is taken care of. Take him out and enjoy the breeze at Dallas for example. Ya, like that.

Participant #7 also explains that there are rewards to his job, since he can see progress and can help his patients succeed and accomplish small goals and steps towards independence:

I’d say, I’d like them be as independent, as they can be, so that they can somehow feel good about themselves. Like the other one, is into computers and he really loves books, so I take him to the library and let him browse books. He’s deaf and mute, and, but he’s very visual. Like, if he sees something colourful, it brightens up his day, so I like…
As stated earlier Participant #7 was the only caregiver that primarily looked after people under the age of 18 with mental and physical disabilities. His relationship with his patients seemed like a positive one, since he takes one child to Dallas Beach to enjoy the breeze and the other child to the library to look at books. Participant #7 tried to encourage independence as well. When asked about this relationship and if being of Filipino decent makes the children treat him either positively or negatively, Participant #7 answered:

No. They are nice to me. We go out and do things. I think, I think, because… I help them and take them places they are nice to me.

Workload, Working Conditions, and Environment

Three caregivers (Participants #2, #7, and #19) explicitly mentioned cleanliness was an issue in their workplace. Many caregivers did more cleaning than required, which could be attributed to cleanliness in the Filipino culture. Participant #2 explains how she would clean because of her preference of cleanliness:

The contract is really good. Taking care of three girls and then doing their laundry and then light housekeeping. They didn’t care about the cleaning but I clean and mop because they have a tiny vacuum. … And after they have their meal, kids eats drops, and drops. So I need to… and every time she comes home, I clean the floor, but she didn’t care. … Ya, it’s easy to clean. But the hard thing is the toys. They didn’t care to clean so much. But there are so many toys.

Participant #7 explains how even when he is not working that day, just seeing a mess in his work and living environments compelled to clean:

I share the same sentiments with my friends, even when it’s my days off, when you’re there, and you see a kitchen, a messy kitchen, yes, it’s your off, I don’t want to see a messy kitchen; maybe it’s a Filipino culture, or if it’s just me, I can’t stand a messy kitchen, so I clean it. Ya it bugs me. I dunno if I’m a neat freak.

Because caregivers lived and worked in their same environment it was hard for these caregivers since a cleanly place to live is important yet hard to accomplish, as Participant #19 states:

I couldn’t stay *laughs* in a messy place. I cannot work in a messy place.
The cultural aspect is apparent when comparing Canadian standards of cleanliness and Filipino standards despite not getting paid extra for their work and time. Participant #19 works with another Filipino live-in caregiver. Their employer also employed Canadian caregivers that do not live there and describes the Canadian caregiver’s cleanliness:

Uhh… too much for us. Because you know, the Canadians, they don’t like to clean the house. So, it is only me and my co-worker who is always cleaning the house. But they don’t give us extra pay. But we have extra work if my next shift, if my reliever … for example, right now, daytime, the duty right now is a Canadian, so, when I come back to work tonight, the first thing I will do is clean her mess.

Generally, as seen in the literature (Bourgeault et al. 2010, 99), thirteen caregivers who worked with the elderly were happy to live in the same place with their employer. Participant #3 liked her current work environment and workload when comparing to working with children. During the time the interview took place it was 7PM, when technically she should have been working:

No, it’s just perfect. Sometimes, I don’t even work 8 hours. … Because I work 8–12 and then I’m back from 4–8. But just like this, I’m already done. It’s fine.

When working with the elderly, caregivers generally lived alone with the employer, there were two instances where the caregivers that were working with elders lived with another family member, with the exception of Participant #19 who lived with another caregiver. The employer/patient’s family usually resides elsewhere and only visit periodically. Participant #5 explains:

The family will come and visit her sometimes. Like twice a week. I’ll just living with that one woman, Becky.

But this was not the case with Participant #8 who also lived with rowers who participated in the Canadian rowing team:

We have 3 rowers at home … All free. I call them for dinner *laughs* But it’s worth it. They won a gold medal in France … I mean Italy.
The happiness with working with the elderly and the work environment really depended on the cognitive and physical abilities of the patient. The interviews with the caregivers showed that if the employer/patient does not take too many meds or did not have cognitive problems, a caregiver could potentially be happier than if their patient was cognitively aware. Participant #19 states that:

Yes. I’m happy with it right now. I’m enjoying my work. Ya.

Although all the caregivers in the study said that they were happy or indifferent about their jobs, with no desire to leave, some caregivers were not happy. Two caregivers explicitly mentioned they were not (Participant #18 and #5). Participant #5 expresses her unhappiness, again due to her long work hours and being available to the client 24/7:

Actually I’m not. Actually I’m not. If I have another choice maybe. Ya. But for the meantime, I’m just being patient to do the job.

Living Conditions

One of the requirements for caregivers is to live and work in the employer’s home. This requirement has changed as of November 29, 2014, but when this study took place this requirement was still in effect. Surprisingly, in contrast to claims in the literature of caregivers disliking the live-in aspect of the contract (Bourgeault et al. 2010, 99; Brickner and Staehle 2010, 317), fifteen caregivers did like their living conditions, while the other four did not. This might be because of the socio-economic status of the employers, resulting in nicer homes, larger suites, and ocean front views. For the four caregivers issues of privacy as well as the availability of the caregivers to the employers was a concern, which was seen in the literature (Bourgeault et al. 2010, 99). Participant #5 explains how she does not have a separate suite or place. Due to the fact that she needed a job right away after her Open Work Permit, since she was tied to her
employer—her uncle who was not paying her to take care of her aunt—she had to settle for the first employment opportunity:

The house setting is not good for me, because I must have a suite or a separated place. But, the, I received the job already.

Participant #5 goes on to explain what it was like living in the same place that she is working when she was working over-time and on call:

Ya, it is *laughs*, at 11 o’clock she will go into her room and not yet sleep. She will go out from her room, and bang my door in there, and walking in the house, in the living room, and in the kitchen … and she’s opening something in there. I don’t know … and of course you cannot sleep. Bang here, bang there. So you have to see what its happening. I’m right there. Even though my work is 8 hours, it’s not.

The issues of sharing intimate spaces was also a problem for Participant #5 such as sharing a bathroom:

No. We have one bathroom only. It’s in the middle. This is her room, this is the bathroom, and then my room. So, if she went out go to washroom, going back, and forth, the floor, and the sink is *ting ting ting* like you can hear the sound, how can you go to sleep with the sound like that?

Being easily accessible to your employer creates hardship due to the fact that because they live at home the caregivers were expected to work more hours than needed (Brickner and Staehle 2010, 317). Participant #11 explains:

We got like, even though it’s in the contract that we are supposed to only work 8 hours in the day, what happens is that we work 24 hours. Because during the night they can call you… And there is no overtime payment for that.”

More issues of privacy were explored with Participant #7 since he did not have a lock to his place in which anyone could enter:

“Um, I live in, ah, the place is a basement. It’s supposed to be a basement suite with a lock and key, but it wasn’t a lock. Just a basement room … I’m okay with that. I’m dreaming to live out, privacy wise, working for close to 4 years, being there, it’s your off, it still burns me out, if you know what I mean.”

Abuse
Prior to the November 2014 changes, the LCP required the caregiver to live and work inside the employer’s home. Abuse could potentially occur since a caregiver is accessible to every beckon or call from the elderly employer, parents, or the children (Valiani 2009, 7). Eight caregivers did work over the hours that were stated in the contract or more types of work rather than caring for their patient or the children. Participant #5 did not even sign a contract with her current employer:

Actually I never signed a contract with them. We just agreed we have to do this and this. I just agreed with them, but they told me that I work 8 hours, but I’m not working for 8 hours. Because for that time, I’m a live in. So, from the time that she’ll wake up, until the time that she sleeps. It’s like that. Because we’re living alone in the house, so the setting of the house is different. There’s no separate suite for the caregiver. We’re living in the same level of the house, so this is her room and this is my room, so what can you do? Sometimes, she will open the door, even what time at night time. There’s no lock. So, I just accept the job because I don’t want to be vacant. So maybe I can find another job, but I’m looking now, but I’ll try my best, until … ya.

When asked why the caregivers did not report the abuse, as seen in the literature (Valiani 2009, 7), they were too scared to report being overworked. One caregiver decided to report being overworked and exploited. Yet, with reporting such things the relationship between the employer and the caregiver turned sour. Tensions are created making living environments and working relationships difficult. Participant #18 shares her experience about reporting the incident:

About the lawn mower, I told my employer that it’s not part of the caregiver work ... They said, it’s a part of the contract. But at the last time, I went to Service Canada, it was the last time he was afraid to do it again ... because I said I phoned the Service Canada and I did like this and like this.

But when asked if the employer was nice to her afterwards Participant #18 responded:

Actually, 100 percent, no ... Very unrespectful. The entire family.

Participant #18 did have an unusual contract in comparison to the rest of the caregivers interviewed. Participant #18 also describes her contract as unusual:

I have to take care of, in my contract, I take care of 5 people. The 2 kids. I have loads and loads of responsibilities in my contract. It’s not an ordinary contract ... I take care of the 2 kids, one of them is an autistic child. And one of them is a disability… and the other one is the elderly, the man, the one who sponsored me.
During the group interview many of the caregivers thought that it was odd as well. Participant #14 said that Participant #18 sounded like a “slave worker.”

Race
There has been a growing stereotype of the Filipina as “perfect” for the job since they are supposedly positive, caring, and loving (Kelly and Lusis 2006, 843). Participant #4 explains how this “positive racism” was probably the reason why they employed her:

> I think they like me, as a Filipina. We work hard and we are loving people towards elderly.

Participant #2’s employers had employed another Filipinos before her therefore she thinks that she was hired primarily because he previous nanny was a Filipino and did a good job:

> I think she likes Filipino because her old nanny was a Filipino too.

When asked if being a Filipino affects the way the employer treated them three caregivers (Participants #5, 11, and 18) had negative answers. As seen in the literature, their Filipino-ness is seen by their visual appearance therefore are stereotyped, devalued, and denigrated (Kelly and Lusis 2006, 836). Participant #5 thinks that because she is Filipino they would treat her differently and fairly if she was white:

> I don’t think they would make me work so much. Maybe they think that I don’t care because I have no choice and this is my job. So it’s difficult and stressful, but you have to do it, because it’s your job. No choice.

As well, caregivers could feel indebted to the employer since their presence here in Canada could only have been achieved by the employer hiring them. Participant #18 explains:

> I think because, us Filipinos, we have that nature that uh, because of this employer, if not for them, we cannot come over here.
Race was not the only factor that could contribute to being treated differently. To be tied to an employer could also affect the way an employer treats a caregiver (Brickner and Staehle 2010, 317). Participant #17 states that:

We are tied under the contract … and because of fear, also sometimes, we tend to do so much for the employer. It’s because we have that fear that we might lose our job.

But eight caregivers did not seem to be faced with any racism issues, while the other eight were indifferent. Participant #19 explains her relationship with her employers, despite the fact that she works harder and more hours than her Canadian co-workers and does not get paid more for it:

Ya, ya, ya. They are nice to me. It doesn’t matter that I’m a Filipina because I work hard. … They are very friendly and nice. They like how I, uh, we, uh, me, and the other Filipina work and clean. We work hard.

Finding a New Employer

Within the literature the issues and risks of finding new employment for caregivers were highlighted (Bourgeault et al. 2010, 95). Despite the fact that certain caregivers who were overworked and racialized they decided to stay with their abusive employers. Four caregivers needed to find employment before obtaining their Permanent Residency and/or Open Work Permit therefore causing stress and potentially deportation if employment is not found immediately. Yet all four found it easy to find employment. Participant #2 had to find new employment because the child she was currently working with did not need a caregiver anymore. Participant #2 explains how quickly it was to find an employer:

It was just days and then they gave me the contract … and I signed, and I was like ‘lucky me’. They didn’t think is she good is she nice. Whoever she is. They just wanted me.

Participant #6, who had gotten pregnant and gave birth in Canada, needed to find employment as well. Participant #6’s case is extremely extraordinary since she was still under a
contract with her aunt, who had hired her but did not pay her resulted in her looking for employment under the table:

No... But I’m so lucky. I’m so blessed. There’s this… when I gave birth, and then, I sent her back to the Philippines, and then I came here, there’s this employer, that was a friend with my former employer looking for a nanny, caregiver, and then I worked there, and then, I’m not ready to commit to a contract, and so I was looking for an employer, and then jumping from one job to another, and then I finished the 24 months under my aunt, and then when finished that I applied for an Open Work Permit, and got this job here in Victoria, then I’m in Open Work Permit right now.

Finding new employment can be made easier if there is local support. Bayanihan, run by the local Filipino Association, advertises employment opportunities to caregivers looking for jobs. Participant #3 found employment through “a recommendation”—word of mouth. As seen in the literature, (Peralta-Catipon 2011, 18), to alleviate feelings of loneliness and isolation, Filipinos meet at local community centres such as the Bayanihan, or create social connections that will help them, in this case find employment, in times of need.

Analysis

The relationship between the caregiver and the employer varies depending on the employer/patient and the type of job the caregiver was doing (childcare or eldercare). The live-in component of the LCP also means that they must live where they work, creating issues such as cleanliness, privacy, and working overtime without pay. All three factors, whether in conjunction or alone, affect the happiness with the work and living conditions of the caregivers. Since these caregivers were under older regulations that required them to live within the home the caregivers could potentially be in contact with the family and elder/patient 24 hours in a day rather than just an eight hour work day creating either strong or negative relationships as seen by Participant #5’s case.

Working with the elderly usually involves not only primary care but physical care such as bathing and toileting, but also companionship and friendship. Difficulties may arise when
cognitive abilities are impaired through biological or medical reasons. As well, when working with children the caregivers not only cared for the children but did simple chores such as light cleaning and cooking. All four caregivers seemed happy with their work space and job duties. Two of the caregivers have worked both in eldercare and in childcare and both seem to be happier with eldercare.

Half of the caregivers worked overtime without pay. Caregivers did not generally report these abuses due to fear. If they did they might not be only faced with continuing to stay with their employer, but receiving even more mistreatment from the employer and/or family members as seen by Participant #18.

Due to the location of the study, many elderly lived in upper-middle class households in the richer areas of Victoria such as Oak Bay and Sidney. These locations had ocean view properties, or the beaches were within walking distance. Therefore, 15 caregivers were happy with their living conditions. They were able to wake up in the morning to an ocean view or take a nice walk with their elderly patient by the ocean. Participant #9, states that the location of her employers house was, “beautiful.”

Race could potentially play a factor in the treatment or mistreatment of the caregivers. Due to the majority of caregivers in Canada from the Philippines, stereotypes of the Filipino as the perfect caregiver could be projected towards a caregiver. This could lead either to be devalued, abused, and overworked, or could lead to being very respected, dependent, and accepted as the perfect caregiver who will love and care for the employer/patient or the children.

Finding new employment can be made easier if there is local support. The Bayanihan, run by the local Filipino Association, advertises employment opportunities to caregivers looking for jobs. Participant #3 found employment through “a recommendation”—word of mouth. Filipinos meet at local community centres such as the Bayanihan, or create social connections that will help them, in this case find employment, in times of need.
What was unique about this study and not seen in the literature was being hired by a family member who was already here in Canada. They had fake contracts and were not being paid. Participant #5 was actually doing care work for her aunt yet not being paid, while Participant #6 was hired by her aunt, signed a contract, yet the aunt did not even need any care nor did she pay Participant #6. Both were released by their family members once they were able to obtain an Open Work Permit. Participant #5’s uncle, who was her employer, then decided to get another family member and start the exact same process that Participant #5 went through. This family network, of helping family members to “get out to get ahead” as discussed in the previous chapter is apparent here. These family members were willing to risk lying to the government of Canada to help their family members come to Canada through the LCP.

Another unique instance in this study was Participant #6’s pregnancy and how her aunt helped her go through the pregnancy by allowing her to remain in her house for free while she earned money working under the table for another family. Once the baby was born in Canada she then went back to the Philippines so that she could leave her baby with family members while she returned to Canada to find employment as a caregiver. These two unique scenarios contribute to the hardship and experiences of live-in caregivers missing from the literature today.

Remittances and Relationships Back Home

Children and Spouses Left-Behind

Being far away from one’s spouse or children makes it difficult to maintain strong relations as seen in the literature (Pratt 2006, 1). As self-reported in the questionnaire there were thirteen caregivers who had children still in the Philippines; eleven of those caregivers were married. There were nine caregivers who had spouses left behind in the Philippines and two caregivers who had spouses elsewhere. Through the interviews two of the caregivers explained some of the
problems they had with their spouse (Participants #3 and 6). Participant #3 explains how often she communicates with her husband:

Like once month, or twice a week. It depends on my mood... Ya, he just texts me... and then, I don’t care, because I know how he uses the money, because he has vices.

Distance from spouses causes stress as well as not being appreciative of the sacrifice that was made to come to Canada (Pratt 2006, 3). This is seen in Participant #3’s relationship with her husband. Remittances that she sends home sometimes does not go towards things that she wished it would go towards. When asked about her husband’s negative behaviour and if the money she sends back home goes towards a family home she Participant #3 replies:

I don’t have a house for my husband. Because my husband has never worked... And it’s hard to invest in a house, especially when he has vices like gambling and drinking. I couldn’t trust him to hold the money for a house.

When children are left behind nannies can be hired to help take care of their children left behind (Pratt 2006, 3). Two of caregivers have hired nannies (Participants #15 and 19) and one caregiver once had hired a nanny but no longer has one (Participant #6). Participant #19 explains the difficulty of hiring a nanny instead of her being physically there to take care of her children:

Even my daughter when I was in Taiwan. She got her own nanny. I’m sending money to pay for her own nanny instead of me looking after her.

Sometimes, when there are more than one child left behind, the children could be split apart to live in different households. Four of the caregivers have arranged different households to care for their children. Participant #3 explains:

My sister-in-law looks after my daughter... and my son is looked after by my husband... and he hires someone to wash the clothes.

Participant #6 describes her children’s living arrangements are well:

My son, is with my mother... and my youngest is with my sister-in-law and my 2 other girls, the oldest and second is with my husband. But they are in one house with my sister-in-law, and with his mom, and dad.
And even if there is only one child, they may not have a stable home and may be forced to move around as described by Participant #8:

For me, when my son’s a baby, we have someone to look after him. With my mother-in-law… and then when he grows, when he was like 7 years old, sometimes, he goes to my sisters, sometimes with my brothers.

Left-Behind Children Raised by Elderly Grandparents

The family unit and care practices are strong that even grandparents could be guardians of the children that are left behind. Five of the caregivers have their children staying with their elderly parents and raising them. Participant #4 explains that her parents are fully responsible of her child even when there is a problem. She seemed to be alright with this arrangement:

My kid is with my mom and with my dad … My mom and my dad takes care of everything.

Participant #19 also depended on her parents to be responsible of her daughter when her daughter was little:

But also, because I also, oh, my mom will tell me, ‘Your daughter is like and like this. Oh. What do you think?’ I am like, ‘Ma, it’s you. What do you think? What do you think we should do?’… and that’s it.

Even when grandparents may not be retired, as in the case of Participant #7, this is seen as culturally acceptable:

His grandparents? Yes. They, uh, I think his grandmother retired already, but his grandfather is still working.

Communication & Technology

All of the caregivers in the study financially supported relatives behind. Yet, being so distant from their family members could cause strains in their relationships. Technology has helped alleviate this feeling of being so far away, by allowing for electronic transnational practices such as using long-distance telephone cards, text messaging, Skype, Viber, Facebook, and other similar apps. Technology can go so far in helping to communicate with left behind elders,
children, and spouses, but it does not replace physically being there. Still, modern technology has allowed for caregivers to care for and about someone far away (Milligan and Wiles 2010; Vertovec 2009). Technology also reinforces cultural identity (Kobayashi and Preston 2007) in particular maintaining traditional Filipino care practices. Participant #19 explains the difficulty of staying close even though being far away:

Yes, but, you know, uh, it’s really a big thing, really, if I am there, it would be nice. But I’m far away, uh, I don’t have any option, just to keep in touch with her every day.

Throughout the interviews fifteen caregivers described their relationships with their family members as very positive (saying great or good), three caregivers said neither positive or negative (saying okay/alright), and one caregiver had a negative relationship with her husband but a good relationship with her children. Participant #1 stays in contact with her aunt whom she financially supports and who raised her. She also sends money for her brother’s tuition and to her mother:

Ya, we’re good. We’re really tight... I’d call them every now and then, like every weekend. Just talk to them. I think communication is important, right? Like sometimes, when I talk to my brother I tell him that he needs to study well, because I’m working really hard in here. He really understands that. He doesn’t need to go somewhere and using the money. I always remind him to do good in school because money isn’t easy to find in here.

Although technology does not replace being physically there, technology has made it easier to communicate in comparison to two or three generations ago when long distance phone calls and the internet were not easily accessible (Vertovec 2009). Four caregivers use Skype (Participants #7, 9, 11, and 18), thirteen use the phone to make long distance phone calls (Participants #1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12, 16, and 17), three caregivers use Facebook (Participants #1, 10, and 17), and three caregivers use Viber (Participant #7, 11, and 19). Participant #4 explains how she communicates with her family every day:

We have communication every day... well, my time here is afternoon, right … and their time is morning, so before they go to work, my dad is working still, so before my son goes to school, we have to talk first, something like that.”
This easy accessibility makes it easier for caregivers to communicate their affection over long distances. Participant #9 tells her children:

I say I love you and that I miss you. Love you, take care, and study hard. Be good *laughs*

Even when not having kids, Participant #7 talks to his mother regularly:

Like once a week maybe, once or twice a week, just to keep in touch and see how things are going.

Due to the time difference it could still be hard to maintain close ties since children might be in school and are busy with their studies. Such is significant since a reason to come to Canada is to better their children’s education chances. Excellence in school is important; therefore distracting children with phone calls are a reason not to call regularly, as Participant #7 states:

More Facebook, Skype. I just update myself with his post, but not really, lately, not really, chatting, he’s busy in school.

Yet, this could also mean that his relationship with his son is not a positive one, therefore the awkwardness of communication on a regular basis is avoided.

Technology has its limitations in certain areas of the Philippines as well. Areas of the “province” do not have good connections, which makes it hard to stay in contact with their family members. Participant #5 describes her troubles with communication with her family members left behind:

Ya, they message me because I cannot talk to them in the computer because we don’t have internet in there, because they are living in the village, in the mountainous area.

**Division of Labour**

Although the caregivers are contributing financially with their family members left behind, they also leave behind responsibilities that they were once responsible for to their other left behind members. It is not uncommon for family members left behind to take over the responsibilities that were once the caregiver back home as seen in the literature (IOM International Organization for
Migration 2010) and seen in caregivers of this study. Participant #5 describes her experiences of leaving her family members as difficult since her responsibilities were now taken over by her brother:

Ya, I worked too much when I was there. Because I did some volunteering and some daycare for the daycare kids in the preschool sometimes. I did that, I am working as casual. I have no permanent job. I cannot teach permanently. Ya … and then, inside the house, we’re helping. But when I was back home, my brother was living in another house. Or the house of his wife. But when I was here in Canada, I talked with my brother, because he needs to stay with my mom because he has to take care of them. No one will look after them, because I am here already. Ya. That’s the reason why they have to stay there together.

Problems in Canada

With being so far away from friends and family, when a problem arises in Canada it may be hard to share these problem and issues with family members left behind in the Philippines. Therefore, new connections with other caregivers may be helpful, as seen in the literature (Peralta-Catipon 2011, 18). Participant #1 explains how she has turned to her new friends in Canada:

Not really. I’d rather talk to my friends than my brothers because they just don’t understand.

Having a core group of friends who potentially share the same problems and are going through the same experiences as live-in caregivers can find solace in their caregiving friends (Peralta-Catipon 2011, 18). Participant #9 tells how she would rather talk to her close friends in Canada:

Some problems, I talk to my mom… and others problems I don’t want her getting worried, so I just talk to my close friends here.

Yet, these connections may not be as strong for some caregivers and would rather keep their problems to themselves as Participant #19 does after her mother passed away:

Ya, actually, she knows everything when I was in Taiwan. Ya.

But now, when Participant #19 has a problem here in Canada she keeps her problems to herself, which two of the other caregivers in the study do as well (Participants #3 and 6):

Sometimes I just keep it to myself.
Five of the caregivers in the study do in fact share their problems with family members left behind (Participants #2, 5, 7, 8, and 9). Participant #5 does talk to her family members to help relieve her stresses in Canada:

   Ya, um, I'm sharing them my problem actually. If I cannot, if I don't want to share, how, I get stressed. So I have to share them, everything, what is happening here in Canada, between my employer and everything. So, ya. That's a big help. At least I can express, sometimes, my feelings.

And two of caregivers (Participants #8 and 9) tell their spouses about their problems. Participant #8 shares her problems with just her husband but not her son:

   I use to tell my husband, but I never tell me son.

Or Participant #9 who sometimes shares her problems with her husband and her mother:

   Sometimes … and then after that I will tell to my mom. My husband too.

But some caregivers might not even have problems with being a caregiver but rather they have problems with their left behind family members in which the distance could result in the caregivers’ problems (Pratt 2006, 1). Participant #3 has this problem and has ways of coping:

   No, actually I have a lot of problems, I just only smile … and eat food. That's the only way I recoup my problems. Especially when I miss them I just sing.

But it is also possible that caregivers may not only have problems with the job, the employer, or family members left behind, but rather they just miss home. Participant #3 goes on to explain:

   Ya, you just let yourself cry. Usually you just cry when you're tired. Cry because you're fed up with all those types of stuff. Especially when you miss your kids. Crying is helpful.

**Guilt & Sacrifices**

Although all the caregivers interviewed came to Canada for financial reasons to help left behind family members, feelings of guilt still arise since they are physically not home. This is amplified
when caregivers have children as seen in the literature review (Peralta-Catipon 2011, 17) and what caregivers in the study were saying. Participant #7 who left his son in the Philippines explains how difficult it is emotionally to leave his son behind:

It’s hard. Like at the same time, it’s a relief that you’re taking care of their needs, but if I had a choice I’d be there. Ya … and really watch my son.

From the interviews the caregivers caring for Canadian elders can also feel guilt since the caregivers had come to Canada to work with elders but could not be back home caring for their own parents. Participant #19 illustrates how she feels for leaving her mother to go abroad the first time when she was alive:

You know I explain it to my employer here. I said, ‘You know, it’s so crazy, how ironic it is, you know, to know, right now, you know, when my mom was still alive, you know, I’m not able to look after her, just like what I am doing to you right now. That’s why you know, you always ask me, why I am so very caring to you’. *starts to cry* sometimes she says, ‘Oh you’re really spoiling me’. She, she, she, she, she sometimes, she thought that I was her daughter. Because she said that I treated her like my own mom.

As well, Participant #5 feels the guilt of caring for elders in Canada and not being physically present to care for her mother:

Ya, so bad. Because I am here taking care of my client. I give all love for my client here, but I’m so guilty actually, because I cannot take care of my mom, hands on, back home. But no choice. I have to be here. So that I can send money for them. Because if I stayed back home to help my mom to do all those things for my dad and my aunt, it’s so difficult. Because I don’t have a permanent job. How could I help them financially? So it’s like more better even it’s so hard. It’s more better, because I can send more money back home, to help them financially, even though I’m not there.

In Participant #9’s case, her parents did not initially want her to leave but she was torn between staying to make her parents happy or leaving to financially support both her parents and her children:

Actually, they wanted me to stay. Because out of 10 children I’m the only one who stay away from them. But since I have my own family, I wanted my family to you know, have a good ah, life.
Yet when asking Participant #2, “So because you’re not there and you send money, is that fine? They don’t make you feel bad because ‘oh you’re not here’, but are they ok with you living abroad?” she replied:

Sometimes my sister is telling that, but I’m happy to be here, because I can help them financially because it’s really hard to find a job.

Participant #3 explains how even though it is difficult for her she feels guilty:

It’s okay for me, because, it’s my goal to help them and send money to them. Because I came here to work and send them money for what they need.

Yet, the sacrifices that caregivers make is worth it (Kelly Lusis 2006, 831). Participant #9 tells that people back home rely on the remittances that she sends back:

Ya, ya, ya. Sometimes. But there are people back home that rely on you.

Caregivers understand that they need to leave and this sacrifice will help their family left behind as seen in the literature (Cohen 2005, 100). Participant #12 explains this need:

But we have to sacrifice because we left for a better future... because coming here to Canada you have to sacrifice. Caregivers do not only suffer from guilt and sacrifice, but this is also coupled with homesickness (Peralta-Catipon 2011, 18). This makes it very emotionally difficult to adjust to Canada since they do not actually want to be in Canada but need to for financially reasons and to better their family’s situation in the Philippines. Participant #11 explains this phenomenon:

And, just like you said and because of homesickness we really want to go home. Like one time I wanted to go home because I couldn’t bare it, but because my parents were also telling me and my siblings, they all need to go to college, but I need to sacrifice and stay longer. It’s because, they needed some financial assistance, to go to college.

Money

All the caregivers who participated in the study decided to come to Canada for financial reasons. The financial aspects of migration allowed for the caregivers to send money back home to better the lives of not only themselves but their family members left-behind which is seen repeatedly in
the literature (Cohen 2005, 88; Kelly and Lusis 2006, 831; Vertovec 2009). This money aids the left behind family members significantly which Participant #9 states:

It’s a big help for them.

Caregivers can also afford their children’s private school education as seen in the literature (Kelly and Lusis 2006, 843; Puzo 2007, 26). Participant #9 explains how the public school classroom is overcrowded, but with the money that she makes she can send her son to private school:

There’s a public, but there’s a lot of students in 1 section, there are more than 50.

But with a private school classroom sizes are smaller, therefore their children get a better education as Participant #8 explains:

So it’s difficult. Compared to private sometimes they have 30 or 25.

Caregivers coming to Canada send money back home to not only their children and elderly parents but also siblings who are currently in school and having to pay for tuition, as seen in the literature where younger women send money back home (Cohen 2005, 98). This is shown by Participant #1 who also pays for her brother’s education:

Ya, the last past years I send money back home… and I also bought land in the Philippines, so property. So I’m kinda grateful for that… and right now I’m starting to save more… and also because I’m helping my brother to go to school.

The money being sent back home to help aid their elderly parents help with meeting basic needs as well due to not generating enough income through work or relying on their farmland as explained by Participant #2:

Ah, it’s not really expensive, but they didn’t have income, because they don’t work anymore. They just had that small farm. Sometimes the farms failed and the farm it’s not really big, so it’s not enough.

Participant #1’s family home did not have running water prior to her migration. The improvement to the family home is seen in the literature (Vertovec 2009, 103). Due to her
sending money back home she was able to rebuild her family home and install running water, where her parents are living:

I built a new house, so they have their own water. So they’re ok.

The remittances also paid for more food variations, also seen in the literature (Semyonov and Gorodzeisky 2005, 57). Participant #8 states that now her family can eat whatever they want to eat at the store:

Uh, it means that, if they want to buy, they can buy it. Oh, like when they want to buy grapes, it’s easy to buy because they have money... Before, we just bought banana and grapes sometimes. But now, if they want to buy, they can buy.

The interview conducted with Participant #8 was also done with Participant #9. Participant #9 also reiterates the same thing:

Before, an example, when I was in Philippines, before I went overseas. We only have fruits banana. That’s the only… and corn. It was only banana, and corn, guava. Because guava is in the backyard and mango… apples, and grapes, we cannot afford [before].

As stated in the literature (Urbano 2012, 608), inflation and the economy of the Philippines is also taking a toll on the population. Therefore, as Participant #19 states:

Um, every year the prices gets high, you know. Ya … and then, when your daughter gets bigger, gets older, and the expenses gets bigger too.

Remittances are important for the people still having to live in the Philippines despite being employed. Yet, because the relatives back home only see the money being sent rather than understanding what the caregivers are going through in Canada, sometimes the caregivers may feel like they are being taken advantage, which has been seen in the literature (Peralta-Catipon 2011, 17; Pratt 2006,3). Participant #2 explains:

So in the time they go to the internet café and they send me a message, and I’m free I can talk to them. I use to get mad but now I’m happy. I use to be ‘you don’t want to talk to me unless you need money. I need this and I need that’ I want to hear good news sometimes *laughs*
The remittances being sent can also have a significant impact if one’s parents or family member gets sick (Cohen 2005, 90). Participant #5 explains how because she is in Canada she can send money back home immediately since the Philippine government does not have the same healthcare program in Canada:

So they have to text me, and send me message, and then oh, my mom or dad is sick. They need to go to hospital, like, and like this, they need a check-up. So I have to send them money back home.

Remittances can also be a way for the caregiver to show their affection. Participant #5 explains how she fills large boxes to get shipped to her family:

I get those big boxes and put groceries inside.

Even small things are appreciated according to Participant #8:

Not a lot, but just a simple, because small things mean so much for them. Like something of souvenir.

Remittances not only helps the family but also help the government (Cohen 2005, 91). Participant #6 who had worked for the Philippine government explains how she thinks the government also wins when caregiver immigrate to Canada:

What I think about the caregiving program is that if you’re sending all your money to your family in the Philippines, then the one who is benefiting is the Philippines, because you’re sending Canadian dollars to the Philippines. That’s why I guess, they want to keep you here before you sponsor your family. There is a live-in caregiver to sponsor your family, so that when your family is here, you don’t have to send your money to the other country, you know. It’s all here … and it’s all here, and going around stores here in Canada. I think basically that’s the main point of sponsoring your family. The main point of the live in caregiver program. Because unlike the states, there’s no live-in caregiver program. So that your family has to go through several exams and several papers to be with their family there. Unlike here. You can get your whole family here and then live here. The live-in caregiver program is to prevent recession in the Philippines.

*laughs*

Who Manages the Money?

Since caregivers choose to send remittances to the Philippines and since the decision to move to the Philippines was a family decision where multiple lives are tied to the caregiver for financial gain, the management of money back in the Philippines is an important factor. All of caregivers
say that there are family members back home that manages the money that he/she/they will use to redistribute it to either children, the elderly, or another relative that rely on the caregivers. Participant #19 explains how she tells her father how to spend the money she gives:

I also call my dad and tell him, 'Oh, dad, I already sent money to Diane. This is,' for example, ‘there are 30,000’ I explain it to them, the, for, I mean, what are they going to use that money. For food, companion.

Regarding the caregivers with children, five of the caregivers have elderly relatives taking care of their children. Participant #15 also sends money to her parents who then are responsible for her children:

Ya, but my husband is in Saudi so I only have a nanny taking care of my kids with my parents… and I am sending money to my parents and they give it to the nanny. They need the money.

Participant #7 explained his situation in which his son lives with the in-laws but he still sends the money to his mother who distributes the finances:

Um, I send money to my mom and tell her that this is for my son’s tuition, or whatever, medication, if he needs it.

Two of the caregivers stated that they had to send money to untrustworthy husbands so that people who you were willing to leave behind could benefit financially. Participant #6 explains how she needs to send money to multiple households and not all to her husband:

Ya, I separate it, because my husband, you know, might spend it on…

The misuse of the money that the caregivers have earned and send to the Philippines is a common fear (Pratt 2006, 3). Participant #9 explains how she needs to explain to her son how hard she works for the money that she earns:

I always tell my son, the hardship to find the money so, we don’t and everything spend… and whenever he asked something, show me your card first *laughs*

Some try to reinforce the idea that money in Canada or money earned abroad in general, consists of hard work. Caregiver #19 made her daughter work to experience what it is like:
Ya, I always have to explain to her that um, I let her do a summer job, so that she would know how hard it is to, to work and earn money.

Caregivers explained that you never really know what family members back home spend their money on or how but caregivers still need to send money back home regardless or not they are using it legitimately as Participant #3 explains:

Ya, even when you give it to them, you don’t know where it goes, right? You know, as long as you give them their allowance that’s enough … and then I don’t want to think that they do this and that, but if you’re thinking that it’ll make you crazy.

Better Off than the Rest

Families that are receiving financial remittances do better than those who do not have family members who are working abroad and sending money (Puzo 2007, 26). This money is beneficial and much needed since even though the financial remittances do not make them extremely wealthy, extra income goes a long way. Participant #2 explains how she may not be poor but she is definitely in the higher income bracket in the Philippines:

Yes, there’s lots of poor people but we’re not really in the top one. We can provide but there’s still people who have a good life, but there’s lot of very very poor.

Families who do not have a family member abroad are seen as impoverished (Cohen 2005, 102). Participant #5 explains how the money helps her family compared to the rest of the Filipinos in her neighbourhood:

It’s very helpful. The money that I send back home is very helpful. Because, my brother does not have a permanent job too in there. He was a teacher, but he cannot teach too. Because there is no vacant... If I compare to them, it seems that my family is better. Even when I was back home. Because we have our own land to till and other people, they are working for other people.

The caregivers are aware of this phenomenon, as Participant #11 explains:

It’s always a thing that when, if one is a caregiver abroad, or working abroad, they are always better than the other families in that community. Because of the extra big money that the caregivers are sending home.
The emigration of Philippine citizens coming to work abroad is “a growing trend,” as Participant #7 states who is from Iligan City, Lanao Del Norte, Philippines; also seen in the literature of Filipinos coming to Canada at an intense rate (Brickner and Straehle 2010, 312). His neighbours have many family living abroad as well:

Most of them, ya, most of the neighbourhood has siblings, or a family member living abroad.

Participant #19 who lives in Lucena City, Quezon, Philippines also sees this in her neighbourhood:

You know, I, most, each houses, does in our place, has someone living, I mean working abroad.

Conflict of Interest

Thirteen caregivers explicitly expressed how they send the majority of the money they’ve earned back home (Participant #3, 5, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, and 18). Participant #2 was torn between wanting to spend the money on themselves and explained how difficult it can be:

It’s hard because I need money for myself too, but I need to send them too because that’s why I came here.

Participant #3 kept half, using it on herself, and sent the other half to the Philippines:

Half there, half here ... I won’t let myself to be empty. Before I use to send and send but now I need to take care of myself ... I always buy clothes. *laughs* But its good because some people say it’s better to be addicted to shopping then addicted to drugs or addicted to the bar. ... That’s the only thing that can heal you or that can relieve your stress

Spending Habits

Since caregivers’ main purpose is to come to Canada to find employment, work, and then send money abroad to families left behind, the money that is earned after paying off expenses, as Participant #11 puts it, the “majority goes back home.” She goes on to explain that money is “always tight” within her pockets. Participant #17 explains that, “If it’s payday it goes directly,” and that she is not the only one facing the same dilemma and that “caregivers are tight with their
money” as well. After sending money abroad, the money left over was used in different ways depending on the caregiver. Some caregivers go shopping with the little money they have left over. Participant #7 explains how he had first spent the little amount of money her could keep for himself:

The first time I came to Canada I was like ‘oh garage sale, oh sale here’.

Yet afterwards, Participant #17’s priorities changed:

But later on my priorities have changed, spending on long term savings, like life insurance for my son, and investments, yes, and I’m also, aside from sending money to my mom, even though she has a job, I’m also currently sending money to like, to this, condo, because I’m purchasing this condo unit. It’s an investment in the Philippines.

Participant #7 saves his money for a condo in the Philippines, while four caregivers plainly save their money in general (Participants #1, 3, 7, and 19). Participant #3 details how she uses her income after being asked if she did a lot of shopping:

No, because uh, I send to 2 families. Almost 3 families… and then I budget my money because I’m paying my insurance, my phone, and I save it in the tax-free savings.

Throughout the interviews fourteen caregivers sent most of the money back home and barely have enough for themselves, leaving none to savings. When asked about going shopping Participant #5 also answered in a similar fashion:

Oh shopping … I’m not doing too much shopping. Sometimes I just send money back home. Ya.

Participant #8 also had a similar answer:

Hahaha, no we send it home. We have the salary now and then a couple days it’s gone. *laughs*

Analysis

Leaving one’s country to migrate to a new one is difficult for both the caregiver and the family left behind. Leaving a spouse and/or children behind makes it difficult since many people are involved from the caregiver migrating. The distance can cause stresses for both the caregiver and
the spouse/children leading to deteriorating relationships. Yet, some families make it work, where either the left behind spouse or other family members such as sisters and grandparents help raise the children and manage the responsibilities that the caregivers once had in the Philippines. Technology also plays a significant role in this relationship, maintaining transnational links through either long-distance phone calls, or other types of communication via internet: Skype, Viber, and Facebook. The caregivers found creative ways to stay in touch with their loved ones far away.

Coming to Canada and leaving behind what was once responsibilities of the caregiver are usually looked after by other family members left behind. This may not only include a spouse, but the whole family who are willing to help such as other siblings left behind and grandparents. If problems arise in Canada, the caregivers have different people to whom they can turn, either to family members left behind in the Philippines, or to the new friendships that they have created in Canada. The local Filipino Centre was also a place to turn to when looking for new work or questions about immigration.

Although all of the caregivers have moved to Canada to seek work opportunities and higher wages than in the Philippines so that they can better not only themselves but their family members left behind, the guilt of leaving family members behind is still felt. Although their sacrifices are understood by their family members left behind, it is still difficult to leave them, especially when they are in need, such as the elderly, or if they have left their own children to be cared by someone else.

Spending habits are reliant on how much money is sent back home to the Philippines. The more children or siblings that they are supporting, or the health of one’s aging relative are all factors to consider when budgeting, spending, and saving.

When sending money to the Philippines, it is hard to keep track of the family members’ spending habits. This may stress out the caregivers since they had made the sacrifice to come to
Canada thinking that they are bettering their families lives and do not want their hard earn money to go wasteful spending. Yet, despite this fear, their family members, as described by the caregivers, are better off than the rest of the population of the Philippines, especially if the household does not have a family member abroad.

**Aging and Eldercare**

**Nursing Homes Are Not an Option**

*Utang na loob* (reciprocal obligation/inner debt) is an important value in Philippine culture (C.D. Ceria-Ulep et al. 2011; Kimura and Browne 2009). It is essential to pay back one's non-monetary debts by returning a favour. Although these types of debts can never be quantified, attempts are still made to pay it back. Even though only one caregiver, Participant #1, used the actual quote, it is a well-known phrase and cultural value that Filipinos are taught. A person raised by a mother, father, or close family member must pay back that care by taking care of them the same way and by showing the same amount of love that was given. By extension, all the participants unanimously agreed that nursing homes are not an option for their families; Participant #19 elaborates:

> Well, if you, you, you go in Philippines, in every houses you will see, even though they are really poor, their elders uh, they live together with them. They are the one that look after with them.

The “family bonding” theme was common among all the caregivers, no matter where they are from and has been discussed extensively in the literature (Ogena 2006; Concepcion 2012, Valdez et al. 2013). When asked if there were nursing homes in the Philippines, Participant #19 nodded and then continued to speak to the family bonding:

> There is. They can send them send them for the home of the aging in the Philippines, but, you know, the bonding, the family ties in each family.
Even if it is affordable, most would still opt to not send an elderly relative to a nursing homes as further described by Participant #19:

They, they, and they want the, they want. … Actually they might not have money to send their elderly in a nursing home, but, you know, even the rich don’t. Ya. They want to look after their own family. They want to be with each other. It’s the love maybe? *laughs* And the family ties.

Participant #7 also described similar situations for her family and others in the Philippines:

Ya, here it’s… They do to a nursing care home *laughs* because the kids need to work. I mean their grown up kids with their families have to work so they can’t look after their parents. But in the Philippines, its sons or daughters who make them live with them, I mean, who, they take care of their parents by asking them to live with them. Ya, it’s very different.

When asked if there were nursing homes in her city, Participant #9 answered vaguely:

No … ahhh … I think there are nursing homes there, but just a few.

In fact, there are very few nursing homes in the Philippines; the most recent count was 45 (Webbline 2014), compared to the 5.91 million Filipinos aged 60 and above (UNFPA 2012).

Participant #4 describes the scarcity of them in her home city of Cebu:

Because mostly we are taking care of the elderly right? But I found in Cebu one. But that is voluntary. Those people who work there are volunteers.

Because of the personal debt owed to their parents and elderly relatives, many caregivers do not think that in-home care is an option, which was found in the literature (Ogena 2006; Concepcion 2012, Valdez et al. 2013). Eighteen caregivers did not hire someone to come into the home; seventeen stated that this was due to personal obligations. Participant #11 explains:

We don’t have any caregivers because we have that, um, personal responsibility to them.

Other caregivers did not think that in-home care was a problem and that money was the primary obstacle to hiring a live-in caregiver. Five of the caregivers mentioned that in-home care is too expensive and that only the rich can afford it. In contrast, Participant #4 worked for a
family in the Philippines who had multiple children working overseas, showing that money from abroad may also help to care of the elderly left-behind in the Philippines:

I worked as a caregiver for 3 years and 8 months and then after that because I’m not ready to go abroad because I have a son, so I needed to figure that out. ... Yes, elderly ... They are [rich]. But not much because um, because her children were in the US already.

Participant #5 also mentioned that the price is still steep despite the strong Canadian dollar conversion and cannot afford a caregiver in the Philippines:

It’s so expensive. How could you hire a nurse to take care of your parents back home? I cannot pay. That’s the reason why … and our practice in the Philippines is, you have to take care of your mom and your dad.

 Participant #8 also explains how only the rich can afford live-in care and the difficulty of not having money prior to receiving money from abroad:

Yes, because it’s very expensive. Only the rich people will do that; a private nurse. Sometimes, even when you don’t have money, and you get sick, give them medicine, that’s the life of Philippines before. Sometimes you can’t bring them to the hospital.

The caregivers coped with this responsibility by relying on their familial networks to physically take care of their elderly relatives, while they worked abroad and sent money back home. This was also discussed by Morillo et. al (2013) and Orgena (2006).

I 

Ideas and Attitudes of the Aging and Elderly

Respecting Your Elders

During the interviews, the ideas of the aging and elderly were explored. Eighteen caregivers thought that Canadians treat their elderly with less respect than Filipinos do; Participant #4 could not develop an opinion on this because she had only recently come to Canada. This opinion was discussed through many examples of how different it was in the Philippines. Referring to elders with respectful titles (Kimura and Browne 2009) was explained by Participant #1:

Ya, it’s different in here because they don’t have an age thing in Canada. In the Philippines, when you’re older, you’re like, you need to be like, you need to call them Kuya, or Ate, right? They have this, internment, right? But then here, even when they’re older, if their name is Annette, then
you just call them Annette, right? You can call them by their names. It’s the one thing that I really, is a change thing.

Although an elder may not be directly related to an individual, respect is still given due to one’s age such as when close friends are referred to by family names (Morillo et al. 2013).

Participant #5 explains:

Ya in the Philippines, it’s different. Because in the Philippines uh, they respect the elderly in there. Even if it’s not your parents. Even when it’s not your relative. It’s expected to respect the elderly. It’s different, ya.

Treating Clients Better than One’s Own Family

When asked to elaborate on how Filipinos treated the elderly better, they gave examples of how their clients’ children treated them in comparison to how the caregivers treated their clients.

Participant #5 explained how her client’s family would get mad at her elderly relative:

Because the family came there, and you know, and they’re always angry with my client, angry with their mom. But for me, I always understand her, because I know she’s like that already. What can you do? Even you are angry, mad, towards her, but you cannot. That is her illness already. You have to understand and be patient. So patient and understanding is important towards her. To those elderly who are having Dementia.

Participant #12 described the son of her employer, who only went to the elder's home for short visits:

Ya, the son of my employer, they just go there to visit but they don’t actually take care of them. Ya, they just come and visit for 30 minutes or an hour.

The lack of involvement and visits—sometimes no visits—were explained by Participant #19:

Ya… and or they just call. Actually my first client. My first client, she 99 years old and then, uh, she lived in a condominium, in Kimta. Her daughter also has her own unit in that building. We’re on the 2nd floor and her daughter is on the 1st floor. You know, she don’t even go there to see her mom! She would just call maybe, once in a week, but, you know, I’m the one that always called her every day, just to update her about her mom. It was only me. I’m the one *laughs* tried to keep in touch with her.
Participant #11 goes into detail of the care provided by caregivers like her in comparison to her client’s family members:

We treat them better than their own families... Especially when taking care of the personal care... We are more, we take care of like, the personal care, like wiping the butt, and stuff like that, we are more into that... The families, are like, ok that’s not my job.

Canadian and Filipino Culture

Some of the caregivers who worked with other Canadians believed that Canadian culture does not foster eldercare; this view is consistent with the literature, where elders in Western countries such as Canada are brought to nursing homes (Ogena 2006 cited in Valdez et al. 2013, 91). Participant #14 explains how her Canadian co-worker performs care:

Oh, in my case, because I have a reliever and he is a Canadian, I just yesterday, when I went out, when he took over me, he found out that my elderly has, he had a poo in the toilet ... and he sent me a message and he told me ‘oh geez, Helen, how do you handle all of this stuff, all of these things? With what you are doing with this Nan’, we call him Nan. So, he’s appreciating all that I’m doing based on what he saw yesterday with all the poo that was being left in the toilet. So just that circumstances that he handled yesterday, he felt like he was giving up. ... How much more that I stay with my employer, 7 days a week, 24 hours, and he just saw that yesterday… and he got lots of complaints all ready.

Participant #11 also talks about her experiences working with another Canadian caregiver. She explains how her client prefers her in comparison to the other caregiver, which may be due to her being Filipino, and thus coming from a culture that does foster eldercare:

Ya. I think it is different. Like, one of my experiences too, I was taking care of the elderly and I already had a break between 12 o’clock to 4 o’clock in the afternoon... and another Canadian caregiver will come in as my reliever right? But the elderly, every time that she wanted to get up, and she needs a lot of assistance, to go to the bathroom, she wanted me to get her up. Not the reliever. So, the daughter was like, no mom, you have your reliever, and your caregiver is already on a break... and that’s me right? You need to have your reliever to help you get you up. But she was like no I wanted my caregiver back with me not her, because it’s, it’s, she just feels like, she doesn’t have dementia but she feels like she’s more, um, confident, she gets more feelings of reassured about the kind of care that I am giving her. Like, than the reliever.

Participant #19 sees Canadian culture as quite different and actually tries to foster the relationship of her client and children to be more “Filipino”:

Actually you know, I don’t know, I don’t want to be boastful, but you know, right now, your client, before her children are not like that with her. But when me and my co-worker, because we
are 2 live-in care workers, in my work. You know right now, they are always trying to find time to see their mom. Because, just like my first client, I’m the one that use to reach out to their children. So that they will come always to see their mom, just like ‘oh,’ well the name of my clients mom is ‘Mary’. ‘Oh Mary, you know Shirley is very talkative today and she’s always talking about you. Maybe she misses you. Would you have time to stop by here to see your mom?’ ‘Oh you’re so cute. Thank you, thank you’ and then she will.

**Difficulty of a Work−Life Balance**

Some caregivers understood that although Canadian culture does not foster strong eldercare practices amongst family members, caring for the elderly also depends on the individual.

Participant #3 explains that just because the Filipino culture fosters eldercare does not mean that an individual will follow through with Filipino cultural norms:

> It depends on the person. I think in the Philippines, they also have elderly that they leave alone. Or they can look after their own selves. But the children usually look after the elderly

The work−life balance for adult children and relatives in the Philippines is not unlike in Canada. Participant #2 explains that even though it is the cultural norm for Filipino adult children and relatives take care of their elderly, it is always possible to provide this care in the traditional way:

> Ya, ya, because it’s not really care home there and it’s really expensive. But it’s really hard here because I understand in here they want to send the elderly to home care because everyone is working. I don’t know, it depends, if my children are working all the time. I don’t want to be stuck here so it depends.

This is seen in the Filipino elders in Hawaii, whose adult children did not have the same cultural values surrounding eldercare after their exposure to Western culture (Kimura and Browne 2009). Yet, when asked if their values and practices would change and be more Canadian, all of the caregivers were strongly against changing their own familial values. Participant #5 answered as such:

> No. I’m still Filipino. My blood is still Filipino, so no. *laughs* No, I cannot change my heart. I cannot change my attitude towards other people. Ya, that’s all.
What Good Care Looks Like

The two common factors that constitute good care were time and patience. Participant #5 explains the importance of both as a caregiver and dealing with elders:

In caregiver, ah, patience, understanding, that is the very important things, towards your client. Because if you’re hot tempered, no more. If you’re impatient person, no more. You have to quit the job and you get in trouble with your client especially the elderly. So you have to understand. To explain everything. You have to be patient. To do everything, even when they are yelling at you, your client. Or yelling at you and calling you bad words. You have to accept it. Because she’s like that already. Because that’s her illness already.

Participant #14 elaborates more on patience, but also mentions being adaptable and easy going:

You need to be flexible with them. Ya. If they are happy, you have to be happy. You cannot, uh, tell to them that you are mad. ... You need to pretend that you are happy and happy with your work... If she wants to go out and then you have to pretend that you want to go out too.

Incomes and Pension Are Not Enough

Traditional eldercare in the Philippines dictates that the family is supposed to be the sole primary caregiver for the aging (Sanchez 2008). Participant #5 explains how her family is responsible for the elders in her family:

No. *laughs* It’s your responsibility to take care of them when you are getting old. That’s our culture. I don’t know if until now they are doing that still, but for me, I’m still. Ya.

As explained above by Participant #3, caring for the elderly depends on the individual. Participant #6 goes so far as to label the negative ideas of leaving your elderly relative as a "criminal act":

It’s like a mother-daughter relationship, when they are together, are the same. But then the thought of leaving your mother behind, just so that you can move out, I think in the Philippines, like I said before, it’s a criminal act.

Some elders continue to work until they can no longer physically or mentally do so; this is a common notion for elders (Cabigon 1999 cited in Ogena 2006). That said, there is still a sense of responsibility for families to financially support them as their retirement income alone is
seldom sufficient. Participant #1 explains how she still gives to her mother, an Old Age Pensioner:

Ya, to help her. She still works but I still send money because, because she need it, even if she gets Old Age Pension.

Participant #3 financially supports her father, even though he still does minor work on the farm and receives a pension:

My father is a farmer, but he just walks around now, in the field, and don’t do anything. He’s already a senior and is already on a pension.

When asked if she would stop giving money to her father, she explains how she still financially supports her father and her own son in the Philippines—a burden to her father:

My dad’s salary is not enough for them and I have my responsibility. I have my son there.

Returning to the Philippines

Retirement

Almost all of the caregivers had strong feelings about how Filipinos cared for their elderly better than Canadians (Participant #3 was the exception, probably because of her marital issues). Consequently, they wanted to return home to the Philippines to retire, but only if they were financially stable. This was also discussed by Kimura and Browne (2009), where elders considered going back to the Philippines to be taken care of by their adult children left-behind, despite having children in the U.S. Participant #3 goes on to explain how and why she wanted to go back to the Philippines:

It depends… for my pleasure I want to go back when I become elderly. Rather than you stay there in the homecare, nobody will look after you. But it depends on the kids too. It just depends, you know?

Participant #5 still has ties to the Philippines and explains that she wants to live her final days there as well:
Ya, because it seems, like, I want to die there. I want to come back to my native land and my family are there ... My brothers are there. My cousins and aunts. They are there, who will take care of my when I am getting old? Because I don’t want to stay here inside a homecare. It’s different. So I just prefer back home, just in case I cannot work anymore. So I have to come back.

Participant #19 elaborates on going back for retirement:

Uhh … you know, since I live in the Philippines I mean, uh, I just want to stay here as long as I can, but when I get old, like when, like, like, in my old age, like I couldn’t be able to work, like my retirement time, I want to go back to the Philippines.

Retiring in the Philippines is a common idea given the purchasing power of the Canadian dollar once exchanged to Philippine pesos. Participant #6 explains:

I think, every Filipino that grows old here, is looking forward to retiring in the Philippines. Ya. Just like my aunt. My aunt is well established here but then she’s looking forward to retiring and going back to the Philippines ... Because her money is more valuable than in here. Financially wise.

Never Alone

The caregivers mentioned that family is always present: whether siblings or cousins, there are plenty of family members to look after you. These extended family networks were repeatedly seen in the literature (Agbayani-Stewart 1994; Morillo et al. 2013; Kimura and Browne 2009). In the Philippines, caregivers did not consider loneliness to ever be an issue. Participant #8 explains how there will never be a feeling of abandonment:

So sometimes I was thinking, when I grow old, like a senior like this, maybe I prefer to go back home. *laughs* ... All the neighbours and your friends will visit you even though you are old, if you’re sick ... I say around 80s, if I know that I am too weak already, so I prefer to go back home to the Philippines.

Participant #9 goes further into how relatives will always be available when one needs help:

You can feel happy if you stay in your own country. Because your relatives are there. If you need some help, they are all with you if you need help.

These familial ties are so strong that Participant #7 is willing to travel back and forth and that retiring in the Philippines is an idea that he has been thinking about when he grows old:
Uh, it’s too early to tell. But, but, I can maybe retire in the Philippines. I can still live here, but I’m going to retire in the Philippines. I have a house there, a vacation house. So ya, back and forth.

Participant #16 was asked if he would leave his adult children behind in Canada to retire in the Philippines. He explained that if his children were too busy with their lives, then he would go back to the Philippines to be taken care of by other relatives, neighbours and friends, and relying on them is acceptable:

But it also depends. When our children our here, if our children are settled here, then we can go back home. ... Like we have said it is our culture.

This attitude was also seen in the senior Filipinos living in the US who still had relatives in the Philippines (Kimura and Browne 2009).

Positive Aspects of Growing Old in the Philippines

The participants were also asked, what are the good things in Canada? The Canadian healthcare system was the only reason given, yet eighteen of caregivers still planned to go back to the Philippines. Participant #5 explains the benefits that she found:

Growing old here… maybe, you’re having a pension here. You have some benefits. Compared back home, you don’t have benefits back home and if you’re getting sick in there, if you don’t have money, how could you go to the hospital? You cannot work to find money. So here, the government can still help you and provide everything.

Despite their awareness of the benefits of the Canadian medical care system, caregivers still want to return to the Philippines. Participant #1 explains why it is still good to grow old in the Philippines as long as she can financially afford it:

I don’t it’s not. Because you know the medical expenses and everything like that, it’s really good in here, right? But when you think about taking care of you, like the family thing, you know it’s really nice to be growing old in the Philippines with your family, you know, around you. Not in here, where they can put you in a home for the aging “laughing”... But it depends. It depends on financially. Because here when you’re sick or something like that, you can, maybe here, everything is free, right? You can be not. But if you’re, if you go back to the Philippines if you’re sick or have all these conditions like something you know, you can become really poor in the Philippines; financially unstable.
Negative Aspects of Growing Old in the Philippines

When asked about the negative factors of growing old in Canada, loneliness, and depression were common answers among the caregivers. Participant #5 explains how lack of friends and depression are issues here in Canada:

That’s the bad thing about Canada. They don’t interact with your friends. You just live in a home just for old people ... It’s like less depression. If I compare here. It’s like ah, in the Philippines, the elderly experience less depression because there, it’s a smaller community and village they’re talking to each other, they know each other, they’re helping each other. So it seems it helps, even the life is very hard. Even if there’s no permanent job, at least you have someone to talk to. You have your family and relatives, or other member of the community. So, that’s all the help. That’s the difference here. In Canada all the people are busy. They’re working, so work, do housework. Work, work, work. So, that’s the reason why some, especially the elderly people, they’re getting depressed. Anxiety more. Ya, mental problems, because they’re not happy anymore with their life. Some of them who are in the homecare they are not happy because they are not use to it.

Participant #5 describes the experience of growing old in Canada as just waiting to die:

Ya, but here, you’re just waiting for the end of your days.

Since family interactions are not the same in Canadian culture as in the Philippines, Participant #8 mentions how the family treats their elders:

They just depend on enough… they let their parents to stay in the elderly [home] but because they pay them, they just ignore. But not for us. We need to look after them all the time. Watch them *laughs* ... For me, like boring. [Or], because if you just stay in your house and no one will visit you.

Caregivers who see how Canadian elders are treated do not want to be treated that way. Participant #19 explains how she fears to be in the same situation as her client:

Well actually, if, if, if, I grow old in Canada, my vision is, would I be like my client. Because my client, their children are, you know, busy with their own life and so, they were left alone in their own house and nobody cares for them. That’s why they really need us and so, I thought, oh will my daughter be like that? Because I only have one daughter. So maybe she’ll be very busy with her own life after a few years. ... You know, maybe, uh ... maybe uh ... my mentality is only just because, you know, the mentality of being a Filipino, of ‘I want to go back there’, but for them, as I can see my client, umm, the family bonding here is not that tight.

Eldercare Practices

Traditional Living Arrangements of Elders: Living at Home
As established earlier, the elderly in the Philippines live at home with their families; very rarely would they be sent to nursing homes. A study in 2000 found one in five households had one senior living in them (NSO 2005a cited in Ogena 2006, 2). All of the caregivers repeatedly mentioned that it was part of Filipino culture to have an elder living at home. Participant #2 describes the living situation of her grandmother:

Oh ya… here, they send their elderly into a homecare. For us in there, I have my grandmother with us. I don’t want her to go. Same with my mother, we want her to stay. My sister, she wants my parents to stay together too. They’re all together my house.

This is the cultural norm for the “family home”—where either the adult children or their elderly parents grew up. The family home is typically where the elder resides and grows old, with one child acting as the primary caretaker and the other siblings coming to visit. The primary caretaker would be the one to inherit the house; if there were multiple children as caretakers, the home would be divided. Participant #1 explains the living situation with her aunt, who raised her and whom she now financially supports:

Ya, she, uh, has another family. I have a half-brother and they have their own house. But when I go back to the Philippines I go back to live with my auntie in my grandfather’s house.

Participant #6 has yet to know who will be the primary caregiver for her parents, but acknowledges that the person who resides in the family home will be the primary caregiver and will inherit the home:

Maybe my youngest sister, because she wants the house, but you know, we don’t know with my parents. You know what … they are pretty secure there for now, but later on, we're pretty unsure for ourselves what will happen.

Participant #3 explains how she does not have her own house in the Philippines, nor is investing in one. She has a family home in which all her siblings live, alongside her mother:

No, I don’t because I didn’t invest it all, because my family house is my mom’s and everyone is living there.
Participant #8 describes how her younger brother lives with her parents at the family house:

They lived in their own house, the family house. They lived there with my younger brother.

Similarly, Participant #9 has a sister who resides in the family home and does the primary caregiving:

It’s my mom’s house so my sister lives, in my mom’s house.

**Family to be Sole Primary Caregiver**

As stated in the Philippine Constitution, the family is to be the sole primary caregiver of the elderly. When asked if the government helps elders, Participant #5 replied with:

No, *laughs* It’s your responsibility to take care of them when you are getting old. That’s our culture...

Participant #9 describes how her family takes care of her parents:

They stay are our house. We also, uh, give them food, everything.

Participant #11 explains that her family takes care of not only her elderly parents, but her grandparents as well:

We really take good care of them ... We even take care of our grandparents ... We are the ones that take care of them. We don’t hire any caregivers ... Because they are family.

Participant #12 also had similar answers as Participant #11:

We take of our elderly... We are the ones that take care of them. We don’t hire any caregivers.

**Eldercare Arrangements**

While the migrant worker sends money from abroad, left-behind family members in the nuclear family are expected to participate in the physical aspect of care regardless of gender. What was
typically seen before the migration of female workers, a female or the adult child with no children would take care of her elderly parents (Ogena 2006). Participant #6 explains:

In my family, oh they are usually left-behind with the youngest sibling.

Nowadays, caregivers and their families arrange who will do the physical primary care for their adult parents amongst themselves (Ogena 2006). When queried about who arranged for elder care in her family, Participant #8’s explains:

All my elder sisters and brothers.

Participant #7 goes on to explain that in his family it is the grandchildren who are primarily involved in the act of caring for the elderly:

It’s more the grandchildren taking care of their grandfather or grandmother.

Caring for the aging is not only the responsibility of the adult children but because of the importance of the family network, caregivers also support their aunts, brothers and sisters, as well as grandparents. Participant #4 was the primary caregiver of her grandmother when she was alive in the Philippines:

Oh, well, for me, I’m taking care of my grandma one year and a half, with Alzheimer’s disease also. ... Everything and more than! Because that’s your family. Because we love our elderlies there.

Participant #9 thinks that her mother is still strong enough to physically take care of herself, yet her sister still lives with her mother:

Ya, everyone back home. Because, just like me, my mom is with my sister. They, they are in one house and my sister looks after her. But my mom is still strong. She’s only 60.

Participant #11 explains that both her brother and sisters take care of their parents:

I have parents, I have my brother and sisters taking care of them.

There are issues that may be encountered since some family members contribute more than others, especially when there is only one adult child living with the elder and is providing the
primary care. Participant #2 explains her family’s situation in which her mother is the primary
caregiver of her grandmother even though her mother is considered ‘elderly’ and has siblings:

She cannot see so much. She cannot move so much. She really needs care. My mother is taking
care and she is really good. Every time she needs to poo, she needs help, every time she needs to
moves she needs help. ... Ahhh … some siblings will send things like milk or diapers. My
grandma is living in my house, so my mom has to take care of my grandma. But some children,
some days they give some food.

The collective endeavor of the family may create issues if some members of the family
cannot get along and since Filipino families are very large, this is only to be expected. Participant
#2 continues to explain how her brother is not very involved in the taking care of the home, her
parents and grandmother, and that the burden rests on her mother and sister:

I think it’s because his wife is not close to my parents, so I think that’s the reason.

The fact that the caregiver is abroad still means that they are responsible for their elderly
relatives. Just because they are abroad does not mean that they are no longer responsible (Ogena
2006). Participant #7 explains his situation in which his mother is still in the Philippines and is
financially dependent on him, yet his father is in the US living with his sister:

So right now, my sister lives in California. My brother is a landed immigrant there too, but right
now, he’s in the Philippines, just finishing up his studies. He’s graduating. Ya, we, are planning to
get our parents, in America. My dad is in America.

When asked if his parents would be happy in America and knowing that he himself
would like to retire in the Philippines, his parent’s happiness in America is hard to gauge:

Well … I’m not sure * nervous laughs* But I think they enjoy being with my sister. They enjoy
their time with my sister.

But knowing that the family is solely responsible for their elderly parents and guardians
and that his parents are not financially secure enough to live by themselves, this is the only option
that is culturally accepted:

Ya, probably they’ll be lonely. It’s a different culture … but the thought that my sister is there and
any time they can visit and they’ll already be immigrants.
Male and Female Preference

Due to the fact that female caregivers are leaving the country and taking with them their traditional roles as being the primary caretaker, a reversal of gender roles is slowly being created. This shift obviously is not the case when the caregiver has a female relative that can shoulder the burden, yet many men are having to not only care for their elderly relatives, but also their own children. Participant #5 explains how her brother and his family must now be the primary caregivers for her parents and her aunt:

But when I was here in Canada, I talked with my brother, because he needs to stay with my mom because he has to take care of them. No one will look after them, because I am here already. Ya. That’s the reason why they have to stay there together.

When asked what her parents prefer and what is traditional, Participant #5 continues:

They prefer a woman, of course. But no choice. They prefer a woman, because, a woman knows everything than a man. Of course, my brother is taking care of my mom and my aunt. But not choice. They have to do that because I cannot hire any nurse ... umm ... well, maybe it's okay now because no choice. Because I am the only daughter in the family but I’m here already. So no one will take the responsibility if it’s not my brother... My brother is the one who is taking care of my dad, my mom, and my aunt, inside our house. They are living together... My mom is 89, so my dad is 85. So ya, my brother is the one who do all of the tasks, with my mom, dad, and my aunt. My aunt was just having, what’s that, surgery. Pelvic fracture. My brother did everything just to help her. Bathing, changing, because she is bedridden now.

In fact three of caregivers mentioned that their male relative did not want to be the primary caregiver of the elderly relative. If this was a happy arrangement for Participant #5’s brother she replied:

Um… they’re not ok. But no choice. They have to do that.

Participant #3 explains her situation with her father and her brother who is also a senior:

My brother looks after him (father)... my brother has two grandchildren there, because his daughter is in Hong Kong and he looks after the two children and then my father looks after himself but only my brother watches how he’s doing.
Participant #4’s parents are not at the age where they need to be physically taken care of, yet when asked the question of who will take care of her parents Participant #4 expected her brother to bear the burden:

Um... for now, we have plans for my brother, because we are just two siblings. ... For now not yet, she’s still good. Alive and kicking *laugh*. For now we have plans. We are just going to think about it right now.

Among the caregivers who had male relatives helping to care for their elderly relatives, all did not mind their brother’s and male relatives are now taking over what was once a female role. Participants #8-18 mentioned that role reversal with eldercare was not an issue anymore.

The Right Age

When asked what the most ideal age to perform eldercare some caregivers had a preferable age group while others did not mind. Participant #5 described the best years:

Oh, for me, if you are younger. So if you are in your 20s or 30s more than you’re 40s or 50s ... Because they’re still strong and they have the energy to do the job. Especially if you’re taking care of a client who is... that you have to do lifting, in there. Transferring wheelchair, to bed, to wheelchair. You have to be strong. You have to have energy. So I prefer, younger for that.

Participant #8 also stated in the 30s would be a good age:

I think for me 30s. Because you’re old enough already to handle and look after elderly. Because, if you’re too young, below 30s. I think 35 and above would be suitable for them.

Participant #9 mentioned that here in Canada when looking after elders that there is no real age limit due to technology but in the Philippines it is different:

I think in Canada no age limit. But in the Philippines, I think they have, right? Around 30

Continuing on, Participant #9 was asked what about someone in their 20s and she replied:

It’s, ah, they can be childish and immature.

Hardship of Elders Left-Behind
There has been much literature on the guilt of parents leaving their children behind. But for many caregivers here in Canada, they not only left their children behind in the Philippines, but also their aging parents, guardians, and relatives—all of whom they would have been physically taking care of if they were not here in Canada taking care of Canadian children, and elderly parents. As people grow older and enter the final stages of life, mental and physically well-being declines. Health problems occur and when coupled with a non-subsidized healthcare system, this causes a burden to the family members left-behind by the caregivers, as well as the caregivers themselves. Participant #5 explains the difficulties back home and the health problems that she tries to financially contribute to:

My mom got a cataract and she just finished the operation with the… now there’s infection … and now she’s better but, you know, getting old, you cannot fully recover. So it’s the same. She cannot work anymore. No choice. Of course, they are waiting for the money I will send, because they cannot work anymore. I have to send money for the planting of the rice in our farm, the rice food [fertilizer], and everything. Because they cannot work anymore. They are always sick. Always going to the hospital. Ya …

When asked if she pays for most of the medical expenses:

Ya. Most. I am supporting my family members back home because they do not have Medicare back home in the Philippines. So it’s different. Ya.

Caregivers not only shoulder the guilt of not being present but also the guilt of caring for someone else’s elderly relative. As such, they find some comfort knowing that their financial contributions to their family enable their loved ones to continue living their last years as comfortable as possible. Participant #9 describes the desire, but being unable, to "quickly go back home":

Ya, it’s very hard. If you want, you want to quickly go back home… and then your mind is confused. It’s very difficult.

Participant #19 explains how difficult it is to care for an elderly patient yet was not able to take care of her own dying mother because she was abroad:

You know I explain it to my employer here. I said, “You know, it’s so crazy, how ironic it is, you know, to know, right now, you know, when my mom was still alive, you know, I’m not able to
look after her, just like what I am doing to you right now. That’s why you know, you always ask me, why I am so very caring to you’. *starts to cry* sometimes she says, ‘Oh you’re really spoiling me’. She, she, she, she, she, she sometimes, she thought that I was her daughter. Because she said that I treated her like my own mom. Because, my client’s name is Shirley. I told her, ‘Shirley it’s because I feel so sad I think every time my mom because when she was still alive, I was not able to care for her, look after her.

**When Death Happens**

Three caregivers, Participants #1, #8, and #19 had elderly relatives whom they had financially supported; those relatives passed away while the caregivers were working abroad either in Canada or elsewhere. All three went back to the Philippines for the funerals. Participant #1 describes her experience:

> When they call I think they will need money to help them out. But then, maybe… when my grandfather died, I went back home for that. I was in Taiwan at the time. I was really young. He’s the one that took care of us. I needed to go home because this person, you know, thinking about that, ‘utang na loob’… you need to pay it back. So no matter how far your are away from him, you need to pay it back. Maybe it that happens again, I really want to spend, money is nothing, I want to go back there. It’s not always about. ... So if something really happened, maybe I can help them financially and go back home.

**Hiring Someone as a Live-In Caregiver**

Of the 19 caregivers interviewed, only one caregiver decided to hire a caregiver for her aging father. Although it was an anomaly, the woman who Participant #19 hired was not only a family friend, but was also the nanny previously brought in for her daughter. Participant #19 also hired a nurse for her aging mother whose medical issues required attention several times a day. While this was only one case out of the nineteen, it is applicable and necessary to include in the findings since it was due to medical conditions. If one of the other caregivers in the study had family members that needed medical attention as much as Participant #19’s mother, this similar situation would most likely have been done. Participant #19 describes her mother’s condition:

> Ah, she’s really a nurse. Because my mom is hypertensive and then diabetic. So she needs to get a blood test every morning before she eats. Ya, she really need it … and then, she take, um, insulin injection.
All of the caregivers were asked whom they would reach out to if they lived in the Philippines and had to take care of themselves as they aged. Their response was that their family members, including extended family, would contribute to their care; moreover, they would want to get paid for it as well given the difficulties of finding a job. Participant #19 details how easy it is to find a worker, even if one did not have a close family friend like herself; even a close and trusted neighbour would suffice, as long as there were no medical needs:

Oh, well it is easy to find. Why? Because their salary is so little. ... Because there are so many jobless people in Philippines. ... Uh, it’s fine, but you know, you know, you can find someone close.

Additionally, since the companion/caregiver of Participant #19's father had also been her daughter’s nanny, she already had close familial ties to the family and thus was allowed in the home and not considered an outside. Now the companion also lives in the house and she already knows the family dynamic:

I’m at ease that my daughter is living with my parents. But after my mom passed away, so, they are just 2 in the house, my father, and my daughter ... just, good for me, because she’s like a mom to my daughter.

Participant #19 also seems to come from a higher economic class than the other caregivers, as she was the only caregiver who had a nanny/cleaner since she was young and throughout her college years:

When I was in Philippines, Nanay Ching, that is her name, my nanny before, she was always there. Even when I was in college.

**Traditions Will Never Change**

Notwithstanding that the literature revealed that immigrants from the Philippines did not have the same cultural traditions towards the elderly (Ogena 2006) since, when asked if the Filipino cultural ways of taking care of the elderly will ever change, all nineteen said no. Many caregivers were adamant that they would never treat and send their elderly to nursing homes like here in Canada. Participant #5 cites her strong cultural traditions:
No. I’m still Filipino. My blood is still Filipino, so no. *laughs* No, I cannot change my heart. I cannot change my attitude towards other people. Ya, that’s all.

Participant #10 also detailed strong attitudes and feelings towards her Filipino-ness of taking care of elders:

We were born as Filipinos and we will die as Filipinos.

Analysis

The family members that the caregivers have left behind perform the physical care of caring for their elderly relatives. Due to large families and strong traditional family ties and practices, caring for the elderly despite if they are not your biological parent is an expected familial effort. The caregivers who have migrated to Canada may be the biological daughters who were traditionally expected to care for the elderly, but the remittances replace this expectation. The money helps for better health, variation of food, and making comfortable housing for the elder at their last stage of life. The money is used to better the financial situation of not just the elder but the entire family. Nursing/care homes are not an option but hiring a caregiver was an option for some of the participants in the study. Filipino family ties and traditions are so strong that the caregivers are willing to move back to their place of origin to grow old. Because of the low unemployment rate many of the caregivers would hire a close or distant family member to care for them as they grow old. There is an expectation to be taken care of by their family members, whether they are not their own children. Therefore, familial obligations of upholding family values in terms of caring for their elderly relatives within the family home and not nursing/care homes are upheld.
Chapter 7
Conclusion and Final Words

How is Transnational Eldercare Arranged?

In acknowledging the initial thesis question, “How does a participant of the Canadian Live-In Caregiver Program arrange eldercare transnationally?” the answer is a multi-faceted one. Family is an important aspect of one’s identity, culture, and practices. There is an expectation for family members left-behind in the Philippines to contribute to the physical care of their elderly relatives, regardless if they are outside the traditionally Western view of the nuclear family. All adult children—including nieces and nephews—and grandchildren are part of this effort. For adult children abroad, their contributions to eldercare are financial in nature: food, healthcare costs, and everyday living expenses that the elders would not have been able to afford, even if they received a pension or still generated income. For female caregivers, their remittances are compensation for not being physically present, replacing the tradition role of women performing eldercare at home. Live-in caregivers are able to fulfill their familial obligations, as mandated by their cultural practices, and upbringing.

For the participants, the importance of family, their family bonds, and the feeling of indebtedness to their family members are strong motivators for moving back to the Philippines once they themselves grow old. Although they may have their own adult children in Canada, they still find it more appropriate to depend on their family in the Philippines for eldercare. That said, financial stability is a necessary condition for them to retire in the Philippines, having originally left the Philippines because of the economic hardships; the strong purchasing power of the Canadian dollar helps to strengthen that resolve.

Limitations
Despite the methodology being performed to the best of my capabilities, every study is subject to error and limitations. Although saturation was reached early in the research, there could have been more one-on-one interviews prior to the focus groups, rather than use focus groups alone. This may have elicited more personal experiences and explanations that perhaps might be lacking in the study. As well, in the focus groups all the people knew each other; therefore, they might have been hesitant to tell the truth or go into more anecdotal information.

The research was primarily done in Victoria, British Columbia, which could have some unknown variable to the participants. Therefore, to make the conclusions stronger, the study could be expanded to include participants in multiple Canadian cities; further, it could also be done in other countries with similar programs to the Canadian Live-In Caregiver Program.

Contributions to the Literature

As seen in past literature that had been gathered prior to and after field work, the importance of family and culture when studying left-behind relatives had not extensively been looked at. These aspects allowed for a greater breadth of information: why caregivers leave the Philippines in the first place; the burden of being the breadwinner; why caregivers make so many sacrifices to help family left-behind, whether or not they have children; and what happens to the family left-behind—more specifically to this thesis, how is care arranged for the elderly left-behind in the Philippines?

The literature also lacked a description of what happens once caregivers receive Permanent Residency, after family reunification is fulfilled, and Canadian citizenship is achieved. This thesis research reveals that adult Filipinos are willing to go back to the Philippines, despite being able to live here in Canada. This desire is again attributed to culture and how culture plays a role in decision-making, and future hopes, and goals.
Unlike much of the literature that was reviewed, many of the caregivers who were interviewed for this thesis did not seem like they were gravely unhappy with their living arrangements and their work life. This may be due to the location, or the type of work the caregivers were performing, which was primarily in the eldercare sector. Or it could be that there was simply too much focus on the hardships of Filipino caregivers via documentaries and social media. The easy access to the Filipino centre and association due to the physical geographical scale of the Greater Victoria region may also have played a factor. Therefore, many caregivers could potentially be happy with their workplace.

What happens if a pregnancy occurs was also discussed. Although it was only one case, it did provide an answer to what happens when a caregiver is pregnant and gives birth to a Canadian citizen. For this particular caregiver who gave birth, since there was no care that could be provided to the child, she had to travel to the Philippines and leave the child there to be taken care of by her own family members.

Technology played a crucial part in communication with family members left behind. The impact of social media, such as Skype, and Facebook, helped to keep and maintain connections over far distances. That transnational connections are possible through telecommunications demonstrates how one is able to care for people who are physically distant, demonstrating how caring for and about is made possible through new technologies.

**Opportunities of Future Research**

The research was able to answer the initial thesis question; yet it also resulted in many other discoveries and thus resulted in more questions. Only one aspect of the elderly left-behind in the Philippines was examined here, but how do the elderly in the Philippines feel about their adult children leaving to go abroad? As well, are the elderly actually financially taken care of? Is the money sent through them or spent by other family members left behind in the Philippines?
Another area that could be further explored is what happens once caregivers become Canadian citizens further into their years since transnational practices changes during the life course (Ley and Kobayashi 2006; Kobayashi and Preston 2007). Did they go back to the Philippines like they originally intended? As well, after family reunification of their parents was achieved, did they put their parents in nursing homes despite saying they will not follow Western practices of eldercare? If so, do they have any feelings of guilt?

On their desire to return to the Philippines to retire, how many caregivers actually choose not to return to the Philippines, despite an overwhelming number of caregivers in this study who wanted to return?

Another question regarding the demographics of the participants: how does one plan fertility, such as family planning and marriage? Some of the participants were single and did not have children. If they choose to, when would they want to plan for marriage and children? And since there was only one case, what happens when there is an unexpected pregnancy?

What was not seen in the literature or in this thesis research was the lack of unhappiness of caregivers. The caregivers were generally happy with their working conditions. One aspect that could have played a role is the probable importance of cultural centres and associations and their involvement in answering the local caregivers’ needs and wants. More research must be done in cities where caregivers were generally happy working in Canada. As well, what role, if any, does social media have in this trend? Due to news articles and documentaries, how does this shape the way employers treat their caregivers?

Final Words

Moving to Canada is a big decision not only for the migrant, but for their families as well. Even with the economic advantages associated with emigrating out of the Philippines and to Canada, there are many hardships and sacrifices that are endured by every party involved. Yet caregivers
are willing to make this sacrifice for their families. Their experiences and decisions tend to be
driven by cultural practices and expectations of betterment for all the members of their family.
The elderly who are left-behind by their adult children, primarily their daughters, may have lost
an important member of the family who would have been the primary caregiver, but being a
breadwinner for the family is understood to be a necessary sacrifice. That does not mean the
elderly are left alone to fend for themselves. Left-behind adult children, nieces, nephews, grand-
children, and even extended family members in the Philippines are expected to take up the
eldercare burden. For many Filipinos, the aphorism holds true: blood is truly thicker than water.
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Appendix A

Interview Questions and Questionnaire

Interview Questions

General Questions

Coming to Canada
- How did you decide to come to Canada as a live-in caregiver?
  o What were your reasons for leaving?
  o Have you always wanted to come to Canada to work? If no, where else have you applied?
- Why did you decide to come to Canada?
  o How was your financial situation in the Philippines?
  o Did you specifically apply to work with the elderly here in Canada?
  o Who else helped you make the decision to come abroad?
- What did you think of Canada before you left the Philippines?
  o When you would talk to others about coming to Canada, what did they think Canada would be like?
  o What were your expectations and hopes?
- How did you decide to come to Canada?
  o What arrangements did you have to do before coming to Canada?
  o Who helped? (People, agencies, and organizations)
  o Tell me about how hard it was to migrate to Canada
    • Did anyone stop you? Made it difficult? (Embassies, bureaucratic issues?)
- Who sponsored you to come to Canada?
- Did you know anyone in Canada before coming here?
- Upon first arriving to Canada how long did you plan to stay?
- How long do you plan to stay in Canada now?
- What are your hopes after your contract is over?

Being a Live-In Caregiver
- What informal work experience do you have before coming to Canada?
- What formal work experience do you have before coming to Canada?
  o What was your previous job in the Philippines?
  o How long have you been working with the elderly?
- Have you worked abroad in the health/social care sector?
  o Did you work with the elder?
  o What kind of experience did you have with the elderly?
- Have you left the Philippines to go abroad before?
  o If so, where have you worked and how long?
  o Why did you decide to migrate again?
- Here in Canada, why did you decide to work with the elderly?
- How did you find your employer?
- Did you go through an agency?
  o How did you apply?
  o Do you still interact with the agency that hired you?
  o Do you discuss your concerns and problems with them?
    ▪ If so, did they help you?
- If you did not go through an agency, who helped you to come to Canada?
  o Did you get a job through friends? Family?
- Did you get training to be a live-in caregiver?
  o Please tell me about the training
  o If you did not receive training, what do you wish you had training for?

Relationship with Employer
- What were your expectations of your job?
  o What jobs do you perform? Did you expect you would be doing these sorts of tasks? Do you work more than what was outlined in your contract?
- How is your relationship with your employer?
  o Describe your employer and your relationship with him/her
  o Are you comfortable with your employer?
    ▪ Yes/no, and why?
- Do you like working for your employer or would you like to change your employer?
  o Give me reasons why you would like to stay
  o Give me reasons why you would like to leave
- Do you work with elderly with special needs?

Work Environment
- What are your working conditions like?
- How many hours a week do you work?
- Do you have regular days off?
- What do you think of the workload?
  o Too much? Too little? And why?
- Are you happy with your working conditions?
- What are your living conditions like?
  o Do you live with anyone other than your employer?
- Are you happy with your living conditions?
- How do you think you are impacting the elderly that you work with?

Work Experience
- Do you think your ethnicity or being a visible minority status effects immigration, employment, and your integration experience?
  o If so, why? If not, why?
- Do you think being a migrant worker effects your employment experience and relationship with your employer?
Aging
- What are your attitudes towards elderly people?
- How do people in the Philippines see the elderly people?
- How are the elderly treated here in comparison to back home in the Philippines?
- Are they different than here in Canada?
- Have your attitudes changed?
  - If so, how?
- What are some good things about growing old in Canada?
- What are some bad things about growing old in Canada?
- Where would you like to grow old? Here in Canada?

Parents/Guardians Left Behind – Will primarily address my MA thesis research question
History of Family Elder Care
- What has been the history of eldercare in your family? How has it been performed and who has done the care?

Relationship with Elder(s)
- What is your relationship with your elder parent(s)/guardian(s)/family member(s)?
- Do you support them financially?

Eldercare
- Do you think working with the elderly and taking care of your elder parent(s)/guardian(s)/family member(s) at the same time problematic?
- Who is currently taking care of your elder parent(s)/guardian(s)/family member(s)?
  - How many?
- If in the family, who is doing the caretaking?
- Are you happy with the situation with your family member(s)/employee taking care of your elder parent(s)/guardian(s)/family member(s)?
  - If so, why?
  - If no, why?
- Do any nurses or doctors come to your elder parent(s)/guardian(s)/family member(s) house?
- What do you think your elder parent(s)/guardian(s)/family member(s) preferences for care are?
- What do you think makes a good care worker?
- Does it matter if the care worker is a male or female?
- Does it matter if the care worker is young/older?
  - Age preference?

Employing a care worker in the Philippines (if applicable)
- What kind of services does he/she/they bring? And where?
  - Nursing home care
o Inside the home
o Home care agency
o Other (please specify)
- Are they from the same city that your elder parent(s)/guardian(s)/family member(s) live?
  o If no, then from what area of the Philippines are they from?
  o Did you have difficulty finding someone/people to take care of your elder parent(s)/guardian(s)/family member(s)?
  o Did you go through an agency? Friends? Family?
- Does it matter if the care worker is not from your city?
  o What are the differences?
- Does that care worker have any qualifications?

Living Arrangement
- Where does the elder live?

Relationship with the Family
- Can you tell me your relationship with your family?
- How has the division of household work changed after you left?
- Who manages your family affairs now that you are not in the Philippines?
- When it comes with family decisions, do they consult with your?
  o Are there any conflicts or tensions?
- How do you make up for not being there?
  o Financially? More time when you go back?
- How often do you talk to your family?
- What do you talk about?
- How do you show your affection?
- When you have problems here in Canada, do you talk to them about it?

Remittances
- How do you spend your money that you have earned in Canada?
- When you send money back home, who manages your money in the Philippines?
- How does this money help with your family’s living condition?
- Compared to other families in your neighbourhood, how are your family’s living conditions different?

Closing Questions
Leisure
- How do you relax on your days off? What do you like to do?
- Are there times when you should be off, yet work over time?
  o How often?
- Do you have any Canadian-born friends?
  o How did you meet them?
- Do you have any Filipina/Filipino friends?
  o How did you meet them?
  o How often do you see them?
  o How often do you talk to them?
  o What do you talk about?
  o Where do you meet?

The Future
- In one, or five, or ten years…
  o Do you think you will still be in Canada?
  o Do you think you will go back to visit the Philippines?
    ▪ When?
    ▪ Permanently?
    ▪ Why or why not?
  o Do you think you will be still working as a live-in caregiver?
Canadian Live-In Caregivers & Elderly in the Philippines Questionnaire

Gender
☐ Female
☐ Male

Age _____________

Marital Status
☐ Married ☐ Single
☐ Divorced ☐ Widowed

If you are married, where is he/she living?
___________________________________________________

Do you have children?
☐ Yes ☐ No

If yes, how many? ________________________

Where do they live and with whom?
___________________________________________________

What are their ages?
___________________________________________________

Are your children financially dependent on you? _________________________________

Where were you born? (City/town and province)
___________________________________________________

Where in the Philippines are you from? (City/town and province)
___________________________________________________

If your first language is not Tagalog, what is it?
___________________________________________________
What is your highest level of education?
________________________________________________________________________________

Where have you received your education? (*Country, how long, year, discipline*)
________________________________________________________________________________

Where have you lived other than the Philippines?
________________________________________________________________________________

Did you work as a nurse or caregiver?
________________________________________________________________________________

When did you come to Canada? (*Month, year*)
________________________________________________________________________________

Was your migration to Canada voluntary or involuntary?
☐ Voluntary ☐ Involuntary

What is your current immigration status?
________________________________________________________________________________

What is your current gross income (before taxes) per week?
________________________________________________________________________________

Do you send money back home?
________________________________________________________________________________

Do you have any elderly (over the age of 60) who are financially dependent on you?
________________________________________________________________________________

How many elders, and who are they?
What is your current economic situation?
☐ Excellent    ☐ Good
☐ Fair        ☐ Poor

Would you be financially better off if you stayed in the Philippines?
☐ Yes        ☐ No

If no, why not?

________________________________________________________________________

If yes, why?

________________________________________________________________________