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CASE REPORT

A Cross-Case Analysis on Filial Care Assumption among Filipino Adults

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ABSTRACT:

Introduction: Filial care has long been part of the Filipino culture. This paper aims to validate the assumption of the Filial Care Theory which states that the older person's vulnerability stimulates the caring behaviors from the family members.

Methods: Through a multiple case study approach using cross-case synthesis, various situations that led five adult Filipino children into assuming filial care duties and the kinds of support involved in the said filial care interaction were explored.

Results: It was determined that filial care involves sentience among family members, a desire to sustain the older person, strengthened family support, affinity, solidarity and compassion, and a commitment to return a past favor.

Discussion: Filial care is a response to the older person's needs and limitations. Apart from the older person's vulnerability, it was deduced that filial care requires both the older persons and their adult children to be emotionally vulnerable towards one another.

Keywords: case study, cross case analysis, family caregiving, filial piety, filial care theory, care of older persons

Introduction

As people grow old, an eventual loss of functional abilities becomes imminent. These developmental changes negatively impact an older person's ability to perform activities of daily living (ADL) and maintain a fulfilling social life. Furthermore, these development changes, which includes becoming frailty, increases the vulnerability of older persons to the stressors that they face.¹ As the older persons' developmental disabilities grow, the level of support extended by their functional adult children tend to increase to meet their parent's needs and may vary depending on the available support coming from paid or informal caregivers.² Despite that, Filipino children are less likely to seek assistance from professional caregivers since accepting services from the community are considered a stigma, hence caring for older family members are considered a personal responsibility among Filipinos.^{3,4}

While filial piety pertains to the special obligations of children towards their aging parents⁵ and may extend to include the duties of adopted children⁶ and grandchildren to their grandparents^{7,8}, filial care is the practical embodiment of the responsibilities that comprise filial piety. Since the earliest of time, there appears to be a consistency on the emotional, physical and financial support provided to family members, although changes have been noted on the number of individuals who assume these roles, and the extent, magnitude and intricacy of the care provided.⁹

In the Philippines, filial care has long been part of the local culture, as caring for older family members is deemed as a form of 'utang na loob' (debt of gratitude) and respect towards parents, being the traditional figure of authority in Filipino households. It follows a gendered nature, where the spouse mostly provides care to the older men, while daughters assist the older women in the family.¹⁰ Furthermore, unmarried Filipino children are more likely involved in actively caring for their parents upon reaching old age.¹¹ This oriental trait is common among Filipinos and other Asians¹², where sowing the "seeds of respect" is deemed as a folkloric wisdom based on a philosophy that people who wanted to be respected by their children later should be do better in respecting their parents now.¹³ Conversely, reneging one's caring duties to aging family members are perceived as a disgrace to the family and brings 'hiya' (shame) to both parents and children.^{12, 14} This lack of support coming from children may even be interpreted as a form of family rejection, lack of respect, lack of love, and a sense of being unwanted, which

eventually develops into a sense of psychological neglect.⁴

The Philippine Constitution holds the family responsible for the important role of caring for its elderly members (Article XV, Section 4 of the 1987 Philippine Constitution). This family network comprises of parents, spouses, children, siblings, and grandchildren who interact in terms of assistance and resources.¹⁵ Being predominantly Catholic, which promotes the "self-sacrificing" virtue involved in caregiving, it is a Filipino nature to have its members contribute to the family in various means.¹² Thus, it is not unusual for Filipino parents to play both roles of being the providers of support for their children, and later on become the beneficiaries of support from their children upon reaching old age.¹⁶ In fact, 48% of older Filipinos expect their children to care for them in times of illness.¹⁷ Aside from receiving physical assistance, aging Filipino parents also enjoy monetary support and companionship of their children in the household. It was estimated that about 60% of older Filipinos live together with at least one child¹⁵, and about 59% have children who live next door or within the same *barangay* (village).¹⁸ Among those who do not co-reside with their child, 87% receive financial support and about two-thirds enjoy non-monetary benefits.¹⁹

The Filial Care Theory²⁰ assumed that as older persons lose their ability to meet their personal needs, family members intervene based on their identified needs and their perceived limitations of the older person. These interventions may come in a form of physical, emotional, psychological, financial, and spiritual support²¹, and may be provided by family members, who are not necessarily consanguineous, but also includes those who are affiliated by emotional and social bond (such as adopted children or grandchildren). Thus, this paper aims to validate the assumption of the Filial Care Theory which states that the older person's vulnerability stimulates the caring behaviors from family members.²⁰ More specifically, this paper explored the various situations that led adult Filipino children into assuming filial care duties and the kinds of support involved in the said filial care interaction.

Methodology

This study applied a qualitative method to investigate the various situations of Filipino adults with filial care responsibility. A multiple case study approach was deemed as the most appropriate approach for this inquiry as it allows the researcher to explore a phenomenon using a replication strategy that is tantamount to launching separate

experiments on related topics.^{22,23} Reasons that justify that a case study is the most appropriate method for this research include a.) it aims to answer a “why” question; b.) the behaviors of the study participants cannot be manipulated; c.) contextual conditions are deemed to be relevant in the phenomenon under study; and d.) the boundaries between the context and the phenomenon are well defined.²⁴ Furthermore, using the multiple case study approach enables a researcher to analyze the data within and across situations, thus allowing a better perspective on similarities and differences in between cases.²⁴ The robust and reliable evidence generated from a multiple case study²² provides a good basis for an exploration of research questions and theory development.^{25,26}

This study was guided by the Filial Care Theory’s second proposition that states that the filial caring behaviors from family members are stimulated by the older person’s vulnerability.²⁰ For this study, caring behaviors pertain to actions, words, cognition, body language, feelings, thoughts, intuition, movement, gestures, looks, acts, procedures, information, and touch involved in the care for older persons. Being guided by a proposition makes the multiple case study feasible as it allows the researcher to place limits on the scope of the study.²² As hinted by the proposition, this research focused on the reasons that prompt Filipino adults to assume a caring responsibility over an aging parent or an older family member. Being definitive with the phenomenon occurring in a bounded context dictates the unit of analysis²² and guides the formulation of a research question. In this multiple case study, information will be elicited by the inquiry “*Why do adult Filipinos exhibit caring behaviors to their aging parents and older family members?*”. The research question has been pilot tested to determine its validity and context clarity.

After getting the approval from the Ateneo de Zamboanga University’s (AdZU) Ethics Review Committee (with Protocol Code: 2021-0054), informants were recruited for this study using a purposive sampling technique as it allows the researcher to focus on “particular characteristics of a population that are of interest, which will best enable the researcher to answer the research questions”.²⁷ Being definitive with the proposition and scope of this study is tantamount to “the development of inclusion and exclusion criteria for sample selection in a quantitative study”.²² As the scope suggests, the informants of this study were chosen based on the following criteria: a. adult Filipino (18 years old and above); b. is currently caring for (or have previously cared for) an aging parent or older family members; c. is

located/residing anywhere in the Philippines; and d. is willing to participate in the study without any compensation. Like any other qualitative study, data analysis and data collection occurred simultaneously, which prompted the researcher to continue recruiting and interviewing informants until theoretic data saturation was achieved. A total of five informants were interviewed for this study.

Prior to starting the one-on-one interviews, each informant was oriented with the nature of the study and was asked to sign an informed consent. Interviews were conducted individually and virtually (via Zoom video conferencing). The virtual interviews were locally recorded on the researcher’s password protected computer to help with an accurate transcription of the interview data. The interview transcripts underwent a forward-backward translation, with the help of a native speaker of the local language. The analysis was done on both the original and translated version of the interview transcripts.

Different techniques can be used in analyzing evidence from a case study -- pattern matching, linking data to propositions, explanation building, time-series analysis, logic models, and cross-case analysis.²⁴ For this study, analysis was done using a cross-case synthesis as it enables the researcher to compare commonalities and differences in the events and processes in case studies.²⁸ Cross-case analysis enables the researcher to understand the underlying relationships between discrete cases, extract knowledge from the original case, and refine and develop concepts that may be used in developing or validating a theory.²⁸

To avoid researcher bias in the study, the interview data underwent a member check that involved the informants in assessing the trustworthiness of the qualitative results.²⁹ During this procedure, the researcher’s interpretation of the interview data was reviewed by the informants, which allowed them to scrutinize the interpretation, and elucidate additional viewpoints in relation to the phenomenon.²²

Results

In this section, the researcher examined the living situations of Filipino adult children, their family support system and dynamics, their older family member’s situations and the duties involved in caring for the older person. This information is summarized in the cross-case analysis table (Table 1) to help in examining similarities and differences within and in between cases. To avoid confusion (and to maintain the informant’s anonymity), the

informants will be assigned code names for the case narrative below.

CASE # 1: FAMILY SOLIDARITY IN THE FACE OF AN ADVERSITY

Marites is a 43-year-old unmarried female who lives with her 75-year-old mother in their old family home. Marites' father passed away nine years ago, at the age of 67, due to cancer. Her mother survived an ischemic stroke over a year ago, and currently lives with physical limitations (i.e., right sided hemiplegia and mild dysphagia). Marites has an online selling business, which supports their household and utility expenses. Her married younger sister lives with her own family a few blocks away. During the weekends, Marites' school-aged niece and nephews visit and watch over their grandmother, which gives Marites enough time to do other household tasks (i.e., laundry, groceries etc.). Occasionally, she receives financial assistance from her sister to cover for their mother's healthcare needs.

"Sometimes, my sister would help with our mother's medical expenses, since my income is often not enough especially when my sales are very low. We really must help each other out because nobody else will take care of our mother. My mother is also too old and too sick to take care of herself..."

Because of their mother's recent health condition, Marites and her younger sister assumed their filial care responsibilities. They both acknowledged their mother's physical limitations and ineptitude for self-care and sustenance, prompting them to work together, alongside with other family members to ensure their mother's survival and comfort. Such responsibility is becoming a team effort, involving family members in trading off duties and negotiating their contributions to the collective responsibility. Between siblings, these negotiations often include agreements as to who will provide care to an aging parent, while any dissatisfaction about the distribution of responsibilities may introduce conflict between family members.³⁰

In the Filipino culture, it is conventional for adult daughters to assume the caring role over an aging parent, which typically includes co-residence. This is in line with a global gender-role pattern in caregiving where adult women tend to assume more caring responsibilities in the family.^{11,31} Usually, these caring roles intertwine with the household chores of the female caregiver, as they

are both considered as the normative responsibilities of women in the household.¹¹ In such cases, the older family member's needs are considered as the priority, while setting aside the family caregiver's personal concerns and ambivalence, which exhorts a collaborative relationship among family members.

CASE #2: COMPASSION IN THE MIDST OF TRIBULATION

Bianca is a 24-year-old single woman who lives with her parents and her 80-year-old maternal grandmother. Bianca's father is a 58-year-old businessman, while her mother is a 54-year-old housewife. Bianca is the youngest of three siblings. Both of her older siblings are married and are living with their respective families. Bianca has been working on a graveyard shift as a call center representative for the past three years. During the day, she is helping her parents in caring for her grandmother. Occasionally, her older sister would pay a visit and help in attending to their grandmother's needs. Bianca reported that they sold their ancestral house after her maternal grandfather's death eleven years ago. Since then, their grandmother has been living with them, and has been showing progressing signs of dementia. Apart from having memory loss and showings signs of frequent agitation, Bianca also described her grandmother as being frail, which prompts the entire family to provide close attention to her grandmother's health.

"We feel sorry for my grandmother because sometimes she cannot recognize us. There are times when she forgets that I am her grandchild. There are also times when she looks for my grandfather. Sometimes she refuses to eat because she does not want us to feed her. Instead, she insists for my grandfather to be there to feed her. She often forgets that my grandfather has died a long time ago. We really feel sorry for her. That is why we cannot leave her. Somebody needs to look after her always..."

Caring for family members with dementia is an arduous duty that requires a round-the-clock supervision while overcoming the behavioral and psychological symptoms of the condition, and at the same time dealing with the person's caregiver-dependency on performing ADL.³² The behavioral changes caused by dementia compel family caregivers to deal with confusion, agitation, apathy, withdrawal, aggression and paranoia as persons

with dementia, regardless of severity, still feel emotions despite having problems with.³³ It is not uncommon for persons with dementia to forget a distant event and that a person has died. This may lead to generalized feelings that a person close to them is “missing”, and re-orienting them to the death of a loved one may prove to be onerous as they no longer possess the cognitive skills required to deal with grief.³³

Among family caregivers, compassion plays a critical role in maintaining a strong personal connection with the person suffering from dementia.³⁴ Such compassion urges family caregivers to maintain an emphatic ability to respond to the care recipient’s suffering. However, the same empathic ability that prevents the family caregivers from detaching from the caregiving situation, coupled with feelings of dissatisfaction, may lead to compassion stress.³⁵ The prolonged exposure to the person’s suffering, development of traumatic memories and having competing life demands transform compassion stress into compassion fatigue, which may lead to caregiver depression, caregiver strain, decreased relationship quality and may even lead to behaviors of elderly abuse or neglect of the care recipient.³⁵ Despite the difficulties, the Filipino’s cultural values prevent the family members from relinquishing their caring responsibilities to an older person with dementia. Maintaining compassion and stoical understanding of an older family member is an exigent virtue among Filipino family caregivers.

CASE #3: ZEALOUS REQUITAL OF FAMILY DUTY

Antonio is a 46-year-old sales manager who lives at his parents’ house with his 72-year-old mother, his 68-year-old father, and his two teenaged sons. He was left with the custody of his sons after his wife eloped with another man twelve years ago. Since then, he chose to live with his parents who has helped him in raising his sons. Now, both of his sons are helping him in caring for his aging parents and in maintaining the household. Antonio’s three sisters are all married and live with their own families. His younger sister, who lives at a nearby village, would often pay a visit and accompany their parents during medical appointments. Being the only child with a stable income, Antonio has to finance the medical expenses of his father who has diabetes, glaucoma, and end-stage renal disease. His father’s social security benefits and state-funded health insurance are not enough to sustain the dialysis sessions twice a week. Furthermore, Antonio’s mother is also hypertensive and is showing signs of frailty. Because of his father’s visual impairment and his mother’s easy fatigability, Antonio had to renovate his parents’ house and move his parent’s bedroom to

the ground level for their safety and convenience. He also provided his parents with canes and rearranged their furniture to ensure his parents’ safety. Occasionally, Antonio’s sisters and brothers-in-law would offer to buy the maintenance medications for his aging parents.

“...I feel sorry for my parents. They have spent all their life savings because of my father’s dialysis sessions. Also, both of them are already taking maintenance medications. My father’s pension benefit is not enough for their daily needs. We really need to help them because they are our parents. They cannot do it on their own. If they needed something, it is our responsibility as children to look after them and find ways to help them because they are the ones who raised us...”

One of the most common motivators of care exchanges between ageing parents and their adult children is the perceived obligation of “returning” or “paying back” a benefit, which is commonly known in studies as *reciprocity*.^{36, 37} The existence of reciprocity between generations is thought to be hinged on the early support given by young parents to their children as an “investment strategy”, where parents expect certain favors and care to be returned to them once they grow old.^{38, 39} This idea of returning a favor that was received long time ago, also referred to as *delayed reciprocity*³⁶, does not necessitate parents and children to unanimously undertake a give-and-take relationship but rely on an altruistic behavior that the children will return an “act of kindness” which they previously received, in times when their parents are in need.⁴⁰

Aside from the inclination towards returning the favor to their parents, Antonio has also expressed his desire to demonstrate this caring tradition to his adolescent sons. In doing so, he intends to personify the ideal filial values and inculcate the benevolent family-centered principles which he expects for his teenage sons to demonstrate upon reaching adulthood. Such concept, known as *preparatory reciprocity*, entails the modelling of care and support for one’s parents which one’s own children can emulate in the later years.^{36, 40} He stated,

“...Even though they grew up without their mother, I want them to become caring and respectful. I will grow old eventually. I want my boys to see how I took care of my parents, so that my sons will properly take care of me when I

am old. My boys will grow up to become men. That is why I need to teach them how to properly care for one's parents..."

CASE #4: SENTIENCE AND SUSTENANCE

Rosemarie is a 35-year-old housewife who lives in an apartment with her husband (who works as a seafarer) and their three school-aged children. A few blocks away, her 67-year-old mother and 70-year-old father live in their old family house, along with a stay-in housekeeper. Rosemarie has two sisters who are both married and are living with their respective families in different provinces. Being the youngest child, Rosemarie opted for her own family to live near her parents' residence to make sure she gets to visit them regularly, and attend to their needs. Although her parents are both able and functional, Rosemarie insisted to pay a stay-in housekeeper to make sure her parents get enough assistance with the household chores, and provide them with a regular companion. She lamented that her parents do not receive any retirement benefits because his father was public jeepney driver, and her mother was a self-employed seamstress. Due to their increasing age, they both cannot sustain their livelihood. Rosemarie's older sisters (an entrepreneur and an accountant) take turns in paying for their parents' utility bills and other household expenses, while Rosemarie would pay for their parents' groceries. During the weekends, Rosemarie's children would visit her parents. She would also lend her parents with her gadgets and regularly encourage them to have a video teleconference with her sisters, so that they can communicate and see their other grandchildren.

"...My parents barely see their other grandchildren since my older siblings can only have their vacations here during Christmas. Thus, my parents long for my siblings, nieces and nephews. That is why I decided to stay and live nearby with my family. At least my children can visit their grandparents during the weekends, or if my children don't have classes..."

After retirement, older persons have more time to pursue their passion, reconnect with loved ones, and build more satisfying relationships. However, family migration and the dispersion of family members due to career opportunities contribute to the longingness and loneliness among older persons. When they are not able to achieve the needed physical and emotional intimacy with their distant loved ones, the older persons feel the emotional void in their current

relationships. Such inability to achieve a meaningful social life after retirement leads to loneliness, which is a painful longing due to the lack of intimacy in interpersonal relationships.⁴¹ Loneliness is a common contributor of suffering among older persons as it leads to poor health outcomes, functional decline and even death.^{42, 43} Thus, it is critical for family members to be sensitive to the older person's emotional state and be cognizant to their desire to socialize and reconnect with family members.

Apart from their spouse, the older person's adult children are the most important source of socialization, care and affection that may lessen the feeling of loneliness among older persons.^{18, 44, 45} In the Philippines, coresidence between aging parents and adult children (and oftentimes include the grandchildren) is a traditional arrangement that ensures companionship, and financial and emotional support.^{18, 46} Developing countries (such as the Philippines) with underdeveloped public systems for older people depend so much on intergenerational coresidence as means to protect and promote the welfare of older adults.⁴⁷ When this living arrangement is not possible, the adult children tend to worry about the welfare of their aging parents who are living alone and not having any family members nearby. Thus, it is part of the Filipino tradition to have older persons live together with a responsible adult child (or family member) or live nearby a reliable family member who can help the older person in times of need. This custom reflects cultural norms on coresidence and support, which dictates the distance between the parents' and adult children's settlement.⁴⁶ The visitation of children and grandchildren to their aging family member(s) on a regular basis, and whenever possible, is another customary trait among Filipinos. This promotes intimacy and intergenerational connection and encourages sharing of family traditions.

Throughout history, families are more connected now than ever before. Despite the increasing family diaspora, the availability of technology for communication and internet accessibility have enabled Filipino families to connect with distant loved ones, even across different time zones. Among older persons, the use of the internet in communicating with their loved ones has been proven to be beneficial in alleviating loneliness, decreasing symptoms of depression, and lowering suicidal ideations.^{48, 49, 50, 51, 52} Despite of the reluctance among older persons on using technology^{53, 54} and the Filipino senior's poor access and less experience on performing tasks online⁵⁵, the family-oriented Filipino tradition made adult children recognize the need to extend their patience and resources in encouraging their aging parents into

using the available technology to connect with their loved ones. Furthermore, teaching the older family members with the step-by-step use of technology is perceived by the younger generation as a form of care, which is equivalent to the slow-yet-patient teaching that they once received from their elders.⁵⁶

In addition to sharing their available technology, Filipino adult children are also likely to look for ways, no matter how small, to contribute to meeting the needs of their older parents.⁵⁷ Due to *hiya* (shame), some of these needs are not explicitly communicated by their aging parents. Despite that, adult Filipino children develop the proclivity to be keen on identifying these needs and unspoken wishes.

“...Fortunately, my husband agreed for us to pay for a housemaid who can stay with my parents even if they can still take care of themselves. I don’t want my parents to be alone at home. It is very lonely if it is just the two of them in the house. Also, I know that my mother’s back aches whenever she does the laundry alone. That is why it is better to have a housemaid to assist her with the laundry and home maintenance...”

CASE #5: STRENGTHENED SUPPORT AND FAMILY AFFINITY

Theresa is a 54-year-old widow who lives with her three adult children and her 76-year-old mother. Theresa has been working as a nurse in a government hospital for the past 28 years. Her husband, who was a policeman, died nine years ago in the line of duty. After her husband's death, Theresa asked her mother for help with looking after her then-adolescent-children. This prompted her mother to leave her house in the province, and cohabit with them in order to pay closer attention to her grandchildren. Now, with the help of Theresa’s children, they all take turns in watching over her mother and attending to her needs.

“...My mother has hearing problems, and she can no longer see very well. Fortunately, she is well loved by my children. They never abandon their grandmother, even when I’m not at home or I’m at work. They always make sure that she is comfortable, and that she always has a companion. My children understand that their grandmother

has special needs because of her age...”

In a traditional Filipino household, it is not uncommon for grandparents and grandchildren to live together, as grandchildren are also active providers of care to their grandparent.¹⁸ This multigenerational living arrangement strengthens family ties and reinforces the Filipino values by exhorting family members to support one another and work together in dealing with the mundane challenges such as childcare, single parenthood, caring for aging family members, and the high cost of living and housing.⁵⁸ Similar to most of the developing and Asian countries, hiring formal caregivers is not customary among Filipinos. Case in point, Filipino grandparents are routinely involved in raising their grandchildren, specially in single-parent households. In return, Filipino grandchildren are mostly taught to respect, obey and care for their aging grandparents.

Theresa’s sister, who lives abroad with her own family, regularly communicates with them using Skype and would occasionally send money to help with Theresa’s household expenses. She added,

“...Even if my sister is abroad, she doesn’t abandon us. She knows that she is not here to take care of our mother, so my sister sends money to help me instead. Even with my children, my sister helps them financially and regularly sends them stuff from abroad, because they take good care of their grandmother...”

Many Filipino families have family members who migrated abroad to find better career opportunities or to provide a better life for their families. Over the past few decades, the migration of women in Filipino families (mothers, sisters, aunts and daughters) have increased.⁵⁶ Regardless of the distance, care for one’s aging parents have never ceased. Among migrant Filipinos, care is mostly expressed in the form of remittances, packaged goods and regular communication through video chats, emails and pre-taped videos.⁵⁶ These regular remittances also serve as mediators of resentment among aging family members, and the emotional strains in caring for them.⁵⁶ Oftentimes, these regular remittances help bolster the family’s finances in the Philippines. Apart from sending the funds needed to sustain an aging parent in Philippines, migrant Filipinos also financially support their siblings, nephews and neices who are actively involved in the care.

Analysis

Care provided by the adult children are commensurate to the amount and type of care needed by their aging parents.⁵⁹ By looking into the situations and filial care responsibilities of the five informants of this study, it is safe to infer that filial care is a response to the older person's needs and limitations as identified by their adult children. Moreover, apart from being influenced by culture, filial care is intertwined with family unity and collaboration which can only be achieved when family members become open and emotionally vulnerable to one another.

Conclusion

Due to the naturally occurring relationship between children and their parents, adult children are in a special position in the care of their aging parents. Such parent-children relationship affords both parties to safely develop emotional vulnerability between one another, through the years. This leads to the development of trust, mutual understanding and dependability. By expounding these elements to other relationships within the family, caring behaviors, compassion, collaboration, unity, reciprocity and mutual support can be expected.

These family values are quintessential in the fulfillment of filial care duties.

Caring for older persons requires a keen observation and identification of their needs. While some of these needs are implicit, family caregivers are to develop sentience in order to respond appropriately because filial care involves commensurate caring behaviors that are stimulated by the older person's vulnerability.

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Table 1. The cross case analysis table of the five Filipino adult informants.

Case #	Informant's Age & Occupation	Informant's Gender & Marital Status	Family Type	AP or OFM being cared for	Age of AP or OFM under informant's care	Living Arrangement with AP or OFM	Problems and needs of AP or OFM as identified by the informant	Informant's available support system	Support provided by the Informant
1	43, Small Business Owner	Female, Single	Nuclear	MOTHER	75	Cohabiting	<ul style="list-style-type: none"> ▪ Physical limitations (stroke survivor) ▪ Inability to do self-care and home maintenance. ▪ Financial incapacity for self-sustenance ▪ Social Isolation 	<ul style="list-style-type: none"> ▪ 1 Sister (Married) ▪ Brother-in-law ▪ 1 Niece and 3 Nephews 	<ul style="list-style-type: none"> ▪ Provision for basic and healthcare needs ▪ Physical assistance on feeding, bathing, toileting, grooming and other Activities of Daily Living. ▪ Companionship
2	24, Call Center Representative	Female, Single	Extended	Grandmother	80	Cohabiting	<ul style="list-style-type: none"> ▪ Physical limitations (difficulty ambulating without support) ▪ Financial Incapacity for self-sustenance ▪ Homelessness ▪ Cognitive impairment (caused by Dementia) ▪ Emotional and behavioral crisis 	<ul style="list-style-type: none"> ▪ Parents ▪ 2 Siblings (older brother and sister are both married) 	<ul style="list-style-type: none"> ▪ Physical assistance on ambulation and other self-care activities ▪ Provision for basic and healthcare needs ▪ Companionship (to ensure physical safety and promote socialization)
3	46, Sales manager	Male, Separated	Extended	Both mother and father	72 and 68 (respectively)	Cohabiting	<ul style="list-style-type: none"> ▪ Physical limitations and safety concerns (i.e., visual impairment related to Glaucoma) ▪ Inability to do home maintenance. ▪ Financial incapacity to meet medical needs (cost of insulin and other maintenance drugs). ▪ Poor wound healing (related to Diabetes) ▪ Declining health status (Diabetes, Hypertension and Developing Kidney Failure) 	<ul style="list-style-type: none"> ▪ 3 Siblings (All sisters are Married) ▪ 2 Sons (both are teenagers) ▪ Nieces and Nephews ▪ Brothers-in-law 	<ul style="list-style-type: none"> ▪ Financial provision for medical care expenses and healthy maintenance. ▪ Provision of mobility devices (i.e., canes) and a safe home environment (i.e., redesigning the living space). ▪ Home companionship
4	35, Housewife	Female, Married	Nuclear	Both mother and father	67 and 70 (respectively)	Non-Cohabiting	<ul style="list-style-type: none"> ▪ Financial incapacity for self-sustenance and home maintenance. ▪ Loneliness and longingness 	<ul style="list-style-type: none"> ▪ Children (school aged) ▪ 2 Older Siblings (All Married) ▪ Spouse ▪ Nieces and Nephews 	<ul style="list-style-type: none"> ▪ Financial provision for an aging parent's home companion and a stay-in housemaid. ▪ Companionship (i.e., weekly house visit) ▪ Emotional Support
5	54, Nurse (Government hospital)	Female, Widow	Extended	Mother	76	Cohabiting	<ul style="list-style-type: none"> ▪ Physical limitations and safety concerns (i.e., hearing loss and visual impairment) ▪ Inability to do home maintenance. ▪ Financial incapacity for self-sustenance and home maintenance. ▪ Loneliness and longingness 	<ul style="list-style-type: none"> ▪ 3 Children (all adults) ▪ 1 Sister (Married) ▪ Brother-in-law ▪ Nieces and Nephew 	<ul style="list-style-type: none"> ▪ Physical assistance on ambulation and other self-care activities ▪ Provision for basic needs, mobility devices, and home maintenance. ▪ Companionship (to ensure physical safety and promote socialization)

*AP- Aging parent

*OFM- Older Family Member

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