

IN THEIR OWN WORDS:
KENYAN-AMERICANS AND LATER LIFE CARE

By

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Date

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ABSTRACT

Purpose of the Project:

The purpose of this project is to document the cultural context and experiences of elder caregiving by Kenyan-Americans. From six narratives, the study explores these questions: What are the expectations of self and others in regards to elder caregiving? What are the roles of elders in Kenyan society? Who are the role models for the caregiving role? What are the messages about caring for elders? From there, the study makes connections of cultural experience to human/social service programs.

Procedure:

Ethnographic study involving semi-structured interviews with six Kenyan women.

Findings: In Kenyan society, it is expected that once an adult's parents can no longer care for themselves that the adult child or children take on the caregiving role. Denouncing the caregiver role is disrespectful to the parents and shameful for the child. Elder caregiving is observed from a young age, and the main role models for the caregiving role are the family, followed by religion and school. Some messages about elder caregiving include the importance of caring for one's elders as they cared for you; that it is unacceptable not to care for your elders; and, that caring for elders is just something that you do. These cultural norms were identified as central principles among the Kenyan-Americans interviewed.

Conclusion: In Kenyan society, elders are held in great respect, and this is reflected in the expectations regarding the adoption of the caregiver role by adult children. For the six Kenyan-American respondents, elder caregiving not only defines who they are as women, but also who they are as Kenyans. As a Kenyan, to turn one's back on elders when they can no longer take care of themselves is not acceptable. In addressing social service programs here in the United States, it is important for those in the field to be culturally sensitive when it comes to working with Kenyan-American elders and their families. To truly tailor services or programs to meet the needs of elders of different backgrounds, it is important to have an understanding of the culture one is working with.

Chair:

Date: May 21 2010

Signature

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PREFACE

My interest in Gerontology came about by chance. During my first semester as an undergraduate at Sonoma State University in the Spring of 2004 I had the luck of taking a class called Sociology 319, Aging and Society. A particular topic of interest to me in this class was the age boom and the factors that contributed to the rapid rate of the world's older population. Fascinated by my newfound subject, the following semester I took Gerontology 300, The Journey of Adulthood. Of interest to me in this class were the biological and physical aspects of aging. After taking these two classes, I became "hooked" on the world of aging, and although I went on to get a Bachelor's Degree in Sociology, the Gerontology field was never far from my mind. My interest in the subject didn't begin and end in the classroom, though.

For my first few semesters at SSU, I also got the opportunity to be a volunteer at the Petaluma People Services Senior Center (PPSC). Although I mainly handed out coffee and snacks, helped out with games and so on, I got basic exposure to interacting with elders. What I particularly enjoyed about that volunteer experience was that the elders I interacted with were very non-judgmental and welcoming.

One thing that stuck out in my mind about my experience at PPSC was something that a man named Ted said to me. Basically he told me that they need more people like me in the field. What made these words important to me was the fact that Ted was black, and I think that seeing someone who looked like him wanting to help with elders made him feel very good. It made me feel good too. Although I was unable to continue my volunteer work, I never forgot the PPSC and the impact that my time there had on me. It

solidified my interest in the Gerontology field, and I knew that this was where I belonged, giving back to the people who gave so many years of their life to family, friends, community and society.

The purpose of my study is to document the cultural context and experiences of elder caregiving by Kenyan-Americans. The majority of research that I have come across in class and through independent research on family responsibility and later life care has been broad, often focusing on cross-cultural comparisons (i.e., African-Americans, Caucasians, Latino-Americans, and Asian-Americans). Research has also focused on these groups individually. For my thesis project, I will focus on one particular ethnic group, Kenyan-Americans. The reasons that I have chosen this focus are because I am a first-generation Kenyan-American and I have a desire to learn more about my culture. Through interviews, the goals of my study are to understand the social and material context of later life care and family responsibility, caregiving burden, and informal and formal access to human service programs. With my research, I plan to use the connections of cultural experience to address human service programs.

The aging population is growing, and with that growth there will be diversity. Human service programs cannot work if this diversity isn't recognized. It is my sincere hope that by using the words of others I will discover ways to make this happen that will not only be applicable to Kenyan-Americans, but to Blacks and other Africans as well.

Chapter I

Why Do You Do Elder Caregiving?

Introduction

Our society is growing not just in number, but in diversity as well. This growth is especially being seen in the elderly population. By 2030, one in five U.S. residents will be sixty-five years and older; by 2050, the population of this age group is expected to total 88.5 million, more than double the amount in 2008 from 38.7 million (US Census Bureau, 2010, p. 1). This means that there will be a large number of individuals who are frail, and may be suffering from chronic conditions, debilitating illnesses, and/or functional impairments (Olson, 2001, p. 1). A majority of these elderly individuals will need ongoing care, which is becoming increasingly difficult to obtain, due to the rising cost of assisted living facilities and healthcare services, as well as shrinking social services. As a result, many elderly adults are reliant upon family members for the caregiving support that they need.

The research into filial responsibility and later life care has been broad, focusing on cross-cultural comparisons of different ethnic groups; research into this area has focused on the individual groups as well. Furthermore, there has been limited interest in understanding the differences among the elderly population, and minority elders in particular (Olson, 2001, p.2). As we advance further into the twenty-first century, policymakers, gerontologists, practitioners and social workers will have to look at the specific needs of elders of various racial, ethnic, and socioreligious groups in order to tailor programs and services to meet their needs. One way to do this is to study the

minority elder and his/her family. After a review of the literature, this section seeks to explain the reasons that adult children take on filial responsibility; cultural differences in care; and applying those cultural differences to improve service delivery in social service programs.

Adopting the Caregiver Role

Traditionally, the family has been the primary caregiver for members who become frail and dependent later in life. What at times is unclear is how and why they adopt the caregiver role. Understanding the reasons why is important, especially when working with elders and families from different cultures.

Social learning theory is useful in understanding how and why family members learn to care for elderly family members. According to Piercy and Chapman (2001), “Social learning theorists posit that people learn new expectations and behaviors by observing the behavior of others and the consequences of that behavior” (p. 386). For family members, the caregiver role is shaped by observing the expectations and role-modeling behaviors of other individuals such as family and friends. At the same time, as the needs of the elder and the family change, the caregiver role must adapt as well.

Piercy and Chapman (2001) state that the influences on adoption of the caregiver roles are 1) expectations of self and others, 2) rules about caring for others, 3) religious training and spiritual experiences, 4) role modeling, and 5) the role-making process (388). Expectations are what the caregiver and others expect of his/herself as a caregiver. An example of an expectation that a caregiver might have for his/herself is to take care of

an elder no matter what the circumstances may be. An example of an elder's expectation for an adult caregiver is that "I took care of you, now it's time for you to take care of me."

Anderson and Sabatelli define family rules as "the patterns of interaction that define acceptable and appropriate behavior in the family" (as cited in Piercy & Chapman, 2001, p. 388). An example of a family rule might be a caregiver stating that their mother taught them at a very young age that it was important to care for our elders. Another family rule might be that adult children are expected to take care of their parents. Learning family rules such as these at a young age reinforces the importance of looking after elderly parents.

Religious training and spiritual experience are also an influence on adult children taking on the caregiving role. For many adult children, their caregiving practices are tied to teachings from the bible, either at home or at church. This makes sense, given that these teachings emphasize the importance of caring for others, specifically older family members. An example of this influence on the caregiver role could be someone referring to a passage in the bible, such as "honour thy father and thy mother, . . . from the moment I heard that, I knew it was important to respect and care for my parents." Religious training since as prayer can also be important to helping a caregiver get through what may be a challenging or difficult experience caring for an elderly parent.

Also influential in shaping the caregiver role is role-modeling. That is, the examples of caregiving that the adult caregiver observed from friends and family. These

observations show the caregiver that yes, this type of behavior is possible for them to repeat. An example of role modeling might be, “By watching my mother struggle to take care of my grandmother and us kids by herself, I knew it was possible for me to do the same when she is an elder.”

The role-making process as an influence on the caregiver role involves enacting and modifying a role based on the context, responses of others, as well as the setting in which the role takes place. The role could be enacted without much or any discussion, or was an ongoing process. An example of role-making could be adult children taking it upon themselves to enact specific or all parts of the caregiver role, without really discussing it with the other adult children. Understanding why adult children take on the caregiver role is important in order for practitioners in the aging field to encourage others to do the same. When another culture is involved though, it becomes important to understand cultural differences in caring for the elderly.

Cultural Differences in Care

Cultural differences in the care of elders vary from one society to another. In fact, in many societies it is often expected that an adult child will care for their elderly parents, a concept known as filial piety. According to Hashimoto and Ikels (2005), filial piety is defined as “the practice of respecting and caring for one’s parents, based on a moral obligation that children owe their parents” (437). Although this practice is generally associated with Asian countries, it is common in other cultures and religions as well.

Religions such as Judaism, Christianity, and Buddhism stress the importance of filial responsibility as integral to the family and society. Forty-five percent of Kenyans are Christian, which clearly shows that religion, as well as other cultural factors, play a major part in elder children practicing filial piety (CIA The World Factbook: Kenya, 2010). Also important is that a woman's caregiver role is seen to be central to who they are as women and also as members of their community.

When it comes to gender of the child, cultural values can influence who elderly parents choose as their caregivers. For example, in Irish-American culture, parents usually look to their daughters for the caregiver role, while Chinese American parents look to their sons (Ikels, cited by Brewer, 2001, p. 7). Kenyan Americans follow Chinese Americans in this respect, but in both cases, whether or not the parents choose a son or daughter for their care, most, if not all work falls to the women. It would seem then that gender and ethnicity determine an individual's feelings of obligation towards caring for elderly parents (Spitzer, Neufeld, Harrison, Hughes, & Stewart, 2003, p. 269). For some societies, such as Kenya, the consequences of not caring for one's parents can be negative. For example, many Kenyans care for their parents for fear that they will be cursed by their parents and ostracized by their village. What may be unique to Kenyan culture though is the open discussion and recognition of the burden of caregiving responsibility.

Hierarchy is also important in other cultures, and roles and responsibilities are prescribed according to gender, age, and birth order (Wong, 2001, p. 24). In Chinese culture, for example, adult children are expected to care for their parents without

question; this expectation is the same in Kenyan culture. In Chinese culture, the oldest son is expected to care for his elderly parents (Wong, 2001, p. 24). In Kenyan-Americans/Kenyan culture, it is the first born or last born son that is responsible for the elder parents. Also, in Chinese and Kenyan culture, it is okay for parents to live with their married adult son and his family. Once in American society, however, these ideas may change. Attempting to understand the significance of filial piety, gender roles, family hierarchy, and any other cultural differences unique to different ethnicities can be a useful tool in improving service delivery in the social services.

Cultural Competence in the Social Services

When dealing with a diverse population, cultural competence is key to proper service delivery in the social services. The challenge in the aging field, though, has been to provide services that are sensitive to elders of different ethnicities. The literature tends to lean towards a multicultural, or transcultural model, with the focus being on culture and cultural differences (Kai, Spencer, Wilkes, & Gill, 1999, p. 617). Emphasizing multicultural programs that focus on worker-client interactions has been one way to deal with the challenges of working with minority elders. Antiracist experts dislike this approach because it ignores issues such as discrimination and disadvantage (Brotman, 2003, p. 2). Even so, a multicultural approach to working with elders of different ethnicities should not be totally disregarded.

According to Foley and Wurmser (2004), “cultural competence is characterized by an awareness of one’s own culture without letting it have undue influence on others, a

demonstration of an understanding of the client's culture with a respect for differences, and an ability to adapt care to be congruent with the client's culture" (123). Cultural competence can be achieved in three ways: 1) clinical supervisors and/or those in charge of organizations dealing with minority elders should enhance their own cultural competency, 2) build those competences in their staff, and 3) empower their staff to respect and accommodate cultural differences (Foley & Wurmser, 2004, p. 122).

Building cultural competency in those in a supervisory or management position requires experience working with others of different cultures, either in the community or internationally. While international work as an option may not be the most feasible, it is still possible to gain a multicultural perspective right at home. To provide culturally competent leadership, the supervisor or manager must personally enhance his/her own multicultural perspective; then they will be able to promote this perspective and empower their own staff through creative initiatives and programs (Foley & Wurmser, 2004, p.124). This can be achieved by encouraging staff to gain their own experiences working with other cultures.

To address issues of discrimination and disadvantage that antiracist experts state come with a multicultural approach, it is important to understand the impact of the invisibility of racism. In a study (Brotman, 2003) of health care access among ethnic elderly women in Canada, the invisibility of race and racism was an issue not only to the women, but agency workers as well. For the elderly women, it was named as rudeness. When the issue was brought up to the workers, their response was to become defensive, hesitant, or uncomfortable (Brotman, 2003, p. 9). This study showed that asking the

elderly women to name racism is a limited approach; it is important to listen to and interpret the women's talk to uncover experiences of discrimination, and to understand the cultural context of the women's lives (e.g., cultural and historical references, that are not named racist, are racist in nature).

It can be difficult to relate to those who are different than we, but cultural diversity and gaining cultural competence is possible and doable. For a social service worker or health care professional, it takes developing a willingness to understand the client or patient's perspective, and how his/her culture influences that perspective (Kai, et al, 1999, p. 621). Using a multicultural approach in social service programs is problematic, but should not be totally discarded. Efforts to provide support to staff through translators, as well as education in cultural sensitivity to incoming workers when using a multicultural approach are effective and valuable. More specifically, having an understanding of how gender, religion, family hierarchy and other cultural differences in the care of elders from different cultural backgrounds shapes the caregiving role can allow service providers to better listen, observe, and respect their minority clients. This enhances the delivery of social services to minority elders by service providers, and can diminish or eliminate barriers to community services that minority elders may experience.

Chapter II

How Do You Do Elder Caregiving?

Introduction

This is an original, ethnographic study that seeks to document a way of life--- elder caregiving responsibility by Kenyan-American women. In this study, qualitative methods of data collection and analysis were used. The methods used for this study and its results can be reproduced or replicated by other researchers.

Sample Recruitment

Sample recruitment took place in Sonoma and Marin counties, located in Northern California. The respondents had to meet several criteria. They had to be Kenyan females, over eighteen, and either temporarily or permanently living in the United States. Once it was established that the respondents met the research criteria, the study's purpose and procedures were explained to determine further eligibility for participation in the study. Respondents were recruited through a Kenyan Church in Marin County, as well as through the Kenyan Community in Sonoma County.

Sample

Participants in this study were six females from the Kikuyu (1) and Kamba (5) tribes in Kenya. One of the women was met through a Kenyan Church in Marin County;

two were from Sonoma County; one woman was from the Marin County area, and the last woman was visiting from out of state. Two were temporarily living in the United States, and four were permanently residing in the United States. Four of the participants maintained their own households, while the other two participants lived with one of their grown children and his/her family. All the participants either had or were currently directly or indirectly involved in the caregiving of their elderly parents.

Procedures

The data method for this study was taped structured and semi-structured interviews with the six women. Five of the interviews were conducted in person, and the sixth interview was conducted via mail. The last interview was conducted in this manner because a sit-down interview was not possible. Before the interviews began, the women were required to read and sign an informed consent statement.

During the narrative interviews, the women were asked questions such as, “Why do you do elder caregiving responsibility?,” “Where does your sense of elder care responsibility come from?,” “How did they learn elder caregiving responsibility?” There were also questions for the women regarding demographic information. The taped interviews lasted forty five minutes to two hours, while the mailed interview was given a two-week completion period. The interviews were transcribed verbatim for data analysis.

Data Analysis

Data were analyzed in two stages. During the first stage, the data was analyzed using open coding (Neuman, 2003). This coding was performed during the first pass

through interviews that had been just transcribed. Themes were located, and codes or labels were assigned in order to condense the data into categories. Each time the participant made a statement that corresponded with a theme, it was coded and checked off on a table (see Tables 1 and 2). The degree of detail in coding in each transcribed interview varied depending on the research question(s) and the richness of the data. This coding scheme was applied on questions twelve through twenty-two of the interview guide (see sample interview guide).

The second stage of analysis was the narrative (Neuman, 2003). This process involved the researcher-author disappearing from the analysis and presenting the details of participant's study as they occurred. Free from explanations and analysis, the terminology and the concepts of the people being studied were used to tell their individual stories.

Table 1
Coding of Themes 1

	Understood Expectations	Family Rules	Religious Beliefs	Role Modeling	Role Making
<i>Alice*</i> , 61 Married Five Children Childcare Provider	13	3	4	5	5
<i>Maggie*</i> , 64 Married Four Children Retired	23	2	6	1	4
<i>Laura*</i> , 61 Married Four Children Retired	14	2	2	8	1
<i>Annie*</i> , 46 Married Four Children Quality Control Manager	23	1	0	5	1
<i>Nadine*</i> , 47 Married No Children Homemaker	24	3	40	5	9
<i>Janet*</i> , 38 Married Four Children Homemaker	10	3	2	7	2

*Pseudonym

Table 2
Coding of Themes 2

	Role of Culture	Gender Roles (Female)	Conflict w/ Living Arrangements	Filial Piety	Hierarchy of Family Roles
<i>Alice*</i> , 61 Married Five Children Childcare Provider	5	3	0	1	1
<i>Maggie*</i> , 64 Married Five Children Retired	20	15	13	4	5
<i>Laura*</i> , 61 Married Four Children Retired	10	6	0	1	2
<i>Annie*</i> , 46 Married Four Children Quality Control Manager	9	6	3	0	3
<i>Nadine*</i> , 47 Married No Children Homemaker	45	4	7	1	0
<i>Janet*</i> , 38 Married Four Children Homemaker	5	5	0	0	0

*Pseudonym

Chapter III

In Their Own Words

Introduction

Kenya is located in Eastern Africa between Somalia and Tanzania. With a population of 39 million, this country is slightly more than twice the size of the state of Nevada (CIA The World Factbook: Kenya, 2009). With an average life expectancy of fifty-seven years old, population of Kenyans 15-64 years old is fifty-five point one percent; individuals sixty-five years and older make up two point six percent of the population (CIA The World Factbook: Kenya, 2009).

The two tribes interviewed in this study were the Kikuyu and Kamba tribes. The Kikuyu tribe (also spelled Gikuyu) is the largest ethnic group in Kenya, making up twenty-two percent of the country's population (Kenya-Advisor.com, 2010). An agricultural tribe, the Kikuyu came to Kenya from western Africa after migrating through Tanzania. Their main territorial area is Mount Kenya, but they can be found living throughout Kenya in towns such as Nyeri, Muranga, and Thika, which are predominantly Kikuyu (Kenya-Advisor.com, 2010).

The Kikuyu have held numerous political and economic positions in the country. The current president of Kenya, Mwai Kibaki is Kikuyu, and his government consists mainly of Kikuyu. The power of the Kikuyu in political and economic matters has led to racial and ethnic tension with other tribes, specifically the Luo. This tension led to the post-election violence of December-January 2008, after Kibaki was elected president

(Kenya-Advisor.com, 2010). While many other Kenyan tribes still maintain a traditional way of life, the Kikuyu people have largely embraced modern life.

The Kamba tribe, also called Akamba, can be found between the cities of Nairobi, Tsavo and Embu. Like the Kikuyu tribe, the Kamba migrated to Kenya from western Africa. The Kamba participate in a number of occupations such as nomadic farming, trading, and art (Kenya-Advisor.com, 2010). They are especially well-known for their wood carving and pottery. Currently, Kamba people can be found living in coastal areas of Kenya, although many still live in the countryside (Kenya-Advisor.com, 2010).

Social issues such as HIV/AIDS, hunger, lack of health care and drought have contributed to the short life expectancy of many Kenyans. Even with such pressing social concerns, Kenya is a beautiful country immersed in tradition while still managing to meld with modern ways. This mix of modern and traditional are what make it so unique. This can be felt in the stories of the six respondents.

Respondents' Stories

“...I don't demand from them because they don't have.”

Alice, 61, Kikuyu Tribe

Alice came to the United States in 1999. She is from Muranga, Kenya, and part of the Kikuyu tribe, the largest tribe in Kenya. Married to her husband Fred for forty-two years, she is a mother to five and a grandmother to fifteen. One of her adult children, a son, is living in the United States, while her four remaining children reside in Kenya.

Unique to Alice's story is the fact that she provides long-distance support to her adult children, which shapes how she views her children's responsibility to her when she can no longer take care of herself.

Since coming to the states, Alice has been a caregiver for children; her husband Fred, works for a school district as a janitor and is the pastor of a Kenyan church in Marin County. For the past two years, there has been a drought in Kenya, leaving the inhabitants of the country unable to grow crops. Jobs are scarce, and resources are non-existent, since Kenya does not have any kind of social service programs available. So, it has been up to Alice and Fred to provide whatever financial support they can to their children back home.

Alice hopes to return to Kenya when she is older, but has said that she cannot ask her children to care for her because they do not have the means to do so.

...I know they know they [are] not [to] take care of me if they don't have anything.

She sees that way that people have had to struggle back home, and she does not like the idea of demanding things from her children when they don't have anything to give.

Alice hopes that when she can no longer care for herself that she will have the money necessary for her children to do so; or, by that time, her children will have obtained the means that are needed to provide support to her when she is an elder. During the interview, she expressed these hopes:

I will have something for them, or they take care of me because they have something for that can help take care of me, but I don't know.

As it stands now though, she doesn't expect the same support from her children that she provides for them now.

...with everything that is going on, my prayer, I don't want them to take care of me, because even they don't have anything.

"...It's not so easy to care for an older person."

Maggie, 64, Kumba Tribe

Maggie came to the U.S. in December 2007 to receive treatment for scleroderma, an autoimmune rheumatic disease which affects the connective tissues (www.scleroderma.org, 2009). She resides with her son, his wife, and their two young sons. Maggie has been married for forty-six years and is a mother to four and a grandmother to six. Years ago in Kenya, she took on the responsibility of caring for her mother-in-law, who was suffering from dementia, while dealing with her own health issues. Although it was a difficult experience for her, she turned to religion to help her through the experience.

When they are told that Grandma is sick, oh no, no, no they don't want her to come there. But I said Lord, I need strength this time, I am in the midst of, I don't know what I can say.

In Maggie's eyes, many Kenyans have become selfish when it comes to the care of their elders. For example, one story Maggie told was about a woman that hated her mother-in-law so much that during the lunch hour that the woman would lock her outside while she and the children ate inside. One child was very upset that his grandmother was

left outside during lunch that he asked his mother why she did this. The woman's response was to beat the child. While this could be seen as being selfish and disrespectful of Kenyan elders, this story also exemplifies the struggle for limited resources for living that pits the cultural mandate of caregiving for elders against the realities of providing for daily living.

In another story that Maggie told, a woman was given money from her husband to give to her mother-in-law. The woman disliked her mother-in-law so much that she took almost half of the money, and give the mother-in-law the remaining amount. When the woman was confronted by her husband about the money, she would not tell him the truth. In the end, the husband asked her to leave.

So, he went and asks his wife, "What did you do when I gave you 500 shillings?" I did this, I gave you your own money, and all of it, small amount, 500, to give to my mom. She talked, and talked, and talked. She was told to go...

Maggie talked about why she believes that many Kenyans have turned a blind eye when it comes to the care of their elderly. She says that many have become self-involved, sometimes wanting to socialize with their friends all day instead of caring for the home. This may be due, as Maggie tells it, to an emerging social change where Kenyan women feel more willing to leave an abusive marriage rather than stay and endure the traditional pressures of work, caring for home, children, and elderly in-laws.

They can tell her husband, I will leave you with the kids and go to my mom's home. Not like those years I told you, those back years, people were beaten by their husbands but they could not go, they could stay, because when you go and tell your mom, she tells you, I passed there, you go and stay, go and do what your

husband is saying. But nowadays you can leave the home, and go, you can find work, you leave the kids there and go.

Traditionally, Kenyan parents will choose which son they want to live with when they can no longer take care of themselves. As the mother of four children (three sons and one daughter), Maggie says that she will not choose which son to go live with when she can no longer care for herself.

Like now, they are two brothers, there are two sons in Kenya, they can meet, and eh, you know, Steve is here (America), they can meet and talk about me. Oh, our mom is sick, uh, our mom is getting old, if my husband is not living. So what do you think we can do about her?

This is because for Maggie this might create animosity towards the son that she chose.

So, whoever says I will go with this one, will be okay, but, that selecting is not so good. It brings enmity among your sons.

Rather, Maggie would prefer it when the time comes that her sons come together and discuss who she will go to live with. That way, each of her grown children can share in caregiving responsibility of Maggie and her husband and not feel left out because of tradition.

“I expect love, and also, care.”

Laura, 61, Kumba Tribe

Laura came to the states in 2000. Like her sister Maggie, Laura has been living in the U.S. for several years and caring for her daughter’s young children. Married for forty-one years, she has five children and five grandchildren. While her mother and

school have instilled in her the importance of caring for elders, she sees a change in how elder caregiving is traditionally done.

According to Laura, it is the Kenyan tradition that elder parents are cared for by the first born, or by the last born.

...every elder person is to be cared by her own children, or his own children. Either the first child, first born, or the last born.

When it came time for her mother-in-law to receive more care, the responsibility fell to Laura, since her husband was the last born in his family:

So in her family I'm the last born. Yeah. My husband is the last born, so that's why I had to take care of her.

For fifteen years, Laura not only cared for her mother-in-law, but worked as a teacher and also cared for her five children. One thing that Laura wished was available at that time were nursing homes, which would have made the balancing act of work and caring for others less difficult.

So, if it were there, the home cares were there, I could have taken her there, but that's not how Kenya is. We don't have these home cares.

Laura's expectations of her children for her care when she is elderly are that they love and take care of her.

Those are the two things, very important things. Love first, then care...because sometimes when somebody's old you can't cook like now, you can't do anything...the days are coming, so I expect love and care.

While she has not discussed with her children who she would like to live with when she cannot take care of herself, she doesn't believe that it has to be the first born or the last born.

Not yet, but nowadays it is changing...I was talking about long ago. That was just a rule, the first born or the last born. But nowadays, any child I think, can take care of the parents. The important thing...to love your parents, ...and care for them when they are old.

“...I’m sure my daughters will be there to take care of me.”

Annie, 46, Kumba Tribe

Annie came to the United States from the village of Machakos, Kenya, when she was just fifteen years old. Married for nineteen years, she has four daughters and one grandchild. So while Alice, Maggie and Laura have spent most of their adult lives in Kenya, Annie into adulthood in the U.S. This experience has helped to shape how she views the Kumba tribe’s tradition of elder caregiving.

Having come to the U.S. in her adolescence, Annie says that she didn’t really think the people got old and that they had to be taken care of. For Annie, taking care of elders was simply something that she observed as ongoing...a seamless part of the family cycle.

Well, when I came here I was really, really, young, so I wasn’t open to, you know, people, ...at that time I wasn’t thinking that people get old, and they have to be taken care of. Basically, it’s just what I saw happening.

From a young age, Annie said that she and her siblings were taught that it was the tradition that the boys in the family took responsibility for the elders. Once a girl married into another family, she belonged to that family and couldn’t participate in the caregiving responsibilities of her own elderly parents. She touched on this tradition when speaking about the roles of her sister’s back in Kenya in their mother’s care.

Basically, the, you know, once they get married they have their own lives over there, but they do go see my mom. In other words, they don't really have a major role, like taking care of her daily life, like feeding her, or anything like that.

As the mother of four daughters, Annie's hope for her care when she is an elder cannot be based on Kenyan tradition, because she feels like she would be in trouble if that were the case.

...basically at this time I have four girls, so if I'm going with tradition, then I'll be in trouble because, girls, they get married and stuff like that, but hopefully my daughters, you know, will be around, will be able to help, you know, take care of me, ...anyway, I'm sure my daughters will be there to take care of me.

Annie hopes that even if she should have to go into a nursing home that her daughters would be there to look out for her. Just as she was taught by her mother the importance of caring for elders, she hopes that her daughters grasp the importance of it as well.

"It is expected that you take care of your parents."

Nadine, 47, Kumba Tribe

Nadine came to the States in 2003 to work on her a PhD. in Theology. Married for three and a half years, Nadine has three younger brothers and is the oldest in her family. Before Nadine came to America, she was well off financially, which enabled her to take an active role in supporting her parents. Having this much responsibility was at times overwhelming for her being that she was not the only child.

I'm an action person, so I could seize the thing and take action, and for that, I'd feel good about it 'cause I've done it.

So although she carried this great responsibility on her own, Nadine felt that because her brothers were married with children and she was not, that she was in a better position to help her parents out.

...sometimes you can be like, why are they sitting back? But then I would look at the differences, maybe I have this job, maybe I'm the girl, they're the man, maybe they have children, I don't.

Nadine spoke of how culture and religion play a central role in shaping how Kenyan's care for their elders. Nadine believes that culture has always been the strongest influence for Kenyans when it comes to adopting the caregiver role.

...for many people, maybe the cultural is really the strongest thing, because they knew it before they became Christians, and there are consequences.

According to Nadine, many Kenyans care for their elders because they fear that they will be cursed if they do not. For her, it is a mix of culture and religion that guides her sense of elder care responsibility.

There's a difference, and so, um, one, it is cultural, it is expected of you, and then, when you read the Bible, when you are a Christian you find it is expected of you.

Nadine says that when she is an elder and if she does have children, she would hope that they take care of her, visit, and help out financially if she needed. Because of her generational experiences, however, Nadine hopes she would have the financial means so as not to depend on someone else. Mainly, she hopes that her children would do what they could do, and keep in touch. For Nadine, her understanding of caregiving is distinctly cross-cultural.

...So I would hope that they would keep in touch, as long as they themselves are well and taking care of themselves I would hope that I would have my own money to take care of myself, but they would keep in touch and do what they can do, and visit.

“I hope that when I get older, that my kids will take care of me and adapt to the situation that I’m in.”

Janet, 38, Kumba Tribe

Although Janet was born in the U.S., her parents returned to Kenya when she was an infant. It wasn't until she was eighteen that she returned to live permanently in her birth place. Married for eighteen years, Janet is a mother of three boys and one daughter. She is currently a stay-at-home mom, but is a nurse by profession. Her parents live in Maryland with her younger sister but will be moving back to Kenya sometime in the near future. Janet and three of her four other siblings participate in the caregiving role of their parents long-distance.

Janet's father suffered a stroke several years ago and family life has not been the same since. Janet and her family have been much more involved in her father's care since his level of independence and activity has been limited by the stroke. Because Janet lives so far from her parents, she has taken more of a financial and emotional roles in the caregiving process, while her sister is more involved with the day to day caregiving. When Janet does get the chance to see her parents, she tries to help out so that her mom can feel a little less burdened as the primary caregiver.

Since my parents live with my sister she's more involved in their care and well-being. She provides them with food and shelter, drives them to doctors appointments when necessary. Other siblings help out financially since we're so far away, so they are able to purchase what they need. We do take turns visiting them to help my sister and my mom with the caring process...it's never easy but we try.

For Janet, being far away from her parents is difficult, but she tries to participate in the caregiving role as much as she possibly can.

Just the little things I can do to help when I get to see them because they live in Maryland and I'm here in California it makes it very difficult but I try to make the best of it with the limited time I spend with them.

Janet hopes that when she is older her children will care for her regardless of what her health might be. At the same time, she expresses pride and independence, understanding that everyone will cope with the situation in the best way that they can.

I hope that when I get older, that my kids will take care of me and adapt to the situation that I'm in. Whatever condition or illness I may have. I don't want them to feel sorry for me but to try to cope with the situation that I am in.

Although her two older children are teenagers, she has discussed this with them, and she says that they would gladly take care of her. Janet's parents instilled in her the importance of respecting and caring for your elders, and she hopes she is doing the same with her children.

Narrative Analysis

In each interview, the respondent's narratives were analyzed using their own words, thoughts and experiences and free of researcher biases and influence. Themes and concepts that were related to the study were found in statements made by the respondents during the interview. The purpose of this type of analysis allowed the experiences of

each respondent to be presented so that the listener would understand to some degree what the respondent experienced.

Chapter IV

Interpretation of Findings & Discussion

The findings of this study are presented in two sections. The first section discusses the influences that shaped taking on the caregiving role. The second section discusses the similarities and differences amongst the six women regarding adopting the caregiving role, the cultural context that shaped the expectations for elder caregiving, and their expectations regarding care in their later life. All names in this section are pseudonyms.

The Caregiver Role Takes Shape

Using Piercy and Chapman's (2003) criteria to analyze the six interviews, there were five influences involved in taking on the caregiver role---1) expectations of themselves and others, 2) family rules about caring for others, 3) religious and spiritual experience, 4) role modeling, and 5) the role-making process. Below will be a discussion of each influence.

Expectations

The respondents described what is expected of themselves and from others when it came to elder caregiving. Alice talked about how Kenyan children developed their expectations of themselves in regards to the caregiving role.

...yeah, they know they have to take care of them because they know when their mom gets old they must take care of them. It's not like here, here (America) you see people being taken to the, where they stay (nursing homes), looked by

someone else, or the people, because they have money to take care of their old one, ...in Africa, we do not do that. Our sisters is the one taking care of the parents after they become old.

Parent's expectations were also influential in shaping the caregiving role for all six women. In Nadine's case, it was her mother who came to her when they needed workers to help out on the farm. Nadine did not approach her parents beforehand or discuss her parent's expectations with her other siblings.

I didn't discuss it with my siblings, but, I think my mom is the one who said that we need this many workers, this much money, every month. I knew they needed help, but she herself said we need this many workers to help us in this, and we need this much money every month.

Parental expectations were also implied through their actions and behavior. Laura noted how it had been tradition in Kenya for elderly parents to pick the first born or the last born son to live with. Since she was married to the youngest son, this automatically made her the caregiver for her mother-in-law.

Yeah. That means that every elder person is to be cared for by her own children, or his own children. Either the first born, or the last born. So in her family I'm the last born. Yeah. My husband is the last born, so that's why I had to take care of her.

With Laura's mother-in-law choosing to come and live with her and her husband, Laura was essentially thrust into the caregiver role.

Family Rules

All six women spoke about family rules that taught them how to care for their elders. In speaking about the rules when it came to married daughters helping their elderly parents out, Annie said:

...once you're married to somewhere else, you belong to that family, and then you just, if it's your mom, you can help her whichever way you can help, which is like monetary terms, otherwise, ...in fact, my mom would feel funny coming to live with me and my husband.

Kenya is a collective society, and helping others out is an unwritten rule, whether the recipient is young or old. In discussing this, Nadine said:

...a collective society means you're really responsible for each other's business. I mean if somebody is sick they need help, you give them, if somebody has a medical bill, you can call people to contribute, so it's a kind of pull together.

The family rules for caring for elders in Kenya can not only be found in the family, but in Kenyan society as well.

Religious Training and Beliefs

For five of the six women, religious training and beliefs were very influential in developing the elder caregiving role. This training began from childhood. In relating how Laura's mother taught her the importance of caring for elders, she said:

Yeah, sometimes she used to tell us, eh, when you care for older people they can bless you. That is the word she used to tell us. To care for older people sometimes they say you have done good, god bless you, and by that time you are good.

Nadine referred to her religious background when talking about why it was important to her to help her parents.

Whatever need they had, not only was it expected of me, biblically speaking, being a Christian, like I said I am an Evangelical Christian, I knew that I should be doing this, and um, I hoped that we'd lead the same kind of life, we have the same social standing, so it would have been awkward or weird for me to have such a good life, when they're living a terrible life on the farm.

Maggie talked about turning to her faith when taking care of her mother-in-law, who had dementia, while she herself was dealing with her own illness.

She's sick, I am sick. And the other, other, ...her children, the other ones, they were too healthy, they were good people, but they can't, they can't live with her. Let her stay there. When they are told that Grandma is sick, oh no, no, no, they don't want her to come there. But I said Lord, I need strength this time, I am in the midst of, I don't know what I can say.

For five of the women, religious teachings, whether from home or church, were strongly tied to their feelings, expectations and reasons for caring for an elderly parent.

Role-Modeling

For the six women, role-modeling of the caregiver role by others was influential in their own adoption of the role later in life as well. Family members were the main role-models for the elder-caregiving role, followed by extended family and then friends. Janet, who was involved in the caregiving of her parents long-distance, cited her parents' caring for her grandmother, as well as her nursing background as where she learned her elder caregiving responsibility.

Elder caregiving responsibility is something that I learned from watching my parents looking after my grandmother and also going to school during my transition to become a nurse.

For Alice, not only did she observe her parents taking care of their elderly parents when she was younger, she participated in the caregiving role as well.

Yeah, we were sent there with some food, go and see your grandma, with food. But that time we were little, we don't have [sic] money so much because there was no much money. So, we give the things we can cook, and take to your grandmother. Yeah, and also, to draw water for them, and even one kid can go

and stay with grandma for awhile, then the other week maybe one can go. So, that's how the type of growing I saw.

Annie not only saw the elder caregiving role being enacted by her uncle, but she saw it in the village too.

I remember him having to hire, having to have people of my, my grandmother until she died, you know. That's where I remember, you know, having the responsibility of having somebody take care of your people, otherwise when I came here I was very young, so, I really had no sense of, you know, things, this is how they take care of older people, but, I just kind of knew from seeing in the villages, how they took care of elders.

Half to the respondents cited their friends as examples of role-models for the caregiving role, although they were not a strong influence as family members were.

Role-making

For all six women, the caregiving roles were clearly defined and unchanging from the beginning. This was mainly due to traditions held in Kenyan society regarding son's and daughter's roles in the caregiving process. For example, each of the women talked about the elderly parents choosing a certain child to live with, or to depend on for certain needs. Based on that, there was wasn't much discussion amongst family members, since once a role was enacted it was permanent, unless there was a major change. Other than the death of an elderly parent, there were no other changes that affected the making of the caregiving role. This illustrates that at least for Kenyans, the role of caring for elders is unchanging.

Similarities

The first part of this section discusses the similarities in themes amongst the six women. All six women expressed their expectations for themselves and others when it came to the caregiver role. In each narrative, parental expectations were either directly or indirectly implied through behaviors and actions (e.g., choosing a certain child to live with). The theme of understood expectations also ties in with the concept of filial piety, another similar theme shared by the women.

Role modeling was also a common theme shared by the women. Each woman shared their examples of role modeling of the caregiver role; in each case it was a family member (e.g., parents, aunts, uncles). Role modeling of the caregiver role by a family member was observed from a young age by each woman.

The role of culture was also very similar in each woman's narrative. Kenyan culture dictated how parents are to be treated when they are elderly, messages about caregiving, as well as the caregiver role itself. Consequences of not participating in the caregiving of elderly parents in Kenyan culture were directly or indirectly brought up during the six narratives (e.g., idea of being cursed or ostracized).

Family rules were another similar theme that appeared in each narrative. Each woman had rules or traditions for the care of elderly parents that they had learned from the family. In each narrative, these rules helped shape the caregiver role, and in some cases, changed the women's expectations for her care later in life.

The gender roles of the women were a very important part of each narrative. Concepts such as the role of women in Kenyan society as caregivers, mothers, and wives

were touched upon by each woman. These helped to show how the roles of women in Kenyan culture were changing.

Differences

This section of the study discusses the differences in themes in the six narratives.

For Maggie and Annie, conflict with living arrangements was a prominent theme in each narrative. In Maggie's case, her mother-in-law's choice to come live with her and her husband created animosity amongst Maggie's brother-in-laws. This in turn affected their willingness to participate in the caregiving role of Maggie's mother-in-law. Because of this experience, Maggie had decided that when it comes time for her to require more care that she would leave it up to her children to make that decision.

The conflict in living arrangements dictated how much Annie could participate in the caregiving role of her mother. Annie would have liked to have her mother stay at her home, but for her mom, tradition dictated that she only stay with her sons. So the only support that Annie could provide to her mother was a monetary one. Annie, being the mother of four daughters, knew that when the time came for her care, that tradition could not be applied in her case.

The hierarchy of family roles, that is, the concept that family roles are prescribed by gender, birth order, and age, were important part of Nadine and Janet's stories. Nadine and Janet's younger sister were unmarried and had no children which had made them more appropriate choices for the caregiving role than their other siblings. Although

Kenyan tradition prescribes the caregiver role by gender (e.g., males are caregivers), in these two cases it made more sense to break away from that tradition.

In all but one narrative, any mention of religious training and beliefs were absent (e.g., Annie). An explanation for this was that Annie did not claim a religious and/or spiritual affiliation, while the other five did.

The most intriguing concept of the study was the Americanized part of the women's thoughts on the caregiving role. There was this idea of going against Kenyan tradition, or modifying tradition to fit the context of situation, understood expectations, and the caregiver role itself for each woman. For example, Maggie, Laura, and Annie each talked about the Kenyan tradition of elderly parents choosing a certain son as their caregiver. When it came time to talk about their expectations for their care as elders, the three women did not believe that it was necessary to go by that tradition anymore.

In Alice's case, she did not expect the same kind of support from her four children in Kenya that she was providing them from America. She hoped that they would help her when she is elderly, but felt that she could not demand that they help her out. Like Nadine, who hoped that she would have the monetary funds for her care as an elder so that she wouldn't have to rely on someone else, Alice hoped that she would be in the same position herself one day.

For Janet, her nursing training in America was influential on her thoughts of the caregiving role. This training showed her the differences in the care of the elderly between Americans and Kenyans. What wasn't very clear was whether or not these

differences resulted in the modification or changing of her thoughts of traditional Kenyan caregiving roles.

These six narratives illustrate the mix of traditional and modern that Kenya is known for. In each story, there was a mix of Kenyan culture and American culture, as well as old ideas versus new ideas of the caregiver role. Although each narrative is as unique as its storyteller, one thing remained the same throughout; that is, the importance of caring for one's elders, but at the same time, learning to adapt to the challenges of the caregiver role.

Chapter V

Final Thoughts

The expectations and traditions surrounding the care of elders in all cultures vary, and Kenya is no different. From each of the six narratives, it is clear that in Kenyan society, elders are highly respected, and this respect is reflected in the expectations regarding the adoption of the caregiver role. From childhood, each woman learned the importance of caring for their elders, and observed the role modeling of the caregiver role from friends and family. The most important message that the women learned was that you are supposed to care for your elders. To not do so would bring shame not only on oneself, but the family as a whole.

Becoming a caregiver to an elderly parent as adults was not without its challenges for each woman. Long distance caregiving, illness, the balance between work and home, and the conflict between Kenyan traditions and modern day ideas were some of the challenges that the women faced. The narratives also describe the financial and emotional challenges in caring for an elderly relative. These challenges helped to further shape the caregiver role; that is, some of the women's expectations for their own care as elders were changed or modified based on past experiences and observations. Even as their expectations changed, one expectation remained constant: just as each woman was taught to care for their elders, the hope was that they had done the same for their own children.

These narratives can be useful to connect social experiences to social services. Through systematic exposure to the experiences of people from different cultures, social service providers can learn how to listen to other person's needs. In understanding the context of a person's life, service providers can better understand and appreciate the person receiving care. It is not necessarily easy to work with individuals from cultures we have no understanding of, nor can a service provider be knowledgeable of every culture that they come in contact with. Still, it is helpful to have a starting point, and teaching service providers ways of listening, observing, and respecting differences - the linchpin of cultural competence – is a step in that direction.

To address issues of racism and discrimination in a multicultural approach, those working with minority elders must know to listen to what the elder is saying. Things that may be racist in nature are not necessarily expressed verbally as racism, nor are they necessarily understood as racist but only as some interaction resulting in the elder feeling not heard, not, seen, otherwise made to feel small. Having translators on staff and encouraging employees to interact with cultures outside the workplace, coupled with cultural sensitivity training and education for employees are key components of culturally appropriate care provision. Human service providers must be able to think in a cultural context other than their own to have an impact on the quality of their care and therefore the impact in the elder's life.

The findings of this study are useful as an educational tool to engage younger generations of Kenyan-Americans as well as youth from other cultures to adopt the

caregiving role. Hopefully, it can also encourage women of any culture to share their experiences of elder caregiving as well.

We are meaning-making creatures. Providing care for a person of any age requires understanding what is happening to the person at that moment, what will improve the situation for that person, and (often not importantly) the *meaning* to the person needing care of the situation. Understanding this allows us as caregivers to respond not only to the “facts” of a situation but also to ways we can nurture the spirit of the person. That is the essence of *care* giving.

We listen to the tone of a baby’s cry. We listen for the unspoken in the voice of an adolescent. We listen to a friend’s dilemma with our hearts. We listen for the meaning behind the words used by an elder. To accomplish this amazing level of hearing, which we do in our daily lives, we must do understand the context of the speaker. That content is always cultural.

Professional care is multicultural. The human service provider must be able to get to the music of the words spoken by someone whose life experience, whose cultural background, whose historical background, and oftentimes whose native language is different than theirs. The way this can be done by the service provider is through systematic exposure to the experiences and spoken words of people from a variety of cultures. Social service providers can be taught to *hear* as well as *listen to* what clients say. Understanding the context of that person’s life can help providers to better appreciate the needs, both expressed, and unexpressed, of the care recipient.

Six women, six stories. Each narrative provided an intimate look into a culture that for many is only experienced through books and pictures. What is heard is a country that is richly steeped in culture and tradition, while adapting to modern times. If one listens even more closely, what can be heard is their story, their lives, their words.

APPENDICES

GLOSSARY OF TERMS

Cultural Competence an awareness of one's own culture without letting it have under influence on others, a demonstration of an understanding of the client's culture with a respect for differences, and an ability to adapt care to be congruent with the client's culture (Foley, et al, 2004).

Family Rules the patterns of interaction that define acceptable and appropriate behavior in the family (as cited in Piercy & Chapman, 2001).

Filial Piety the practice or respecting and caring for one's parents, based on a moral obligation that children owe their parents (Hashimoto & Ikels, 2005).

Hierarchy of Family Roles when roles and responsibilities are prescribed according to gender, age, and birth order (Wong, 2001).

Kamba a nomadic farming tribe located in east central Kenya (Kenya-Advisor.com, 2010).

Kenya country located in East Africa between Tanzania and Somalia (CIA The World Factbook, 2010).

Kikuyu large, politically and economically dominant tribe in Kenya (Kenya-Advisor.com, 2010).

Multiculturalism the belief that society is democratic and egalitarian, therefore citizens have freedom of choice and participation; racism is the result of ignorance; and culture is a set of observable practices that can be easily communicated (as cited in Brotman, 2003).

Role Making enacting and modifying a role based on the context, responses of others, as well as the setting in which the role takes place (Piercy & Chapman, 2001).

Role Modeling examples of caregiving behavior that an adult caregiver observes from friends and family (Piercy & Chapman, 2001).

Social Learning Theory posits that people learn new experiences and behaviors by observing the behavior of others and the consequences of that behavior (Piercy & Chapman, 2001).

Sources for Glossary: listed in bibliography.

HUMAN SUBJECTS PROTOCOL

1. What are your research objectives?

My research objective is to document the cultural context and experiences of elder caregiving by Kenyan-Americans. Through my research I plan to make connections of cultural experience to human/social service programs.

2. Discuss the significance and scientific merit the study.

The majority of research into filial responsibility and later life care has been broad, often focusing on cross-cultural comparisons of several ethnic groups (i.e., African-Americans, Caucasians, Latino-Americans, and Asian-Americans). The research has also focused on these ethnic groups individually. In this project, I will be focusing on one particular ethnic group, Kenyan-Americans.

3. In what manner and to what extent will human subjects be involved?

The human subjects in this study will be the interviewees, narrating their experiences, thoughts, and feelings in regards to the care of elder parents. Interview length will be two hours for each subject. I will be performing tape recorded semi-structured interviews.

4. What procedures, instruments, etc. will be employed?

A purposive sampling technique will be used since my study requires specific subjects. I will be the sole interviewer for this study. I will contact the subjects in order to describe the study and set a date and time for the interview. The interview will last no longer than two hours, but should be less than one hour.

5. What existing data, if any, will be used?

None, so no research on this subject with this particular ethnic group has been done before.

6. What will the subjects be told about their involvement in the study?

Subjects will be told that they are being interviewed in order to document the cultural context and experiences with elder caregiving by Kenyan-Americans. They will be told that they are part of a small study that includes other people; that their responses are confidential; and they can discontinue the interview at any time.

7. Describe the procedures for obtaining and recording informed consent of subjects. Attach a copy of consent form if written consent is planned. If oral consent is planned, attach a copy of the text of the statement and a request for waiver of written consent.

I will provide two copies of a written form of consent---one for myself, the interviewer, and the second, for the interviewees. I will read out loud the written form of consent, and the interviewees and myself will sign both copies.

8. Describe any potential risks to the subjects, including psychological stress and physical hazards. How are these risks outweighed by the sum of the benefits to the subjects and the importance of the knowledge to be gained?

There aren't any physical hazards, but psychological stress is a possibility. In the event that this occurs, the following steps will be implemented as necessary: 1) Strict confidentiality will be maintained and is described in detail to subjects in the consent form 2) I will be sensitive to the subjects possible discomfort, and remind them that they may discontinue the interview at any time 3) The wrap-up section of the interview will allow the subject to talk about the experience of being interviewed. Comments will be written on the form as a way of both informing the research process and validating the subject's experiences.

9. Describe any interventions or manipulations of subjects in their environments.

None.

10. What measures will be taken to safeguard the welfare of subjects, their right to privacy and confidentiality of information?

Pseudonyms will be used for each subject, and their real names won't be used during the recording of the interviews. The signed consent form will be separated from the transcribed interviews, and placed in a separate, locked location.

11. Are school-age children or other minors to be involved? If so, please describe the subject population.

There won't be any school-age children or other minors involved in this study.

12. Are psychological tests to be used? If so, please name them.

No psychological tests will be used.

13. Describe the debriefing of the subjects. What steps will be taken to deal with the after-effects of emotional stress resulting from the research procedure?

Upon completion of the interview, the subjects will be asked the following questions: 1) Do you have any questions? 2) Do you have anything that you would like to add to the interview?

14. What procedures will be taken to insure prompt reporting of (a) proposed changes in the activity, (b) any unanticipated problems involving risks to the subjects or others, (c) any injury to subjects, and (d) any non-compliance with policies and procedures?

Proposed changes will be reported to the IRB before initiation. Consultation with an advisor will be used in the event that there are any unanticipated problems with the subjects or the structure of the interview. Problems concerning subjects will be documented in writing and reported in full to the committee by the principal investigator.

15. What type of remuneration, if any, will be offered to subjects for their participation in the research?

No remuneration, if any, will be offered to subjects participating in the study, although study results will be made available to them.

Source: Sonoma State University---Institutional Review Board for the Rights of Human Subjects Application for Approval of Research Involving Human Subjects submitted Spring 2008.

In Their Own Words: Kenyan-Americans & Later Life Care

Joyce Muoki, Graduate Student, Interdisciplinary Studies

Sonoma State University

2008

This study is being conducted by Joyce Muoki, a graduate student in the Interdisciplinary Studies program at Sonoma State University in Rohnert Park, CA.

The purpose of this study is to document the cultural context and experiences of elder caregiving by Kenyan-Americans. I am interested in hearing about what Kenyan-Americans have to say about their experiences of aging and family responsibilities.

Your answers are strictly confidential to the full extent of the law. This means that when I transcribe our interview, it will be coded with a pseudonym instead of your real name and no one will be able to match what you say with your name. This signed form will be secured on the Sonoma State campus, and will be available only to Joyce Muoki, the project coordinator.

There is no harm that might come to you from participating in this study. The benefit to you for your participation is the opportunity to share your experiences. At any point during the interview if you do not want to continue, just tell me and we will stop. You may change your mind about talking with me at any point during the interview.

If you have any questions about the study or would like to make any comments about it, you may contact me, Joyce Muoki at P.O. Box 2924, Rohnert Park, CA 94927, or joycemuoki@yahoo.com.

I have decided to participate in the study described above, and give my permission to have our interview recorded.

Signature [participant]

Address

Phone number and/or email address

Signature [interviewer]

Date _____

INTERVIEW GUIDE

The purpose of this study is to document the cultural context and experiences of elder caregiving by Kenyan-Americans. I am interested in anything you have to say about your experiences of aging and family responsibilities. Describe all thoughts, perceptions, and feelings that you can recall until you have no more to say about your experience and so that others can understand precisely what this experience is like for you. So by that I mean that I would like you to discuss your experiences of caring for your elder parents. To start out, I would like to get some demographic information down.

1. What is your age---what year were you born? _____
2. Were you born in the U.S. or Kenya? _____
 [Where in Kenya/U.S.?] _____
3. When did you come to America? _____
4. What tribe do you belong to? _____
5. Do you have any siblings? _____
 [(If so), how many?] _____
 [Are they in America? If so, how many?] _____
 [Gender of siblings] _____
6. What is your marital status? _____
 [Have you ever been married?] _____ yes _____ no
 [How long have you been married?] _____
 [How long have you been single?] _____
7. Do you have any children? _____yes _____no
 [How many?] _____
 [What are their ages and genders?] _____
8. What is your religious and/or spiritual affiliation? _____

9. Do you work outside the home? _____yes _____no
 [Do you work full-time or part-time?] _____Full-time _____Part-time
10. Are your parent(s) back in Kenya or living in America? _____Kenya _____U.S.
 [Where in Kenya/U.S. do they live?] _____
 [Do you parent(s) live by themselves or with family members in Kenya/U.S.??]
 _____By themselves _____With Family Members
 [If living with family members, which one?] _____
11. What is your parent's marital status? _____
12. What do you see is your responsibility to your elder parents?
 [Why do you take care of your elder parents?] [In your opinion, what does elder caregiving responsibility involve?]
13. What do you actually do in your caregiving responsibilities to your elder parents?
 [What do you do to contribute to your elder parents well-being?]
14. What are the roles of other siblings in the caregiving responsibilities of your elder parents? [What exactly do they do?]
15. Where did your sense of elder care responsibility come from? [From your parents? Other family members? Your tribe?]
16. What is it like for you to do these responsibilities?
 [How does it make you feel?]
17. How do you think you developed your sense of responsibility to your elder parents?

18. Is elder caregiving responsibility something that you learned from other family members or something that you observed yourself? [Did someone teach you? Or is it something that you recognized within yourself?]
19. Do you think that there is a difference between America's way of caring for elders and Kenyan's way of caring for elders?
[What do you see as America's way of elder caregiving?]
20. If you were not able to care for your parents, what would your alternatives be?
[What other arrangements would you make if you were unable to care for your parents?]
[Have you discussed it with other family members?]
21. What do you think that your parents would say about this alternative/alternatives?
[What are your elder parent's feelings about elder care responsibility?]
22. What do you expect from your children when you are an elder? What do you hope from your family in general?
[Have you discussed it with them?] [What was their response?]

I would like to thank you for taking part in this interview. Do you have anything that you would like to add? Any questions that you would like to ask me? Thank you for your time.

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