

Aging, Non-heteronorm Conformity, and Access to a Sense of Economic Stability

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ABSTRACT

This study features the living conditions of 10 non-heteronorm conforming older adults residing in Batangas and Metro Manila. It examines the relationship between the respondents' experiences of gender-based discrimination and access to economic opportunities, as well as their sources of support from family or peers as they face challenges brought about by aging.

INTRODUCTION

Amidst an already difficult economic climate, people aged 60 and older in the Philippines face steeper chances of survival in terms of access to basic needs. A heteronormativity audit on the social protection policies for lesbian, bisexual, and transmen in the Philippines (Jordan & Lim, 2013) describes that of roughly 100 million Filipinos, about 27 million are poor, and many live on a dollar a day or less, whereas only 20% of Filipinos control more than half of the total family income in the country.

Older Filipinos are neither materially well-off nor educated (Cruz, Natividad, Gonzalez, & Saito, 2016). Economic insecurity, poverty, and health deterioration are among the biggest challenges of older adults in the country (Carlos, 1999, p. 2), along with a decline in mobility and familial and social participation, retirement, and changes in living arrangements (United Nations Department of Economic and Social Affairs

[UN DESA], 2011). Available jobs for the elderly are limited to those in the informal sector which gives no security of tenure and no opportunities for advancement (UN DESA, 2011, p. 21). Older adults face discrimination in finding work, staying employed, and advancing due to stereotypes of low productivity (UN DESA, 2011, p. 19). “Older persons, in particular, women and the oldest-old, tend to be poorer than the members of other age groups. Ageist stereotypes and high levels of unemployment continue to undermine older persons’ access to the labour market” (UN DESA, 2011, p. 20).

Food security of older adults is compromised because of the uncertainty of employment. Many older adults have nutritionally inadequate diets, and those who live alone have less access to healthy food compared to those living with family (Florencio, 1995, p. 105). Health is one of the major challenges of aging. Ruel Lucentales (n.d., p. 2) reports that there has been an increase in the mortality rate of the elderly from preventable diseases in the Philippines. Hospitals do not have enough geriatric wards to accommodate the needs of the elderly. There is also a scarcity of geriatricians, counting only one to 186,839 older persons (Lucentales, n.d., p. 2). At this level of survival, medicines and necessary vitamins are unaffordable even at discounted prices (Carlos, 1999, p. 54). Of Filipino older adults, only 15% have access to PhilHealth (Cruz et al., 2016), the country’s public health insurance. UN DESA (2011, p. 21) refers to similar experiences of aging in other developing countries. Many older persons continue to work beyond retirement years as long as they are physically able (Cruz et al., 2016) due to low pension and social security coverage (UN DESA, 2011).

Studies on sexual orientation, gender identity and expression (SOGIE) and aging in the Philippines are scarce. Of the growing body of literature on lesbian, gay, bisexual, and transgender (LGBT) Filipinos, two showcase experiences of LGB older adults. One report describes experiences of aging gay men (Motilla, 2004) while the other explores relationships of LGB older adults with biological and chosen family (Guevara, 2016). The relative invisibility of non-heteronorm conforming Filipino older adults undermines that they are faced with an additional set of difficulties which hinder their access to basic survival needs (Guevara,

2016). Apart from changes they already face brought by aging, many continue to face effects of gender-based discrimination which has diminished their chances of participating in economic activities. Common knowledge on aging and gender in the Philippines can be isolating and focused on stereotypes that homogenize the characteristics of older adults and of those who do not adhere to heteronormativity, which only view the man and woman identities as legitimate based on the biologically assigned male and female sexes. Ilkcaracan and Jolly (2007, pp. 5-6) emphasize how sexuality “can also lead to poverty for social as well as health reasons.” Marriage, in many places, provides economic stability (UNDESA, 2011, pp. 3-5). Gender-based discrimination reduces livelihood opportunities when they occur in education and the labour market (Ilkcaracan & Jolly, 2007, pp. 5-6).

SCOPE AND METHODOLOGY

I discuss the experiences of non-heteronorm conforming persons aged 60 and above, the common retirement age in the Philippines. I examine economic opportunities of this study’s respondents in relation to experiences of discrimination at home and in public spaces. This article focuses on experiences of aging in terms of access to economic stability and basic needs as persons whose genders do not adhere to the heteronorm. Data for this study is based on in-depth interviews with self-identified LGB older adults who, at the time of data gathering, were between the ages of 60-75. Of the 10 participants, only one is financially stable while others all have low incomes, inconsistent incomes, or do not earn at all. Six of 10 respondents reside in Batangas while the rest live in Metro Manila. Three of the respondents who reside in Metro Manila are members of the Home of the Golden Gays (HGG), the only organization in the Philippines which caters to the needs of gay and lesbian older adults. Four respondents self-identified as lesbian, five self-identified as gay, and one identified as “ACDC,” a colloquial Filipino term which loosely translates to “bisexual.”

It took roughly over six months to find participants for this study by asking people in my personal and professional network who knew

a self-identified LGB person aged 60 or older. During the first few months, several who fit the criteria refused to partake in an interview which covers gender identity and sexuality. For those in the target age group, the subject of SOGIE was considered personal. Interview questions for this study were formulated to discuss the respondents' current situations in terms of access to basic needs and in relation to familial support. Each respondent signed a written consent for audio recording. All names of respondents were concealed in written works based on their interviews. Given the respondents' perceived sensitivity of topics on SOGIE, they were reminded of their option to refuse answering questions as they wished. Drafts of interview transcriptions and written data presentations were distributed to respondents for validation.

LIVING CONDITIONS

The respondents of this study face common challenges related to aging as discussed, including health, retirement, mobility, a decline in income, and changes in social positions. Health and financial stability are the respondents' most pressing concerns. Respondents worry about health because they do not want to burden their families in the event that they cannot afford their medications.

All respondents have their own health-related problems. In terms of physical health, the permanent effects of undergoing a stroke, neurological problems, chronic respiratory diseases, orthopedic problems, and weakened internal organs are their common concerns. One respondent at the time when the interviews were conducted had just survived breast cancer. In terms of mental health, about half of them shared experiences which I suspect to be symptoms of unhealthy mental states. Common among them are experienced episodes of sadness and feelings of hopelessness. One respondent mentioned that she suffered from depression, and while I do not have the expertise to make conclusions regarding her state, I suspect that her loneliness had caused her to have episodes in which she conversed with herself and with religious icons that she said appeared to her. Another respondent experienced frequent episodes of anxiety. Despite that many of them experienced having feelings

of sadness, and delusions in the case of one, none paid attention to their emotional states as serious health concerns.

All respondents felt able to manage their health conditions with the help of their families and friends with the exception of one who only earns a thousand a month as a street sweeper. He needs to borrow money from friends to buy medicines when he is sick. Food security is also a concern for him as he often relies on feeding programs. Shelter is another problem he faces, living at the back of an old depressed area under a roof made of old tarpaulins. Other members of the HGG interviewed heavily rely on charity as well, having to live alone as a result of rejection by their families of origin. Shelter was readily available for other respondents from Batangas whose homes were usually inherited from their families.

As a result of declining health and access to financial means, the respondents' mobility (the ability to visit places they wish) also became limited over time. Losing mobility does not diminish older adults' fondness to be able to go out (Brossoie, 2009, p. 33) and causes nostalgia for majority of the respondents. The inability to go out for leisure causes sadness and a longing for the time when they were able to see their friends or make new ones. Other respondents said they were able to socialize as often as they want to.

In coping with changes of aging, respondents rely on support from their friends and their families of origin. However, with difficulties mentioned, the respondents face risks of further sinking into poverty due to what is "referred to as the income erosion effect of ill health for poor households" (Tan, 2012). In 2005, for example, the World Health Organization (WHO) estimated that, annually, 25 million households (more than 100 million people) are forced into poverty by illness and the difficulty to pay for healthcare, threatening the lives and livelihoods of poor households (Krishna; Noponen & Kantor, as cited in Tan, 2012). As health deterioration affects older adults' inability to perform some types of jobs, particularly those involving physically demanding tasks, access to economic activities becomes slimmer and the social net of access to health provisions becomes crucial.

GENDER, AGING, AND ACCESS TO ECONOMIC ACTIVITIES

All respondents continue to work beyond retirement years whether on a full or part-time basis, though they receive low or irregular income. While receiving financial support from siblings, four respondents continue to work to provide and support the members of their households. Some live with a parent, nephews and nieces, friends, or a partner. Majority of the respondents try to support themselves through the small income they get so that they would not burden their families. Others survive with the help of their neighbours and friends. Some respondents were assigned reproductive roles especially caring for children left behind by relatives who work overseas. Three respondents have a much harder time surviving day to day due to the lack of support from family or friends.

Respondents' perception of their financial stability did not depend on how much access they had on financial resources. Those who live alone felt less financially stable than other respondents. But, one respondent who was assigned reproductive roles of managing her whole extended family's home also felt financially unstable, despite a consistent monetary allowance from her siblings. She worried that her financial situation would change when her siblings decided to retire in the Philippines. Another respondent, one who supported himself with an intermittent source of income, worried less about finances compared to others who earned about the same amount.

Family support provides respondents with a sense of security. What they consider as support is either monetary or through care. Three of the respondents only have friends to rely on who play key roles in providing them with support. For these three, friends are their major source for many kinds of support that help them maintain physical and emotional well-being. Others also value their friendships and consider their peers to be family while keeping close ties with their families of origin.

Whether blatantly imposed or not, the respondents were assigned boundaries for their gender expressions throughout their lifetime in order to be accepted by those in their environment (Tan, 2014, p. 24). Some respondents experienced discrimination in employment which affected their choices of professions. One respondent had limited choices for work because of dress codes. She could not work where she was required to wear a dress

or a skirt, so she was only able to take on jobs as a security guard and a bus ticket collector where she was allowed to wear pants. The respondent who worked as a professor learned that he was rejected for a job because the hiring official believed that all gay men molested young boys. The professor did not appeal the rejection, believing that this employer would find other ways to disqualify him from the job. Other respondents felt comfortable with their past jobs, which were often stereotypically for those with biological sexes opposite theirs. The two gay respondents worked as stylists, and the lesbian woman was a farmer and manual laborer.

Many of the respondents shared witnessing how other non-heteronorm conforming persons were blamed for the gender-based violence they experienced. Whether coming from strangers or people they knew, the attackers felt entitled to unnecessarily hurt non-heteronorm conforming persons on a whim, exhibiting the attackers' sense of superiority over their victims. In terms of gender-based violence, this is due to the social hierarchy in the gender system (Claudio, 2014) in which heteronorm conforming persons have been assigned the top spots, where men are superior to women, and who follow are sexual minorities. Exposure to such violence had most likely served as a warning for the respondents. Overtime, they internalized their precautionary measures of "acting appropriately" and in line with their assigned sexes, as an attempt to keep from discrimination and violence. They have accepted themselves as people who are "not normal," as one respondent pointed out, so that in order to survive, they simply avoided spaces in which they felt they could be attacked on the basis of a perception of their gender and sexuality. Respondents shared experiences of discrimination by employers or school authorities as young students. Some were harassed in public routes they took to get to school or work places. Experienced violence at home was also not uncommon.

While some respondents felt that aging helped them gain more respect in their professional fields, others felt pressured by clients' perception that they may not be as good at their jobs as they were when they were young. One hairstylist, for example, felt that he was losing clients because of this even if he did not think that his skills have been affected by his health conditions due to aging.

EFFORTS TO GAIN LIMITED ACCEPTANCE

Despite naming members of a support system, respondents expressed their fears of having nobody to depend on as they grow older. Few of them saw this in relation to their SOGIE. However, their aging-related fears seem to be closely related to their internalized homophobia. Respondents' fear of being alone can be attributed to the discomfort they feel about their perceived non-heteronorm conformity. About half of the respondents, particularly those who identified as gay, said that they were too old to be accepted by a partner and that their days of dating were behind them. They said that they refused to date and spoke about it as a rebellious and improper act at their age. Two respondents explained that a person has no choice but to look for romance in his youth, as if they were apologetic about their dating experiences. For some respondents, it was not acceptable for non-heteronorm conforming older adults to enjoy having romantic ties. This mindset eliminates their opportunities to form relationships of the romantic type despite a longing for one.

Many stories from members of HGG describe how rejection by their families of origin drove them to much poorer and harder lives. It is common for families of homophobic cultures to abandon members who deviate from the conventional gender dichotomy (Williams, 1997, p. 549). Because a family member's reputation heavily reflects their family's reputation (Shapiro, 2007, p. 2), having non-heteronorm conforming members may bring shame to a family. Two respondents experienced battery by their parents and siblings. Because of this, one respondent ended up hiding his identity until he was over 30, while another was abandoned to live on the streets at a young age.

Respondents who felt accepted by their families did not acknowledge the unequal treatment they experienced at home. However, based on their stories, it was clear to me that many of them had to work harder for family acceptance. Apart from suppressing their gender expressions to be perceived as "simple" and behaving close to their assigned sexes, "decent" respondents were assigned difficult familial roles. As they were not expected to form their own families, respondents felt that they were obligated to provide larger contributions to their families, including its members by extension.

A gay respondent provided for all 48 of his nieces and nephews so they could finish college and pursue the careers they wanted. Initially, he began a teaching career at a young age to help his parents and younger siblings. But when his responsibilities grew and extended to the children of his siblings, he had to stop teaching to focus on managing small businesses including a small hair salon and a boarding house. He did not earn much from the boarding house because his nieces and nephews stayed there for free, but hard work in his small parlor enabled him to support his entire family.

Three of the respondents who came from lower income families began working at a much earlier age. They earned low wages from heavy manual labor unfit for children such as gathering rocks, fetching water, and carrying shipments. A lesbian respondent helped her mother raise her then very young siblings because her father had become too sick to work. The two respondents who were abused helped their parents who did not earn enough to feed their families.

Other ways in which respondents helped their families were through reproductive work. Two respondents whose siblings either left the country for work or just became busy with their own jobs were assigned to watch over their family compounds. One took care of her parents until they passed away and helped raise her nephews and nieces from time to time. The other, until the time of our interview, had the responsibility to care for her older siblings, nieces, and nephews, as her siblings were still working out of the country. Neither of these care worker respondents knew why they became responsible for such household contributions. One suspected that it was because the types of work she had were easier to leave than those of her siblings' which brought in more money to their household.

Apart from additional responsibilities, some respondents felt more pressure to accomplish more in their careers because they felt that they had to compensate for their gay or lesbian identities. As another within the family structure, they felt they had to work harder to "make up" for their perceived inadequacy. In several interviews, respondents spoke of their accomplishments or shared their disappointment over their perceived lack of accomplishments. Their sentiments contained the phrase

“kahit ganito ako (even if I’m like this),” meant to explain their gratitude for family acceptance of their accomplishment (in light of their perceived disappointments).

The described circumstances, where respondents contributed to their families in ways that their siblings were not expected to, show the utilitarian nature of their relationships with their families of origin. The respondents consistently had to win the acceptance of their families of origin through sacrificing to help their households. None of the respondents recognized this. All were focused on the love, respect, and gratitude they had for their families, whom they perceived to have accepted them despite their non-heteronorm conformity.

Due to their non-heteronorm conformity, the respondents were simply not expected to form their own families. This made it relatively easy for family to assign them additional responsibilities. Respondents’ idealization of typical families was described to me as such: male and female couples who have biological children. For example, when asked about ever wanting to have his own family, a gay respondent spoke of once wanting to marry a woman and having children back when he was young. He believed that he might not have ended up gay if he were given a chance to have a relationship with the women he liked. On the other hand, another respondent recalled that he and a gay brother were prohibited by their parents to accommodate male guests when they were young, exhibiting the rejection of their sexual orientations.

Offspring are expected to play a central role in caring for their parents when they age in conventional heteronormative family cycles. In the Philippine culture, an individual is expected to marry and raise children. The adult children will in turn care for their parents when they age. Considering the ages of the respondents of this study, had they been heteronorm conforming, it could be assumed that they would be part of their own cycles, and possibly, create their own biologically produced grandchildren. The respondents of this study are part of 5% of the elderly around the world who do not have children or who cannot rely on them for support (UN DESA, 2011, p. 14). They are also part of roughly one fourth of people who have never been married around the world (United States Census Bureau [USCB], 2009). In such cases, friends play a major

role in supporting non-heteronorm conforming older adults. Non-heteronorm conforming persons have been known to create “alternative” or “chosen” families who help mitigate the effects of stigmatization based on their SOGIE (Grossman, D’Augelli, & Hershberger, as cited in Tan, 2012). More than half of the respondents rely on friends or others they are unrelated to by blood. These individuals formed close ties with each other and consider themselves to be family. Respondents who live with friends both support and are supported by those they live with. Others have friends whom they frequently see or go out with for leisure. Not only do friends help their financial needs, they also provide the respondents with company and care especially when they suffer from illnesses.

CONCLUSION AND RECOMMENDATIONS

The respondents of this study shared experiences of facing difficulties of aging. All respondents have health problems common to aging persons. Except for those who are both alone and have unreliable income sources, most respondents are able to manage their health concerns with the help of family and friends. Some respondents have begun to experience declining mobility due their health problems or the lack of financial means to address them. Some experience loneliness and nostalgia more often than others because they enjoyed rich social lives prior to being limited by manifestations of aging. Only one of the respondents lives in an unsafe place without a roof, but accounts of some respondents refer to other non-heteronorm conforming older adults who are homeless because they were rejected by their families at a young age. Despite support, some respondents feel financially unstable and are unsure of whether they will continue to receive support as they aged further.

At home and in public spaces, particularly in educational and professional institutions, respondents of this study experienced gender-based discrimination against them. Some experienced battery at home in the hands of their biological families. Others have multiple experiences of verbal or physical violence as they made their way home. Gender-based discrimination, especially in educational as well as professional spaces, can damage the career of a non-heteronorm conforming person since victims

of discrimination are likely to resort to avoiding these spaces. As a result, they are deprived of opportunities for career advancement. Likewise, discrimination at home is also permanently damaging. This is not only detrimental to one's self-esteem but also to one's chances of survival because it diminishes a person's opportunities to create relationships with people who can care for them and whom they can care for.

Nine of 10 respondents of this study continue to earn low wages or to experience large gaps in wage earning. As they age and physically weaken, their finances could suffer and their conditions could worsen without the help of family and friends. There are many other non-heteronorm conforming older adults faced with the difficulties of aging. However, their experiences have not been documented despite the urgency of their needs. Some recommendations aimed at helping non-heteronorm conforming older adults follow.

- It is necessary to ensure that all older adults, regardless of SOGIE, have access to healthcare. Unmarried senior citizens without children must be prioritized by healthcare institutions since they may have nobody upon whom to rely. Special financial provisions should be given especially to those who have zero or low income.
- Shelters should be available to accommodate homeless non-heteronorm conforming older adults. Some of them have been rejected by their families of origin and several respondents spoke of knowing other homeless non-heteronorm conforming older adults. Some of the respondents also expressed the desire to live in an elderly home, fearing that they may not have anyone upon whom to rely for care. They fear that they would be a burden to their families. Because it is uncommon among Filipinos to send their retired members to elderly homes, special care and counseling services must be given to the older adults and their families. Already existing elderly homes must also provide gender-neutral spaces to accommodate non-heteronorm conforming older adults.

- We should have mechanisms that aggressively ensure that each person is protected from gender-based discrimination, abuse, and violence at home, school, places of work, and other public places. Each person must be assured of equal opportunities especially as related to education and job opportunities without discrimination on the basis of SOGIE (International Commission of Jurists [ICJ], 2007).
- The Philippines is among a number of countries that have no sufficient services to provide for the needs of the elderly (UN DESA, 2011). Our government needs input from the concerned sectors of society to this end. It is necessary to review local government structures and policies to consider whether or not current provisions are genuinely inclusive for non-heteronorm conforming older adults.
- More attention should be given to provisions for the basic needs of non-heteronorm conforming older adults through research. Studies can support current efforts to legislate laws which can protect sexual minorities from gender-based discrimination. Government agencies which already gather data on aging in the Philippines should include self-identified sexual minorities within their assessment protocols so that policies and programs can have evidence for provisions that are gender-inclusive. Concerned agencies, at the same time, can be informed by international standards for gender inclusivity.
- There is a need for aggressive advocacy campaigns against rigid heteronormative values that stigmatize non-traditional and non-heteronorm conforming family forms and their members. These campaigns must be aimed at both children and adults. This pursuit needs to be implemented by influential institutions such as our state, religious sectors, family units, civil society, and private sectors, especially those which operate on an educational manner.

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