

RESEARCH ARTICLE

Older Adults' Perceptions of Dementia: A Multiple Case Study in Cebu City, Philippines

Mark Gilbert S. Milallos, DScN, MSN, RN, LPT¹

Abstract

Background: Dementia is a progressive syndrome that leads to cognitive and functional decline among older adults, yet it remains widely misunderstood and often perceived as a normal part of aging. In the Philippines, cultural idioms and limited awareness contribute to stigma, delayed diagnosis, and inadequate care. This study explored how older adults in Cebu City perceive dementia, examining how cultural beliefs shape their understanding, and how openness to learning emerges when the condition is explained in clearer, culturally resonant terms.

Method: A multiple qualitative case study design was employed involving five older adults aged 60 and above. In-depth interviews were conducted and analyzed using qualitative content analysis supported by NVivo software. Trustworthiness was ensured through Lincoln and Guba's criteria of credibility, dependability, transferability, and confirmability.

Results: Three overarching themes with corresponding subthemes were identified: (1) Unraveling the Cognitive Puzzle: fragmented knowledge, experiential learning, and cultural framings that normalize dementia; (2) The Myths of Aging: beliefs that aging equates to inevitable decline, reinforced by cultural idioms, and blurred boundaries between normal aging and disease; and (3) Discovering Hope in Aging: transformation from fatalism to awareness, readiness for education, and empowerment through understanding. Together, these themes trace a trajectory from confusion to fatalism to hope.

Conclusion: Older adults' perceptions of dementia are shaped by cultural narratives yet remain open to transformation through culturally sensitive education.

Implications for Nursing Practice: Nurses can lead community-based dementia education, screening, and caregiver support, reframing cultural beliefs into opportunities for early recognition and proactive engagement toward dementia-friendly communities.

Keywords: *Dementia; Older adults; Perceptions; Qualitative case study; Philippines; Nursing practice; Cultural beliefs*

Introduction

Dementia is a progressive syndrome characterized by cognitive decline, functional impairment, and behavioral changes that interfere with daily living (WHO, 2018). Although commonly associated with aging, dementia is not a natural or inevitable outcome of growing old. Globally, more than 55 million people are living with dementia, with nearly 60% residing in low- and middle-income countries (Prince et al., 2015). Early recognition and intervention are essential to delay progression, improve quality of life, and reduce caregiver burden. Yet,

misconceptions persist, with memory loss and confusion often regarded as normal aspects of aging (Jorm et al., 2006; Liu et al., 2008; Sun et al., 2014).

In many cultural contexts, particularly in Asia, dementia is interpreted through metaphors that normalize decline rather than identify it as a health condition requiring care. In the Philippines, idioms such as *nagtatanda paurong* ("growing old backward") and *nagbabalik sa pagkabata* ("returning to

¹ Faculty Member, College of Nursing, Cebu Normal University; Email: markmilallos@outlook.com

childhood”) reflect a worldview in which cognitive regression is seen as part of the life course (Braun & Browne, 1998). While these cultural framings capture lived experiences, they also reinforce misconceptions, perpetuating stigma and discouraging families from seeking medical help. Research suggests that such beliefs align with broader stereotypes of aging as inevitable deterioration (Dionigi, 2015; Dobrowolski, 2014; Lynch, 2014), fostering resignation rather than proactive health-seeking.

In the Philippine context, dementia awareness remains limited and fragmented. Existing studies have largely focused on caregivers, healthcare providers, or institutional responses (Dominguez et al., 2018; Newman, 2017), but few have examined how older adults themselves make sense of dementia. This gap is significant because their perceptions shape not only their own health-seeking behaviors but also influence family and community attitudes toward aging and cognitive decline. Understanding dementia from the *emic* (insider) perspective of older adults can thus illuminate how cultural meanings, personal experiences, and community beliefs intersect to either hinder or facilitate dementia recognition.

The study was conducted in Cebu City, one of the Philippines' largest urban centers and a microcosm of the country's linguistic, cultural, and socioeconomic diversity. As the city implements local health innovations such as the Cebu City Dementia Screening and Intervention Program, it offers a strategic setting for exploring how awareness and misconceptions coexist in a community where modern healthcare intersects with traditional beliefs.

Against this backdrop, the present study sought to explore the perceptions of dementia among older adults in Cebu City through a multiple case study design. By foregrounding their voices, it aimed to illuminate how dementia is understood through lived experiences, cultural framings, and social meanings, and how these understandings may shift when dementia is explained in clearer, culturally resonant terms. In doing so, the study contributes to nursing, gerontology, and public health by providing culturally grounded insights that can inform dementia education, nursing practice, and policy development toward dementia-friendly communities in the Philippines.

Research Design

This study employed a multiple qualitative case study design which is a suitable approach in exploring complex social

phenomena in their real-life contexts (Debout, 2016; Gustafsson, 2017). A multiple case study allows for the examination of both shared and divergent experiences across participants, providing richer insights compared to a single case design. This was particularly relevant for understanding dementia perceptions that are shaped by cultural, personal, and familial contexts.

The design also enabled comparison between cases in identifying patterns across narratives while respecting the uniqueness of individual perspectives. Guided by a constructivist paradigm, the study sought to capture older adults' lived experiences and socially constructed meanings of dementia.

Setting

The study was conducted in Cebu City, one of the most highly urbanized and culturally diverse metropolitan areas in the Philippines. As the regional center of the Visayas, Cebu City integrates traditional Filipino values with modern health services, making it a strategic site for exploring how older adults perceive dementia in a context where biomedical and cultural worldviews intersect. This setting was purposively chosen because it reflects both the opportunities and challenges of building dementia-friendly communities in urban Philippine contexts.

Participants and Sampling

Five older adults residing in Cebu City were recruited through purposive sampling. Inclusion criteria were: (1) age 60 years and above, (2) residence in Cebu City for at least five years, and (3) willingness and ability to participate in an in-depth interview. Exclusion criteria included any diagnosed severe psychiatric disorder or communication impairment that would limit participation.

The small sample size is consistent with case study research, which prioritizes depth over breadth (Kohlbacher, 2006). Each case was treated as a unit of analysis, and cross-case synthesis was applied to generate broader themes. Table 1 summarizes participants' key demographic characteristics.

Participants were identified through local senior citizens' associations and barangay health centers in Cebu City. Barangay health workers assisted in identifying eligible participants and facilitating initial contact. This community-based approach ensured inclusivity and cultural sensitivity while maintaining voluntary participation.

This small but diverse group provided a range of perspectives—some based on direct caregiving experience, others on personal health concerns, and others rooted in cultural beliefs without prior exposure.

Data Collection

Prior to data collection, the interview guide was pretested with two older adults from a neighboring barangay to ensure the clarity, cultural appropriateness, and linguistic suitability of the questions. Feedback from the pretest informed minor revisions in phrasing and sequencing of questions.

Data was gathered through semi-structured in-depth interviews and was conducted between March and May 2019. Interviews lasted between 45 and 90 minutes and were held in participants' homes or community centers, depending on their preference. Questions explored participants' knowledge of dementia, personal beliefs about memory loss and aging, and openness to dementia education or programs. Examples of guiding questions included:

What do you know about dementia or memory problems among older people?

How do you view forgetfulness or behavioral changes in older adults?

What kind of support would you welcome if you or your family experienced these changes?

The interviews were conducted in a mix of Cebuano and English in order to allow participants to express themselves in their preferred language. All sessions were audio-recorded with consent, transcribed verbatim, and translated into English when necessary. During the interview process, brief dementia education was provided after the open-ended questions, thereby allowing participants to reflect on new information and share their reactions. This approach not only deepened the data but also ensured ethical reciprocity by providing immediate benefit to participants.

Data Analysis

Data was analyzed using qualitative content analysis following the steps outlined by Graneheim and Lundman (2004) and Kohlbacher (2006). This approach provided a systematic framework for identifying meaning units, coding them inductively, and clustering related codes into categories that captured both manifest and latent content. As patterns of meaning became apparent across cases, these categories were synthesized into themes and subthemes through iterative comparison and

abstraction, reflecting the interpretive orientation of thematic analysis (Braun & Clarke, 2006). This combined strategy allowed for both structured categorization and deeper interpretation of the participants' lived experiences that is consistent with the study's constructivist paradigm.

Three overarching themes emerged from the analysis: *Unraveling the Cognitive Puzzle*, *The Myths of Aging*, and *Discovering Hope in Aging*. Each theme represents a cluster of meanings that reflected both individual and collective perceptions of dementia.

Data saturation was achieved after the fifth interview, when no new codes, categories, or meanings emerged from subsequent data analysis. This indicated that the range of perceptions and experiences related to dementia among participants had been sufficiently explored.

Establishing Trustworthiness and Rigor

To ensure rigor, Lincoln and Guba's (1985) criteria for trustworthiness were applied:

Credibility: Achieved through prolonged engagement during interviews, peer debriefing with colleagues, and triangulation of data with existing literature.

Transferability: Enhanced by providing rich descriptions of participants' contexts and experiences.

Dependability: Ensured through a clear audit trail of coding decisions and analytic steps.

Confirmability: Strengthened by reflexive journaling, where the researcher documented preconceptions and reflections throughout the research process.

Ethical Considerations

Ethical approval was not sought from an institutional review board as the study was conducted as part of the requirements for a Doctoral course. Nonetheless, rigorous efforts were made to ensure adherence to ethical research principles. Participants were fully informed about the study's objectives, procedures, and their rights, including assurances of confidentiality and the freedom to withdraw at any point without penalty. Written informed consent was obtained prior to data collection. To protect participants' anonymity, pseudonyms were assigned in all transcripts and reports. All data was securely stored in password-protected files accessible only to the research team.

Table 1. Profile of Informants

Informant	Profile
Abing	62, retired dentist, diagnosed with pre-dementia
Betchay	63, housewife, no prior knowledge of dementia
Charing	62, retired banker, caregiver to mother-in-law with dementia
Dolor	60, seamstress, no prior knowledge of dementia
Ebing	75, retired engineer, observed dementia-like symptoms in her mother

Results and Discussion

Through iterative coding, categorization, and abstraction using qualitative content and thematic analysis, patterns of meaning were identified across cases. From these analytic processes, three overarching themes were constructed to capture the participants' evolving understandings of dementia. Each theme represents a distinct phase in the meaning-making process—from initial confusion and cultural normalization to openness and empowerment. These themes, together with their corresponding subthemes and key illustrative ideas, are summarized in Table 1.

Theme 1: Unraveling the Cognitive Puzzle

This theme captured how participants tried to make sense of memory change with limited dementia literacy. Their accounts showed an **emic** pathway to understanding—sembled from everyday experience, caregiving encounters, and culturally familiar language—rather than from formal health education. What appears as “confusion” is better understood as sense-making under conditions of low information, where people rely on available cultural scripts to interpret ambiguous symptoms.

Subtheme 1.1: Fragmented Knowledge and Misconceptions

Participants commonly equated dementia with “ordinary forgetfulness” or a routine feature of aging. Prior to the interview,

most lacked a clear conceptual distinction between normal age-related changes and pathological decline. As Betchay shared, “*Nagsugod naman jud ako pagka-kalimtanon ug para nako ingon ani jud na basta matigulang nata dong*” (“I am already very forgetful and I think this is normal as we grow old”). Similarly, Dolor explained, “*Abi jud nako nga normal rana nga ango-angohon jud ta ug matigulang*” (“I really thought that being mentally or physically infirm is normal for older people”).

These accounts exemplified limited dementia literacy, where signs are recognized but not labeled as illness—what prior literature describes as implicit knowledge and normalization that can delay help-seeking.

Implication for practice: Nurses should provide brief, plain-language explanations that differentiate typical aging from dementia (e.g., forgetting names vs. forgetting relationships), and delivered in community and primary-care encounters.

Subtheme 1.2: Learning Through Experience

When participants did possess clearer notions of dementia, this understanding arose from firsthand exposure rather than formal education. Abing, diagnosed with pre-dementia, noted: “*Ganahan ko ana nga ako ug uban makabalo jud... sakto ra jud nga naa mo mga program para sa mga ingon ani*” (“I like that idea, that others will also know. It is right to have programs like this for conditions like mine”). Charing's caregiving role similarly shaped her understanding: “*Senior naman ko ato... Akoang concept atong tayma kay parehas ra jud tanang tigulang ango-*

Table 2. Themes, Subthemes, and Key Ideas

Main Theme	Subthemes	Key Ideas / Illustrative Meanings
Unraveling the Cognitive Puzzle	Fragmented Knowledge and Misconceptions; Learning Through Experience; The Cultural Lens of Understanding	Dementia seen as forgetfulness; awareness shaped by experience; cultural idioms normalize decline.
The Myths of Aging	Aging as Decline and Inevitability; Cultural Stereotypes Reinforcing Fatalism; Blurred Boundaries	Aging equated with deterioration; idioms reinforce fatalism; normal/pathological boundary unclear.
Discovering Hope in Aging	From Fatalism to Awareness; Readiness for Education and Support; Empowerment Through Understanding	Participants shift toward openness and hope; recognize value of education and nursing-led programs.

angohon ra jud padung (“I was already in my seniorhood when I took care of my mother-in-law... I really thought that all older adults would eventually become frail”).

Interpretation: Awareness developed *reactively*—through caregiving or personal diagnosis—rather than *proactively* via community education. This experiential pathway leaves many without guidance until symptoms are advanced.

Implication for practice: Embed routine, anticipatory dementia education in barangay health sessions and senior clubs—before families encounter crisis—so knowledge does not depend on personal exposure.

Subtheme 1.3: The Cultural Lens of Understanding

Cebuano/Filipino idioms such as *nagbabalik sa pagkabata* (“returning to childhood”) and *tumatandang paurong* (“growing old backward”) framed decline as expected. Ebing reflected on her mother: “*Kita ko sa akong mama nga nibalik pagkabata... nagtuo ra jud mi nga normal ra to*” (“I saw my mother regressed and acted like a child and we thought it was normal as we grow older”).

Interpretation: These culturally resonant metaphors help families make sense of behavior change, but they also normalize impairment, and thus, can also mask the need for clinical assessment.

Implication for practice: Rather than rejecting familiar idioms, nurses can **reframe** them by acknowledging the metaphor, then linking it to “brain health” and making available the supports (screening, counseling, caregiver training) needed. Moreover, culturally attuned reframing respects local meaning while opening a path to timely care.

Synthesis. Across cases, dementia knowledge resembled scattered “puzzle pieces”: recognizable signs, experiential lessons, and cultural metaphors—without a unifying clinical frame. This fragmentation helps explain delayed recognition and underscores the need for **culturally sensitive and proactive** nursing-led education in Cebu City.

Theme 2: The Myths of Aging

Beliefs that equate aging with inevitable decline and normalize dementia

Subtheme 2.1 – Aging as Decline and Inevitability

Across cases, participants described aging as a natural process of deterioration—an accepted reality of becoming old.

Forgetfulness, confusion, and physical weakness were framed as unavoidable consequences of the life course. Abing reflected, “*Parehas raman tang tanan matiguwang ug aduna jud nay mga kalisud kauban sa atong katiguwangan*” (“We will all become old and difficulties will arise as we grow old”). Dolor echoed this, saying, “*Matigulang raman jud ta tanan ug normal rana nga ango-angohon jud ta ug matigulang na ta*” (“We will all eventually grow old, and being frail as we age is normal”).

Interpretation: These statements revealed a fatalistic worldview in which decline is accepted rather than questioned. This aligns with Dionigi (2015), who found that negative stereotypes of aging reinforce passivity and discourage self-care. For these older adults, deterioration was not a sign of illness—it was destiny.

Implication for practice: Nursing education should frame aging not as inevitable loss but as a stage that can include wellness and active participation. Health talks and barangay-based programs can emphasize that “normal aging” differs from disease processes such as dementia.

Subtheme 2.2 – Cultural Stereotypes Reinforcing Fatalism

Participants' ideas were deeply intertwined with Filipino cultural idioms that describe regression in old age. Expressions like *tumatandang paurong* (“growing old backward”) and *nagbabalik sa pagkabata* (“returning to childhood”) framed cognitive decline as a natural re-entry into childhood. Charing admitted that before learning more about dementia, “*Akoang concept atong tayma kay parehas ra jud tanang tigulang ango-angohon ra jud padung*” (“At that time, I really thought that all older adults would eventually become frail”).

Interpretation: Such metaphors are culturally resonant but can entrench fatalism, portraying decline as inevitable, and even endearing rather than pathological. Similar linguistic patterns have been reported in Asian and Pacific communities (Braun & Browne, 1998; Sun et al., 2014).

Implication for practice: Nurses can employ **cultural reframing**—acknowledging these idioms but expanding them to include the idea that some memory changes signal illness and require attention. This respectful reinterpretation can maintain cultural meaning while promoting early recognition.

Subtheme 2.3 – Blurred Boundaries Between Normal Aging and Disease

Participants often struggled to distinguish between ordinary forgetfulness and dementia-related impairment. Ebing observed, “*Lisod man jud siguro na maabot ta ana kanang ango-angohon na ta pero dra man jud ta padulong*” (“It's difficult, but that's really

where we are headed”). Their narratives showed uncertainty about when forgetfulness becomes illness.

Interpretation: This blurring of boundaries reflects limited dementia literacy—what Dobrowolski (2014) calls the “myth of normal aging.” When decline is normalized, symptoms remain hidden until advanced. The perception that “everyone goes through this” suppresses health-seeking behaviors and perpetuates diagnostic delays.

Implication for practice: Screening tools and counseling in primary care should explicitly differentiate between normal aging and cognitive pathology. Nurses can lead educational campaigns using relatable examples: “It’s normal to forget a name; it’s not normal to forget your child’s name.”

Synthesis. The Myths of Aging encapsulate how cultural fatalism and linguistic traditions fuse with limited dementia knowledge, creating a powerful narrative that *aging equals decline*. This normalization blurs diagnostic boundaries, thus reinforcing inaction. By challenging these myths—without dismissing cultural meaning—nurses can reconstruct aging as a period of continued growth and possibility in order to help communities replace resignation with resilience.

Theme 3: Discovering Hope in Aging

Openness to learning and transforming beliefs about dementia

Subtheme 3.1 – From Fatalism to Awareness

Although participants initially viewed dementia as an unavoidable aspect of aging, their perspectives shifted once the interviewer clarified that dementia is a medical condition rather than a natural phase of life. Awareness began to replace resignation. Abing, who had been diagnosed with pre-dementia, expressed gratitude for being informed: “*Ganahan ko ana nga ako ug uban makabalo jud... sakto ra jud nga naa mo mga program para sa mga ingon ani*” (“I like that idea, that others will also know. It is right to have programs like this for conditions like mine”).

This turning point represented a movement from passive acceptance toward reflective understanding. Participants’ openness contradicted stereotypes that older adults resist new health information. Instead, when engaged in respectful, culturally attuned dialogue, they demonstrated intellectual curiosity and readiness to learn.

Implication for practice: Nurses can capitalize on this receptivity by integrating brief dementia education into routine elder checkups and wellness programs. Even short

explanations can demystify dementia and trigger interest in prevention or early screening.

Subtheme 3.2 – Readiness for Education and Support

As understanding deepened, participants expressed enthusiasm for organized dementia education and community support. Charing reflected, “*Kita jud ko unsa iya kahimtang niya katong naa na siya sa amoa. So kung naa mo mga programs bahin ana dako jud siya matabang sa amo*” (“I saw my mother-in-law’s condition while she was still alive. Programs like that would be very helpful to families taking care of relatives with dementia”). Likewise, Ebing recognized the practical and empowering value of such initiatives: “*Nindot na siya dong para namo mga tigulang para makabalo pud ta kung unsa pwede mahitabo sa amo mga katigulangan ug unsa pa ang pwede namo mahimo ba*” (“A program for dementia would be nice for us older adults so that we will know what may possibly happen to us and what we can do about it”).

This readiness underscored that misconceptions can evolve into proactive engagement when individuals are given accessible information. Participants viewed community programs as both sources of knowledge and tools for empowerment—evidence that dementia literacy efforts can build agency, not dependence.

Implication for practice: Barangay health workers and nurses can organize dementia-awareness sessions and caregiver support groups. Such programs, designed in the local language and grounded in lived realities, can foster ownership and community participation.

Subtheme 3.3 – Empowerment Through Understanding

Participants’ openness evolved into a sense of empowerment once they recognized that dementia could be managed and understood. What began as fear and confusion transformed into hope. They began envisioning themselves as advocates within their families and barangays. Their insights mirror findings by Fowler et al. (2012) and Wang et al. (2018), who emphasize that dementia literacy increases willingness to Knowledge thus functioned as an enabling force. By moving from ignorance to insight, older adults discovered that understanding can restore control over uncertainty—a psychological empowerment central to healthy aging.

Implication for practice: Nurses are in a unique position to sustain this empowerment by linking awareness to tangible actions: regular memory assessments, referrals, and home visits. Policy-wise, scaling up the *Cebu City Dementia Screening and Intervention Program* can transform this

emerging awareness into institutionalized, nurse-led practice across communities.

Synthesis. Discovering Hope in Aging illustrates a powerful transformation—from fatalistic acceptance to empowered engagement. When dementia was explained in culturally sensitive and accessible ways, older adults reframed their experiences: from inevitability to possibility, and from confusion to comprehension. This shift offered a vital lesson for nursing practice—effective communication can convert misconceptions into motivation. By recognizing older adults not merely as care recipients but as partners in advocacy and education, nurses can lead the creation of dementia-friendly and compassionate communities that are rooted in both science and culture.

This table presents the three overarching themes and their corresponding subthemes derived from the qualitative content analysis. Each theme reflected a progression in understanding from fragmented awareness and cultural normalization to openness and empowerment among older adults in Cebu City.

Synthesis

In sum, the three themes revealed a trajectory in how older adults in Cebu City understand and respond to dementia. At first, dementia was experienced as a fragmented puzzle (Theme 1), with awareness shaped primarily by caregiving or personal illness rather than structured education. This partial understanding was reinforced by cultural myths of aging (Theme 2), where frailty and forgetfulness were accepted as natural, inevitable consequences of growing old. Such beliefs blurred the boundary between healthy aging and pathological decline, thereby normalizing impairment and discouraging early help-seeking.

Yet, embedded within these narratives of confusion and fatalism was also the potential for transformation. When dementia was explained in clearer and culturally resonant terms, participants shifted from resignation to receptivity (Theme 3), expressing optimism and willingness to support dementia-focused programs for themselves, their families, and their communities. This progression—from fragmented knowledge, to fatalistic

Table 3. Summary of Themes, Subthemes, and Core Meanings

Main Themes	Subthemes	Core Meanings and Illustrative Insights
Theme 1: Unraveling the Cognitive Puzzle <i>Older adults' fragmented understanding and experiential awareness of dementia</i>	1.1 Fragmented Knowledge and Misconceptions	Dementia often equated with ordinary forgetfulness; limited conceptual clarity; symptoms recognized but not labeled as illness.
	1.2 Learning Through Experience	Awareness arises from caregiving or personal diagnosis rather than formal education; knowledge develops reactively rather than proactively.
	1.3 The Cultural Lens of Understanding	Idioms like <i>nagbabalik sa pagkabata</i> ("returning to childhood") and <i>tumatandang paurong</i> ("growing old backward") normalize cognitive decline and delay recognition as illness.
Theme 2: The Myths of Aging <i>Beliefs that equate aging with inevitable decline and normalize dementia</i>	2.1 Aging as Decline and Inevitability	Participants view aging as a natural process of deterioration; forgetfulness accepted as part of life's course.
	2.2 Cultural Stereotypes Reinforcing Fatalism	Cultural expressions frame decline as expected; metaphors reinforce passive acceptance of frailty and discourage help-seeking.
	2.3 Blurred Boundaries Between Normal Aging and Disease	Difficulty distinguishing normal aging from dementia; normalization of symptoms contributes to delayed diagnosis.
Theme 3: Discovering Hope in Aging <i>Openness to learning and transforming beliefs about dementia</i>	3.1 From Fatalism to Awareness	Participants' views shift from resignation to understanding once dementia is explained clearly; awareness replaces fear.
	3.2 Readiness for Education and Support	Growing enthusiasm for community-based programs; recognition of the need for knowledge and family support.
	3.3 Empowerment Through Understanding	Knowledge fosters agency and hope; participants envision active roles in awareness and caregiving within their communities.

acceptance, to hopeful openness—highlights both the challenges and opportunities for nursing and public health practice.

The synthesis underscored that dementia perceptions are not fixed. While shaped by cultural idioms and experiential knowledge, they remain open to reinterpretation through dialogue, education, and supportive interventions. For nurses and health leaders, this trajectory affirms the importance of moving beyond the recognition of misconceptions toward strategies that correct myths, strengthen family and community support systems, and embed dementia services into primary health care. In this way, the study points to a pathway where cultural framings become starting points for engagement rather than barriers, and where older adults themselves are empowered to be partners in building dementia-friendly communities.

Limitations

This multiple case study involved five older adults from a single urban location, Cebu City, which limits the transferability of findings to other Philippine contexts, particularly rural or ethnolinguistically distinct regions. Since interviews were conducted and translated between Cebuano and English, some nuances or idiomatic expressions may have been altered during transcription or translation despite careful verification. The inclusion of a brief dementia education segment after the open-ended interviews may have also shaped participants' later reflections, as awareness evolved during the conversation itself. Furthermore, while NVivo software facilitated systematic coding, the interpretation of meaning units and latent content inevitably reflected the researcher's subjectivity, even with reflexive journaling and peer debriefing to mitigate bias. Future studies could expand this inquiry through larger, more diverse samples or mixed-method designs to examine how perceptions of dementia evolve across time and cultural settings.

Researcher Reflexivity

As the principal investigator and a nurse-researcher, I entered the study with professional awareness of dementia as a medical condition, yet I remained conscious of how this biomedical orientation might contrast with participants' culturally grounded perspectives. To minimize interpretive bias, I engaged in reflexive journaling throughout the research process, documenting my assumptions, emotional responses, and evolving understanding of participants' worldviews. This reflexive stance helped balance my dual role as educator and listener in order to ensure that participants' voices—not my professional lens—guided the analysis. Periodic peer debriefings with colleagues familiar with qualitative inquiry further supported critical reflection and maintained analytic rigor. Ultimately, the reflexive process deepened my

appreciation for the cultural logics that had shaped older adults' interpretations of dementia, consequently transforming the research encounter into a space of mutual learning and empathy.

Conclusion, Recommendations, and Implications for Nursing Practice

This study revealed that older adults in Cebu City often interpret dementia through cultural beliefs and lived experiences, specifically regarding it as ordinary forgetfulness or a natural part of aging, captured in idioms such as *nagbabalik sa pagkabata* (“returning to childhood”) and *tumatandang paurong* (“growing old backward”). Such framings normalize decline and discourage early help-seeking. Yet, once dementia was explained in clearer, culturally resonant terms, participants expressed openness to education and community-based support—demonstrating that misconceptions can be transformed into proactive engagement.

These findings point to several recommendations. Nurses should lead culturally sensitive education campaigns that respect local idioms while clarifying the medical nature of dementia. Integrating routine screening into primary and barangay-level health services can promote early recognition and timely intervention. Programs must also support families through counseling, training, and respite services, recognizing dementia's impact on households. Policy development is crucial, with the Cebu City Dementia Screening and Intervention Program offering a model for wider replication. Capacity building for nurses and other health professionals should ensure dementia care is strengthened through continuing education and integration into nursing curricula.

In conclusion, while misconceptions persist, they need not be barriers. They can serve as entry points for dialogue, education, and policy innovation. By leveraging older adults' openness, nurses can transform resignation into empowerment and stigma into solidarity—leading efforts to build dementia-responsive communities in the Philippines.

Future research should examine dementia literacy in diverse and underserved populations, explore caregiver coping strategies, and evaluate existing community-based programs. Comparative insights from other Asian contexts, such as China and South Korea, can further enrich local practice and inform culturally grounded, globally relevant approaches to dementia care.

References

- Braun, K. L., & Browne, C. V. (1998). Perceptions of dementia, caregiving, and help seeking among Asian and Pacific

- Islander Americans. *Health & Social Work*, 23(4), 262–274. <https://www.hawaii.edu/aging/wp-content/uploads/2016/01/Perceptions-of-Dementia.pdf>
- Debout, C. (2016). Qualitative case study. *Soins: La Revue de Référence Infirmière*, 806, 57–60. <https://doi.org/10.1016/j.soin.2016.04.018>
- Dionigi, R. A. (2015). Stereotypes of aging: Their effects on the health of older adults. *Journal of Geriatrics*, 2015, 954027. <https://doi.org/10.1155/2015/954027>
- Dobrowolski, C. (2014). Myth: Dementia is a normal part of aging. *Dalhousie Medical Journal*, 40(2), 18–19. <https://doi.org/10.15273/dmj.vol40no2.4539>
- Dominguez, J., de Guzman, M. F., Reandelar, M., & Thi Phung, T. K. (2018). Prevalence of dementia and associated risk factors: A population-based study in the Philippines. *Journal of Alzheimer's Disease*, 63(3), 1065–1073. <https://doi.org/10.3233/JAD-180095>
- Fowler, N. R., Boustani, M. A., Frame, A., Perkins, A. J., Monahan, P., Gao, S., Sachs, G. A., & Hendrie, H. C. (2012). Impact of patients' perceptions on dementia screening in primary care. *Journal of the American Geriatrics Society*, 60(6), 1037–1043. <https://doi.org/10.1111/j.1532-5415.2012.03991.x>
- Graneheim, U. H., & Lundman, B. (2004). Qualitative content analysis in nursing research: Concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today*, 24(2), 105–112. <https://doi.org/10.1016/j.nedt.2003.10.001>
- Gustafsson, J. (2017). *Single case studies vs. multiple case studies: A comparative study*. Halmstad University. <http://www.diva-portal.org/smash/get/diva2:1064378/FULLTEXT01.pdf>
- Jorm, A. F., Korten, A. E., Jacomb, P. A., Christensen, H., Rodgers, B., & Pollitt, P. (1997). "Mental health literacy": A survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment. *Medical Journal of Australia*, 166(4), 182–186. <https://doi.org/10.5694/j.1326-5377.1997.tb140071.x> (Your draft listed 2006; the classic MHL paper is 1997.z)
- Kohlbacher, F. (2006). The use of qualitative content analysis in case study research. *Forum: Qualitative Social Research*, 7(1), Article 21. <http://nbn-resolving.de/urn:nbn:de:0114-fqs0601211>
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. SAGE.
- Liu, D., Hinton, L., Tran, C., Hinton, D., & Barker, J. C. (2008). "Knowing and not knowing": Illness recognition in Chinese dementia caregivers. *Aging & Mental Health*, 12(6), 805–817. <https://doi.org/10.1080/13607860802380694> (Your draft listed 2013/vol 12; corrected to 2008, vol 12.)
- Lynch, K. (2014). *The Irish national dementia strategy*. Department of Health. <https://health.gov.ie/wp-content/uploads/2014/12/30115-National-Dementia-Strategy-Eng.pdf>
- Newman, C. (2017, October 24). Minding the gap in Philippines' mental health. *Business World Online*. <https://www.bworldonline.com/minding-gap-philippines-mental-health/>
- Prince, M., Wimo, A., Guerchet, M., Ali, G.-C., Wu, Y.-T., & Prina, M. (2015). *World Alzheimer Report 2015: The global impact of dementia—An analysis of prevalence, incidence, cost and trends*. Alzheimer's Disease International.
- Philippine Statistics Authority. (2016). *Highlights of the 2010 census-based population projections*. <https://psa.gov.ph/content/highlights-2010-census-based-population-projections>
- Sun, F., Gao, X., & Coon, D. W. (2014). Perceptions of dementia in Asian communities: A systematic review. *Aging & Mental Health*, 18(6), 707–718. <https://doi.org/10.1080/13607863.2013.875125>
- Valdez, P., Angeles, J. L., Pareja-Corpuz, E., & Hernandez, C. (2013). Perceptions towards aging among selected Filipino adults. *International Journal of Research Studies in Psychology*, 2(1), 89–96. <https://doi.org/10.5861/ijrsp.2013.458>
- Wang, J., Xiao, L. D., & Li, X. (2018). Health professionals' perceptions of developing dementia services in primary care settings in China: A qualitative study. *Aging & Mental Health*, 23(4), 447–452. <https://doi.org/10.1080/13607863.2018.1426717>
- World Health Organization. (2017). *Mental health of older adults*. <https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults>
- World Health Organization. (2018). *Dementia*. <https://www.who.int/news-room/fact-sheets/detail/dementia>
- Yin, R. K. (2018). *Case study research and applications: Design and methods* (6th ed.). SAGE.

ABOUT THE AUTHOR



Dr. Mark Gilbert S. Milallos is a faculty member of Cebu Normal University College of Nursing. He is currently pursuing his Doctor of Philosophy in Nursing and finished his Doctor of Science in Nursing Major in Gerontology Nursing and Master of Science in Nursing Major in Medical-Surgical Nursing from Cebu Normal University. He also obtained a Diploma in Professional Education from Cebu Technological University and finished his Bachelor of Science in Nursing from the University of Cebu – Banilad. His research interests include HIV/AIDS, Dementia, Mental Health, and Gerontology Nursing.