Caring for Aging Muslim Families: A Needs Assessment

By Kristine J. Ajrouch, PhD
ISPU Fellow

Institute *for* Social Policy *and* Understanding

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About the Author

Dr. Kristine Ajrouch is a Fellow at ISPU and a Professor in the Department of Sociology, Anthropology, and Criminology at Eastern Michigan University. Her research interests include matters of social relations and aging, with emphasis on gender, race/ethnicity and socioeconomic status. She recently completed a study, funded by the National Institute of Aging, which examined issues of social relations and health among Arab American elders.

Editor

Katie Grimes, ISPU Communications Associate

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Executive Summary

Introduction

Demographic shifts in the U.S. as well as globally have made aging an issue of high interest, yet little is known about the realities of Muslim experiences. An effective approach must incorporate the diversity of Muslims, so as to avoid a homogenizing framework. The findings presented here have provided some preliminary insights into the range of attitudes and experiences among a diverse group of Muslim elders. This study also suggested a foundation for developing care and formal support options that minimize the anxieties and stresses for both the elders and their families. Exploring the ways in which they make sense of their situations has provided evidence for a more genuine understanding of needs, strengths, challenges, and how such realities may inform the way forward.

Although Muslims in the U.S. are quite diverse (Leonard, 2003; Read, 2008) and vary by race, ethnicity, and socioeconomic and immigrant status, family relations are considered a basic resource in Islam, particularly concerning challenges associated with aging. Individualism is not embraced as much as is interdependence, especially among Muslim immigrants (Sengstock, 1996). Along with interdependence comes social pressure from the community as well as the pull of moral duty to care for parents (Hasnain & Rana, 2010; Sengstock, 1996). The stigma of illness/disease and/or discomfort of asking for help in general (Hasnain & Rana, 2010; Sengstock, 1996) often requires family members to become deeply involved in care (Hasnain & Rana, 2010; Sengstock, 1996).

This project documents care as well as social relations needs prevalent across subgroups of American Muslims: African American, Albanian, Arab/ Middle Eastern American, and South Asian. It also uncovers strengths identified by Muslims as well as challenges they face as the population grows older. The research used a multi-method approach, including focus group discussions with older adults (60+) and one-on-one interviews with community leaders in the metro-Detroit area, as well as a web-based survey distributed to Muslim email lists where respondents living in the United States responded about themselves if they were 60+, or their parent or grandparent who was 60 years or older. The sample identified may not necessarily represent all Muslims across the U.S., but nevertheless it provides critical preliminary information concerning aging families.

Findings

- Survey results identify the top three needs as taking care of home (54 percent), transportation (42 percent), and physical health (40 percent; i.e., taking medicine).
- Whether U.S. or foreign-born, respondents report similar levels of need. Arab/Middle Eastern Americans report not only higher proportions of need and receiving help in most areas, but also high levels of satisfaction with received help. African Americans report lower levels of need and help received, but are most likely to report lowest satisfaction with help they receive.
- Elders elaborate needs by discussing the importance of meaningful social relations both with the younger generation and with same-age peers.
- Community leaders believe Muslim communities must unite to effectively address needs.

- Strengths include the elevation of elders in scripture and community tradition. Community leaders emphasized advantages from integrating older adults into general community activities.
- Top challenges that American Muslim communities face in addressing needs related to aging include generational conflict, perceived discrimination, prioritizing issues related to aging, the ability to talk openly about aging issues, and locating funding to design initiatives.
- Future planning directions include a desire for Muslims to care for their own. Elders caution that proceeding with small steps is important to ensure success. Community leaders emphasize the importance of moving beyond the *mosque*[a] as an effective means of achieving acceptable and effective care options.

Discussion and Conclusion

This study initiated inquiry into the dynamics of aging Muslim families in the United States. Through multiple modes of data collection, this study yielded results that raised important issues faced by all of the Muslim families surveyed, as well as aspects that may be prevalent depending on ethnic group or immigrant status. Findings will help stakeholders in the Muslim community to direct their attention to key areas as they support the needs of a growing population of older adults.

For **elders and families**, the study showed that relationships with *both* younger generations as well as same-age peers represent an important area of well-being.

For **religious leaders**, it showed the importance of talking openly and regularly about aging issues, vigilantly emphasizing how important the roles and responsibilities are of the entire community, above and beyond the family, to address care needs.

For **service providers**, the study showed that though needs related to aging are similar for all surveyed Muslims, the experiences of receiving help and satisfaction with that help varies to a certain extent by race and ethnicity.

For **community-based funders***,* the study showed the importance of proactive planning and prioritizing aging as a critical issue for the American Muslim community.

Finally, for **local and state government policy makers and legislators**, it showed that supporting community-based initiatives that attend to the needs of aging Muslim communities may yield effective results that enhance the lives of elders and their families, as well as community and society.

[a] Mosque: A Muslim place of worship.

Background

Islam advances a clear position on the status and care of older adults. The *Quran* [b] includes several passages referencing potential decline in old age, while also making clear that the younger generation shall serve elders kindheartedly and speak to them gently.[1] Moreover, elders are valued for the role they played in child rearing, and hence children are duty-bound to support their parents in old age. Many Muslims interpret this directive to mean that children are solely responsible to care for elders in times of need (Ajrouch, 2008). Though religious scripture mandates caring for aged parents, Islam directs society to care for all elders (not only parents). As in most religious traditions, caring for older adults is considered a moral and religious obligation of Muslim society (Misha'l, 2005–2006; Said, 1989). According to Said (1989), the needs of Muslim elders include multiple dimensions; the elder should have enough money to cover his/her needs, have access to health care, and, lastly, be integrated socially and treated kindly to enhance his/her state of mind. Most Muslim communities in the United States, however, have been slow to develop programs aimed at supporting the aging family.

Aging & Muslim Families in the United States

Race and ethnicity shape family relationships in American Muslim daily life. Among African Americans, family characteristics often include the prominence of *fictive kin*, or close friends who take on family roles and responsibilities (Dilworth-Anderson & Burton, 1999), as well as key involvement of extended family (Carter, 1997) for care. There is a paucity of research focused specifically on Black Muslim families, however, and how Islam influences the nature of family relations and expectations (see Roer-Strier, Sands, & Bourjolly, 2009 for a discussion of African American family reactions to daughters' conversion from Christianity to Islam).

Family reputation marks the defining character of Muslim families with an immigrant background, regardless of whether they hail from Arab countries (Sengstock, 1996), South Asia (Ross-Sheriff, 1994), or Albania (Trix, 1994). The pull of moral duty to care for parents especially given the stigma associated with seeking help from outside the family all inform reputation in the immigrant Muslim community setting (Hasnain & Rana, 2010; Sengstock, 1996). The use of Islam as both a coping strategy as well as mandate to guide behavior that upholds family reputation has been found among Muslim Arab Americans (Ajrouch, 1999) and South Asians (Ross-Sheriff, 1994). Yet, Albanian immigrants prefer "relational coping strategies" (Dow & Woolley, 2011, p. 103), that is, gathering with trusted others to discuss issues that must be addressed, and moreover reject religion as a viable coping resource, having come from a Communist country where religion was legally banned (Trix, 2008).

Older adults often serve an important resource function in families, helping to reshape traditional culture and care for grandchildren, yet they may also incur challenges associated with few economic resources, health status, and social isolation.

[b] Quran: Central religious text of Islam, which Muslims believe to be a revelation from God.

Aims of the Current Study

A multi-method needs assessment was planned to obtain an in-depth understanding of older adults in Muslim families and the potential role of faith communities in supporting aging families.

Four Muslim centers in the metro-Detroit area were approached and invited to take part in the needs assessment: the Muslim Center of Detroit,[2] located in a low-income urban neighborhood in Detroit, with a predominantly African American and Gambian population; the Islamic Center of America,[3] located in a middle-class suburb of Detroit that caters to a predominantly Arab (Lebanese) population; the Muslim Community of Western Suburbs (MCWS),[4] located in an middle- to upper-middle-class western suburb of Detroit with a predominantly South Asian (Indian and Pakistani) population; and the Albanian Islamic Center,[5] located in a middle-class, east-side suburb of Detroit that caters primarily to Albanian and other eastern European Muslims. The Centers are for all practical purposes operating independent of one another, and each varied in terms of resources, programs, and community outreach.

The religious leader (*imam* or *sheikh*)[c] from each center was interviewed, along with two board members (one man and one woman). Moreover, six leaders in the community (three men and three women), all but one not associated in any formal way with the Muslim centers who formally participated, were interviewed. Together, 18 "community leader" interviews were completed. Additionally, four focus group discussions took place. Each group included 8–13 older adults (60+) who were identified as members of the above-mentioned mosques. Community leaders and elders discussed needs, strengths, and challenges the Muslim community faces concerning aging, as well as the potential role of mosques in addressing needs. The web-based survey sample was comprised of individuals from various Muslim email lists, identified in collaboration with ISPU, nationally as well as locally (in the metro-Detroit area). Participants reported on food (preparing meals), self-care (washing, bathing, or dressing), physical health (making doctor's appointments, giving you medicine, taking you to the doctor), memory loss, accommodation/place of residence (mowing the lawn or cleaning your home), transportation, and social contact. The sample identified may not necessarily be representative of Muslims across the U.S., but nevertheless it provides critical preliminary information concerning aging families.

[c] Imam: A Muslim prayer leader; Sheikh: A religious leader.

Results

Who Participated?

Survey respondents ranged in age from 18 to 80, with an average age of 48. Forty-six percent were women, 51 percent immigrants and reported being in the U.S. on average 31 years. All survey respondents had college education, with 32 percent reporting advanced degrees (PhD/MD/JD). Survey participants were predominately South Asian (53 percent). The focus group and community leaders, on the other hand, were relatively equally distributed by ethnic group: African American, Albanian, Arab/Middle Eastern American, and South Asian. The average age of focus group participants ranged from mid-60s to mid-70s. Approximately half were women and they reported being in the U.S. on average for 40 years or more. Education levels varied by focus group; South Asians reported the highest education levels (at least a master's degree). Community leaders ranged in age from 26 to 71, with an average age of 52. Thirty-nine percent were women, 56 percent were immigrants and on average they reported being in the U.S. for slightly more than 31 years. Community leaders were highly educated, reporting on average at least a 4-year college degree (see Tables 1–3 in Appendix A).

Needs

Findings for the total survey sample are presented first, followed by differences according to ancestry and immigrant status. Focus group and community leader data are provided to illustrate meanings associated with survey findings.

Survey data showed that the top three needs included taking care of home (54 percent), transportation (42 percent), and physical health (40 percent; i.e., taking medicine). Arab/Middle Eastern Americans reported higher proportions of need and receiving help in most areas, while African Americans were most likely to report lowest satisfaction with the help they were receiving (see Table 3 in Appendix A). No differences emerged in help needed or received by those with immigrant status. Whether U.S. born or not, respondents reported similar levels of need. Yet, satisfaction with help received did vary where immigrants reported lower satisfaction in help they received concerning physical health needs, but more satisfaction in help received taking care of the home (see Table 4 in Appendix A).

Social isolation overall for all groups was low with a full 97 percent talking to at least one person on a regular basis. On average, elders had most contact with family (82 percent of those listed were family members). African Americans reported more diverse networks, and immigrants the least diverse. Participation in organized social activities was overall high. Seventy-eight percent of elders reported they had participated in some organized activity. African Americans were most likely (92 percent), and Arab Americans were least likely (67 percent).

Discussion among older adults provides deep insight into their emerging needs. As elders elaborated potential and experienced needs, they highlighted aspirations for an elevated quality of life through relationships they have with others (family, youth, and peers) and the regard with which they are held in those relationships. Women, in particular, tended to express decidedly pragmatic approaches to care and social needs. Though focus group participants referred to transportation and other needs specifically asked about in the survey, they also elaborated in some detail on interpersonal relations with close and important others and the position of the elder in those relationships. Such discussions provide a sense of the meanings attributed to arising needs.

Participants concurred that loss of independence and inability to care for themselves, and how this impacts their relations with family, in particular, shape quality of life. Most feared becoming a burden on their children should they need care in later life. They described older adults as a heavy responsibility:

> **Rehena**: It's very difficult to take care of . . . very difficult. If you are not related it's harder.
>
> I**rfan**: Let's put it this way sister, it takes a big heart to take care of the elder. When it comes to your home it takes a big heart for a daughter or a son to take care of the parent, old people, elderly people.
>
> **Nouri**: It's backbreaking.
>
> (SOUTH ASIAN)

However, when the topic of nursing homes arose, some expressed feeling fearful about needing to go into a nursing home, especially in the area where they reside:

> **Nouri**: And I tell you, it was appalling the conditions of the nursing homes here. They all reeked of urine, they were just awful, they looked like prison rooms. So I'm afraid to get old in Canton, I really am.
>
> (SOUTH ASIAN)

Having her own parents in a nursing home, Nouri had major concerns about living in a nursing home herself. Yet, it was not the idea of living in nursing home that worried her; instead it was that current options did not meet needs culturally or religiously. Elders suggested that facilities catering to Muslims would reduce the probability of becoming a burden:

> **Ron**: But something like that facility geared toward the Islamic community would be huge.
>
> **Alec**: In relationship to that I think part of the thing that the community needs, not necessarily just a nursing home, but health education, a facility for retirees. . . . A senior center would be very essential . . . my greatest fear is for me to become a burden on any of my children. I just got married recently and I don't want to be a burden on my wife either. So, but I think other people would think along the same lines. And I used to think seeing these guys out there and say hey, we should have a senior center where they could have activities that would help them develop, grow into whatever skills they have, but really good information about how to take care of themselves.
>
> (ARAB AMERICAN)

Yet, not all Muslims viewed being taken care of by children as burdening them. Within the Albanian focus group discussion, disagreement arose, especially between women and men, about accepting or expecting children to care for parents in times of need:

> **Sami**: Actually there is the best way. There is . . . the family. . . . Like my grandfather and my great-great-grandfather, you know, same thing they taught our generation like this . . . our son, our daughter have to take care (of us).
>
> **Nevres**: But I see reality how it is now, and I don't accept that, to tell my children they have to do that. I don't accept that. . .
>
> **Betty**: . . . You're not expecting it.

> **Nevres**: Yeah. But I mean I'm not saying they're not gonna help me. (But) they have little kids.
>
> (ALBANIAN)

Whereas Albanian Muslim men relied on the traditional ideals of having children care in times of need, Albanian Muslim women retorted with concern and worry about the pragmatics of grown children caring for older adults in today's world.

To combat negative feelings such as worthlessness that may arise among older adults, many participants introduced the need to interact with the younger generations, a situation that would benefit both parties. The young would gain an opportunity to learn from the knowledge and experiences of elders, while at the same time providing elders a sense of worth as contributing members of their communities.

> **Ghazala**: And they can do things, for example, teach her to cook for example, teach her to sew, teach how to knit. I mean I'm just giving you examples. And you know, lots of other things, they're good at math for example. People from Southeast Asia are very good at math, but they're not over here . . . so they could teach the kids, some of the kids who are behind. Give math classes.
>
> **Rehena**: We have a school next door, full-time school . . . so I talked to the people there and I said why don't you, you know, you have all the kids, can the adults come and interact with them, put two hours or one hour. Sit with the kids play with them, talk to them. But the problem came like who is going to drop them and who is going to pick them up and bring them back.
>
> (SOUTH ASIAN)

Recognizing the benefits of intergenerational relations included proposals for programs through the mosque where young and old come together and benefit from the results of such contact. These sentiments highlight a commitment to age integration. In other words, high value is placed on ensuring regular contact between the old and young.

Equally important was the notion of peer relations. Differences in interests and values between the elder and the younger generation make spending time with peers highly desirable. This was expressed through such ideas as having a "senior day" at the mosque:

> **Ahmad**: Have a senior day.
>
> **Isaac**: Yeah senior day, or senior month even, whatever, make something.
>
> **Imam Khalil**: We also, at our Imam's meeting last week we talked about making a stronger effort to visit those people who are sick and who are shut in. And these people are seniors.
>
> **Isaac**: That would definitely be the seniors.
>
> **Khalilah**: Well you can have a senior's day and have an intergenerational day, bring them together.
>
> **Everybody**: Yeah, yeah.
>
> (AFRICAN AMERICAN)

Indeed, participants expressed a strong desire to spend time with their peers:

> **Ghazala**: People want their own age as better company for them. . . . I'm telling you this because the ideas change. For example, nowadays what do children talk about? The Internet, ok. Internet, Internet, Internet, alright . . . even though I know about it. I work in the hospital with it, but it's not the same thing. I still like to talk to my peers, even I've lived here for so long. It's as simple as that, you know.
>
> **Rehena**: The children are so busy texting all the time.
>
> (SOUTH ASIAN)

In sum, the needs identified by all elders pointed to ways that would enhance a high quality of life. Preferences for care in times of need as well as promoting intergenerational and peer relations dominated their discussions regardless of ancestry or immigrant status.

Community leaders added depth to understanding needs by speaking from a less personal vantage point that often reflected their role in the community. For instance, religious leaders identified a spiritual element, advancing need for Islamic messages and ways of thinking. Board members introduced the need for educational and informational programming to provide guidance for elders and families on resources available in older age and how to maintain good health. Perhaps most instructive, however, was the recognition that needs vary because the older Muslim population is heterogeneous, varying on factors such as whether they are young-old/old-old, working or not, healthy or not, and immigrant or not. Also introduced was diversity in the community because of ethnicity and sect. The importance of identifying heterogeneity (individual level differences that show individuals age differently) and diversity (group-level differences that connote power differentials) lie in their relevance to thinking about and ultimately designing ways to address needs. Though the aging process is universal, the aging experience itself requires recognition of the various ways in which Muslims grow older.

For instance, recognizing heterogeneity based on immigrant status illustrates the importance of attending to different mindsets and expectations when it comes to addressing needs. As expressed by one community leader as he reflected on how to best address needs of older Muslims:

> There is a wide range of philosophical ideas out there . . . with immigrants, 1st generation and 2nd generation, some would be receptive and some would not. They may say that we're creating a system that would make it easy to bring your parent for someone else to care for and that they may break up the nuclear family. Also based on national background there are many different beliefs on the subject. It's not "one size fits all." (Kassem, ICA)

Reference to "philosophical ideas" suggests that thinking on the subject varies. In this case, whether one is born in the U.S. or an immigrant shapes the differing viewpoints. This is identified not just in terms of thinking about how to address needs but also as a critical difference in basic health and lifestyle behaviors, where immigrants are characterized as having "no mindset for preventive care" (Entela, AIC), as well as lack what could be termed productive civic engagement aspirations:

> I feel that Muslims don't feel comfortable doing things outside of the community, sometimes I don't think they feel comfortable doing things inside of the community. They sit and smoke and have coffee. They need to understand they have more to offer. I am US born. Most of the people I'm referring to are immigrants; they don't understand the society that we're in and the needs of the society. They have never been into the system like me, understanding society within. (Hajj Eide, ICA)

Others elaborate that such difference stems from not just whether or not one is an immigrant, but also if they recently immigrated as older adults or arrived as young adults:

> So you will have two different perspectives from those two groups. My dad came in 1965, so when he saw another brown person you would go and connect with them because you just don't see that many (brown) people. They didn't have paved ways. They are very independent and you had to have a strong personality and work hard. And they did everything for their kids. . . . The more recent immigrants are more likely to live with their parents. They're bringing their parents at a stage where they (the elderly) need their children. (Haaris, MCWS)

The tension introduced above highlights varying degrees of need older family members may have, and hence the ways in which adult children may address those needs. Indeed, immigrant issues arose as one important area that structures the heterogeneous Muslim aging experience.

Diversity by national origin and sect, moreover, has led to separation of Muslims, an occurrence that community leaders admonished. Because aging is a universal life experience, community leaders called for more collaboration among and between Muslim communities:

> One mosque can't do it. The Lebanese mosque, Syrian mosque, Iraqi mosque need to come together as Muslims. Immigrants have their own mosques; we need to overcome this. We need to come together and deal with the issues of aging. A single mosque cannot do it, financially or administratively. We have a problem getting imams together. (Hajj Eide, ICA)
>
> Our community needs to organize, we do not have a strong *shurra* [d] council to bring the mosques under an umbrella to work with the community, and facilitate projects. The only thing mosques are good at right now is getting together to condemn violence, stop anti-Islam movements, and fight things like the anti-sharia bill. (Dawud, CAIR-MI)
>
> We have to come together to know the importance and to work together and to know this is an issue. And we need to come together because one person cannot do this. We have to have a facility, and people coming from different places . . . if we have one voice we can offer that to the community. If we come together and see this as important and build one facility, we can do that. (Imam Ceesay, DMC)

They advise not only a need to prioritize aging issues but that to effectively address those needs various Muslim communities must unite. We turn next to strengths identified in Muslim communities.

Strengths

Strengths of the Muslim community were identified by both focus group participants and community leaders. Both referenced cultural and religious attributes. All advanced the benefit of traditionalism, defined as the extent to which strict interpretation or application of religious and/or cultural norms ensure that older adults are valued by family and community. Such themes arose prominently in the context of discussing living arrangements. Participants highlighted the importance and value in traditions for the community:

[d] Shurra: Consultation seeking.

> **Mede**: Our customs are that the families take care of themselves, you know . . . family is the main thing. I don't think that anybody else can come and take care of my family because I'd be insulted . . .
>
> **Najmiye**: . . . Yeah, ashamed.
>
> **Mede**: Yeah I'd be insulted, to tell the truth.
>
> **Najmiye**: I took care of my parents, they were 90 and 96 years old.
>
> (ALBANIAN)

Along with tradition comes a strong sense of shame when ideals are not followed, and in this case the ideal involves taking direct care of one's own family. Taking care of elders means keeping them in the home and providing all basic necessities. Even if the elder is ill or immobile, the family still holds direct care responsibility. The only condition identified where accepting to seek outside help may occur concerns Alzheimer's Disease, as it is a disease that requires the family to give continuous 24/7 care. Since it is a relatively newly experienced disease, it may open the way for thinking about how to receive outside help.

The importance of traditional family relations is often described as an ideal from the past, or an ideal found in the immigrant homeland:

> **Rehena**: . . . Care giving for the older family member. If they're living with you, and have medical problems, not able to take care of themselves and both husband and wife are working, how do you handle that situation?
>
> **Irfan**: We all lived in one—under one roof. I still have people back home, back in India. I mean the father has 7 sons. All sons got married and they have a complete house filled with 65 people living in one big palace. Nobody is allowed to go out of the house. Even the sons may purchase houses outside, marble houses, believe me or not, but they're all living under one roof.
>
> **Nouri**: See brother, I don't mean to interrupt you, but on that point, we need to educate our community that we can't do that anymore.
>
> (SOUTH ASIAN)

Interestingly, it may be that the application of traditionalism varies by gender. While Irfan made the argument that the cultural background they come from values a traditional family structure, the two female participants, Nouri and Rehana, counter-argued that this value may not be realistic given that the culture and society they now live in makes it challenging to keep practicing that value as it was in the past. Gender differences in traditionalism also emerged during the Albanian focus group. Women expressed no preference to live with their children when they reached old age and were not opposed to living in a nursing home. On the other hand, men wanted to live with their children and expected children take care of them rather than live in a nursing facility.

> **Betty**: I'd be the first one to go [to a nursing home].
>
> **Moderator**: Yeah. Well I guess the question that I had would you want your children to do for you what you did for your parents?
>
> **Ladies**: No, no, no.
>
> **Nevres**: No, absolutely not.
>
> **Atixhe**: If they want to do it that's fine but . . .

> **Nevres**: No no, we—and I don't want to live with my children . . . no, absolutely not.
>
> **Sami**: Yeah everybody . . . they think . . . "I don't want to live with my son or his wife." No it's not right, you know. There is the best way. We respect our family, our father and mother. And I'd like my son to respect me in the future like this. If I need it, I would like (my children) to take care of me in the future. . . . If I get a stroke maybe at 70 years old or 80 years old, if I get any kind of problem and I can't walk, I can't do. Who has to take care of me. . . . No I don't like the nursing home, I don't like the nursing home. But my son, my daughter, you know they give respect. If I go to a nursing home, the people over there, they're gonna kill you.
>
> (ALBANIAN)

While they took care of their parents and in-laws in old age, the women did not expect their children to do the same for them. Not only did they realize their children have been brought up in a different place and time, but they expressed a desire to shield their children from the challenges of providing care for an elder. Most (though not all) men, on the other hand, appear to prefer tradition. Such preference may stem from the fact that hands-on caregiving is generally carried out by women, not men, and hence they do not undergo the "backbreaking" experience (as described by Nouri) that comes with direct caregiving.

While traditionalism stemmed more from cultural beliefs and values rather than religion, reference to scriptural mandates for how to treat elders emerged as a way to identify strengths in the Muslim community. Interestingly, all groups referenced scripture except for the Albanians, who instead referenced traditional ideals that were more cultural. Nevertheless, scripture, or direct reference to Quranic teaching about treating elders, emerged as a key strength identified by participants. There is a strong mandate through Quranic scripture that one will always be indebted to his/her parents, for they have made many sacrifices for him as a child and therefore one must do the same for the elder parents. Parents and elders must always be held in high regard and given respect. Irfan, from the South Asian focus group, referred to the Qur'an and shared a story about a man who asked Prophet Muhammad about his responsibilities toward his mother, relaying to the prophet on three occasions all that he had done to treat his mother well. On the third visit:

> **Irfan**: So it was the third time and the prophet said, "Let me tell you something. All that you have told me, all that you have done, you have done nothing compared to the pain your mother went through to put you out into this world." He said, "You cannot pay and recompensate for what your mom did." That's then. . . .
>
> **Nouri**: They come before your kids.
>
> (SOUTH ASIAN)

Nouri, who took care of her parents in old age though they lived in another state, often felt uneasy for taking attention away from her children; attention she felt they needed. She shared that she was reassured by members in her family that she was acting appropriately. Taking care of one's parents represents a blessed act.

Both tradition and scripture elevate the position of elders in the Muslim community. These ideals present potentially important resources to inform decisions as Muslim families develop ways to best address the needs of their parents in old age.

Community leaders also emphasized the preponderance for Muslims to integrate older adults into community activities as a strength. Whether it occurs through mosque activities or general social activities, community leaders sometimes emphasized ways in which older adults are active:

> There is still a social circle, especially among women through their daughters or daughters-in-law . . . a social life, they bring the elder into her circle of friends. They refer to older people in Arabic or Asian culture, they use a title such as aunt or uncle, not their first name. It's a sign of respect. When the daughter-in-law brings her mother-in-law into her circle of friends she automatically gets respect. (Alia, Muslim Social Services)
>
> We do allow the elders to participate, voting when we have issues to vote on. They help with the treasury. They sit on the board, because we need their wisdom. The strength of this particular center is that we do everything with family in mind. Pioneers are never excluded. (Catherine, DMC)

Active lives for elders is considered a strength and hence assumed to be a preferred goal. Finally, community leaders representing South Asian and Arab/Middle Eastern American Muslims elaborated an additional strength, that of human and financial capital:

> From my community most of us are generally well educated and have decent jobs and make good money and don't need help. (Akbar, IAGD)
>
> The only strength that I see in the Muslim community is that they want their kids educated. Muslims are committed to educating their children. It helps in improving our image to the non-Muslim community in that we could be as educated as non Muslims. (Hajj Eide, ICA)

In particular, the recognition that education is highly valued and that many members have advanced training in health or professional fields was cited as an important potential resource for the community.

Challenges

Challenges the Muslim community faces in caring for older family members were identified. Though elders occupy an elevated position through traditions and scripture, conflict within families as well as with others outside of family comprised the nature of challenges identified by elders.

Conflict abounded in relations with multiple groups, including youth. The youth generation is portrayed as practicing new attitudes and behaviors that conflict with traditional expectations regarding family, religion, and eldercare. Consider the following observation:

> **Ahmad**: Old school, old school, that's what they say. We're old school.
>
> **Imam Khalil**: Then they just brush you aside. Not realizing that those schools are the one that got them there. I mean— [*laughs*]
>
> **Khalilah**: They don't realize that they need to know the past to cope with the future and look for; I mean to cope with the present and look for the future.
>
> **Isaac**: Technology is something else
>
> **Imam Khalil**: Technology is a big contributor to separation. . . . I visit my family, but they're sitting there and . . . they're like zoned in, they're like hypnotized by those things.
>
> (AFRICAN AMERICAN)

Technology serves as a dividing source between the old and young, not only in the realm of behavior but also in informing an attitudinal gap. Preoccupation with rapid technological advancements and the

progress it represents often leads to a devaluing of older adults and their experiences. Focus group participants expressed how the youth generation holds values that differ from theirs. Moreover, South Asian, Arab/Middle Eastern, and Albanian elders described conflict with youth as reflecting in part clashes between immigrant and host country cultures. African American Muslims, on the other hand, introduced family conflict due to religious differences.

African American focus group participants discussed issues that may arise between them and their Christian family members. These participants' situations differed because they were all converts, thus they may or may not have other Muslim family members. Dietary restrictions and Islamic values introduced challenges for them to join other family members who serve alcohol and foods that are not *halal*[e] during family gatherings. This could pose problems as it may be yet another cause of isolation for older adults.

> **Isaac**: Nobody's avoiding me because I'm Muslim. I'm not avoiding anybody because of their Christianity. But I'm not going up to my family's house or anybody else's house and involve myself with those things that are restrictive to my religion. So that's the way that is. My daughter invites me over for every event. I say, "I'm not coming over there. I am not going to eat pork. I won't have any of this." You know, I just don't involve myself.
>
> **Khalilah**: I have friends who have barbeques, and that's a national thing here in the United States during the holidays and they knew that I didn't eat any pork. They asked where I buy my chicken and meat, and I'd tell them. They would go get it and (they asked) how do you want it prepared and I, if someone came in and they wanted to drink, they'd tell them in a minute "she don't drink leave her alone." You know and that type of thing. So for me it wasn't about that.
>
> (AFRICAN AMERICAN)

Again, gender patterns emerge with regard to how elders address this potential problem. The men's outlook takes on a more traditional essence than that of the women. While Khalilah might attend events with Christian relatives, but not take part in drinking alcohol or eating non-halal foods, Issac was not as open to the idea of attending such events with his Christian relatives.

Although all participants felt very much American, nonetheless, they felt that they were treated differently than the mainstream. Regardless of length of time they lived in the U.S. or whether or not they were U.S.–born, their ethnicity and religion threatened to set them apart from the mainstream, leading to an "us vs. them" mentality signifying perceived discrimination. In the African American focus group Ahmad shares that he feels he's not privy to helpful information because of his religion. He believes that others share important information with each other, about programs to help those in need, for example, but that information never gets to him, putting him at a disadvantage. The Arab/Middle Eastern focus group brings this issue to the surface as well.

> **Ron**: Well, us and them, that this "us" and "them" mentality seems to be getting stronger and stronger everyday. I'm third generation Arab American, but I can't tell you how many times I've been told to go back where I come from. I come from Dearborn, Michigan. My mother comes from Dearborn, Michigan. My grandmother . . .
>
> (ARAB/MIDDLE EASTERN)

[e] Halal: Lawful, permitted, good, beneficial, praiseworthy, honorable in Islam.

Complete absorption by American society is challenged since these Muslim Americans have both religious and ethnic characteristics that differentiate them from mainstream American society. Participants furthermore felt that they at times receive attacks through the media, further confirming an "other" position.

Community leaders echoed the conflict issues discussed in some depth by elders, but identified additional themes of importance. First, they introduced the challenge of community deficiencies. Community deficiencies comprised two issues; first, frustration that addressing aging issues are low priority for Muslim communities, and second, the perceived lack of connectedness between and among Muslims. They also elaborated obstacles inherent in perceived communication barriers. Specifically, this referenced difficulty in talking openly to older adults about their desires and needs, especially surrounding the issue of care.

The low priority afforded to Muslim communities on the issue of aging was repeated numerous times throughout the interviews. Community leaders cited concern with youth as well as larger sociopolitical issues as garnering the majority of attention and being perceived as more pressing for the community. Moreover, the financial costs of addressing needs of an aging population also contribute to making it low priority, i.e., perceived as impractical.

> We don't have much discussion in our community. We have forums about other issues like youth, domestic violence, drugs, interfaith, protests and rallies but no discussion about senior issues. It's past time that Muslim people come together to see how we're going to care for elderly . . . we need to talk about it now. We need to find time to deal with that. We spend time talking about battling Islamophobia, but we need to find time for this. (Kassem, ICA)
>
> The same challenges, members get busy. We live in a capitalistic society, not close by enough to take care of them like we should. We need to give them more attention. We need to do those things, and teach our kids to respect them more. We need to make sure that these things are taken care of and that they have a special place and that they are sought out for their wisdom. My nights are long because I live far from here, but I want to be involved. . . . In the same way we keep children involved we need to keep seniors involved too. Everything we do should have them in mind. (Catherine, DMC)
>
> Resources, financial. How do you pay for it? We should have already been planning for this a long time ago. Our population is already aged so can we do it fast enough? That's definitely an issue. Time is another thing in terms of families. Young families are busy, especially with work. Putting the time in to get whatever done is critical. Having some of these difficult discussions with our senior citizens without making them feel like we're marginalizing them is another issue. Some will be very offended. (Haaris, MCWS)
>
> When you get old you need more connections with people, with your family. We have strong family ties but that contradicts the life style that we have here in America. It's like a wall standing in the way. (Entela, AIC)

Presented above are narratives given by leaders representing each ethnic community to illustrate the overlap in terms of challenges identified. The *will* to think about and actively begin planning and designing ways to care for elders is identified as lacking. Of particular importance in these sentiments is the necessity of community-level involvement, above and beyond family, to address needs. Indeed, threat of loneliness and isolation are tied not necessarily to lack of family, but instead to lack of community. The reference to a fast-paced lifestyle in America does not necessarily mean elders are not

connected to families but instead signifies difficulty in socializing beyond the immediate family. For instance, when Entela observed the presence of strong family ties contradicting American lifestyle, she intimates at the notion of community. This is elaborated when she describes her attempt at community organizing to help older women enmeshed in family life:

> A few years ago I tried to start an organization, a woman's group through the mosque. With this kind of life they need something for themselves. They just work, work, work [taking care of children and grandchildren]. They need socialization. They came [to meetings], but they would rely on their daughters to bring them. I saw that everything that I was doing I was doing by myself. I'm a very busy woman too. I felt that it's not going where it should be. If I didn't do an event, nothing happened. I would tell them I'm busy with school, and I told them I need help. I didn't do it for the title or to be the leader, but I did it to organize some events. The older women were so happy. They tell me, "God bless you." You are doing a great job. (Entela, AIC)

Ultimately, this community leader found herself alone in community organizing and hence overwhelmed. The events she organized at the mosque were not only meant to provide opportunities for older women to get out of the routine of their busy life in America, but also to help the mosque and the Albanian community to realize that women serve a key function toward progress in society. In the end, she had to give up such activities because of the enormous level of work and commitment, above and beyond her professional and family roles. Such examples illustrate the need for community-level involvement.

Furthermore, the lack of open communication about aging matters on both a community level as well as an interpersonal level emerged as a challenge. Reasons cited include concern with larger sociopolitical issues, as well as the shame and embarrassment associated with openly discussing situations where parents are in need.

In sum, generational conflict, perceived discrimination, prioritizing issues related to aging, the ability to talk openly about such issues, and finding needed funding to design such initiatives reign supreme in articulating challenges Muslim communities face to address needs related to aging. Challenges identified by both elders and community leaders are seen to put older adults at risk of isolation and loneliness, and furthermore to potentially make care provision difficult for family members. Next we present findings indicating ways in which elders and community leaders believe Muslim communities may move forward on addressing aging issues.

Way Forward

Older adults and community leaders identified directions for future planning. While elders recognized that proceeding with small steps is important to ensure success, many community leaders emphasized the importance of moving beyond the mosque as an effective means of achieving acceptable and effective care options.

Elders and community leaders all suggested a desire for Muslims to care for their own. They felt this would make elders more comfortable with accepting formal support. Elders, however, sometimes felt that religious leaders did not support notions of accessing formal support options. Not having support from religious leaders arises as a major impediment.

> **Mona**: The last couple of memorial breakfasts we attended, the Imam spoke about, specifically, your parents and taking care of your parents, your mother and how Islam

> teaches you do not put your mother, your father, your parents in a nursing home . . . and most Muslims don't. So to me I think it's very important to have our own homecare company that will go in and at least relieve the family. Most of them speak Arabic and they go back to their language. My mom speaks English, but now she's speaking more Arabic, and there needs to be somebody that can speak the language with her and relieve us of some of it. They feel like they can trust them more and they'll cook the foods. There will be the halal meat. You know, they understand the culture, the religion. So I think, and there are so many people that I hear this from that we need our own homecare company.
>
> (ARAB/MIDDLE EASTERN)

Acceptable formal support options introduced range from senior centers, to nursing homes, to home health care, to palliative care. Key to any of those suggestions is the need for understanding religious beliefs and the customs of those in need to make receiving such care more natural, less artificial. Being able to relate to the caregiver and having cultural commonalities, as well as receiving answers to questions elders and their families may have about Islam together make it more desirable for the older adults to be taken care of by other Muslims.

> **Zubeida**: Yeah talking about adult care, yes, we do have local, you know, local care. But our parents, if they come from certain cultural backgrounds, they may not fit that.
>
> **Ghazala**: But we can have it where people from certain ethnicities can be taking care of elders so that they relate to each other.
>
> (SOUTH ASIAN)

Many community leaders echoed the advantage of Muslims caring for Muslims in providing comfort due to common beliefs and in harnessing trust between family and facility:

> If the facility is Islamic based it would be acceptable. It would let people let go of their fears. It's sometimes difficult for people to admit that they can't take care of their parents. Nuclear family in Islam is very important and the grandparents are not outside of it, like they are in the Western world. The Muslim community really embraces the nuclear family, but there has to be a realization that outside help is okay. (Kassem, ICA)
>
> My siblings are Christians, so when you need to find some comfort, people that have the same beliefs can really give you comfort. (Catherine, DMC)

Given the hesitancy that immigrant communities may have regarding accepting outside care, most elders felt it important to initiate help options gradually. The South Asian focus group discussion felt that rather than opening up a nursing home facility for Muslims, they should first work with existing nursing homes to allocate rooms for Muslims.

> **Rehena**: Whatever he's building, he can have, he's a therapist and he's got *Alhamdulillah*[f] a very good heart also. He can have like 10 rooms . . . catering to the Muslim . . .
>
> **Nouri**: Think big sister. Don't sell us short sister, think big let's have our own . . .
>
> **Rehena**: No, no, no, no—I'm thinking small.
>
> **Ghazala**: Start off with part of it, we can start off with part of it. Why don't you talk to him, there is no harm in talking to him.

[f] Alhamdulillah: Thank God.

> **Nouri**: I'll be happy to.
>
> (SOUTH ASIAN)

Similarly, the Arab/Middle Eastern focus group discussed first renting out an existing center in order to establish whether or not people will actually attend. While immigrant Muslims emphasized small steps, African American Muslims conveyed more enthusiasm for developing formal support options. In response to the idea of developing a residence for older adults affiliated with the mosque, the discussion was highly positive:

> **Isaac**: Fantastic!
>
> **Arita**: That's fantastic, that's a really . . .
>
> **Khalilah**: I've been talking about that for the last . . . I'm tired of hearing myself even. [*laughs*] Yes, yes indeed.
>
> (AFRICAN AMERICAN)

They then elaborated to consider other kinds of resources for Muslim elders:

> **Isaac**: They have senior citizen buildings all over the city so why not have a Muslim senior center.
>
> **Khalilah**: Yes, yes, indeed. Exactly.
>
> **Ahmad**: Community center.
>
> **Imam Khalil**: That's a distinct possibility.
>
> (AFRICAN AMERICAN)

For both immigrant and African American elder Muslims, emphasis on taking small steps had to do with insufficient resources. But for immigrant Muslims, strong cultural beliefs within the community that elders must be directly taken care of by the family added an additional layer as to the necessity of moving slowly to develop options meant to support older adults and their families. Together, these challenges lead to hesitancy in suggesting large, elaborate plans to support aging Muslim families and caring for older adults in need.

Finally, while some community leaders saw advantage in developing care options in conjunction with the mosque to facilitate Muslims caring for Muslims, others emphasized advantages in moving beyond the mosque as a constructive means of achieving acceptable and effective care options. Such sentiments furthermore echoed the necessity for unity in caring for aging Muslims:

> Here in Dearborn and Dearborn Heights people are already integrated in the mosques and they're already part of the mosque . . . there is so much diversity in Islam, so many cultures. I do not think the mosque has to do it. (Amne, ACCESS)
>
> They [mosques] have a role to support the family and the person spiritually. We are expecting too much from them and they're not equipped to do that. There needs to be independent social services that are trained to do that. Mosques need to do what churches do, be the spiritual center. They could be a partner or an extension program where for example a bus that would bring people to Friday prayer. But it should be tied to services about the spirituality of the person. I could see planning trips for them and help

> them plan their *Hajj* trip, *umra*, *ziyara*.[g] Programs being set up for them on site or if they can't make it to the center. Everything the mosques should do is about the spirituality of the person. (Najah, Zaman International)

While agreement from community leaders dovetailed on the spiritual needs mosques may provide to older adults, less agreement emerged concerning how involved mosques could/should get in addressing the needs of older adults. Community leaders associated with mosques envisaged that the mosque could effectively and easily contribute to the social health of older adults through intergenerational programs as well as building a sense of community and ascertaining community need. Moving beyond that role, however, met with regularly opposing viewpoints.

[g] Hajj: Pilgrimage to Mecca; Umra: A minor pilgrimage; Ziyara: A Visit to the Prophet's mosque.

Implications, Recommendations, & Future Directions

Our study holds implications for five groups of stakeholders:

1. For **elders and families**, it shows the importance of relationships with younger generations as well as same-age peers. BOTH contribute to well-being.
2. For **religious leaders**, it shows the importance of talking openly and regularly about aging issues, vigilantly advancing the role and responsibility of the entire community, above and beyond the family, to address care needs. Moreover, given that mosques are trusted sources of support, they may serve as a viable option for facilitating both intergenerational and same-age peer social activities, linking with the familiar and past, as well as promoting social networks (Ross-Sheriff, 1994).
3. For **service providers**, the study shows that though needs related to aging are similar for all Muslims, the experiences of receiving help and satisfaction with that help varies by race and ethnicity. As a result, there is no one kind of Muslim aging. Approaches to caring for Muslims must combine cultural sensitivity with flexibility in order to minimize anxiety and stress for both elders and their families.
4. For **community-based funders***,* the study shows the importance of proactive planning and prioritizing aging as a Muslim issue. There may be advantages in developing care options by Muslims for Muslims. This does not preclude the possibility of partnering with public/private service agencies to help families and elders address needs (Ross-Sheriff, 1994). The central message, however, is that a sense of comfort and acceptance comes from the ability to rely on one's own group to provide support, whether that group is defined by religion, ethnicity, or both.
5. For **local and state government policy makers and legislators**, it shows that supporting community-based initiatives may yield effective results that attend to the needs of aging Muslim communities. Understanding the key role of family in traditional ideals about caring for elders should invite planners to consider an inclusive approach to developing care options that ensures family in the process (Dow & Wolley, 2011). Furthermore, women may be a key agent of change within the Muslim community, given that they are highly involved in community activism (Bullock, 2005) and ensure that families remain in touch and linked.

The observations from this study suggest directions for future research on aging Muslim families in the United States. The qualitative aspect of the current study was limited to one geographical area, and while Michigan has a large and visible Muslim population, there is need for studies in different types of locales, including multiple regions around the country, to replicate the findings presented herein. Moreover, including attitudes and experiences of adult children would contribute to a more complete understanding of family aging issues. The survey relied on Muslim email lists and thus was not representative of all Muslims in the U.S. Broadening the sample in the ways suggested will enable a fuller description and validation of the needs, strengths, challenges, and way forward that this study has identified.

In sum, aging issues require focused attention and regular discussion. Community forums may present an opportune place to begin such conversations. Drawing from the strengths identified, Muslims may begin to consider how best to address challenges that individuals, families and communities face in addressing the needs of an aging society.

Endnotes

[1] And your Lord has commanded that you shall not serve (any) but Him, and goodness to your parents. If either or both of them reach old age with you, say not to them (so much as) “Ugh” nor chide them, and speak to them a generous word. And make yourself submissively gentle to them with compassion, and say; O my Lord! Have compassion on them, as they brought me up (when I was) little. (Qur’an, 17:23-24)

[2] http://biid.lsa.umich.edu/2011/06/muslim-center-of-detroit/

[3] http://biid.lsa.umich.edu/2011/06/islamic-center-of-america/

[4] http://www.mcws.org/history

[5] http://biid.lsa.umich.edu/2011/06/albanian-islamic-center/

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APPENDIX A: Results

Table 1. Demographic Information for Survey Participants (N=264)

	N	%	M	(SD)
Ethnicity				
African American	30	11.5		
Arab	69	26.5%		
South Asian	139	53.5%		
Other	22	8.5%		
Women	119	46%		
Average Age (18–80)			48	16.9
Married	188	72%		
Immigrant	134	51%		
Avg. years in U.S. (5–62)			31.4	12.0
Education				
PhD, MD, JD	84	32%		
Masters	73	28%		
4 year degree	72	28%		
Some college or less	33	12.6%		

Table 2. Demographic Information for Focus Group Participants

	African American	South Asian	Arab	European
Number of Participants	8	8	8	13
Women (%)	50%	50%	37.5%	53.8%
Average Age	70	66	75	67
Married (%)	37.5%	100%	87.5%	100%
Living Arrangements (%)				
Alone	0%	0%	12.5%	0%
With spouse only	37.5%	50%	87.5%	23.1%
With spouse and child(ren)	37.5%	25%	0%	69.2%
With child(ren)	0%	0%	0%	7.7%
With others	25%	25%	0%	0%
U.S. Born (%):	100%	12.5%	75%	0%
U.S. Citizen (%):	100%	87.5%	100%	92.3%
First Language is English (%)	100%	25%	100%	0%
Avg. years in U.S.	-	41	48	42
	M (SD)	**M (SD)**	**M (SD)**	**M(SD)**
Education (1–7)	3.25 (0.89)	6.5 (0.53)	3.88 (1.73)	1.92 (1.32)
Overall Mean (SD) 3.62 (2.07)				
Self-Rated Health (1–5)	3.25 (1.04)	4.0 (0.53)	4.13(0.83)	3.62(1.12)
Overall Mean (SD) 3.73 (0.96)				

Table 3. Demographic Information for Community Leaders (N=18)

	N	%	M	(SD)
Ethnicity				
African American	4	22%		
Arab	7	39%		
South Asian	4	22%		
Albanian	3	17%		
Women	7	39%		
Average Age (26–71)			52	12.7
Married	17	94%		
Living Arrangements (%)				
Spouse only	6	33%		
Spouse and child(ren)	11	61%		
Child(ren) only	1	6%		
Immigrant	10	56%		
U.S. Citizen	17	94%		
First Language is English	10	56%		
Avg. years in U.S. (12–64)			31.6	17.5
Education (1–7)			5.2	1.39
Self-Rated Health (1–5)			3.9	.96

Table 4. Percent Indicating Need, Receive, and Satisfaction by ethnicity

	Overall (N=264)	South Asian (N=139)	African American (N=30)	Middle Eastern/ North African (N=69)	European/ Other (N=22)
Functional & Physical Help	% (N)	% (N)	% (N)	% (N)	% (N)
Prepare Meals					
Need	36.0% (86)	38.3% (49)	21.4% (6)	42.6% (26)	25.0% (5)
Receive	41.7% (100)	42.2% (54)	28.6% (8)	50.0% (31)	35.0% (7)
Satisfaction *	77.0% (97)	81.9% (59)	42.9% (3)	72.2% (26)	80.0% (8)
Personal Care (i.e., washing)					
Need *	20.4% (47)	18.0% (22)	10.7% (3)	33.9% (20)	10.5% (2)
Receive †	17.2% (40)	16.1% (20)	10.7% (3)	27.1% (16)	5.3% (1)
Satisfaction †	70.6% (60)	76.7% (33)	25.0% (1)	66.7% (20)	75.0% (6)
Physical Needs (i.e., give medicine)					
Need	40.3% (91)	38.8% (47)	34.6% (9)	51.7% (30)	26.3% (5)
Receive *	38.8% (88)	36.9% (45)	29.6% (8)	54.4% (31)	21.1% (4)
Satisfaction †	72.2% (78)	80.7% (46)	42.9% (3)	62.9% (22)	77.8% (7)
Needs related to Memory Loss					
Need	14.5% (32)	13.3% (16)	7.4% (2)	22.2% (12)	10.5% (2)
Receive	13.1% (29)	12.5% (15)	3.7% (1)	20.0% (11)	10.5% (2)
Satisfaction	73.9% (51)	76.9% (30)	50.0% (1)	68.2% (15)	83.3% (5)
Taking care of home (i.e., mow lawn)					
Need †	54.0% (114)	60.9% (70)	42.3% (11)	52.9% (27)	33.3% (6)
Receive †	53.8% (114)	60.9% (70)	38.5% (10)	51.9% (27)	38.9% (7)
Satisfaction	72.4% (92)	75.3% (55)	58.3% (7)	70.6% (24)	75.0% (6)
Transportation					
Need	42.1% (75)	41.7% (40)	34.6% (9)	52.4% (22)	30.8% (4)
Receive	39.6% (72)	42.0% (42)	23.1% (6)	47.6% (20)	28.6% (4)
Satisfaction	72.5% (66)	74.0% (37)	50.0% (4)	73.1% (19)	85.7% (6)

	Overall (N=264)	South Asian (N=139)	African American (N=30)	Middle Eastern/ North African (N=69)	European/ Other (N=22)
Social Activities	% (N)	% (N)	% (N)	% (N)	% (N)
Talk to people					
At least one person regularly	96.8% (209)	98.3% (115)	96.3% (26)	92.3% (48)	100% (19)
Percentage Family [a] M (SD)	82.0 (30.7)	84.7 (28.7)	75.7 (36.1)	84.8 (27.9)	69.2 (39.0)
Participate in social activities for adults					
Never	22.2% (40)	21.4% (21)	7.7% (2)	32.6% (14)	16.7% (2)
Once or more	77.8% (140)	78.6% (77)	92.3% (24)	67.4% (29)	83.3% (10)
Would like to participate in social activities for adults †					
Never	14.4% (26)	11.1% (11)	3.8% (1)	25.6% (11)	16.7% (2)
Once or more	85.6% (155)	88.9% (88)	96.2% (25)	74.4% (32)	83.3% (10)

† p<.10, * p<.05, **p<.01, ***p<.001

[a] Percentage based on up to 3 people.

Table 5. Percent Indicating Need, Receiving, and Satisfaction by Immigrant Status

	Overall (N=264)	U.S. Born (N=128)	Immigrant (N=134)
Functional & Physical Help	% (N)	% (N)	% (N)
Prepare Meals			
Need	36.0% (86)	31.1% (37)	40.8% (49)
Receive	41.7% (100)	41.2% (49)	42.1% (51)
Satisfaction	77.0% (97)	72.1% (44)	81.5% (53)
Personal Care (i.e., washing)			
Need	20.4% (47)	20.3% (24)	20.5% (23)
Receive	17.2% (40)	17.8% (21)	16.7% (19)
Satisfaction	70.6% (60)	66.7% (34)	76.5% (26)
Physical Needs (i.e., give medicine)			
Need	40.3% (91)	41.7% (48)	38.7% (43)
Receive	38.8% (88)	41.0% (48)	36.4% (40)
Satisfaction *	72.2% (78)	73.8% (45)	70.2% (33)
Needs related to Memory Loss			
Need	14.5% (32)	13.9% (16)	15.1% (16)
Receive	13.1% (29)	12.1% (14)	14.2% (15)
Satisfaction	73.9% (51)	69.0% (29)	81.5% (22)
Taking care of home (i.e., mow lawn)			
Need	54.0% (114)	50.0% (56)	58.6% (58)
Receive	53.8% (114)	51.3% (58)	56.6% (56)
Satisfaction †	72.4% (92)	64.2% (43)	81.7% (49)
Transportation			
Need	42.1% (75)	46.2% (43)	37.6% (32)
Receive	39.6% (72)	42.6% (40)	36.4% (32)
Satisfaction	72.5% (66)	68.5% (37)	78.4% (29)
Social Activities			
Talk to people			
At least one person regularly	96.8% (209)	97.3% (110)	96.1% (99)
Percentage Family [a] * M (SD)	82.0 (30.7)	77.2 (35.2)	87.0 (24.4)
Participate in social activities for adults			
Never	22.2% (40)	19.6% (18)	25.0% (22)
Once or more	77.8% (140)	80.4% (74)	75.0% (66)
Would like to participate in social activities for adults			
Never	14.4% (26)	10.9% (10)	18.0% (16)
Once or more	85.6% (155)	89.1% (82)	82.0% (73)

APPENDIX B: Methodology & Measures

Survey Component

The survey targeted Muslim adults aged, 60+, Muslim adults with parents aged 60+, and/or Muslim adults with grandparents aged 60+ living in the United States. Demographic data were collected and eight areas of potential need were identified, adapted from the Camberwell Assessment of Need for the Elderly (CANE, version IV) diagnostics tool. The CANE tool was chosen in part due to the fact that it promotes the integration of older persons' perspectives for appropriate interventions (AbiHabib, Chemaitelly, Jaalouk, & Karam, 2011). Areas measured for potential intervention included: food (preparing meals), self-care (washing, bathing, or dressing), physical health (making doctor's appt., giving you medicine, taking you to the doctor), memory loss, accommodation/place of residence (mowing the lawn or cleaning your home), and transportation. In particular respondents were asked whether anyone helps them (their parent(s) or their grandparent(s)) in each area. If yes, they could name up to three persons (first and last initials). They were then asked to provide information about that person's relationship to the person being cared for, their gender, and age. If they did receive help, they were then asked to indicate the frequency with which they receive such help (1=Daily; 2=Once a week or more; 3=Once a month or more; 4=Once a year or more; 5=Irregularly; 6=Never). All were asked how often they needed help in those areas (regardless of whether or not they receive help): (1=Daily; 2=Once a week or more; 3=Once a month or more; 4=Once a year or more; 5=Irregularly; 6=Never). Finally, participants were asked overall, how satisfied they were with help received in that particular area (1= completely satisfied and 7 =completely dissatisfied).

Social contact needs were also assessed. Respondents were asked how many people the elder talks to on a regular basis, including family or friends (1=yes; 5=no). Thinking about those they are in contact with most regularly (up to three people), they provided the first and last name initials, relationship to elder, gender, age and frequency of contact (1=Daily; 2=Once a week or more; 3=Once a month or more; 4=Once a year or more; 5=Irregularly). They were then asked the extent to which elders participate in social activities created for adults (1=Daily; 2=Once a week or more; 3=Once a month or more; 4=Once a year or more; 5=Irregularly; 6=Never); the extent to which elders would like to participate in social activities created for adults (1=Daily; 2=Once a week or more; 3=Once a month or more; 4=Once a year or more; 5=Irregularly; 6=Never), and participants were asked overall, how satisfied they were with available social activities (1= completely satisfied and 7 =completely dissatisfied).

Quantitative analysis involved chi-square and analysis of variance (ANOVA) to examine patterns by ethnic group and immigrant status.

Individual & Focus Groups Interviews

Together, 18 community leader interviews were completed. Additionally, four focus group discussions took place. Each group included 8–13 older adults, who were identified as members of the above-mentioned mosques. Participants were recruited in collaboration with leadership in each of the Muslim centers, and age was the criteria by which we organized the focus groups (60+ years). Three of the

discussions were held in meeting rooms at each of the mosques, and one of the discussions was held at the home of one of the participants. Each focus group discussion lasted approximately 90 minutes and participants all received a $25 gift card as compensation for their time. The discussions were audio taped and then transcribed verbatim for analysis, with italicized font indicating where participants overlapped in their discussion or talked simultaneously.

The purpose of the one-on-one interviews, as well as the focus group interviews, was to identify perceived needs of older Muslims, discuss ideas about who should provide help to older adults and their families, describe ideal situations when it comes to socializing, and discuss what would have to happen in the Muslim community to allow for such ideal situations. Strengths and weaknesses of the Muslim community, as well as the potential role of the mosque in addressing the needs of older adults, and finally thoughts on the possibility of a future nursing home for older Muslims were discussed (see Table 1). Moreover, demographic information was obtained from each participant. The demographic questionnaire measured age by asking the date of birth of the participant, and gender by indicating if they were male or female. Participants were asked to indicate their ethnicity (1= South Asian, 2= African American, 3= Arab, 4= European, or 5= other), whether they were (1= Muslim or 2= other) and whether their first language was (1= English or 2= other). Their marital status was also obtained (1= single, 2= married, 3= divorced, 4= separated, or 5= widowed) as well as their living arrangement (1= alone, 2= with spouse only, 3= with spouse and child(ren), 4= with child(ren), 5= with others). Questions regarding whether or not they were U.S. born and U.S. citizens were also included (1= yes, 2= no). Those who indicated they were not U.S. born reported the year they arrived in the U.S. In addition, information about their education level (1= less than high school, 2=high school, 3= some college, 4= 2-year degree, 5= 4-year degree, 6= master's degree, 7= PhD, MD, or JD), and self-rated health (1=excellent, 2= very good, 3= good, 4= fair, or 5= poor) were collected. Approval for the research was obtained from the Eastern Michigan University Human Subjects Review Board.

Qualitative analysis of the data involved coding that followed the accepted procedures of grounded theory as elaborated by Strauss (1987). Transcriptions were read to identify regularly occurring, counterintuitive or surprising phrases (Miles & Huberman, 1994). Codes were then refined and elaborated. As the coding was elaborated, relationships among the categories or themes became apparent related to the overarching study goals to identify needs, strengths, and challenges associated with aging families in Muslim communities. Moreover, themes were identified to illustrate ways the community might address needs and challenges associated with aging.

The themes were organized in four main areas concerning aging Muslim communities; needs, strengths, challenges, and way forward. Each are defined and illustrated in the report.

Table 1. Interview and Focus Group Discussion Guide

1. Older adults in the community and in our families sometimes need help. In your view, what kinds of help do you think are most needed?
2. What about help with: Taking care of the home? Preparing food? Self care like laundry, bathing, dressing? Physical health issues like making doctor's appt., giving medicine, taking to the doctor? Transportation? Having social contact and activities?
3. What would be the ideal situation with regards to socializing and social activities for older adults? What would have to occur in the Muslim community for this to happen?
4. Who do you think should provide this kind of help? Family? Government? Social Services?
5. Religious institution center or mosque? Other?
6. What would you say are the strengths of the Muslim community when it comes to caring for older adults?
7. What would you say are the challenges the Muslim community faces when it comes to caring for older adults?
8. What role do you think the mosque might have? How can the mosque help families care for older adults in need?
9. Let's think about the future: What about developing a residence for older adults that are affiliated with the Mosque?
10. Is there anything else we should know about this topic that we have not yet asked about?