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Aging: United States

“Family, Body, Sexuality and Health”

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The population of the United States is aging rapidly, and the number of those over 65 will reach 70 million by 2030. Currently, the elderly number just over 35 million, including 20.6 million women (USCB 2001a). American women typically outlive men, so over age 65, the sex ratio is 70 men:100 women and by over 85, it is 41:100 (USCB 2001b). Older men in the United States are typically married and living in families, while women are often widowed and living alone.

The proportion of elderly people in the Muslim population is currently small, but will grow dramatically in the next few decades. An accurate count of those over 65 is difficult to obtain, since religious affiliation is not ascertained by the census. Estimates suggest between 0.67 (Ba-Yunus and Siddiqui 1999) and 4 percent (Zogby International 2000) of the Muslim population in the United States are 65 or older. The median age for Muslims is estimated to be much younger at 28 years (Kosmin and Mayer 2001) compared to 35.3 years for the general population (USCB 2001a). Approximately 67 percent of Muslims in America are under age 40 (Zogby International 2000). Muslims are younger for several reasons: immigrants tend to relocate at young ages (the majority arrived in the past four decades); converts to Islam are usually young adults; and Muslims have a higher birthrate than that of other Americans.

The United States has the most diverse population of Muslims in the world, comprised of native born, convert, and immigrant groups from a multitude of countries. Muslim women in later life reflect this heterogeneity representing ethnic groups from Arabic- and Persian-speaking regions in the Middle East, Caucasians, African Americans, and immigrants from Africa and a variety of South Asian countries.

An estimated 1.6 million or 20 to 26 percent of current United States Muslims are African American (Project MAPS 2002, USDS 2003) and Muslims account for about 2 percent of the United States Black population (Kosmin and Mayer 2001). Some older Black Muslims are converts and others are immigrants from Africa. Racial and cultural segregation has led some African American Muslim women to describe a “closed-door policy” where they perceive a world separated from other Islamic women in the United States (McCloud 1991). African American women in general face special challenges as they age; many subsist below the poverty level. The 2000 Census shows grandmothers in this racial group are disproportionately likely to raise their grandchildren without an adult child present, which contributes to poverty and poor health.

Estimates suggest that some 77 percent of Muslims are immigrants (USDS 2003). Young women who immigrate are able to “age in place,” becoming familiar with their surroundings, learning English, and raising their families prior to becoming elderly. These women are better adjusted than women who immigrate in later life. Elderly women who move to the United States fall into two categories. The first is those who follow their children who have emigrated. They are usually widowed and move to reunite with family members (typically sons). By leaving their familiar homeland, they must separate from extended family members. The second type flee their country of origin due to harsh conditions, war, or persecution. Muslim exiles from Bosnia are an example. Researchers have documented post traumatic stress disorder, survivor guilt, and grief reactions among older refugees who have fled to preserve their lives, often watching their loved ones perish (Towsley, Caserta, Salari, and Wright 2001). Additional groups of older women exiles have come from Iran, Iraq, Palestine, and Afghanistan (Salari 2002). These women may never get past the hope that some day they might return to their homeland. Most often, if they do return, they find their homeland dramatically changed and unfamiliar.

Language barriers exist for later life immigrant women, often causing isolation and dependence on younger family members. Some older Muslim immigrants have little formal education and are unable to write even their own language, let alone English. Immigrants may settle in “ethnic enclaves” with other first generation immigrants and descendants. Arab ethnic enclaves exist in many cities,

including Chicago, New York, and Dearborn, Michigan. Los Angeles hosts a large Persian-speaking enclave of Iranian immigrants. In these areas, pressures to learn English may be reduced, in which case older immigrant women are better integrated.

Typically, older Muslim immigrants have positive relationships with their families and provide great support to younger generations. However, later life immigrants may perceive modern ideals clashing with traditional views, as their children and grandchildren appear Americanized. Traditionally, older women (especially mothers) command respect and are considered powerful within the Muslim family (Salari 2002). They expect to live with a child and be cared for by family members. However, in America's individualistic culture, power conflicts may erupt. In addition, adult children may marry outside the faith or divorce or separate from their spouse. When this happens, the well-being of older mothers and grandmothers may be jeopardized because of embarrassment, disrupted contact with grandchildren, and the loss of a caregiver.

Married adult children may find it necessary to have both the husband and the wife working in the labor force. During the working day, older women may be recruited to care for young children. Elderly parents may be left at home alone, without companionship and care. Without a young woman available to raise children and care for older relatives in the home, non-relatives may need to be hired from outside the family (Sengstock 1996).

Multiple jeopardy theory may be used to predict disadvantage for aged minority women based on sexism, race/ethnic bias, and ageism in the United States. This cumulative disadvantage may intensify for Muslim women, who are easily identified by their traditional clothing and discriminated against because of their religion. Since 11 September 2001, many Muslims in the United States (including elderly women) have been targets of harassment, racial profiling, and threats (Salari 2002). Despite these difficulties, a study of elderly immigrant women in Dearborn, Michigan found they were optimistic about their family support, housing, and health care, even when objective raters reported these conditions as substandard. The women compared their current living conditions to less modern conditions in their rural homeland. However, life satisfaction and mental health were identified as problematic. Despite a need for help, these women rarely seek assistance from formal services (Sengstock 1996).

Modesty is an extremely important standard for Muslim women. Typically this suggests wearing traditional Islamic clothing, including the *hijāb* (which may be more relaxed in public for elderly women). However, other standards of modesty may be difficult to maintain if functional disability requires a woman to get help with personal hygiene. Non-Muslim physicians and nurses may inadvertently offend the modesty of the Muslim patient. A male physician examining a female patient may be considered inappropriate. Hospitals may neglect Muslim dietary standards, which may result in food rejection. Family visiting patterns are more intense, as the patient is rarely left alone. It is considered a duty to attend to the sick, and having non-relatives care for elderly mothers may be considered a family embarrassment (Sengstock 1996).

The potential for functional decline increases with age, especially after age 85. Chronic health conditions such as Alzheimer's Disease, Parkinson's Disease, arthritis, stroke impairment, heart disease, diabetes, and cancer can become severe and last for years. If these conditions become unmanageable at home, nursing home admission may be required. In the year 2000, 4.5 percent of the United States elderly population (65+) and 18.2 percent of the frail elderly (85+) were in nursing homes (USCB 2001b). Despite the widespread "myth of abandonment," research has shown institutionalization is a last resort by American families. The typical nursing home resident is female, very physically or cognitively disabled, over age 90, Caucasian, widowed, and often childless. Families are typically absent or overburdened by the severity of the illness. This is relevant to Muslim immigrant families, since they have fewer extended family members in the United States who could provide caregiving support. Islamic converts may also have small families, since the conversion process may have decreased their support network. If family members are unavailable, unable, or unwilling to provide help, the older Muslim woman may need to rely on formal services or a nursing home. Nursing home placement is considered against Islamic custom, but in the face of increasing need, senior residence homes are starting to be built near to some local mosques (Smith 1999).

Islamic customs associated with death and burial have received attention recently. In some instances, United States laws may delay burial and/or require an autopsy, disrupting the mourning process for survivors.

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