

# THE IMPACT OF ACCULTURATION ON LEVELS OF DEPRESSION AMONG OLDER MUSLIMS IN THE UNITED STATES

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# PRESENTATION OUTLINE



**PURPOSE OF STUDY**

**BACKGROUND**

**RESEARCH METHODOLOGY**

**FINDINGS**

# PURPOSE OF STUDY

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- ❖ Examine the relationship between levels of acculturation, physical health, emotional health, locus of control and levels of depression among older Muslims in U.S.
- ❖ Develop a regression model that best predicts levels of depression among older American Muslims.
- ❖ Build-up on existing literature on mental health of older population with the focus on Muslims in America.

# RESEARCH QUESTIONS

1. **What is the impact of acculturation on levels of depression among older Muslims in the U.S.A.?**
2. **What set of the following factors best predicts levels of depression among older American Muslims: gender; ethnic background; levels of acculturation (heritage & u.s.); negative life events; emotional balance; economic resources; physical health; trusting others; mobility; cognitive status; external, internal & chance locus of control; and activities & instrumental activities of daily living.**

# BACKGROUND - MIGRATION TO U.S.A.

## Pre-World War II

1875 to World War I (1914)

## Post World War II

World War II (1945) to the present

*In recent years (90's), the percentage of refugee Muslims increased from 0.1% to 44.4% (Maloof and Ross-Sheriff, 2003), as a result of growing political and economic instability and poverty in various parts of the world.*

# BACKGROUND - ISLAM & MUSLIMS

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**Islam is the second largest religion in the world, with more than 1.2 billion adherents and the fastest growing religion in the U.S. (Power, 1998).**

**American Muslims today are a remarkably diverse group, belonging to over 75 different ethnicities and nationalities and representing many different interpretations of Islam.**

# Distribution of American Muslims

77.6% are immigrants and 22.4% are U.S. born.

36.5% of American Muslims are Middle Eastern.

30.1% South and East Asians.

23.8% are African Americans.

11.6% are of other ethnic origins ( Zogby Int., 2000).

# WELL-BEING AMONG OLDER MUSLIMS

- ❖ Research that examines the well-being of older Muslims in the US or elsewhere is lacking.
- ❖ Many experiences of older immigrant Muslims are parallel to those of other older populations in the US, however, they may experience greater stress and losses compared to other non-immigrant older populations or other age groups.
- ❖ There are unique struggles resulting from the heavy demand that arise in adapting to a new culture;
  - ❑ *They may experience a lifetime language barrier.*
  - ❑ *Lack access to medical and social services.*
  - ❑ *Lose esteem within the family, and lose independence.*
  - ❑ *lose their social network, and often find it difficult to recreate one.*

# WELL-BEING AMONG OLDER MUSLIMS

Unlike older Americans, older immigrant Muslims are expected to make two major adjustments:

- A change in status, from being heads of households who are honored for their age and experience, to being dependent on their adult children and grandchildren, who may consider the elder's experience and knowledge to be mostly irrelevant.
- A change in lifestyle, from being absorbed in a community of co-nationals and co-religionists to being on the edge of a community of unfamiliar people from different ethnic and religious backgrounds (Ross-Sheriff, 1994; Ross-Sheriff, 1992).

*Older Muslim refugee have an additional burden of personal losses and traumas of the refugee experience, which may affects their well-being.*

# WELL-BEING AMONG OLDER MUSLIMS

As immigrants, many older Muslims are:

- ❑ Dependent on their adult children and extended family members for coping with the day-to-day challenges of their new life in the United States.
- ❑ They have to manage problems arising from:
  - i. Changed roles,
  - ii. Intergenerational conflicts,
  - iii. Language barriers,
  - iv. Social isolation,
  - v. Health problems.

# Depression

Reported rates of depressive symptomatology among elderly living in the community range from **10%** (Blazer, Hughes, & George, 1987) to **27%** (Callahan et al., 1994).

The stress of aging, illness, socio-economic status, and lack of informal and formal supports are contributing factors to the elderly experiencing symptoms of depression (Burton, 1992; Dubowitz, Feigelman, Harrington, Starr, & Zuravin, 1994; Kelley, Yorker, & Whiteley, 1997; Woodsworth, 1996).

Madinos, Gournas, & Stefanis (1992) had similar results in Athens, Greece, where **27.1%** of the sample reported depressive symptoms on the CES-D; with **9.5%** of the sample diagnosed as clinically depressed.

# Acculturation & Depression

According to Berry (1980), acculturation is defined as the process of adapting to a new culture that is different than one's own culture.

Kerendi (1996) states that acculturative stress occurs when immigrants are exposed to a conflicting customs, values, and beliefs of unfamiliar culture.

Fuertes & Westbrook (1996) explain that language barriers, loneliness, lack of social support, also leads to acculturative stress.

Individuals who experience acculturative stress usually have disturbed mental functioning such as confusion, frustration, anxiety and depression. (Berry, Kim, Minde, & Mok, 1987; Fuertes & Westbrook, 1996; Kerendi, 1998).

# Emotional & Physical Health & Depression

Cognitive impairment is widely recognized as a feature of depression, particularly among the elderly (Beats, 1996).

Barusch, Rogers, and Abu-Bader (1999) found that cognitive impairment was the second most important predictor of depression among frail elderly.

They reported that physical factors such as activities of daily living were the most important predictor of levels of depression among elderly, mainly Caucasians, 65 years old and over. Elderly who reported greater need for help with their activities of daily living also reported significantly higher levels of depression than elderly who reported less need for help with activities of daily living.

# **SIGNIFICANCE OF STUDY**

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**The literature has shown that immigrants, especially older persons, face many stressful challenges as a result of adapting to the new culture.**

**These challenges are particularly greater when there is a great gap between the culture of origin and the new culture of their adopted homeland, America.**

**However, there are no research studies that have focused on the well-being and the mental health status of immigrant Muslims specifically older people.**

**This study focused on an immigrant population group in America that has increased significantly over the past two decades.**

# RESEARCH DESIGN

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**Quantitative methods**

**Cross-sectional survey**

**Self-administered questionnaire**

**Self-report**

# MEASURES

SCALE	Variable	Items	alpha
<b>CES-D</b>	<b>Depression</b>	<b>20 (4-points)</b>	<b>.87</b>
<b>Vancouver Index of Acculturation</b>	<b>Own Culture</b>	<b>10 (5-points)</b>	<b>.84</b>
	<b>US Culture</b>	<b>10 (5-points)</b>	<b>.89</b>
<b>Iowa Self-Assessment Inventory</b>		<b>56 (4-points)</b>	<b>.91</b>
	<b>Mobility</b>	<b>8</b>	<b>.76</b>
	<b>Cognitive Status</b>	<b>8</b>	<b>.75</b>
	<b>Social Support</b>	<b>8</b>	<b>.76</b>
	<b>Economic Resources</b>	<b>8</b>	<b>.86</b>
	<b>Emotional Balance</b>	<b>8</b>	<b>.81</b>
	<b>Trusting Others</b>	<b>8</b>	<b>.70</b>
	<b>Physical Health</b>	<b>8</b>	<b>.82</b>
<b>Geriatric Scale of Recent Life Events</b>		<b>55 (yes, no)</b>	<b>.93</b>
<b>Multidimensional Health Locus of Control Scale</b>		<b>18 (4-points)</b>	<b>.67</b>
	<b>Internal Health LC</b>	<b>6</b>	<b>.83</b>
	<b>Powerful Others LC</b>	<b>6</b>	<b>.65</b>
	<b>Chance Health LC</b>	<b>4</b>	<b>.88</b>
<b>Index of Activities of Daily Living</b>		<b>17 (yes, no)</b>	<b>.88</b>
	<b>Daily Activities</b>	<b>8</b>	<b>.80</b>
	<b>Instrumental Activities</b>	<b>9</b>	<b>.88</b>

# METHODS & DATA COLLECTION

A sample of 70 subjects were selected to participate in this study. Subjects were enrolled from four Mosques and Islamic Centers in the Greater Washington area (VA, MD, & DC).

People attending these four mosques and centers were asked to complete a self-administered surveys.

Trained interviewers were available to assist participants with limited reading and writing ability.

# SAMPLE DESCRIPTION (N = 70)

Variable	N	%	$\bar{X}$	SD	Range
Age	70	100.0	63	10.2	50 - 92
Time in U.S.A.	58	100.0	26	10.6	5 - 53
Gender					
Male	44	62.9			
Female	26	37.1			
Marital Status					
Married	56	81.2			
Widow	9	13.0			
Others	5	5.8			
Race					
Asian	31	44.3			
Arabs / Middle Eastern	21	30.0			
Not Arabs / Middle Eastern	18	25.7			
Education					
High School or Less	13	20.0			
Undergraduate	24	36.9			
Graduate Degrees	28	43.1			

# MEASURES OF WELL-BEING (N = 70)

<b>Variable</b>	<b><math>\bar{X}</math></b>	<b>MD</b>	<b>SD</b>	<b>Range</b>
Physical Health	20.5	22.0	7.2	2 – 32
Economic Resources	24.6	28.0	7.7	2 – 32
Emotional Balance	21.6	22.0	7.7	2 – 32
Trusting Others	25.8	28.0	6.8	1 – 36
Mobility	23.6	24.0	6.6	2 – 32
Cognitive Status	24.6	26.0	6.0	2 – 32
Social Support	26.1	27.0	5.2	8 – 32
Activities of Daily Living	.2	.0	.8	0 – 6
Instrumental Activities of Daily	2.1	.5	2.7	0 – 9
Powerful Others Locus of Control	14.0	16.1	3.8	6 – 24
Internal Health Locus of Control	14.0	14.0	2.7	6 – 20
Chance Health Locus of Control	10.5	11.0	2.4	4 – 16
Negative Life Events	7.4	6.0	5.9	0 – 28
CES-D: Depression	18.1	15.0	10.6	0 – 52
Acculturation: Own Culture	46.0	49.0	5.2	32 – 50
Acculturation: U.S. Culture	30.4	31.0	8.9	10 – 50

# TOP 12 NEGATIVE LIFE EVENTS

Event	N	%
1. Minor Illness	49	70.0
2. Family member becomes ill	46	65.7
3. Death of a close friend	41	58.6
4. Death of a family member	35	50.0
5. Financial difficulty	32	45.7
6. Loss of hearing/vision	31	44.3
6. Reduce recreation	31	44.3
7. Difficulty walking	19	27.1
7. Relinquish financial responsibility	19	27.1
7. Trouble with children	19	27.1
8. Victim of a crime	17	24.3
9. Less mosque activity	15	21.4
10. Major illness	14	20.0
11. Argument with boss/coworker	13	18.5
12. Age discrimination	12	17.1
12. Sexual Difficulty	12	17.1

# ACCULTURATION BY GENDER

Variable	N	$\bar{X}$	SE	F	p
<b>Time in USA</b>	<b>70</b>	<b>24.99</b>	<b>1.50</b>	<b>2.30</b>	<b>.07</b>
Male	44	27.25	1.95		
Female	26	22.73	2.26		
<b>Language Proficiency</b>	<b>70</b>	<b>11.05</b>	<b>.53</b>	<b>7.13</b>	<b>.01</b>
Male	44	12.50	.69		
Female	26	9.63	.81		
<b>Heritage Culture</b>	<b>70</b>	<b>46.03</b>	<b>.78</b>	<b>.18</b>	<b>.34</b>
Male	44	46.36	1.02		
Female	26	45.71	1.18		
<b>USA Culture</b>	<b>70</b>	<b>29.89</b>	<b>1.58</b>	<b>7.68</b>	<b>.01</b>
Male	44	32.53	1.52		
Female	26	26.05	1.72		

# ACCULTURATION BY RACE - ANOVA with pairwise comparison Bonferroni

Variable	N	Mean	SE	F	p
<b>Time in USA</b>	<b>70</b>	<b>24.99</b>	<b>1.50</b>	<b>2.97</b>	<b>.03</b>
Asian	31	25.13	2.02		
Arabs / ME & AF	21	<b>29.77</b>	2.59		
Not Arabs / ME & AF	18	<b>20.07</b>	3.04		
<b>Language Proficiency</b>	<b>70</b>	<b>11.05</b>	<b>.53</b>	<b>.06</b>	<b>.47</b>
Asian	31	11.17	.72		
Arabs / ME & AF	21	11.22	.92		
Not Arabs / ME & AF	18	10.76	1.08		
<b>Heritage Culture</b>	<b>70</b>	<b>46.03</b>	<b>.78</b>	<b>2.29</b>	<b>.05</b>
Asian	31	<b>44.23</b>	1.06		
Arabs / ME & AF	21	45.56	1.36		
Not Arabs / ME & AF	18	<b>48.32</b>	1.59		
<b>USA Culture</b>	<b>70</b>	<b>29.89</b>	<b>1.58</b>	<b>4.38</b>	<b>.01</b>
Asian	31	<b>30.62</b>	1.58		
Arabs / ME & AF	21	<b>33.16</b>	2.03		
Not Arabs / ME & AF	18	24.08	2.38		

# MULTIPLE REGRESSION ANALYSIS: PREDICTORS OF DEPRESSION

Factor	$\beta$	R	R <sup>2</sup>	t	p	F	p
Cognitive Status	-.34	.42	.17	-2.65	.011	10.02	.003
Heritage Culture	<b>.35</b>	.53	.28	2.94	.005	9.22	.000
Physical Health	-.28	.59	.35	-2.15	.037	8.17	.000

The only significant predictors when we put all of them together in stepwise , heritage culture is found to be more important 0.35 so the higher the more you are still practicing your own culture the more likely you are found to be depressed, and more than cognitive status. Heritage culture explain 11% of the var in depression and only 7% is explained by PH.

# IMPLICATIONS

- ① Raising competency levels and awareness about the experience of older immigrant Muslims.
- ① Continued research on this population as well as conducting comparative studies with other older immigrant groups.
- ① Assist social work and mental health professionals to develop culturally sensitive interventions that address the needs of older immigrant Muslims.
- ① Educating the Muslim community about depressive factors that impact older immigrant Muslims.
- ① Using strengths of older immigrant Muslims and their communities to provide preventive measures.

# LIMITATIONS

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- ④ **Cross-Sectional Design**
- ④ **Self-Report**
- ④ **Sample Selection**
- ④ **Sample Size & Response Rate**