

# **Exploring the Role of Social Capital on Quality of Life among South Asian Shia Muslim Immigrant Older Adults in Canada**

by

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# APPROVAL

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MUSLIM IMMIGRANT OLDER ADULTS IN CANADA

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## **Abstract**

The purpose of this qualitative study is to explore the role that social capital has had on the quality of life reported by South Asian Shia Muslim immigrants from East Africa. Social Capital is based on two phenomena: social support networks and involvement in traditional culture. Eight members of this community were chosen and in depth interviews were used. Interviews were transcribed verbatim and common patterns were deduced. Codes were then created, and like codes were categorized into themes. The data analysis revealed five main themes, each containing two codes: (1) Community Bonding; (2) Support for Settlement; (3) Centrality of Faith; (4) Community Engagement and (5) Faith for Health. These themes identify the factors for quality of life among members of this South Asian Shia Muslim community in Vancouver. The results are beneficial for understanding the needs of ethnic immigrant communities and providing an environment conducive to successful aging post immigration.

**Keywords:** South Asian Immigrants; Quality of Life; Shia Muslim Older Adults; Culture; Ethnic Communities

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## Chapter 1: Introduction

Western countries have witnessed immigration patterns unparalleled to other parts of the world. People from across the globe come to Canada in search of a better quality of life for themselves and for their families (Quadagno, 2005). As a result, immigrants to Canada must adjust to the host country culture to enable themselves to build their lives in their adopted country. Immigration is not a new concept in Canada, as the country has opened its doors to people from Europe and Asia for almost a century. In the last two decades, the influx of people from South Asia (and their diasporas in East Africa and Eurasia) has become prevalent. The composition of the older adult immigrant population is changing, and their values, social support systems, beliefs and use of time are becoming more diverse than those of native-born citizens (McPherson, 2004).

Immigration is important in determining the size and composition of the age structure and total older population of a society (McPherson, 2004). Prior to the 1970's, a large number of immigrants to Canada were from European countries. Since then however, and especially in the last decade, a large proportion of immigrants to Canada have arrived from Southeast and South Asia with a significant number from the Indian subcontinent (McPherson, 2004). The Indian subcontinent primarily includes India, Pakistan and Bangladesh where the main religions are Hinduism, Islam, Christianity and Sikhism (Rait & Burns, 1997). Immigration from these countries to the West have been based on patterns in history, politics and economics and it was in the second half of the twentieth century that migration to the western world became more prevalent (Rait & Burns, 1997). It is important to note that although there are large numbers of individuals immigrating from their country of birth, acquiring a new home has not necessarily meant assimilation – rather, many of the immigrants use only their first language and adhere closely to their ethnic culture and the value systems they bring with them.

The South Asian population is the second largest visible minority group in Canada, second only to the Chinese (Tran et al., 2005). This group of immigrants is one of the most ethnically diverse, often resulting in certain sub-groups being neglected in research (Tran et al., 2005). Shia Muslims from the Indo-Pak subcontinent are a growing proportion of this population. They now number over 100,000 in Canada of whom over 70 percent call either Toronto or Vancouver home (Tran et al., 2005). This group falls into the category of one of the communities within the aggregate South Asian immigrant population who have been under-researched. The

sheer increase in this community's size, combined with its underrepresentation in contemporary research on aging, serves as the rationale for this study which seeks to explore the quality of life in the older adult immigrants of this community.

Quality of Life (QoL) is a central component in contemporary gerontology as it is associated with the notion of ageing well (Hambleton et al., 2008). There has been a substantive amount of research done on the quality of life of older adults in general; however, little research has been done on the quality of life of immigrant seniors. There is even less research on older adults with South Asian descent. Quality of Life can have an objective and quantifiable component wherein it can be empirically measured, e.g., health related measures, which are commonly taken as the proxy measure of a person's quality of life (Hambleton et al., 2008). Another component of quality of life is based on the subjective approach reflecting people's phenomenological appraisal of the quality of their lives (Hambleton et al., 2008). How one feels about their quality of life based on subjective life experiences is central to an individual's aging process, and for this reason, it is important to understand how quality of life differs across cultural groups and the unique factors which influence these groups.

There are several factors that can affect the way an older adult experiences her/his Quality of Life. Studies have identified a correlation between social capital and subjective well being (e.g., Nilsson, 2006); however, little research exists on the relationship between social capital and subjective well being of immigrants of South Asian descent in Canada. Although this particular immigrant group is growing in numbers, little is known in terms of their perceived well being and the influencing social factors on the lives of these older adults. Understanding the quality of life for this group is integrally tied to their social context. The notions of culture, tradition and social support have been well documented as concepts central to the enhancement of lives adults in general, but more so for the aging population (Nandan, 2005; Cheng et al., 2009). Cheng (2009) contends that social support, and the different structural and functional properties of social capital have unique effects particularly on the physical and psychological aspects of one's life. The South Asian population ascribes closely to cohesive social support systems, but also adheres strongly to their faith and culture which provides a unique life predicament for South Asian older adults (Diwan, 2008; Nandan, 2007).

The National Strategy for an Ageing Australia (NSAA) holds that life events such as bereavement, relocation, loss, role transitions, illness and disability, all of which become more

prevalent as one ages, considerably influence and perhaps even erodes one's social capital thereby negatively influencing an older adult's Quality of Life (Hughes et al., 2008). The NSAA, when referring to social capital, refers to the importance of older citizens' positive engagement in society through networks and activities with friends, neighbours, and local groups (Hughes et al., 2008). The World Bank identifies social capital as important for poverty reduction, creating opportunities for enhancing well-being and reduced vulnerability (Kabir et al., 2006). In this sense, social capital refers to resources available to individuals as a result of mutual acquaintance and recognition (Kabir et al., 2006). It is suggested here that access to social capital enables older adults to maintain productive, independent and fulfilling lives (Kabir et al., 2006). Social Capital as a concept is applicable across cultures and societies, but the way it is developed, maintained and experienced can vary based on different social and cultural contexts. For example, the bonding/bridging dichotomy has illustrated the way social capital has been accumulated within different groups and in different societies (Beugelsdijk & Smulders, 2002).

### **1.1 Purpose of this Study**

This exploratory qualitative study was conducted with eight older adults in the Shia Muslim immigrant community living in Metro Vancouver, British Columbia who have South Asian descent and had immigrated from Uganda and Kenya.. Shia Muslims are a minority within the overall Muslim population and the particular community included in this study are a minority within a minority comprising about 10% of the Shia Muslim population in British Columbia. The objective was to discover how social capital influences the quality of life of older members of this community. In particular, the study explored the role of sense of belonging, social support, and adherence to faith and culture on the quality of life in older adults in this community.

Research is needed to better understand how immigrants use their faith based communities as a means to live across borders. (Kyoung, Lee & Chan, 2008). The concepts discussed earlier are integral to understanding the overall well being of immigrants. Although there are common experiences faced by elderly immigrants from different ethnic groups (Lai & Chau, 2007), lack of empirical literature specific to Shia Muslim immigrants of South Asian descent has acted as impetus for this inquiry. This study will be guided by the following questions: What is the role of social network and support on the subjective experience of quality of life for immigrant older adults in the Shia Muslim community in Metro Vancouver? How has engagement in traditional culture and faith contributed to development of social capital for this older adult group? Answers to these questions can serve as a guide for more in-depth

research in this area and inform more culturally sensitive support services to foster successful aging among older immigrants. Findings from this study will assist policy makers and service providers toward a better understanding of the issues and barriers facing immigrant older adults within this group, and perhaps other ethnic groups as well, and will inform policy makers to adopt more appropriate and effective programs and practices. This study will also provide directions for future studies that might be conducted with other ethnic older adult sub-groups in Canada.

## **Chapter 2: Literature Review**

This chapter presents a review of existing research in the area of quality of life and its determinants in ethnic immigrant population. The review will also examine the concept of social capital, which is operationally defined here as support and resources through social networks and involvement in traditional culture. The final section of the chapter will identify gaps in the related literature with regards to ethnic immigrants, specifically those of South Asian descent. The focal points will be on exploring the process in which immigrants subjectively perceive and experience their quality of life in their adopted homeland, and the role social capital plays in that process.

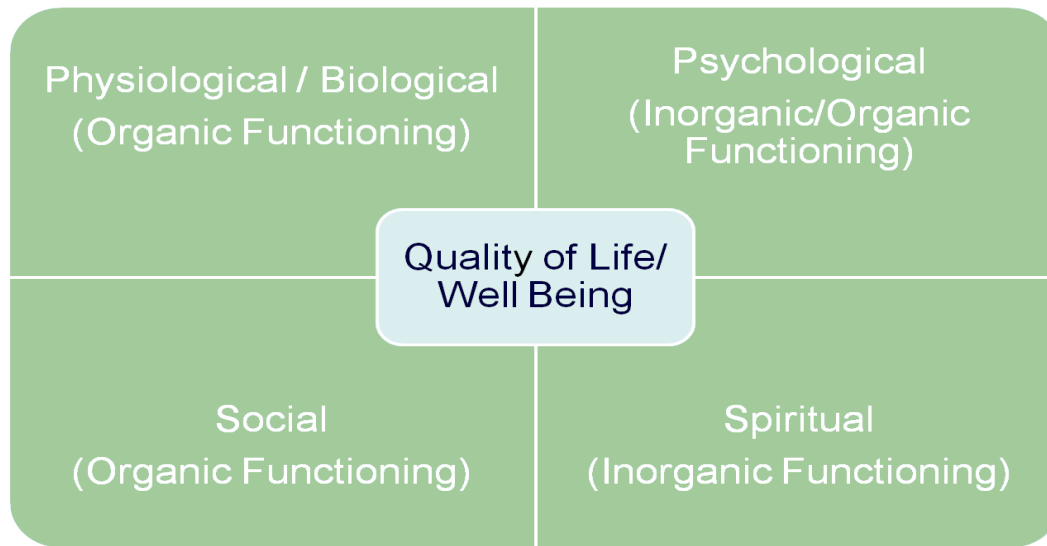
### **2.1 Quality of Life**

Traditionally, healthcare models have adopted a definition of quality of life that is primarily based on physiological markers and functioning, such as absence of disease, ability to perform activities of daily living, that have their roots in the acute care model (Bengtson et al., 2009). More recently however, a broader understanding of quality of life based on its multidimensional nature has received much attention in gerontology (Bengtson et al., 2009). Quality of Life (QOL) can be explained as a collection of subjective and objective dimensions (Bowling et al., 2003). In their study, Bowling and colleagues (2003) sought to determine how older adults (60+ years) defined QOL. By identifying major themes from their findings, they were able to provide a general definition as QOL being determined by one's physical health, social support network and one's psychological status characterized by independence, continuity and autonomy (Bowling et al., 2003)

The World Health Organization defines Quality of Life (QOL) as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation of their goals, expectations, standards and concerns (Peel, Bartlett & Marshall, 2007). Definitions of QOL have moved from the absence of disease to what the Ottawa Charter now calls the active role of the public in the determination of their own health (Quadagno, 2005). This paradigm has led to the development of Health Promotion principles which attempted to influence individuals to adopt lifestyles conducive to healthy living in order to maintain and enhance their health; more emphasis has since been now placed on behaviour and preventative measures (Quadagno, 2005).

The concept of QOL continues to be redefined in order to be as holistic as human experience. Tillich's model of the "whole" person illustrates this point effectively. According to Tillich, a person simultaneously functions "inorganically" as well as "organically". Inorganic functioning focuses on the spirit and spiritual centre whereas organic functioning focuses on the mechanical or grounded being (Kimble et al., 1995). Therefore, in order to attain a "good" QOL, an organism's needs in all domains (biological, social, psychological and spiritual) must be met, yet some domains may be more important than others depending on the individual. In order for any person (immigrant or otherwise) to report a high level of satisfaction or 'good' overall well-being, s/he must be content in the subjectively relevant domains mentioned above at a particular time in their life. The relevance and importance of each of these domains however, will likely change over the course of one's lifetime. The biological aspects of QOL, for example, may be more pertinent to a 25-year old, whereas the psychological aspects may be the focal point for someone in mid life, while the spiritual may be of higher significance to a person in later life. Regardless of one's age, it is integral that the individual's needs are being met according to the context which is most applicable to the person (Eisenhandler, 2005); however, each domain of QOL will likely have a minimum set of elements which must be realized in order to have an overall good quality of life. Below is a diagram representing different domains that comprise a holistic quality of life. For the purpose of this paper, 'Quality of Life', 'Subjective Well being', and 'Life Satisfaction', will be used synonymously to refer to a person's evaluative reactions to his or her own life either in terms of cognitive or affective reactions and at satisfaction with life as a whole as it pertains to the domain represented in the diagram below (Chappell, 2005).

Figure 1: Domains of Quality of Life



## 2.2 Determinants of Quality of Life for Ethnic Immigrants

It is noted that some societies provide significant care for their aged, while others leave it to the individual and his or her resources (Bengtson et al., 2009). This is significant because the state of our overall health and needs at any stage of life are linked to our decisions about diet and lifestyle and the quality of life provided by the societies in which we reside (Bengtson et al., 2009). The events a person experiences throughout her/his life course will vary due to culture, regional and political influences, and variations in opportunities, lifestyles, values and belief systems (Grewel et al., 2004). Moreover, , not only do immigrants experience a drastic change in the above realms upon relocation to a new country, but their core systems also differ from the mainstream Western society (McPherson, 2004). It is therefore important to note that there are differences within and across cultures in how 'old age' is defined specifically to the extent to which older people are valued, supported and cared for in later life. Because of the differences in cultural stereotypes, sensitivity to these differences is necessary in order to develop effective policies and service programs, especially for a nation which prides itself on the plurality of its constituents (McPherson, 2004).

It is important to note that all domains of quality of life are inextricably. For example, the social domain (to be examined in this study) influences and impacts other aspects of an individual's life. This domain is particularly important for immigrants as it is through social

networks, adherence to culture and norms and civic engagement, which all combine to equal social capital, that immigrants find renewed hope, trust and bonds among each other (Grewal et al., 2004). The development of these bonds allows immigrant groups to feel more comfortable in the host country and enables them to overcome obstacles to achieve a good quality of life (Locher et al., 2004).

Canada's liberal immigration policies y has created a multicultural society in which later life is being experienced in many different ways. It is suggested here that this diverse group of older immigrants are not having their needs fully met by the host society as their policies and services are geared towards those in the mainstream society (Ajrouch, 2007). Because of the types of services available, ethnic minorities face compounded effects to living a good QOL, attributed not only to them being older adults, but also because of their minority status. This study will focus on predictors of a good quality of life for this segment of the population, and more specifically, on the role of social capital on this subjective experience.

### **2.3 Social Capital & Immigrant Older Adults**

Social Capital is a complex concept defined and interpreted in myriad ways and is comprised of multiple components. It is important to understand an underlying theoretical dichotomy which can influence the way social capital is operationally defined and analyzed. Recent distinctions have been made between 'bonding' and 'bridging' social capital (Putnam, 2000). To an extent, both types of capital generally co-exist within any group and congregation, however, in some communities one type of social capital can be more dominant (Carr, 2005). "Bonding capital" can be characterized by having dense and close knit affiliations and a strong and focused trust, whereas "bridging capital" is characterized by weaker ties and less trust in institutions and people (Collom, 2008).

There have been several different ways that social capital has been defined. In 1985, Pierre Bourdieu gave a detailed analysis of the benefits people accrue by virtue of their participation in groups (Carr, 2005). He defined social capital as "the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalized relationships," and he proceeded to suggest that group membership was the basis for solidarity and establishment of strong social networks (Carr, 2005). Taking Bourdieu's definition into account, it can be suggested that immigrant groups of the same background, who



face similar obstacles upon relocation, and who ascribe to similar religious beliefs and cultural practices, can be said to be members of a group who experience and have gained social capital through bonding social capital. This argument can be further supported by Beugelsdijk and Smulders (2002) who explored social capital's impact on economic growth and maintained that the bonds of connectedness and trust in bonding social capital cemented homogenous (i.e. ethnic immigrant) groups, whereas bonds of connectedness and trust in bridging social capital formed across diverse social groups (Beugelsdijk & Smulders, 2002).

Although the characteristics of the different types of social capital may differ, the commonalities embedded can form the basis of the operational understanding of social capital. Namely, these concepts include social networks and traditional culture which includes religion, language, community involvement and access to and usage of services (McPherson 2004, Quadagno, 2005;). Further to this, social capital in contemporary society is used to discuss social resources within a given society which includes community networks, civic engagement and social cohesion (Carr, 2005). These latter concepts will be explored in this study in the context of 'traditional culture,' as Shia Muslim culture plays an imperative role in the formation of opportunities to enhance social capital amongst members of this group.

Social support systems as an integral component of social capital is emphasised by Campbell and Hughes (2008) in their study on Australian 'Silver Surfers.' They define social capital as the resources that emerge from one's social ties and that social networks constitute its structural core (Campbell & Hughes, 2008). The idea that social networks comprise a significant component of social capital is further discussed by Ajrouch (2007) who contends that social capital is created when the relations among persons change in ways that facilitate action, assuming social capital to emanate from social interactions. In their review of bridging and bonding social capital, Beugelsdijk and Smulders (2002) define social capital as the networks an individual belongs to and from which s/he derives benefits. More recently, the notions of social connectedness and well-being have provided a new conceptual lens through which social capital can be observed or experienced. We can deduce from this that social networks and social support systems are instrumental components of one's social capital in addition to involvement in one's traditional culture.

## **2.4 Social Capital: Social Support / Social Networks**

The aging process varies within and across cultures depending on the way they interact with others in their immediate surroundings (Han et al., 2006). This means that within each culture, social norms define the appropriate role an individual plays at different times during the course of their lifespan. Patterns of social interaction are learned within a social structure influenced by both micro and macro systems in which the person is born and/or currently resides in (Beugelsdijk & Smulders, 2002). Essentially, this means that an individual is inherently a social being as 'life' generally involves group activities, giving and receiving social support, maintaining relationships and using and providing resources with others (Bengtson et al., 2009). All of these mechanisms which facilitate healthy social networks decrease with age, and are increasingly difficult for those who have a different ethnic background and even further for those who live in a land which is not their own (Han et al., 2006). These concerns can however be mitigated if communities foster their own social connectedness which could in turn, reduce isolation. Nandan (2007) suggests that factors which can contribute to social isolation by immigrant South Asians include the foreign culture of the West, little social interaction with the host society, and lack of friends in the new country. In her qualitative study, she determined that almost all her respondents included other South Asians in their social network (Nandan, 2007). This is significant because the more one is able to maintain such ties within their communities, the better it seems, is one's perceived health (Litwin, 2011).

The majority of social relations occur through social networks involving groups and organizations and these usually involve a common, familiar and core group. The strong and united social networks of immigrant groups such as South Asians are well documented; however, the way these social networks influence the way they perceive their quality of life have been scarcely explored in empirical research (Locher et al., 2004). Chappell (2005) suggests that integration of immigrants in their own communities, as opposed to assimilation in the host society has greater benefits. For example, reliance on religion might buffer against depression and participation in religious and cultural activities could allow the immigrant's world to consist of those who belong to the same community, and thus non adaptation may not negatively influence their Quality of Life (Chappell, 2005). Kim (1999) also supports this position as his study illustrated that Older Korean immigrants who had stronger ethnic attachments reported lower levels of loneliness and greater satisfaction with life.

Kim (1999) and Chappell (2005) bring to the forefront the impacts social networks on older adults – a strong social support system can either positively or negatively affect one's health. Carmel claims that social support directly influences health and can be a protective factor against stressful life events including assimilation and adaptation by immigrants (Carmel, 2001). Diwan (2008) echoes Carmel's contention as she explains that social integration is directly related to physical and psychological well being. Social integration refers to social ties and networks among individuals often found in groups based on social, cultural or religious similarities (Diwan, 2008). According to Durkheim's theory of social integration, social integration facilitates cohesion, provides individuals with meaning and purpose in life and promotes a sense of well being (Diwan, 2008).

Each relationship which exists between people is a means through which support is likely to be attained (Wong et al., 2005). Furthermore, those who do not have a strong social support system, or at least perceive themselves not to, are at a risk for dying prematurely (Ibid). It is for this reason that the maintenance of strong social networks for any immigrant group is fundamental to the well being of ethnic older adults.

## **2.5 Social Capital: Involvement in Traditional Culture**

Our culture creates ideas, beliefs, norms, values and attitudes which shape our thought processes and influence our behaviours and the way we interact, cope and act in our daily lives (Chappell, 2005). These attributes provide a basis for action and philosophies of social organizations either formed by mainstream society or by sub groups within host countries. Furthermore, immigration to another country is a significant event as it generally involves extreme changes in the social and cultural environments, and often in climate and physical surroundings (Carmel, 2001).

It is important to note that cultural communities significantly impact individuals in three central ways: (1) through the settings and institutions in which they participate, (2) through the norms and trust that grow out of social networks, and (3) through systemic effects such as social cohesion and collective efficacy (Henkin & Zaph, 2007). Along these lines, if we want to better understand how cultural infrastructure within communities promotes social connectedness, it is important to understand that the social structure of a community (values and norms) encourage or discourage people to act in certain ways that help develop a shared

responsibility (Henkin & Zapf, 2007). To this end, we can conclude that cultural communities that are high in social capital and have sets of interlocking social networks are better able to support each other and achieve common goals (Henkin & Zapf, 2007).

Upon immigration, if ethnic older adults are settled into a familiar environment, the acculturative stress which they endured was found to be significantly less. The assimilation into a new culture by ethnic immigrants is probably impossible, but if upon relocation, an enclave was found, the pain of relocation may be mitigated (Nandan, 2007). In Nandan's (2007) study on Asian Indian immigrants, she found that these (South Asian) immigrants were happier and more comfortable if they settled in enclaves as this enabled them to: (1) enjoy participation in and access familiar programs and services, (2) interact with and speak the same language as other people and use their native tongue, (3) participate in common religious practices, and (4) use their time in a way that is meaningful and productive for them.

#### *Access and Use of Services*

Because of differences in language, religion, values and belief systems, the majority of the services provided by a mainstream society, are geared towards the dominant cultural group. North American societies have been organized to make the services they provide most convenient for the majority of the population (Lai & Chau, 2007). For example, a lack of understanding of Eastern cultural values exists among service providers in Western societies, which in turn exacerbates the problematic access and efficacy of health social services which are available (Kyoung, Lee & Chan, 2008). Kyoung and colleagues maintain that language plays a central role in participation by immigrants in health promotion activities, and that professional services for elderly immigrants must be inclusive of their faith based communities. In her article "Voices of Asian Indian Immigrants," Nandan says, "in order to better serve the range of culturally diverse older adults and provide quality mental health services, service providers must sharpen their skills in relation to cultural issues and expand their use of research..." (Nandan, 2011).

In another study, Diwan (2008) maintains that ethnic immigrants, require the development of community based programs to better serve their needs as many of them face barriers to accessing mainstream services or even understanding and accepting information provided by federally funded programs (Diwan, 2008). This is evidenced by the fact that ethnic

immigrants will usually engage with and seek support from other like ethnic people. In a study done with Korean immigrants, it was found that Koreans rarely interact with non Koreans and that their interactions came mainly through ethnic community services or churches rather than formal service agencies (Wong et al., 2005). In another study conducted by Lai and Chau (2007), it was found that the main reasons that ethnic groups did not use mainstream resources were because professionals did not speak their language, programs were not specialized for them, the professionals did not understand the culture and the professionals were not of the same cultural background. (Lai & Chau, 2007). In a different study done on South Asian immigrants and their use of mainstream services, results indicated that these persons sought services from other South Asians instead of Westerners (Nandan, 2007). The implications of this is that for effective services to be provided for this ethnic immigrant community, culturally competent service providers should be engaged and services should be offered through familiar community centres or religious institutions (Nandan, 2007)

Race, ethnicity and cultural values have been identified as predictors of poorer health due to them being barriers in accessing health and social services (Lai & Chau, 2007). Furthermore, the lack of knowledge about available services is also a hindrance to fully utilizing the programs which North American societies offer (Lai & Chau, 2007). It is to this end that the understanding of community based programs and services that are available to the various ethnic groups residing in the West will help to enhance the subjective life satisfaction and feelings of overall well being experienced by an elderly ethnic immigrant.

### *Language*

Language plays a particularly important role in the usage of services and program delivery by and for immigrants. For example, Arab, Middle Eastern and Muslim immigrant groups face compounding aging issues as they relate to family support, discrimination, and quality of life measures which require specific programs which may not be provided by mainstream society (Ajrouch, 2007). Furthermore, language proficiency can also influence patterns of social integration as language can act as a deterrent for immigrants to interact with members of the larger society and participate in mainstream activities (Diwan, 2008). Diwan's contention is supported by Nandan as she mentions that older Asian Indians who have good English language skills have an easier time adapting to the host culture (Nandan, 2011).

Kalavar and Willigen (2006) in their narrative study of South Asians found that an immigrants' ability to communicate in English is essential because it facilitates interaction with a larger community and without learned English, or interaction with those who speak English , there exists a real risk for linguistic isolation (Kalavar & Willigen, 2006). This is also supported by Diwan (2008) whose study concluded that elders with lower English proficiency were less likely to have native born friends, and relied more on organizations within their ethnic community as a means of remaining socially connected (Diwan, 2008).

There is a need for ethnic immigrants to have a sound language support system as language support (being able to communicate with and be surrounded by those who speak the same language) are key to decreasing estrangement and isolation as well as improving health (Wong et al., 2005). A common language helps for information to be shared, for better explanations and information dissemination, and it allows for the elucidation of issues (Rait & Burns, 1997). It is important to note that although the above studies highlight the importance of embracing the host culture's language, this is not necessarily the only means to avoid linguistic isolation. Many South Asian immigrants, for example, surround themselves with other immigrants who speak the same language and thus allowing themselves to secure the benefits which accompany language comprehension namely social interaction, usage of community services, comfort and familiarity and community inclusion – all of which are integral to the quality of life one lives (Diwan, 2008; Nandan, 2007).

### *Value and Belief Systems*

Many of the values and beliefs observed by different groups are moulded by their place of birth and their immediate surroundings and upbringing; these include religion, politics and the living situations around them (Chappell, 2005). For example, Chappell, in her study of Quality of Life among Chinese Canadian Seniors, maintained that traditional Chinese culture was of particular interest because of its contrast with the values and belief systems of the Western host culture.. She went on to contend that involvement by Chinese seniors in traditional Chinese culture in the host society would lead to a better Quality of Life as their values and beliefs, as taught by their culture, would seem valid and legitimate(Chappell, 2005). We can extrapolate from the Chinese culture and carry over into any traditional culture which is starkly different than an immigrants' second homeland including that of South Asian Shia Muslims from East Africa. In her study of South Asian immigrants in America, Nandan (2011) seems to support the

idea that maintaining one's values and beliefs is instrumental to an older adult's well being. She found from the respondents in her study that the disparity between Indian and American values were often problematic and placed importance on different things and as such retaining one's core values allowed the elderly immigrant to retain something familiar and avoid acculturative stress and its accompanying symptoms (Nandan, 2011).

The difference between Eastern and Western values is articulated well by Kalavar and Willigen (2006) who maintain that Asian Indian culture is often described as emphasizing the group through filial piety, humility and sense of obligation towards other people, whereas the culture in the West is characterized by individualism, competitiveness, achievement and is more concerned with mastery over one's own environment. Another area of major importance (and disparity) is the value placed on older people by immigrant cultures and the cultures of the host country. South Asians see old age as a stage in life characterized by maturity, wisdom, social stability, recognition, and salvation, whereas the values of the West are based on productivity (or non-productivity) and have different role expectations (Nanda, 2007).

The literature suggests that adhering to the values and beliefs to which one is familiar and strongly believes can be supported through strong community ties and being surrounded by those who hold the same beliefs and values. Furthermore, allowing for this type of interaction can help to avoid culture shock and assimilation of values which can in turn help to offset common reactionary symptoms such as depression, low self esteem and isolation (McCaffrey, 2007). Being surrounded by familiar cultural ideas, music, art, beliefs and attitudes plays an instrumental role in the overall well being of older adults (McCaffrey, 2007).

### *Religion and Spirituality*

Religious or faith based communities can have a profound impact on the rights, privileges and status of older people (Phillips, 2003). Religious affiliation, spirituality and religious involvement can influence life satisfaction in later life (Eisenhandler, 2005). Religion can provide older adults with a sense of meaning and security, adds value to life and spirituality can assist with coping during times of grief, change and loss (Cohen & Koenig, 2003). Moreover, religion and religious centres are an integral part of maintaining ones identity in a host land. For example, temples, mosques, synagogues and churches serve a multi-functional

purpose in that they provide meaning and significance to life, but also social forums and a place for solace and support (Kyoung et al., 2008).

The influence of religion in the lives of older adults can be significant. Nandan (2011) found that respondents to her study proclaimed meditation, and daily prayers as being an important part of their lives, but upon moving to the new country their religious and spiritual health felt threatened, however those who maintained their religious practices found it easier to cope with living in a culture that is not their own (Nandan, 2011). It can be deduced from this study that religion is an important factor in helping immigrants adjust to the new society.

Kyoung and colleagues (2008) mention that several recent empirical studies have found that factors such as meaning, purpose in life, religious involvement, religious coping, congregational support and spiritual practice are determinants of well being in later life (Kyoung, Lee & Chan, 2008). They further comment that religious support can play a role in reducing depressive symptoms, and enhance life satisfaction among the elderly (Kyoung et al, 2008). Kyoung's study concluded that participants who reported health problems as a major challenge in their lives attributed religion and spirituality as coping mechanisms for their illness (Kyoung et al., 2008). They further demonstrated that spirituality and religion were protective factors for life challenges especially for ethnic minorities and elderly immigrants (Kyoung et al., 2008). These conclusions are corroborated by the study done by Hahn and colleagues where they found that older Taiwanese people who had not attended religious activities during the past six months were at a higher risk of being depressed than those who had (Hahn et al., 2004).

Religious participation within immigrant communities reinforce ethnic identities among immigrants in the United States (Kyoung et al, 2008). In addition to helping to maintain identity, religious guidance and faith based communities often provide ethnic, cultural and linguistic familiarities along with protective refuge (Kyoung et al, 2008). These notions are supported by Koenig and group (1993) who suggest that not only do people use religion to construct a cognitive frame of life experience as a coping strategy, but they use religion to help establish and maintain a strong support system – both of which rely on religious belief and on religious attendance (Koenig et al, 1995).

Religion also influences one's willingness to volunteer (Kim et al., 2007). This is supported by Kim's (2007) study of volunteering resources amongst Koreans where they found



that those who adhered to Christianity and Buddhism were most likely to volunteer (Kim et al., 2007). This is supported by Bradley (2000) who maintains that religious organizations involve the largest number of volunteers and concludes that there is a strong relationship between religious behaviours (prayer or religious service attendance) and volunteering.

A common religion among ethnic immigrant communities is a mechanism in which members of the group bond and who, due to their observance of the same religion, hold similar beliefs, are influenced to behave in certain ways and work towards common goals. Although this is true for South Asians and Southeast Asians alike, more research is needed to better understand how particular subgroups use religion to enhance their overall well being.

### *Use of Time*

Changes in an older adult's use of time can lead to boredom, depression, isolation and a poor quality of life (Henkin & Zaph, 2007). Being able to adapt to these changes depends not only on an individual's functional capacity, but also on the amount of social support received by the family, community and those they trust. Social participation has substantial benefits including an increased sense of belonging to a community, better physical and mental health, and increased self-esteem (Modan, Shmotkin & Blumstein, 2003). Use of time however, must be meaningful and purposeful. The definition of meaningful use of time is relative to the individual and differs across cultures from a focus on making money, participating in religious festivities, or giving back to the community by volunteering (McPherson, 2004). Life expectancy is increasing and one of the implications of this is that older adults have more free time. As a result, communities along with the wider society need to be creative in providing ways for older adults to be purposefully active in their later years.

Volunteering is a popular way for older adults to play a productive role in society, use their time meaningfully and share the skills they have developed throughout the course of their life (Achenbaum, 2007). The benefits of volunteering are many including group affiliation, being a contributing member of society, sharing knowledge and experiences, furthering a personal cause, maintaining identity, maintaining independence, acquiring new skills and enhancing their social networks (Bradley, 2000; Henkin & Zaph, 2007; Rozario, 2007). It is important here to note that in communities that originate in the east, including the India-Pakistan subcontinent and East Africa, great value is placed on volunteering and South Asians pride themselves on

volunteering as a cornerstone of their progress as a community (Nandan, 2007). Nearly half of the volunteer work done by older people is done for churches, synagogues or the like and for a cause greater than themselves (Rozario, 2007).

Volunteerism refers to engagement in proactive activities that involve commitment and whose benefits extend beyond the individual volunteer (Rozario, 2007). Volunteering requires individuals' resources that not only facilitate individual involvement but also enhance volunteering opportunities (Kim et al., 2007). In relation to volunteering, it is important to understand the idea of community capacity. The idea here is to show how people in a community demonstrate a sense of shared responsibility for the general welfare of the community and its members (Henkins & Zapf, 2007). Three central elements of community capacity include: (a) a sense of community that allows people to come together in ways that supports a common good, (b) a level of commitment among community members that sees themselves as participating members and (c) mechanisms for problem solving (Henkins & Zapf, 2007). A current example of this is the Vital Aging Network (VAN) based out of Minnesota. This network fosters information sharing, partnership and relationship building, and is founded on a belief that the involvement and integration of older adults is necessary for community health (Henkins & Zapf, 2007).

The Importance of volunteering is based on Activity Theory which states that activities are associated with well being and reduced mortality (Modan, Blumstein & Shmotkin, 2003). In a study done by Kim and colleagues (2007), they found that retirees who performed formal volunteer work reported higher levels of mastery, self esteem, general life satisfaction and energy (Kim et al., 2007). Volunteers had better self rated health, higher levels of physical functioning, lower functional dependency and lower depressive symptoms than those who did not volunteer (Kim et al., 2007). Older volunteers also report increased vitality, purposeful behaviours, and a better sense of control over their lives (Modan et al, 2003). In her article on the meaning of volunteering, Bradley (2000) posits that volunteering gives meaning to the lives of older adults. It enhances their purpose, promotes their sense of identity and allows older adults to share their knowledge and pursue their own interests (Bradley, 2000). This is supported by Kaskie and colleagues (2008) who maintain that 'involved' seniors report better physical and mental health (Kaskie et al, 2008; Modan et al, 2003). In Kaskie and colleagues' study, they found that 70 percent of those surveyed worked to keep active and not for financial reasons as originally hypothesized.

Utilizing the skills, knowledge and experience of older adults who are looking for ways to remain attached to their communities may be the most effective strategy for revitalizing communities and promoting successful aging (Henkin & Zaph, 2007). The willingness of people to participate depends on whether or not they feel connected and for those who do feel connected the propensity for them to volunteer is more likely (Henkin & Zaph, 2007). This is significant because the dense bonding capital which ethnic immigrant groups retain is an indicator of their level of community involvement. This is particularly true for South Asian elderly immigrants.

## **2.6 Further Links between Social Capital and Quality of Life**

Social capital is defined as comprising social networks and involvement in traditional culture (e.g. usage of services, language, religion and use of time) enables older people to maintain productive, independent and fulfilling lives (Kabir et al., 2006). It follows from this then, that low social capital is associated with a higher prevalence of depressive symptoms (Hahn et al, 2004). The study done by Litwin (2011) among older adults in Israel found that contact with friends and neighbours, provision of support and place of worship (all which are components of social capital) were positively correlated with health outcomes (Litwin, 2011). Another study by Diwan (2008) found that dense and strong networks (characteristics of bonding capital) like those found amongst close knit community groups are associated with lowest risk of depression and loneliness compared to groups who are characterized by weaker ties.

Acculturation can also have a significant impact on immigrants who move from the East to the West, and can negatively impact their Quality of Life. Kalavar and Willigen (2006) identify culture shock and adaptation as predictors of acculturative stress. They suggest that a positive correlation exists between this stress and the prevalence of depressive symptoms in older adults (Kalavar & Willigen, 2006). Acculturation is an encompassing term which refers to social phenomena which can include the adaptation processes related to culture, social ties, norms and customs, all which have been identified as ideas belonging to social capital.

The very definition of social support refers to a process through which social relationships might promote health and well-being wherein support derived from relationships of varying types can help to not only cope with illnesses and stress, but also help avoid these

ailments (Wong et al., 2005). Social capital contributes to health by protecting older adults from the adverse effects of stress (Wong et al., 2005); furthermore, it is said that South Asians tend to relate psychological distress to social problems such as racism, isolation and family problems (Rait & burns, 1997).

## **2.7 Gaps in the Literature**

Although there has been a surge in aging research on quality of life of older immigrants, several gaps remain in terms of understanding the nature and processes of quality of life for immigrant older adults. Three major areas requiring further research are discussed here.

First, there is a scarcity of empirical studies examining immigrant older adults' quality of life in Canada. The literature review found several studies conducted in Europe and in the United States, but few were done in Canada. The pluralistic makeup of each of these countries is different as it goes from a melting pot type in the United States to a more of a "mosaic" make up in Canada and the federally run services are a reflection of the demographic contingents of each nation. It follows then, that the experiences and challenges of Canadian ethnic immigrant groups may be different from those residing in the United States or other Western societies.

Second, there is a need for more in depth analyses of true experiences of South Asian immigrant groups. There have been several studies conducted on other ethnic groups, such as Southeast Asians (Chinese, Koreans and Japanese), but very little has been conducted with immigrants from Pakistan, India and Bangladesh and specifically on East African diasporas. In general, these ethnic groups share some similarities that have been identified in cross-sectional studies with South Asian participants.. However, it is important to undertake more work with the South Asian seniors to get a more in-depth and more comprehensive understanding of their quality of life instead of inferring from those of other groups.

Third, there is a gap in our understanding that relates to the lack of sensitivity about the variations in experiences among various ethnicities. South Asians or Southeast Asians are quite often treated as homogenous. There is a risk in missing out important variations if the populations are not recognized for their diverse characteristics. For example, socioeconomic status, demographics such as gender, age (young old /old-old) and education, geographical location (urban versus rural) and religion (Christianity, Buddhism, Hinduism, Sikhism, Islam)

have not been taken into account. Rather, South Asians and Southeast Asians have been categorized as homogenous ethnic groups such as Chinese, Koreans, or Asian Indians. It is important for future research to focus on specific variables which could alter the experiences and Quality of Life of the elderly immigrants in these ethnic groups.

## Chapter 3: Methods

### 3.1 Research Design

This study is prompted by the lack of existing research on South Asian Shia Muslim older adult immigrants from East Africa. In particular, there is a need to understand the role of social capital on their Quality of Life in Canada. Although there has been a surge in immigrants in the general South Asian community over the last few decades, very little work has been done in this area, and even less to understand the Shia Muslim way of life. The decision to use a qualitative research methodology for this project was based on the context that the intent of this study was to explore, understand and explain the experiences of the people in this group (Patton, 1990). Being able to explore ways in which people understand and interpret their social reality is one of the hallmarks of qualitative research (Grewal et al., 2004). In-depth interviews were conducted as the emphasis of this study was on the processes and meanings as emergent from the participants' experiences (Denzin & Lincoln, 2000).

The particular intent of this project was to understanding the social reality and the role Social Capital (operationally defined as social networks and involvement in traditional culture) has had on the Quality of Life for these older adults. As Grewal and colleagues maintain, as the meaning of Quality of Life can be explained and experienced differently among different ethnic groups, a qualitative approach is optimal to gain an in depth understanding of this concept in Shia Muslim older immigrants (Nandan, 2007). Furthermore, this approach helps to ensure that the information gained was based on older people's accounts of the issues which are relevant and meaningful from their subjective perspectives (Grewal et al., 2004).

This study used convenience sampling as the primary way of recruiting participants. A particular site (Shia Muslim Senior Centre in Burnaby, BC) was chosen where members of this group frequent weekly to participate in activities. Although attempts were made to solicit an equal number of males and females for this project, due to participant availability and willingness to be interviewed, in the end six women and two men were interviewed. The inclusion criteria for participants were that they were South Asian Shia Muslims, immigrated from either Uganda or Kenya, were English speaking or at least were able to converse in English and 60+ years of age. The older adult immigrants who attend the Senior Centre in

Burnaby, British Columbia (which serves all of Metro Vancouver ) were all urban dwellers. Vancouver is one of the major cities in Canada where Shia Muslim immigrants from East Africa have settled into. .

### **3.2 In-Depth Interviews**

Data collection was undertaken by conducting in-depth face to face interviews with eight older adult Shia Muslims. The interviews lasted from 52 minutes to 77 minutes in length. This format allowed the researcher to enter into the other person's reality and perceptions of life. In-depth interviewing involves face to face interaction and aims to get a deeper meaning of information and knowledge from the respondents (Johnson, 2002). Prospective participants were first contacted by telephone and asked if they might be interested in this project. If the response was favourable, a time was set at a location convenient for the participant. In seven out of the eight interviews, the researcher visited the homes of the participants where the interviews took place . One of the eight interviews took place in an administrative office at one of the Shia Muslim Places of worship in Burnaby. At the outset of the interview session, I provided an overview of the study and sought formal written consent from the older adult to participate in the interview. Interviews were conducted in English, digitally recorded and transcribed verbatim. Although all participants were able to converse in English, there were phrases of Gujarati spoken throughout. In order to capture the richness of the native language and not to lose meaning in translation, these phrases were first transcribed then transliterated.

This study used a semi structured interview guide with 8-10 probing questions. Interviews began with a structured questionnaire collecting demographic information such as education, residence, employment and general health histories to set the context (See Appendix A); a summary of the demographic information of the participants is presented in Table 1. The substantive questions were framed to elicit answers on the way the participant experiences social capital and the impact on their quality of life. The participant was encouraged to talk about things that bring quality to or limit the quality of their lives; this was a directed and constructed discussion aimed at a focused topic (Social Capital and Quality of Life). It is important to note that as the term "social capital" is not well recognized among general public, questions were phrased in a way that addressed the concept so as to be understandable by the participant.

Table 1: Participants' demographic profile

Gender	DOB	Marital Status	Date of Immigration	Place immigrated from	Education	Occupation	Living arrangement
Female	1933	Widowed	1969	Nairobi, Kenya	High School	Seamstress	Alone
Female	1932	Widowed	1973	Mombasa/ Nairobi, Kenya	Less than High School	Seamstress	With Daughter
Male	1939	Divorced	1981	Nairobi, Kenya	University Degree	Accountant	Alone
Female	1941	Widowed	1972	Mombasa, Kenya	University Degree	Registered Nurse	Alone
Female	1933	Widowed	1972	Nairobi, Kenya	Less than High School	Bookkeeper	Alone
Female	1941	Married	1974	Mombasa, Kenya	Specialized Certificate	IT Professional	Husband and Son
Female	N/A	Married	1971	Mombasa, Kenya	University Degree	Aesthetician	Husband
Male	1941	Divorced	1975	Kampala, Uganda	Specialized Certificate	Mechanic	Alone

The current literature helped identify relevant substantive issues used to structure the interview guide. Issues were identified in the different domains of quality of life amongst immigrant older adults, which helped to guide the probes. However, due to the level of English comprehension, on certain occasions, the researcher needed to rephrase questions and use examples to help expand the answers of the respondents. Examples of quality of life issues that were explored were how the respondent perceived their physical, psychological, cognitive and spiritual health, and the reasons for their perceptions. This study has operationally defined social capital to include social support networks and involvement in traditional culture. These two overarching ideas and were used as probes to discover how both of them may influence quality of life. Interviewees enjoyed speaking about certain topics particularly religion and spiritual experiences, and they were encouraged to elaborate. The interview was structured around the interview guide comprised of overarching questions based on the literature around quality of life and social capital (see Appendix B).

Although I belong to the same community as the participants, I needed to build rapport by creating a reciprocal relationship, showing genuine interest and making the participants feel



comfortable in the interviews. I needed to gain their trust to allow for a candid and open discussion. Out of respect to the older adults and in accordance with customs of this culture, I had a cup of tea with them and inquired about their family life. When I visited the respondents' homes, I was served lunch and had pre-interview discussions with all the participants which sometimes lasted upwards of 75 minutes. In several cases, the participants showed me family photo albums and home movies of their family life in East Africa, of their work in their community and esteemed letters of praise received by community leaders and government dignitaries. Spending this extra social time with the older adults allowed me to build rapport with them and enhance their comfort level. This method seemed to be effective, as in several interviews, the participants seemed to open up by sharing their spiritual experiences and letting out emotions.

Additionally, "saving face" is a concept known to be prevalent amongst members of this group especially the older adults and the onus was upon me to create a supportive environment where they could feel that they were the experts and that there were no right or wrong answers. This issue seemed to be prevalent in the beginning of each interview as the participants were reluctant to admit to any hardships making comments like, "No, no problems at all..." or "...I got through it fine..."; however, as the interviews progressed and the same topics resurfaced, the responses were much richer with details regarding the challenges faced by the participants especially related to financial or familial problems.

### **3.3 Data Analysis**

The fundamental objective of this study was to gain an in-depth understanding of the relationship between social capital and quality of life through the views of the participants' subjective world (Charmaz, 2003). 'Framework' is a commonly used qualitative analysis technique used in studies which are based on in depth interviews (Ritchie & Lewis, 2003). After transcribing all the interviews verbatim and becoming familiar with the content, codes and themes were drawn from the data and a thematic matrix was developed which included information from the data transcribed (Patton, 1994). Once the themes were identified for each interview and relevant portions of the transcriptions were classified under the thematic sections, patterns emerged. This process allowed data to be organised to provide an opportunity to compare the views and experiences of the participants (Grewal et al., 2004; Patton, 2002). The goal was to discover realities of the participants' lives as grounded in their subjective experiences and create a conceptual understanding based on those experiences (Charmaz, 2003).

In order to derive patterns and trends, the themes or categories which emerged presented themselves multiple times in order to be considered as part of the final discussion (Corbin & Strauss, 1990). Although probing questions were used, ultimately, the final analysis was determined by the transcriptions and categorization of themes (Corbin & Strauss, 1990). The data were coded through open coding process where an interpretive process compared events, actions and interactions and compared them with each other to identify similarities and differences (Corbin & Strauss, 1990; Charmaz, 2003). The analysis then conceptually grouped like labels together to determine the final discussions. Starting with the participant's story, the analysis contextualized these concepts within a social process to determine what was happening and why (Charmaz, 2003).

The coding reflected the study's substantive focus and followed a four step process: (1) data were studied and referenced against literature in the area, (2) coding was done line by line to ascertain what was happening, (3) active terms were used to label the codes and (4) the researcher followed leads in the data and went back to identify gaps or seek clarification as needed (Charmaz, 2003). This process allowed the researcher to avoid assumptions of the participants' views and enabled the researcher to define and name emerging processes (Esterberg, 2005).

Throughout the process, the researcher underwent memo writing to link the coding to the analyses of data (Charmaz, 2003). These analytic memos were used during data collection to note observations, personal feelings or emerging categories or themes (Rubin & Rubin, 2005). These memos assisted in the final write up in helping to recall significant themes or ideas which over time could have been forgotten. In this process, the codes became more conceptual in nature and developed into themes more fully during later analyses (Charmaz, 2003). Procedural memos were also used during data analysis in order to keep track of how categories and codes were identified and which were discarded and why (Esterberg, 2005).

### **3.4 Ethical Considerations**

The participants of this study were all engaged through their own volition. They were able to independently decide whether or not they wished to participate. All information gained was analyzed in aggregate so as to not reveal names or identities. Once data analyses was complete, participants were able to review it to make any recommendations prior to the final presentation of the study.

## Chapter 4: Findings and Discussion

This chapter presents findings based on qualitative analyses of in-depth interviews conducted with older adult immigrants in the Shia Muslim community in Metro Vancouver. All eight participants actively participated in the interviews and were open to answering all questions. This resulted in rich and detailed story-telling and insights on concepts related to social capital, culture and their impact on the participants' quality of life. The interviews were loosely structured around an interview guide containing key questions based on the literature review and quality of life domains. As the interviews progressed, substantive patterns began to emerge which required further in-depth exploration. In order to dig deeper, codes and themes which emerged from previous interviews were used as probes in subsequent interviews.

Using an inductive approach, the interview transcripts were analyzed to identify several substantive codes. The codes were initially expanded upon in substantive memos. Similar codes were clustered together to develop thematic issues. Five main themes emerged: *a) Community bonding; b) Support for settlement; c) Centrality of faith; d) Community engagement,* and *e) Faith for health* (Table 2). Two main codes fell under each over arching theme. The themes presented here indicate underlying congruencies among the participants, and the role of social capital and traditional culture on their quality of life post immigration.

**Table 2: Emergent themes and constituting codes**

<b>Emergent Themes</b>	<b>Constituting Codes</b>
<i>Community Bonding</i>	Sense of Belonging
	Social Networks derived from Cultural involvement
<i>Support for Settlement</i>	Community Life
	Cultural Upbringing
<i>Centrality of Faith</i>	Religion and Place of Worship
	Ethics and Values
<i>Community Engagement</i>	Significance of Volunteering
	Volunteering and Quality of Life
<i>Faith for Health</i>	Health Teachings of the Faith
	Faith Affecting Day to Day Activities

The first theme, “*Community bonding*,” is comprised of two codes: “sense of belonging” and “social networks derived from cultural involvement.” The former code speaks to the prevalence of a tight social and psychological attachment among members of this group, and the latter speaks to how engagement in culture helped create and maintain social circles and support systems. The second theme, “*Support for settlement*,” is based on the codes: “community life” and “secular upbringing.” “Community life” refers to the type of community activities and way of life in which this group engages regardless of geographical location; this engagement has enabled members of this group to continue a certain lifestyle post immigration. The “secular upbringing” code illustrates how pre-immigration, members of this group were educated and guided to live a certain way which eased their transition into Western society. The third theme “*centrality of faith*,” also includes two codes -- “faith and place of worship” and “ethics and values.” The first code relates to the importance of faith in the lives of the participants and the importance of their place of worship; the second code speaks to the belief and value systems as manifested by being part of this particular group. The fourth theme, “*Community engagement*,” has two codes: “significance of volunteering,” which highlights the importance members of this group place on volunteering in and for their community, and the second code, “volunteering and quality of life,” speaks to the correlation between the participants being involved in their community and their good quality of life. The final theme,

“Faith for health,” also is based on two codes: “health teachings of the faith” and “faith affecting day to day activities.” The first code, as the name implies focuses on how participants have ascribed to the teaching of their faith as it relates to living a physically healthy life. The second code refers to the positive impact of tasks and activities associated with cultural observances on health.

All themes relate to the notion of a holistic Quality of Life (presented earlier in Figure 1), and represent a range in the QOL domains (Table 3). For example, the first two themes are inextricably linked with an individual's social health, the third theme pertains to a person's religious or spiritual well being, the fourth theme, although illustrative of all four domains of QOL, particularly draws on mental health, and the last theme is associated with physical health.

Table 3: Themes as they relate to the Quality of Life (QOL) domains

Emergent Themes	Related QOL Domains
<i>Community Bonding</i>	Social (Organic Functioning)
<i>Support for Settlement</i>	Social (Organic Functioning)
<i>Centrality of Faith</i>	Religious/Spiritual (Inorganic Functioning)
<i>Community Engagement</i>	Psychological (Inorganic Functioning)
<i>Faith for Health</i>	Physiological/Biological (Organic Functioning)

The five themes were relevant for all eight participants with varying levels of intensity and significance. In the following discussion of the themes, specific examples will be used to highlight their relevance with illustrations from the participants' experiences.

#### 4.1 Community Bonding

This theme emerged during discussions on social ties and social networks. These members of this community have close social ties, which demonstrates the importance of

bonding capital in the social life of this group. Mrs. L compared the link between members of this group to that of a family:

...they are like families, our community is a family. When we meet them, when we greet them, we smile, and you know, with lots of love I think that is the most important thing.

The trust and reliance members of this community on one other is indicative of a close-knit 'family type' relationships experienced by the participants of this study. This was reflected in all eight interviews. Six of the eight respondents reported that having a strong social support system was very important to them (Table 4). Two similar codes were clustered to form this theme, the first one being "*sense of belonging*," which is a result of the bonding capital, the close relationships, trust and strong ties felt among members of this group. The second code was "*social networks derived from cultural involvement*" based on the fundamental role of culture in creating and enhancing social networks in this group.

#### **4.1.1 Sense of Belonging**

In this study, *sense of belonging* reflects the subjective perception of being part of a community that is larger than oneself and of being emotionally connected to others in that community. In general, people feel this way when they are among their close social circles and when engaging in their close social relations. In order to have a feeling of belonging, a person must be psychologically and emotionally comfortable in their social surroundings and feel a sense of trust, closeness and reliance with them. Also they are likely to share common values and interests. Mrs. M talked about the closeness she feels with other members of her community:

...they [members of the community] became my family. You know even there are some ladies with young children who come [to the place of worship], they are in problem, when they don't come [to the place of worship] I ask, why you're not coming, what happened, is anything wrong? Sometimes they say they have problems with the kids, this and that, then I sit them down, I talk to them. I explain to them what to do, what not to do, then I leave upon you, if you think I am giving you good advice take it. I have.....support, I have very good support...

Mrs. M discussed the impact she has on the younger members of her community and the type of advice-seeking which occurs when she meets other members of her community. This particular scenario is indicative of a caring mother-daughter relationship, which emerged from the interactions between members of this community. When participants were asked if they felt like they belonged to their community, all of them responded in the affirmative, a few more strongly than others, depending on their range of involvement in cultural activities. Mrs. D noted, "Our faith is bounding us together right," indicating that members of this community are bound together by a cause which is larger than any one person. The role of faith in creating social capital is corroborated by Mrs. J as she maintained, "the main thing is that we have that (place of worship), and when you have that, again you get this sense of belonging." Mrs. J suggested that the place of worship is integral in creating a sense of belonging among members of this community.

Participants were also asked to describe their circle of friends and if they felt they had a support system. All eight respondents maintained that their social networks provided them with emotional outlet that is needed to cope with life's stresses. For example, Mr. B pointed out, "...in this culture [Western culture], the life is very lonely for people, even for people who are born here. Because of different thing cause of health or weather or whatever it is. But our culture, if you are socializing with everyone, that is really big support." Mr. B has found solace in the support he has received from his community and this exchange of support is integral to the feeling of belongingness to a group.

Feeling a sense of belonging also meant being surrounded by people with common interests and values to help avoid isolation and loneliness. Mrs. J commented:

....I have different categories of friends, I have my spiritual friends as well. Where I can discuss, we read the same books and talk the same things, a couple of them are intellectual people so I like to discuss with them, get their perspective of the book and I would give mine. Then I have social friends I can go out with anywhere, if my husband like right now is not well and has low energy level, then I can still go out, so I never feel like I am alone

All eight respondents identified a strong and close-knit social support system characterized by trust, mutually beneficial relationships and common values. Additionally, this sense of belonging was characterized by two unique aspects – a common history and co-dependence. Mrs. L says "...I've got about 4 or 5, 6, neighbours (of the same community). They

are good friends of mine. I look after them, sometimes I make things for them, they make things for me, they bring here....” and she goes on, “I give them ride to. These people that need ride, that no have car, I have car I drive them, take them. Sometimes they want to go shopping, ok, sometimes they are stuck with the doctors, ok Mrs. L, please take me, so I take them to doctors, to the shopping, there are so many things that I do for them.” The types of activities described by Mrs. L create a type of co-reliance or co-dependence, and in this process, a sense of belonging to others in the community and personal satisfaction is also gained from the ability to make a difference.

The unique historical background of the participants played a role in creating a strong of community with their community. All eight participants represented a community that immigrated to Canada under severe political turmoil and cultural distress in East Africa in search of a better life for their kids. Mr. B explains, “...there are some friends, I know them from Uganda, there’s one or two [with whom] I work with... .. we used to live not far from each other in Uganda, and the same friends don’t live far from me here, my doctor is from there [Uganda], they helped me a lot when I needed them.” According to Mr. B, the ability of this group to reconnect with their pre-immigration friends after relocation to Canada and remain closely connected enhanced his sense of belonging to his social network and community as it provided him with a strong sense of familiarity in an unfamiliar setting.

#### **4.1.2 Social Networks Derived from Cultural Involvement**

In-depth interviews with the participants of this study revealed that strong social networks based on engagement in common cultural practices and events are characteristic of this community. In all eight interviews, social networks, comprised of friends, social circles and social support systems, were created and have been maintained through involvement in their culture. “Cultural involvement” in this context refers to three facets of cultural life: volunteering in the community; place of worship; and religious and cultural events. Findings from this study indicated that participation and observance of these three components of ‘culture’ have created and enhanced social networks.

Mrs. D explained that she met her friends at her place of worship. When asked to explain her social support network and where she found the support, she said, “We met here [in Vancouver] through the place of worship.” This was consistent across all respondents and it



became clear that the majority of the participants' social capital was initiated and developed at their place of worship. Mrs. H described the influence of the house of prayer on her social capital:

they met from community work, like they were all once on a sports committee together we were all in one group together and we worked together, and so we became friends, and so I could go them for support. We became a group, and that was a close group. For our social life, we go to there (place of worship) everyday, everyday. You meet people there everyday, and that's part of your social life, it is your base

Mrs. H indicated that the place of worship which is of great importance to her was also her socio-physical base serving as the epicentre of her social life and interactions. She went on to say, "I see them in there, I meet them there, then we make arrangements to go for lunch and things like that. There is a prayer part and there is a social part, definitely." This illustrates the dual role of the place of worship, one of prayer and solace (which will be discussed in a latter theme), but also of social interaction and a forum to develop social capital and enhance social networks. This sentiment was supported by Mr. B who noted:

I love being with people, and of course I go there [place of worship] to meet People. People don't have time here, people are working, people have their family, so you meet people there. You get to pray, and you meet these people.

The second aspect of cultural involvement is volunteering. As previously mentioned , Mrs. H, developed her close group of friendships by working together with people from her community who volunteered on the same committee. As she explained, these relationships grew into fruitful social support systems. Mr. B also mentioned voluntary work as a source of social capital. He pointed out, "I do a little bit of voluntary work, there is somebody that asks me for some favour then I do it ... if I did something for somebody that really needs something, it makes me very happy and meet friends." There are many benefits of being engaged in the community according to the participants of the study, and these benefits will be discussed in the fourth theme, but in terms of social networks and social capital, it is evident that volunteering and being engaged in their community have helped to enhance social support and develop social capital.

The third aspect of cultural involvement is participation and observance of religious and cultural events. Mr. M explained that he originally met and now continues to interact with his

friends at “community and religious functions.” This community provides its members with many different types of activities and programs, which provide a stable social forum for older adults to come together. All the participants indicated that they participate in some type of cultural observance, and to a great extent, their levels of participation help to create and maintain their social networks. Mrs. L described the extent of opportunities and activities that this community provides:

We have gatherings starting on the New Moon. And so many special gatherings. We are the ... busiest people. It keeps us busy and keeps us going.

Mrs. L then went on to explain that through these gatherings and activities she “meets nice people and talks nicely to people.” By participating in these activities, majority of the participants were able to build their social networks, as well as meet new people and create new supports.

Social networks and social capital had a positive influence on the lives of the participants . Each participant self reported an adequate social support system, and from all eight interviews, it was determined that the social networks of the people in this study were vibrant and supportive. This contentment in their social capital has contributed to a good quality of life in the social aspect of their lives. Mr. B remarked that his social networks “make him very happy,” Mrs. J exclaimed that she was “very satisfied” and asked “what else is needed?” Quality of life is embedded in each of the themes of this study, and is central to the understanding of how social capital and culture affect quality of life. With regard to the current theme, Mrs. L summed it up well:

You go there [place of worship] see so many nice people, you cheer up, you feel this is the place you should be in, you feel happy, even if you are sad you feel happy that today I get to go there [ place of worship]

Mrs. L poignantly captured the role of the place of worship in promoting a sense of belonging and building social capital through cultural involvement; both of which helped create a strong sense of community among members of this group.

#### **4.2 Support for Settlement**

Current literature on immigrants and quality of life suggests that relocation to a new country results in acculturative stress brought on by adopting the new way of life. For this reason, it was interesting to note that all eight respondents attested to better quality of life post

immigration and that very little, if any, acculturative stress was experienced. Participants were asked to discuss their immigration experience and to identify significant challenges during or after their immigration. Follow up and probing questions were asked to identify major differences between their life in Canada and their life 'back home.' In all interviews, the overall tone of post-immigration experiences in Canada was positive. Although some challenges were faced, these were not any different from what the mainstream population might have faced: economic recession, cold weather, and demands on time. Mrs. J claimed that landing in Vancouver was a positive experience "...as soon as I touched down at Vancouver airport, I just had this feeling of sense of belonging."

The participants of this study felt that their transition to life in Canada was a smooth one and it enhanced their overall quality of life. These sentiments do not align with previous studies with Southeast Asian older immigrants who have relocated to the West. According to the participants of this study, this group of Shia Muslims from East Africa have had a unique immigration experience. A salient factor that unites this group is their historical socio-political context; (i.e., members of this group relocated to the West in order to escape political unrest and turmoil) however, this fact in and of itself was not the sole reason for relocation. Six of the eight respondents maintained that they decided to relocate in hopes of a better education and future for their children; as evident from Mrs. L's statement:

"...if I will be okay in Canada, my children will be okay and that was the main purpose of my life. I wanted to just make them good children, good educated children. Give them good life. Make them good"

Aside from the historical context of relocation and the hope for a better life, participants were asked about their immigration experience, major successes and challenges post-relocation, and the impact of Western culture. In general, they indicated that due to the strong community support received from their local community through their faith and social support systems, they were able to settle in their new home with comfort and familiarity; something unique in Southeast Asian diasporas.

Two codes are embedded within this theme. The first, *Community Life*, refers to the day to day interactions members of this group have with their community. These interactions foster a supportive transitioning environment where support to one another is extended. The second code, *Cultural upbringing* relates to the progressive way in which members of this community

were raised and educated in context of their faith. According to participants, this way of upbringing, helped to alleviate their acculturative stress.

#### **4.2.1 Community Life**

During the interviews, all eight participants spoke about the support received by them from their community upon relocation; this support transcended all aspects of their lives -- employment, social circles, continuity of lifestyle, financial stability and access to and use of external resources. Participants also indicated that at some point in their lives after relocation, they have also played an important role in assisting other members of their community to settle in Canada.

Participants attributed their smooth transition in the new country to other members of their community who offered support. Five out of eight respondents attributed their successful employment -- cornerstone of financial security, to their social connections. For example, Mrs. D's first job was "...for an accountant, an accountant who is a member of the community." Mrs. M and Mrs. L were both seamstresses whose success was derived from business and support of their community members, mainly those who they had met at their place of worship. Consider Mrs. M's statement:

He [member of the community] owns so many apartment buildings, I did all the drapes for him. Mr. F [member of the community], he owns so many, I did all the drapes for him. 25 years I did this drapery business.

Mrs. M attributed the success of her drapery business to a member of the community who gave all his business to her. This trend of community business and economic support was also experienced by Mrs. L who remarked:

So it was not hard to, when I go [to the place of worship] I get so many people talking to me and I tell them look I am a seamstress and I can make nice blouses, sari blouses, especially leaders of the place of worship they all, I just talked to them and they were just in my house all the time right. And then I used to make clothes for them, talking to them, and that was the best part of it.

Mrs. L also maintained that the success of her career was primarily due to the connections and support of her community, based on her relationships and attendance at the place of worship. For all three, Mrs. D, Mrs. M and Mrs. L, their employment profiles were

characterized by the support and business from members of the community with whom they interacted with at their place of worship. The support of the community in the employment of these older adults helped ease their financial burden in the resettlement process and fostered a smooth transition to their adopted country. This is also illustrated by Mrs. H who gave an example of how she helped other members of this community secure employment. She commented, “After a couple months I became a supervisor, then of course I met quite a few people that were coming, and we were getting them in, giving them jobs.” The bond shared among members of this group created a shared sense of responsibility and obligation to assist those coming from abroad. As Mrs. D says, “we were brought up to support our own.”

Community life also helped reduce the acculturative stress experienced by these immigrant older adults. All respondents maintained that as their cultural observances remained the same from ‘back home’ to Canada, and because they had strong social ties, undesired aspects of assimilation into the dominant society were avoided and comfort was sought in their involvement with their community life. Mr. B said “when we came, there were few of us here. And there was a place for us to go (place of worship), it was on Oak on 15th and 16th in between Granville and Oak, there was there.” Mr. B placed a great deal of importance on this place of worship as it served, and still does, as the epicentre of activity for his life since childhood. Upon relocation, to be able to continue to attend the place of worship where he “would go and talk to people” and “meet people and talk to them,” helped him settle comfortably in his new home. According to Mr. B, this “made things a lot easier.” Mr. B’s sentiments were shared by all other participants. For instance, Mrs. J said, “even the leadership, when you go [to the place of worship] they would talk to you, if you had any problems.” When asked about their relocation experiences, all eight spoke to the importance of having their place of worship to go to not only to pray, but also to meet their friends. This place of worship also allowed them to participate in festivities which were familiar with them. Mr. M illustrated this well:

Within the community I found it was not very dis-similar to what was in Kenya except that people here were more advanced in saying their social status and they were mostly educated people, they were not very illiterate section of that community was not there, everybody was in good standing ..... But out here I also saw the set-up had been made on similar lines as in East Africa.

. Involvement in Community life in this context refers to how members of this group relate to and interact with other members of their community including mutual support for one another. It also refers to participation in the day to day activities unique to this community's life, such as attending their place of worship. Findings indicate that the process in which this community established itself in Canada allowed for a continuity of lifestyle in terms of being able to observe their traditions, interact with those of the same cultural and religious background and live a community life to which they have been accustomed. This familiar lifestyle and social support enabled them to maintain their identity and provided a sense of familiarity which helped alleviate any major acculturative stress.

#### **4.2.2 Cultural Upbringing**

Members of this group were raised in a society different from the majority of other Southeast Asians. All eight participants, born in the early part of the twentieth century, explained that they were raised in a community setting where curriculum, ways of living and decisions about educational endeavours were guided not by the societies and countries in which they lived, but by the Shia Muslim community. For example, Mrs. J mentioned that "my native tongue is Gujarati, but the medium of education was English," she went on to say that "...they [Faith based schools] said to use English, all the schools were in English and the doctors and English is very helpful." The provision of education in the English language in the early part of the twentieth century, in a land where English was not the primary language, was a unique aspect of this group educational background. In this regard, Mrs. L commented:

From start, English was the main subject. They had said to learn English. Even in his schools, we used to learn Gujarati, then the texts were removed and English was the first language. So from very beginning, we learned English. We are educated people, we don't come from a place where there are no schools or anything like that. It was very impressive that we knew English.

Mrs. L's description of her education was underscored by other participants. Education seemed to be a topic which was held to great esteem by all participants. Like any society, there were members of this group who were unable to pursue further education, like Mrs. M, who went to school up until grade four, but the majority went on to pursue post secondary degrees as this was the guidance given to them by leader(s) of their community. Mrs. H, for example, went to London and got a degree in Information Technology, Mr. M got his degree as a Certified

General Accountants and Mrs. V also went to London and got her nursing designation. The educational upbringing of these older adults helped them settle into their new home for two reasons, first, a solid understanding of the English language allowed them to interact with the wider society in Canada, and second, their education equipped them with the skills and experience to acquire employment upon relocation. This was well articulated by Mrs. V who said, "Because I lived in England and I knew the Western lifestyle, like when we came in I spoke English." Also, Mr. M explained that his "...basic education was all in English all school was in English," and that knowing English was important because it helped to "create a special bond." Mr. M's last point demonstrates that because older adults were well versed in their native tongue, as well as the English language, none of these participants experienced any form of linguistic isolation. All eight respondents felt the same way Mrs. H felt which was, "language was no big thing."

Existing literature on Southeast Asian immigrant older adults suggests that because of their language, upbringing and education, ethnic immigrants have a tendency to settle into enclaves, which impedes their ability to access community resources due to linguistic barriers. (Nandan, 2011; Diwan, 2008). However, those effects were not experienced by any of the participants in this study. Immigrants interviewed in this study seemed to suggest that because their community embraced the English language from early on, and their attainment of higher education due to community expectations earlier, many of them did not experience the same type of adaptive stress or isolation. Mrs. D pointed out:

.... moving here was easy, because school was in English. The directive came to take the Gujrati out, Gujrati was still accepted but medium of language was English. We had to speak English with children in school...

Language and education played an instrumental role in allowing for a smooth transition to the West for members of this community. This is unique for this particular group, because the teachings of their Shia Muslim faith placed extremely high importance on learning English as a language and on pursuing higher education during their upbringing. This emphasis and importance on language and education became very relevant when the community advised its members to leave East Africa and relocate to Canada due to political upheaval in their homeland.

### 4.3 Centrality of Faith

Several emergent issues were related to the significance of religion, place of worship and values. These were grouped together and collectively labelled as the theme -- *Centrality of Faith*. All eight respondents indicated that the most important contributing factor to their quality of life was their faith. All eight explained that with the absence of their faith, which includes their place of worship and their religion, their lifestyle and overall well being would be significantly compromised. Mrs. L explained how her faith impacts her; this spoke to the importance of her place of worship:

Oh, I can't live without it. It is very important to me. Not only we see so many people over there (place of worship), but we go, some kind of good feelings you cannot explain. Even if I am sad, if I go, I am a different person all together. Like going to a garden, you see nice flowers, your heart cheers up. When you go, when you are sad you miss it. When you go, your mood changes, your face changes, when you come back, you are a different person.

Mrs. L's happiness was derived from her strong faith, a pattern which was consistent among all respondents. Faith, according to participants of this study, plays a central role in the way members of this group organize their lives. It should be noted that when asked about culture, respondents immediately associated culture with religion and faith. Furthermore, a great deal of story-telling emerged from discussions around the role of faith in the lives of these respondents. Also, when discussing their faith, all eight participants at some point became emotional, and three of the eight asked not to be recorded during portions of their story-telling. This demonstrates the importance and attachment members of this group have to their faith. Faith, although classified as its own domain as "Spiritual Health" in the holistic quality of life diagram in Figure 1, was seen to be inextricably linked to all other three domains. Findings indicate that the concept of faith is directly correlated with fulfillment in other areas of the individual's lives.

Several threads related to faith emerged across all interviews. These threads were grouped under two main codes which constitute the overall theme of *Centrality of Faith*. The first code, *Religion and Place of Worship*, captures the significance of their religion and the location of its ritualistic practice in the lives of the participants. Findings from this study indicate that the religion plays a fundamental role in shaping the lives of these individuals. 'Place of Worship' was specifically used as the participants reported that they derive a great deal of satisfaction in all aspects of their lives by attending their place of worship. The second code, *Ethics and*



*Values*, speaks to the ways in which members of this group live their daily lives. Participants explained that the guidance received from their religion provides them with the value system which they embrace and ethics by which they live their lives.

#### **4.3.1 Religion and Place of Worship**

The single most important factor in the lives of the participants was their religion. Religion in this context refers to the beliefs, spiritual allegiances, and faith of the individual. Because the place of worship in and of itself provides a unique set of experiences, this concept will be discussed as an additional factor.

Religion, according to the respondents of this study, is the predominating factor in their overall well being and the epicentre of their lives. It should be noted that during the interviews, the researcher wanted to better imagine what life would be like for these individuals if they did not have their religion, so all participants were asked to articulate what their life would be like without religion. Mrs. H's response was indicative of the responses of all participants. She said,

It (religion) gives you satisfaction, it gives you peace, I can't see life without it. That's the way I am, I have always gone. Just like your body needs food to eat, your soul needs spiritual oh my God, never, can't imagine life without it, I am always thankful for it, when I am having a bad day, I turn to it and feel better

Mrs. H explained that her happiness and her lifestyle are based on her religion, and that "she can't imagine her life without it." Religion was entrenched in their lives very early on, and their religion continues to define identity and provides the primary source of happiness.

Religion also provides them strength and belief in their lives. For them, religion can be characterized as representing their spiritual belief in God and the practices and customs in which they participate. Their faith in God and their rituals have given members of this group the strength to face adversity. In a broader context, stress and challenges faced with immigration and relocation were mitigated through their comfort and strength sought from their belief in God and through the performance of rituals. For example, when asked about how she faced the stresses of relocation and the death of her husband in a short period of time, Mrs. D said, "It's

kind of hard to describe. Whenever I ask for help He (God) was next to me. Helping me through that.” This is corroborated by Mrs. S:

Me and my faith. I wasn't telling my R or my kids I didn't tell them my problems, I didn't want them to know mom was in pain, then they would be in pain. He (God) is always enough. Till now I rely on him, I don't need anyone else help. For me it (religion) is very important.

The stories told by Mrs. D and Mrs. M explain that during times of stress and challenges, they turned to their religion . They also maintain that the support derived from their religion was adequate to help maintain mental health and that the support extended to them by their faith helped them to circumvent the obstacles faced by relocating to a new home. The stories and explanations provided by Mrs. S and Mrs. D were reflective of the positions of other participants in this study.

Belief in a higher power has influenced the way in which this world is perceived by members of this group. This point speaks to the significance and impact of religion on the lives of those recruited for this study. Mrs. M says that “Religion and spiritual is...my...how can I explain you? It's my soul's relation. My religion is my house, my home. My Life.” Mrs. M's entire life revolves around her religion; her perception is that people are in this world to practice their religion and become closer to God. According to Mrs. M, if this is the purpose in life, everything else is immaterial and of no significance. When asked about life's trials and tribulations, Mrs. M went on to say “they are sent by God,” these challenges are viewed more as a blessing than a force to be endured. This world view is also apparent in the responses by Mrs. J and Mrs. L. Mrs. J explained:

I may have pain, but if I don't sleep all night I wake up at 2:45am, take two tablets and go pray. I am a normal person. I do my work, I do everything, everything and I have no problem 4:00am-5:00 am is my prayer

Mrs. L elaborated:

And then, my lifestyle, 3:00 o clock in the morning I have to go pray, and then at 6:30 again, 6:30 I leave to go again. I, I , maintained, I kept my, I kept my quality of life same because that was the main thing. Pacchi me khane na vino (then I don't want to go to) no I cannot do this, so then we are not eating food today, that was my policy. You don't go pray, you don't give food to your soul, then you

don't give food to your body. Yea, even my father, when we were small, young, our father, hallo Khane vinje (lets go to place of worship) parorie thre vage, Bapa exam ai, wando nai, khane jo achna, exam paper right thino (early morning prayers at 3:00am, dad, I have an exam, dad would say that doesn't matter, if you go, you will do well on your exam paper). Don't worry. That was the main purpose you know. 3:00 o clock in the morning is the solution of all your medication.... only one thing is that power of the prayers. Nothing else. My prayers of 3:00 o clock. Prayers of 3-4, 4-5. (am) that is my food. Even if I don't eat food today for two days, it doesn't matter

Mrs. J and Mrs L clearly indicated that prayer and religion are integral to their way of life; religion and prayer are their source of inspiration and focus of ambition. Religion shapes their perception of pain and provides them an avenue to overcome their pain by fulfilling their obligations to their faith.

Equally important is the place of worship for these older adults. Attending the place of worship is instrumental to the well being of the participants for several reasons including: interacting with members of their own culture; maintaining their identity; a safe place to practice their religion and allowing them to continue their lifestyle from 'back home.' Mrs. H calls their place of worship their 'base' where it allows you to "pray, learn and interact."

As previously noted, the lives of the participants revolve around prayer times and other faith related activities, but as mentioned by Mrs. V, it also revolves around the place of worship. She said she cannot imagine her life without her place of worship "because I have always been with it, it has always been there, like people came to Canada, first they had one, it was in someone's basement, but you have to have it. So I have never been without it." Mrs. V's point is interesting to note. The fact that leaders of this community established a place of worship immediately upon reaching Canadian soil (albeit in someone's basement) is a testament to the fact that they recognized that a place of worship is fundamental to the well being of members of this community. Five of the eight respondents maintained that upon arrival to Canada, they felt comfort in knowing that a place of worship had been available to them.

The place of worship, according to Mrs. H is a place of "peace, satisfaction and contentment." Mr. B said that the place of worship is important to him because "you can practice your religion, you can send your ... like I had a son that was four year old, I could send him to learn something about our religion, and of course culture. You meet people, and then that was actually a meeting place to, like otherwise where else would you meet people." Mr. B explained

that the place of worship allows him to continue a lifestyle and maintain a sense of comfort and familiarity.

All participants maintained that the place of worship was a central component in the practice of their faith and religion; in many instances, the terms 'faith,' 'religion' and 'place of worship' were used by them interchangeably. Furthermore, the place of worship was seen as important as religion itself in the overall wellbeing of the participants in this study. The main distinction between place of worship and religion comes from the actual physical built environment of the prayer house. The place of worship is not only a place to pray and practice religion, but as Mr. B and Mrs. H stated, the place of worship is also a social place for community members to interact, to continue their lifestyle post immigration in terms of observing customs and traditions, engaging with others who share the same culture and history, and getting involved in community work. The place of worship allows members of this group to maintain a sense of identity; the familiarity and comfort received by the place is key to the quality of life for group members. This is summarized well by Mrs. D who explained that the reason she attends her place of worship is because she got "happiness, and more happiness for many reasons."

#### **4.3.2 Ethics and Values**

This particular theme emerged as a trend across seven of the eight interviews. The concept initially surfaced when Mrs. D maintained that the "most important about my culture is my ethics. The way I live and the way I want my children to be.". Seven of the eight respondents said that they felt satisfied and content knowing that they were fulfilling a type of obligation – of being good people, working to serve others and living a balanced life. This is explained well by Mrs. J who commented:

The ethics don't forget are not only for people of my faith, but the ethics for all humanity, to be a good human being, to share in things, to serve. I believe in a balanced life, it is very important, it is like anything physical, if your one side is off, the other side will go up, that is my personal belief, again it falls back on my faith too, my teaching

Mrs. J did a fine job in articulating sentiments expressed by six other participants. Ethics, i.e. being a good person, helping others and living a balanced life, which according to members of this group are universal ethics, are important to living a fulfilled and morally content life.

The principle of being a good person and serving others was a common trend and an underlying factor for the importance of community engagement in the participants' worldview. The impact of service on quality of life will be explored in the next section, however, it should be noted that "being good" and helping others were valued characteristics among members of this group. Mrs. L explains that the most important thing about being a member of this group is living life the way the faith teaches. She said:

First, you have to be very ethical about things. If you say you are going to do something, you must do it. If you make promises you cannot back out if it. You cannot attack people, if there are issues, be polite, these are our values of our life, we teach our children, we teach our friends what is right.

According to Mrs. L, not only is it important to live these ethics on a daily basis, but equally important was to communicate these ethics to family and friends. It might be suggested here that given the basic premise of the importance of leading an ethical life for these older adults, living ethically would likely contribute to their inner contentment and satisfaction, which is a key component of an individual's mental health. This in turn can affect the quality of life for the individual.

A second component to the *ethics and values* code as mentioned by Mrs. J is living a balanced life. Living a balanced life in this regard refers to ensuring responsibilities are being met in both an individual's religious/spiritual life as well as their material life. Participants maintained that living a balanced life also leads to a life of contentment and fulfillment, which in turn impacts an individual's quality of life. Living a balanced life was important to all eight participants. Mrs. H explains that living a balanced life is important for members of her community. She mentioned, "We (members of this group) live a balanced life between your material and spiritual, you work for your material gains, you have your social interaction, but you also give of your time, give of your knowledge and that's just the way it is. According to her, living a balanced life is *a priori* for members of this community, and the responsibility of fulfilling commitments to the world here, and life after death, is an important facet of the faith.

It is important to note that these ethics and values have remained consist across time and geographical boundaries. According to study participants, the ethics of being good, doing good and living a balanced life remained the same post-immigration. Additionally, no participant

found a clash between their values with those of the West, which was captured by Mrs. J in her above comments. Mrs. J noted:

Comparisons, yes, back home we had the faith, the religion the love, the ethics, but coming to Canada, it has made you more aware of things, your value system, we had the value system back home, and here the value system is there, but you things with awareness, like why you do things you know.

Mrs. J stated that not only her ethics have remained the same, but living in the West has actually allowed her to become more aware and cognizant of matters. This is an interesting point because current literature on Southeast Asian immigrants in the West maintains that upon relocation, immigrants face a clash in value systems and this clash in values leads to acculturative stress. This group of immigrants seem to have a different perspective on this issue compared previous studies.

#### **4.4 Community Engagement**

Research suggests that as people age, being involved in meaningful activity such as volunteering and helping others is directly associated with a better quality of life (Henkin & Zaph, 2007); this finding is true for the group of Southeast Asians involved in this study. All eight respondents indicated that volunteering or giving back to the community by serving God and serving people, collectively called *Community Engagement* here, is an important determinant of their overall well being.

During the interviews, questions were asked about the participants' involvement in their community, but it is interesting to note that the concept of service in the community was raised by each of the eight participants on their own, indicating a strong connection to the concept of giving back. For example, three of the eight respondents associated their social support systems to their volunteer work, two of the eight respondents talked about service when talking about what was most important to them about their culture, and the remaining three raised the idea of volunteering when speaking about religion, identifying a spiritual component of service.

When referring to the idea of volunteering and service, individuals in this study used the word *Seva* when speaking of their involvement in the community. *Seva* directly translated means "Service" but in the context of the faith of this group, it refers to service to God in the

name of religion. The concept of service being tied to spiritual allegiance explains why all eight participants placed so much emphasis on service. The significance of service in the lives of members of this group is closely linked with the quality of life for these individuals and this is the first code which constitutes this theme, *Significance of Volunteering*. This code refers to the importance of service according to the faith that participants of this study ascribe to. Service in this context will be seen to be inextricably linked with their faith, a value which is very meaningful to members of this group. The second code which emerged under this theme was *Volunteering and Quality of Life*. When asked about being involved in the community, all eight respondents placed substantial importance on their community work and explained that their service directly impacts all four domains of their quality of life. Mrs. H eloquently describes how her involvement in community work has benefited her holistic quality of life. When asked why she is so involved, she responded:

Cause I love it, it gives you a sense to satisfaction, that's my being, being here is to live, that is my purpose in life. It keeps me busy, keeps me occupied, gives me satisfaction, I get to know a lot of people and interact with a lot of people through this service. Seva is important because that is the path of your being, you just do it, for yourself, for others, for him (God).

Mrs. H explains that by being involved in social life and social support systems, her physical, mental and spiritual health all get enhanced; this link between Seva and quality of life was found to be a common trend among all respondents in this study.

#### **4.4.1 Significance of Volunteering**

Volunteering or Seva is a concept which is mandated by the faith of those interviewed in this study. Service, according to members of this group, is connected to religion and because of this relationship, service in their community is very meaningful and purposeful to the participants of this study. For example, Mr. M, when asked about why serving is important to him responded:

It was such a pleasure getting the feeling that I'm doing my best to serve the community. He (God) wants service to the community to be first even before he wants service to Himself. Therefore my feeling is, that is if we serve, He's very happy. There is some contentment I get or some happiness that I feel that, yeah I did something good today or I helped somebody out or. That is the best seva anybody can render, other seva's are more demanding than that, I'm hope I'm able

to get there one day, but that is the belief I have that this is what is better for my soul. I have to do something for my soul and I've lived all my life and I've done something for my physical existence, I've not done enough for the soul which is eternal so I serve.

Mr. M clearly indicated that service was part of his faith, something which God decrees -- a belief echoed by all eight respondents. It can be deduced that being involved and serving the community is an honour and a responsibility; something which holds great significance in the lives of older adults in this community. It is important to note that service, by itself, is a meaningful activity into itself. Mrs. D explained that her ultimate goal is to serve without any need for recognition or tangible benefit. She commented:

If you listen to the guidance of the faith, that if you are doing seva you are doing my seva. And the seva is very, very important for me, gives me a lot of happiness. Because I have always wanted to when I retire I wanted to do seva. Work for the community and I was thinking of going to Pakistan to work in the hospital. In 1994 I went to Pakistan in Coronation and we went to see the hospital.

Mrs. D also noted the significance of service to the tenets of her religion, and correspondingly, derives great happiness from serving, and like the seven other respondents, aspires to continue to serve and volunteer for the community. The link between religion and service makes volunteering a significant, meaningful and purposeful activity for these older adults.

It is important to note that when the participants talked about Seva, they referred to two separate ideas, both related to volunteering. The first idea was of service – service to others and service to the faith. The second idea was that of being involved. By serving, these participants were involving themselves in a meaningful activity, however, it was noted by the participants that being involved does not necessarily mean serving others; being involved could also mean volunteering time and donating skills, time and knowledge for the sake of religion. For example Mrs. L said:

We used to do, there (in the place of worship), I took my machine and I made curtain. I made curtain for it (for the place of worship), because there was a warehouse and we changed that warehouse to be a place where we pray and we made curtain, I think it was about 25 pieces and about 8, 8 metre long. I made that and that was my, it was not my pride, but it was, it was happiness that I could, could make something. And up to, up to all night we used to work



Mrs. L articulated well that working for the community, of giving of her time and skills, without necessarily serving others, gives her happiness in that she was able to utilize her skills in a meaningful way. These sentiments were expressed by five other respondents who had different skill sets from crunching numbers, teaching hymns (singing), or cooking – the donation of these skills was considered as positively contributing to the older adults' overall quality of life.

Volunteering had a similar impact on the lives of these immigrant older adults as it does for the general older adult population. Volunteering provides a meaningful activity for older adults to be engaged in – this engagement provides a sense of being or a sense of purpose in life (Henkin & Zaph, 2007). Consider Mrs. V's comment:

Participating in our community, like helping the seniors, helping the kids to recite hymns and prayers - I am greatly involved with that So I feel happy, very happy, much, much happier since, like S uncle is gone right, and I didn't do anything, nothing at all. For three years. Now I feel this is my purpose in life now. That's what I think

Mrs. V explains that she feels that her involvement in her community is her purpose in life; according to her, helping others and teaching the practice of her faith to children is what she is meant to be doing. Mrs. V also mentioned that being involved in her community helped her to overcome the stresses she faced when her husband passed away, an indication of how volunteering helped maintain her well being in a difficult time of her life.

#### **4.4.2 Volunteering and Quality of Life**

For participants, the concept of quality of life was tied to their religion and faith, that is, as long as they were able to practice their faith, they were happy. Additionally, during interviews, participants attributed their good quality of life to their religion for several different reasons. In this section, the link between Seva or service and overall well being will be discussed.

When I do something for somebody I feel like I have done something, just to make me happy. To me I am a very important person. If my soul is happy I am happy. That is why my mental health, my physical health, my spiritual health is okay. Because this all comes from the soul and when the soul is happy you are happy.

The above excerpt by Mrs. L illustrates that the service she performs makes her happy, and that this happiness enhances her mental, physical and spiritual health. The concept that

volunteering with a purpose is positively correlated with overall well being emerged from all interviews . This finding is corroborated by current literature done in the area of volunteering in later years. Researchers like Bradley (2000) maintain that there are many benefits to volunteering for the older adult such as providing meaning in the lives of older adults (mental health), keeping active (physical health), and inner contentment (spiritual health).

Mr. B also articulated the impact that service has had on his mental health. He commented:

See the thing is, if you do something for somebody or community, then I feel that I am important at least for somebody or something, you know. Because the older you get, some people they think were old, were old now were useless, but if you keep doing these type of things, then you never feel that way. You always feel that this is good you know. This small voluntary work I am doing. You know if I stopped, it would really bring me down.

For this group , volunteering and service meant keeping cognitively, physically and spiritually active, and by doing this they are able to maintain their overall health. Considerable research has been conducted around the importance of keeping active in order maintain health in different aspects of life. The way members of this group keep active is through volunteering and being involved. Mrs. M said, “I have seva to do, I keep busy, I must be healthy,” indicating a reciprocating cause-effect relationship between volunteering and mental and physical health. Mrs. M aspired to be healthy so she can volunteer and by volunteering, Mrs. M remained active and healthy. This cause-effect relationship was echoed by six of the eight respondents.

Findings from this study suggest a significant relationship between volunteering and mental well-being. Participants also indicated a close relationship between volunteering and social networks, and in turn, social capital. All eight respondents attributed their strong social support systems to their volunteer work claiming a majority of their social capital (social support system resulting from social networks) was developed and sustained through serving together. When asked to discuss her social network, Mrs. H responded by saying “I met all of them (friends) by volunteering together in different committees, and we became close and now I go see them and they see me and we are close now.” Mrs. M also maintained that her circle of support is derived from her service, saying that “I get a lot of support, all the people I meet through my volunteer work, my special volunteer work 3:00 o’clock in the morning, look at my book, all 200 numbers are from there.”

It became clear from the interviews that volunteering played an integral role in the lives of those involved in this study. Findings from this study demonstrated that volunteering has significantly enhanced the mental and spiritual health of the participants and has also increased their social capital.

#### **4.5 Faith for Health**

This study aimed to explore some of the most influential factors which impacted quality of life for older immigrants in this particular community. The study initially explored “culture” and asked the participants to reflect on what they considered as the most important part of their culture. All participants responded that faith was the single most important facet of their culture. Faith in this study was operationally defined to include their religion, spirituality and the customs and traditions associated with the practice of the religion.

Earlier, the *Centrality of Faith* theme presented the link between religion and quality of life and the impact of faith on spiritual, mental and social domains. Further to that theme, the study identified an additional link between faith and physical health which emerged as a pattern exclusive of other domains of quality of life. Whereas the spiritual, mental and social domains were classified as linked to one another by participants, physical health was found to be closely tied to faith. Mrs. H explained the connection between faith and physical health really well when she said, “Because we are involved in spirituality, we don’t do drugs, we don’t smoke, that helps with your health. We do things to help our health.”

Participants identified several different ways in which their physical health was impacted by their faith, either directly or indirectly. The first code, *Health Teachings of the Faith* refers to the guidance given to members of this community by their faith with regards to how people should live their lives and what habits should be avoided. These teachings play a significant role in shaping their lifestyles. The second code, *Faith Affecting Day to Day Activities* refers to the activities in which members of this group engage and their impact on their health. All eight participants explained that by engaging in the religious practices and customs keeps them active and healthy. It was also noted by seven of eight participants that they strived to be healthy so they are able to participate in these customs and practices. Mrs. L alluded to this reciprocal relationship between faith and health, “we cannot be lazy because we have to do so many things, do things for people, dress up well, go to programs. It makes me happy.” Mrs L’s comments reflect the level of activity required by members of this group, but it also illustrates

her motivation to keep healthy so she can participate in these activities, a trend which was common among other participants.

#### **4.5.1 Health Teachings of the Faith**

Faith inspired, motivated and guided participants. All of them reported allegiance to their faith as the most important priority and obligation in their lives, and that adherence to faith led to inner satisfaction and contentment. To this end, members of this group all identified teachings and guidance from the faith as guidance which fostered a healthy physical life. All participants cited similar teachings of the religion, especially guiding social habits. For example, Mrs. V explained that “Religion teaches us not to drink, or smoke or drugs or anything like that, and you abide by that. Um, I am not sure about the youngsters, but as far as I am concerned, religion teaches us this.” This point is supported by Mr. M who said that it is “the value of the faith and in the teachings. They are all right, that these things cause damage, health wise, these habits are alcohol, tobacco, drugs, they all affect your health. I am very fortunate that I’ve never ever touched any of these substances and do not ever want to.” Abstinence from unhealthy social habits is mandated by their faith leading to an enhanced physical status for these individuals.

Five of the eight participants also cited religious guidance on dietary lifestyles. Mrs. L for example explained that “religion has always told us to eat good food, lots of vegetables.” Mr. M also talked about diet and lifestyle:

religion gives guidance on health and eating habits and what food to eat and what not to eat and has very specific guidance about tobacco and alcohol and food. And what it does to the human being. Human beings who consume this or who are slaves to this. There is so many guidance that is given, that influenced me greatly. And it must have influenced me since my childhood.”

Mrs. L and Mr. M explained that along with guidance on social habits, their religion provided insight on healthy diets and suggested a lifestyle conducive to healthy living. It should be noted that participants who spoke about religious teachings for healthy lifestyle also mentioned that they embraced the suggested way of living because of their sense of responsibility and obligation to adhere to the teachings of the faith. Mrs. V demonstrated this well when she said, “Your physical health influences your spiritual health and your spiritual health influences your physical health,” indicating an inherent interaction between being physically healthy and observing the tenets of her faith. When asked about the way she lived

her life, Mrs. H said, “you think spiritually, you choose the right path, the faith teaches us this,” alluding to the fact that the ‘right’ path refers to making healthy choices and that these choices are inspired when her thinking is spiritually inclined. This point is echoed by Mrs. J who observed, “you are not just a body, but you are a body and a soul,” and that “the soul is the essence of your life. You need physical life also, because you are body and you need to keep your body healthy and clean and if it is healthy then you can perform and do good things.” Mrs. D also feels strongly about the connection between healthy living and faith. She said that “by not engaging in alcohol, smoking, eating red meat and other unhealthy foods” she lives a healthy lifestyle. She goes on to explain that it is important for her to live a healthy lifestyle because “human beings have an intellect, a gift from God and that a healthy body equals a healthy mind.”

#### **4.5.2 Faith Affecting Day to Day Activities**

Older adults who belong to this faith create a lifestyle around being involved in the community through volunteering, observing religious customs and activities, and participating in cultural programs. According to Mrs. L, being a member of this community keeps people busy and active. When asked to describe her lifestyle Mrs. L said “My culture has helped me very much, keeps me busy, keeps me running, I cook food even.” According to Mrs. L, not only does being active and busy keep her healthy, but Mrs. L consciously strives to be healthy so she can maintain her lifestyle and continue to participate in the activities in which she is currently involved.

All eight respondents indicated that by participating in the day to day activities of their faith, their overall health was positively impacted. Mr. M said that “It (faith) keeps me active in many ways during my non- working hours.” Mrs. M echoed Mr. M’s point when she explained:

I am physically healthy because I can go to morning prayers, can do meditation, I can do morning prayer’s voluntary service. If I’m not healthy, I cannot do anything. I have seva to do, I keep busy, I must be healthy. Right?

Mrs. M clearly expressed that by participating in prayers and being involved in her community she is able to maintain her level of physical fitness, but she also says that if she lost her physical health, she would not be able to participate in the things which she enjoys – the day to day activities of her religion and faith.

Participating in the daily activities of the faith not only impacts the physical health by keeping busy, but according to the participants of this study, keeping engaged also affects their mental state which in turn has an indirect impact on their physical life. Consider Mrs. V's commented:

It gives you a peace of mind, it guides you.  
It's amazing, that after meditation, if you have  
any problems or anything like that, that 6th  
sense tells you somehow, and I think that helps  
me a lot, I find and it helps a lot of people, a  
lot of people

Mrs. V explained that by participating in the activities of her faith, she is nurturing her physical and mental health. According to Mrs. V, early morning prayers and meditation are a source of inspiration for her to stay healthy and also a mechanism by which she remains healthy. The source and mechanism referred to here is the peace of mind attributed to participation in day to day activities of the faith. This is also explained by Mrs. L who said:

We have gatherings starting on the New Moon.  
And so many special gatherings. And so many gatherings.  
We are the very busiest people. It keeps us busy  
and keeps us going. This comes first only religious  
things and all these gatherings come first, it gives  
me shanti (peace), this shanti keeps me healthy.

Mrs. L indicated that by participating in the ceremonies and gatherings of the community gives her a sense of peace which in turn keeps her healthy. There has been little literature conducted to explore the link between faith and physical health, however findings from this study suggest that for this particular group, faith, through its guidance and day to day activities has a significant impact on the physical health of members of this group.

#### **4.6 Discussion**

The purpose of this study was to explore the role of social network and support on the subjective experiences of quality of life for immigrant older adults in the Shia Muslim community in Metro Vancouver and to explore how engagement in traditional culture and faith contributes to development of social capital for this older adult group. Five substantive themes emerged from the interviews with the eight older adult participants in this study. It should be noted that all five themes, although analyzed exclusive of one another, are related to each other.

Literature suggests an association between social capital and quality of life (Nilsson, 2006), as well as between religion and quality of life (Phillips, 2003). Involvement in traditional religion and culture in a new society would lead to a better quality of life for immigrants (Chappell, 2005). Culture in this context refers to values and faith as prescribed by religion. A further review of literature suggests that being involved in meaningful and purposeful activities leads to a better quality of life, especially for older adults (Achenbaum, 2007). This exploratory study sought to use these premises as a basis to understand the relationship between social capital and quality of life in a distinct cultural group of older adults. Diwan (2008) explains in her work with South Asian older adult immigrants in the West, she has encountered a high prevalence of isolation, depression, a clash of values and poor self reported quality of life. The findings of this study tell a different story. The five themes identified in this study provide a contrasting experience of quality of life. Diwan (2008) in her work with Southeast Asian immigrant older adults explains that these diasporas settled into enclaves in an attempt to hold on to their traditions, culture and way of life and maintain their identity; maintenance of one's identity is a way to mitigate acculturative stress (Nandan, 2005). The first Theme, *Community Bonding*, emerged from all interviews. This theme refers to the close social ties of members of this group, ties which were not particularly prevalent because of the geographical area where these participants lived, but rather ties which were derived from group bonding through participation in events and activities based on shared culture and history. The second Theme, *Support for Settlement*, spoke to group cohesion as well as the mechanisms this community has established to enable a continuity of lifestyle in the host country. All participants felt that due to their continued involvement in community life, they were able to maintain their identity, speak in their native tongue, and fulfill the requirements of what it meant to be a member of this faith based group. All participants also explained that participation in community life enhanced their social networks. Seven out of eight participants also attributed their successful immigration experiences to their cultural upbringing, pointing to education and adoption of meritocracy from an early age as predominating factors to a successful transition. These two themes reflect the process that enabled older adults in this community to maintain and enhance their social support systems and continue their traditional way of living, which in turn prevented onset of isolation, depression and forced assimilation.

The third and fourth themes entailed holistic aspects of quality of life for older adult participants in this study. The notion of Seva or being involved in religious work, which includes serving and volunteering was found to be inherently connected to their faith. The premise of

religion made community work a highly meaningful and purposeful activity for members of this group. Volunteering was considered as a central component of faith alongside the place of worship and ethics. This finding aligns well with the work of Diwan (2008), Nandan (2005) and Cheng (2009) who all maintain that religious participation and observances of traditional customs are integral in providing meaning and a sense of purpose in the lives of older adults. Bradley (2000) expands on this suggesting that being meaningfully engaged in life, older adults protect their mental and physical well being, as this type of volunteering provides a sense of inner contentment and provides value to the work of these older adults.

The fifth Theme was unique as there has been little research in the area of faith and physical health. Six participants claimed that they lived a healthy lifestyle because their faith directed them to do so. All participants maintained that they were healthy because participating in various aspects of their culture like volunteering, daily rituals and meditation, helped them maintain their health. Bradley (2000) mentions that by being physically involved older adults enable themselves to keep active, a phenomenon which was prevalent in all eight interviews. Also, research looking at the benefits of nutritional intake and meditation suggest a positive correlation between both healthy eating and prayer with better physical health (Chappell, 2005). This study found a similar connection as participants attributed their good physical health to their faith which offered guidance around what to eat and what not to eat as well as on the importance of meditation.



## **Chapter 5 Implications and Conclusion**

This chapter will summarize the implications for future planning of programs and services for ethnic immigrants and offer suggestions for further research on this topic . It concludes with a review of the research questions and findings.

### **5.1 Implications for Practice**

This exploratory qualitative study was conducted with older adults in the Shia Muslim immigrant community in Vancouver, British Columbia who had immigrated from East Africa. The objective was to discover how social capital influences the quality of life of older members of this community. The study explored the role of sense of belonging, social support, and adherence to faith and culture on the quality of life in older adults in this community.

Research is needed to better understand how immigrants use their faith based communities as a means to live across borders (Kyoung, Lee & Chan, 2008). Although there are common experiences faced by elderly immigrants from different ethnic groups (Lai & Chau, 2007), lack of empirical literature on this particular group (Shia Muslim immigrants of Indian descent from East Africa) has acted as impetus for this inquiry. Findings from this study will likely guide more in-depth research in this area and inform support services to foster successful aging among older immigrants. It is hoped that study findings will provide policy makers and service providers toward a better understanding of the issues, strengths and barriers in this immigrant older adult group in order to adopt appropriate and effective programs and practices, such as providing more relevant resources for the newly arrived individuals. Also, the study provides directions for future inquiries that might be conducted with other ethnic older adult sub-groups in Canada. Two implications for practice are discussed here as suggestions for improving the quality of life for immigrant older adults in western societies. These implications concern continuity of lifestyle and opportunities for macro level social bonding.

#### **5.1.1 Continuity of Lifestyle**

Immigrant older adults are often faced with competing forces upon relocation, often resulting in the sacrifice of the lifestyle from 'back home' and the adoption of a new way of living. This shift in lifestyle creates unnecessary pressures and stresses on newly arrived immigrants.

Ethnic immigrants face compounding pressures as culture, religion and habits emerge as contributing factors to a successful immigration experience.

The interviews identified three concepts which were reported as instrumental to the successful immigration experience of the Shia Muslims . Engagement in community life was a concept identified as a cornerstone of success for older immigrants of this community. Community life includes daily interactions with members of the same community, access to and use of a place of worship, and volunteering in and for the community.

Arriving to a new land can be unfamiliar and discomfoting, however establishing community roots can provide a sense of familiarity and ease the burden of relocation in a new country. For example, immigrant settlement policy could support establishment of places of worship and ethnic community centres. In addition, leaders in ethnic immigrant communities need to foster an environment of trust and support among members of their groups to ensure a sense of unity. If an immigrant community can re-create itself in a society, the chances of successful immigration through reduction of acculturative stress are likely to increase. Members of community were able to this by establishing places of worship, by providing ample opportunities for volunteering and by fostering close ties and reciprocal business relationships among members of the group .

Reliance on faith plays an integral role in the quality of life for members of faith based communities.. Host countries need to embrace a multi-cultural approach to allow different ethnic communities to congregate and participate in activities which are meaningful to them. Public policies can foster a socio-economic environment conducive to creating places for communities to gather to gather, interact and learn. These centres would enable immigrants to continue a meaningful lifestyle which would contribute in enhancing their quality of life.

### **5.1.2 Macro Level Social Bonding**

Some of the major risks among ethnic immigrant older adults are isolation, depression and solitude. Much work has been done in exploring the impacts of relocation in a society which promotes a 'melting pot' perspective, where individual communities are assimilated into the dominant culture. Ramifications of this approach include geographical and linguistic isolation, solitude and loneliness due to lack of social networks and deteriorating physical health due to mental illnesses such as depression and inaccessibility to culturally sensitive way of healthy

living (Nandan, 2005). These consequences may be prevented or reduced if resources are invested in allowing ethnic communities to thrive in their adopted land.

Predictive factors of isolation include mobility, language and area of residence. Communities need to be able to settle in urban centres where access to services and members of the same community is relatively easy. This however does not necessarily mean that immigrants need to create their own enclaves. In fact, quite the opposite is true. Being able to get around an urban centre and interact with a wider metropolitan city like Vancouver is instrumental to reducing the effects of isolation. Participants in this study associated a major aspect of their good quality of life with their comprehension of the English language. Being independent and versatile in language enabled members of this group to access services offered to the wider community and expanded their options to services available. For example, members of this group had no challenges in visiting and interacting with the larger society including service providers like banks, doctors and businesses. To this end, macro level policies (e.g., housing, transportation) can play a critical role in promoting stronger person–environment interaction to help offset geographical and linguistic isolation. Policy makers need to provide informational and logistical support to ethnic older adults to settle in urban communities with easier access to resources, members of their community and their places of worship. Promoting a positive relationship between the individual and their environment can also be achieved by providing resources to familiarize immigrants to the language of the host country, while also allowing them to hold on to their mother tongue.

Having a strong social support system is instrumental to the overall well being of immigrant older adults. Participants in this study identified their families and friends as being the single most important coping mechanism to cope with life's' challenges, second only to their faith. Being in close proximity to family friends and being able to interact with them on a daily basis in a familiar environment provided the older adults in this study with a sense of security and an avenue to seek support. Fostering these social bonds should be supported at a community level. Public sector policies and programs, as well as community organizations can engage in a collaborative partnership to identify the most effective policies, programs and opportunities.

## 5.2 Limitations and Further Research

There are a limitations of this study that need to be taken into account while interpreting the findings. The first limitation was use of convenience sampling. The participants were chosen based on their accessibility to the researcher by using the membership roll of the Senior Centre. The inclusions criteria were that they be mobile, community dwelling persons over the age of 60. The fact that the participants were urban dwellers and had a relatively active social life (evidenced by the fact that they attend this Senior Centre) excludes potentially different issues relevant to less mobile or social active older adults in this community.

A second limitation was all interviews were conducted with one session per participant. It is often the case that emergent early insights in interviews can potentially shape future data needed and due to time constraints follow up may not be as in depth as may be needed. As new information is gained from participants in later interviews the interviewer may want or need to go back to earlier respondents to seek clarification or to dig deeper (Charmaz, 2002). Subsequent interviews provide an opportunity to further develop rapport and thereby potentially providing more in depth interview responses (Charmaz, 2002). In this case, additional interview sessions with the same participants might have allowed for a further exploration of the topic in a more in depth manner. If more time was spent with each participant, a stronger sense of rapport could have been established, potentially leading to more insight into the stories of these individuals.

The third limitation of this study was the immigration status and education level of the participants. All participants immigrated to Canada between 1972 and 1981 and have been landed immigrants for at least twenty years. The findings of this study would likely yield different results for newly arrived immigrants. Five of the eight participants had a post secondary degree. The level of education of the participants influenced the transition from their country of birth to the West.

### 5.3 Conclusion

This study has explored the role of social capital and involvement in traditional culture on the quality of life of a specific South Asian immigrant community in Vancouver. The intent was to better understand their immigration experience and the factors that have contributed to their current quality of life. This particular group of Shia Muslims from East Africa has until recently been over looked in research on South Asians. It must be recognized that the experiences of the aggregate South Asian older adult immigrant population are not uniform and each group is shaped by unique socio-cultural variables.

This exploratory study examined key aspects of social capital, operationally defined in this study as social networks and involvement in culture, and their impact on four domains of quality of life: social domain, physical health domain, mental health domain and religious/spiritual domain. The study sought to gain a better understanding of the phenomenon through stories and experiences of eight Shia Muslim immigrant older adults residing in Metro Vancouver.

The study indicated and discussed several key factors which contribute to the ethnic immigrant older adult's quality of life, including strong social support systems, strong support for settlement by members of the community for members of the community, centrality of faith including the place of worship and religion, being meaningfully engaged in volunteer initiatives and the influence of faith on healthy living. The study was undertaken to create awareness of the issues surrounding relocation for ethnic immigrants (for this group as well as others) and to identify characteristics which influence quality of life for members of this South Asian community. It is hoped that best practices are adopted and shared across different ethnic communities to promote a successful immigration experience for older adults. The study findings also suggested policy issues that can allow members of ethnic communities meaningfully settle into a new country. The identified issues will inform policy makers, community leaders and decision-makers about the needs of ethnic immigrant communities and will provide them with a better understanding of quality of life needs of ethnic communities. Although the Shia Muslim group studied here comprises a comparatively small proportion of the total immigrant population in Canada, this study is pertinent to gerontological literature as immigration is expected to increase in the future, introducing the West to different types of

ethnic and faith based communities. This study provided a glimpse into salient factors for members of this group and can potentially be relevant for other ethnic immigrants.

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## Appendix A

### Elder Immigrant's Background Questionnaire:

1. What is your Gender?
  - 01 Male
  - 02 Female
  - 03 Other
  
2. When were you born?
  
3. What is your current marital status?
  - 01 Married
  - 02 In a relationship
  - 03 Divorced/separated
  - 04 Widowed
  - 05 Never married
  
4. How many years have you lived in British Columbia?
  - 01 0-2 year
  - 02 3-5 years
  - 7-10 years
  - 11+ Years
  
5. Where is your place of origin?
  
  
6. What is the highest level of education that you have attained?
  - 01 Less than high school
  - 02 High school graduate
  - 03 Some college or university
  - 04 College diploma or other specialized non-degree training
  - 05 University degree
  
7. What is/was your occupation?
  
8. Who do you live with?
  
9. On a scale of 1 to 10 with 1 being "Not important " and 5 being "very important" how important are your social needs?

10. On a scale of 1 to 10 with 1 being “Not important ” and 5 being “very important” how important are your religious/spiritual needs?
11. On a scale of 1 to 10 with 1 being “Not important ” and 5 being “very important” how important are your physical health needs?
12. On a scale of 1 to 10 with 1 being “Not important ” and 5 being “very important” how important are your mental health needs?
13. How would you rate your overall physical health at the present time?
  - 01 Excellent
  - 02 Good
  - 03 Fair
  - 04 Poor

## Appendix B

### Interview Guide

#### General

- Could you please describe what it was like for you to immigrate to Canada?
- What were some successes and challenges during immigration? How did you overcome them?
- Can you please describe your health history after you immigrated to Canada?

#### Social Support Network

- “Sense of belonging” is the feeling of being involved, accepted and fitting into the environment you are in. How would you describe your sense of belonging in this community?
- Would you like to be more connected? If no, why not?  
If so, can you think of any ways to encourage this for yourself and other resident's?
- Can you describe the types of relationships you have? How would you describe your social interactions with your family? Friends? Community?
- Can you describe the impact your social life has had on your overall health?

#### Involvement in Traditional Culture

- Can you describe to me the importance of your culture on your quality of life? What is most important about your culture?
- How has being involved in your culture affected your quality of life?
- Can you explain some obstacles which you have encountered due to your culture?
- Can you describe some ways your culture has helped or supported you?
- Can you describe your role or type of participation in your community?

#### Unmet needs

- Do you have other needs that you feel are not being met? (physical, social, emotional, spiritual) If so, what are they and how are those not being addressed? How do you feel they should be addressed?

## Appendix C

### **Informed Consent Form (Elder Immigrant)**

Hello, my name is Kahir Lalji and I am a Graduate student at Simon Fraser University. Thank you for agreeing to participate in my research study conducted as a requirement for MA in gerontology. This study entails interviewing adults who are 60 years old or older who are Shia Muslims and who have immigrated from the Indo-Pak Subcontinent. My study is focused on exploring the quality of life of individuals who have immigrated to Canada and the role of social support networks and involvement in your traditional culture on your quality of life in Canada. Specifically, I would like to know more about your personal perceptions and experiences of living as a South Asian older immigrant in Canada. Topics that will be discussed include: social relationships, belonging, language, value systems, use of time, physical well being, mental well being, spiritual well-being, and perceived health. Background questions will also be asked. The interview will be tape recorded and should take approximately 60-90 minutes of your time.

You are encouraged to ask any questions at any time about the nature of the study and the methods that I am using. You may contact me at anytime at 604-612-1304 or [kahir.lalji@gmail.com](mailto:kahir.lalji@gmail.com)

The study is being conducted through Simon Fraser University. My senior supervisor is Dr. Habib Chaudhury, Associate Professor, Department of Gerontology. If you have any questions or concerns he can be reached at [chaudhury@sfu.ca](mailto:chaudhury@sfu.ca) or by telephone at 778-782-5232.

Participation in this study is voluntary, you do not have to answer any questions that you do not feel comfortable with and you are free to withdraw at any point of the study. All of your answers to my questions will be kept strictly confidential; your names will not be revealed at any point of the study.

Thank you very much for your help with this project.

I have read this consent form, understand my rights and agree to the terms of this study:

Respondent signature \_\_\_\_\_

Date \_\_\_\_\_