**Editorial**

**Older Arab migrants in Australia: between the hammer of prejudice and the anvil of social isolation**

Arabs have been migrants for centuries ([Aboud 2002](#_ENREF_2)). Arab-Australians are a small minority group, yet have significantly contributed to the cultural and social life of Australia. However, ongoing global conflicts, particularly recent terrorist attacks, have led to Arabs becoming a focus for prejudice and racism ([Mason 2004](#_ENREF_11), [Poynting & Noble 2004](#_ENREF_16)). Indeed, as a result of these conflicts, some community controversy has arisen regarding perceptions of Arabs’ and Muslims’ compatibility with Australian society. Stereotyping is associated with prejudice and racism, and despite the diversity of the Arab-Australian community, media stereotyping is powerful and can affect many aspects of quality of life for Arab-Australians ([Mason 2004](#_ENREF_11), [Poynting & Noble 2004](#_ENREF_16)).

Older Arab migrants may be particularly vulnerable to the negative effects of racism and stereotyping, and at higher risk of social isolation and experience decreased ability to benefit from healthcare services. Older Arab Australians are expected to be among the top five ethnic elderly groups by 2026 ([Gibson *et al.* 2001](#_ENREF_10)), yet, literature on healthcare needs and quality of life of this vulnerable group in Australia is scarce.

**Health disparities in older migrants**

Although cultural diversity has added to the productivity and richness of contemporary Australia, there are some data to suggest health disparities among some cultural groups, primarily associated with limited access ([Brach & Fraserirector 2000](#_ENREF_6)). To date, we have limited knowledge of the healthcare needs of older Australians from culturally diverse backgrounds ([Davidson *et al.* 2004](#_ENREF_9), [Rao *et al.* 2006](#_ENREF_18)), though it is suggested that providing effective healthcare for older people from ethnic minorities can be challenging ([Susman *et al.* 2006](#_ENREF_23)). Furthermore, older people from culturally and linguistically diverse (CALD) backgrounds are not a homogenous group and this heterogeneity presents challenges when developing and delivering effective models of services ([Radermacher *et al.* 2009](#_ENREF_17)). These challenges include a higher prevalence of chronic and disabling diseases, limited ability to access services in the community, and difficulty in participating in medical decision making ([Susman *et al.* 2006](#_ENREF_23)), as well as issues associated with linguistic and cultural difference.

Cultural factors have a significant impact in influencing the perception of health issues among ethnic migrant groups ([Abdulrahim & Ajrouch 2010](#_ENREF_1)). Understanding the knowledge, attitudes and beliefs of minority groups is critical for developing culturally competent models of care and for improving health outcomes and reducing health disparities ([Pamies & Nsiah-Kumi 2009](#_ENREF_15)). Service development and delivery for older migrants need to be responsive to ‘special’ ethno-specific needs ([Radermacher *et al.* 2009](#_ENREF_17)).

Internationally, studies on older Arab migrants’ health issues are limited. According to Aboul-Enein and Aboul-Enien ([2010](#_ENREF_3)), Arabs and Middle Eastern populations are among the least studied ethnic groups in the United States (US) in relation to healthcare inequalities. They have also reported that healthcare professionals in the US viewed Middle Eastern/Arab patients as difficult to work with due to the general lack of familiarity with the distinctive cultural characteristics of these ethnic groups. In fact, Arab immigrants are diverse and not uniformly disadvantaged in their health ([Read *et al.* 2005](#_ENREF_19)). Although people from the Middle East and Arabic background can be racially different, healthcare professionals may perceive people from the Middle East and Arabic backgrounds as homogenous ([Aboul-Enein & Aboul-Enein 2010](#_ENREF_3)).

**Impact of migration on psychological health of Arabs**

Arabs have migrated to many different countries, particularly in the West. Predominantly, Arabs migrated as a result of wars, racial and ethnic tensions, political and social instability, and poverty and economic hardship ([Nydell 2006](#_ENREF_13)). Migration as a result of stressful life events has significant effects on psychological well-being, particularly for women and older people, resulting in more depressive symptoms ([Bradley & Van Willigen 2010](#_ENREF_7)). This in turn can limit social involvement that can be associated with feelings of shame, racism, stigma and stereotyping. Ultimately, these factors may undermine an individual’s self-image and sense of autonomy and interfere with their capacity to gain and maintain supportive relationships ([Bradley & Van Willigen 2010](#_ENREF_7), [Brown & Turner 2010](#_ENREF_8)).

Imagine yourself in your older age in a place where you cannot find people to communicate with and you cannot express your feelings or explain your concerns. Being unable to speak with others and having your needs unrecognised and unmet at older age can be a distressing experience. This distress could be exacerbated when you are in a foreign land, and accompanied by feelings of homesickness and reduced social support. These experiences may be part of the everyday lives of many older people from different CALD backgrounds and ethnic minorities. Older migrants from ethnic backgrounds are particularly vulnerable with complex health issues associated with limited literacy and communication skills. With limited support and resources, they are also faced with dilemmas associated with integrating Western health practices with their traditional health practices ([O’Callaghan & Quine 2007](#_ENREF_14)).

**Racism and intolerance**

It is important to acknowledge that Arabs around the world, particularly in Western countries, are subject to racism and prejudice ([Mason 2004](#_ENREF_11), [Salaita 2006](#_ENREF_20)). Indeed, racism is one of the major problems facing migrants from ethnic backgrounds around the world and, older migrants particularly, are at higher risk of experiencing negative health outcomes ([Moriarty & Butt 2004](#_ENREF_12), [Thomas 2003](#_ENREF_24)).Racism affects the quality of life of older migrants as a result of unequal opportunities, language barriers, limited income in retirement, and environmental stressors including social and institutionalised discrimination ([Moriarty & Butt 2004](#_ENREF_12)). This racism against Arab migrants has resulted in negative health and wellbeing outcomes, including issues around self-esteem, social withdrawal, and ultimately, further marginalisation ([Al Abed *et al.* 2013](#_ENREF_4)).

**Media portrayals of Arabs**

But what makes this experience harder for older people from an Arabic background? Individuals from an Arabic background are prone to experience more discrimination and prejudice especially in Western countries ([Mason 2004](#_ENREF_11), [Salaita 2006](#_ENREF_20)). Media stereotyping of Arabs plays a critical role, with Arabs frequently portrayed as evil and bad. In his book “*Reel Bad Arabs: How Hollywood Vilifies a People*”, Dr Jack Shaheen reports on a survey of more than 900 Hollywood films produced over more than a century. He found that 95 per cent of these films vilify Arabs, with only five percent of films portraying Arabs in a favourable or non-confrontational way. Dr Shaheen found that media commonly portrayed Arabs as strangers and threatening to Westerners ([Shaheen 2009](#_ENREF_22)).

**Traditional Arab beliefs concerning the care of older persons**

It is an Arab tradition to afford older people great respect and authority. The oldest person in the family is usually considered a decision maker and spokesperson for the family. This individual is also considered the wisest because of having had the most life experience ([Aboul-Enein & Aboul-Enein 2010](#_ENREF_3)). Younger people are expected to respect the opinions and accept and value the direction and guidance of older persons in the family and make every effort to honour them and care of them. In many families, this means the children are required to meet the day-to-day care needs of their older Arab family members including providing food, accommodation, personal care, emotional and social support, and household assistance, particularly where there are physical or financial limitations. Given these cultural practices, institutionalisation of older people in aged care facilities or nursing homes is considered unacceptable among Arabic people and evokes feelings of shame and guilt ([Boggatz *et al.* 2010](#_ENREF_5), [Salari 2002](#_ENREF_21)).

Many older Arab migrants and their families have brought these traditional values and practices to their new countries. When incompatible with values of their new countries, difficulties may arise for older people and their families. This cultural conflict in values may lead to older Arab migrants feeling less respected or isolated without expected family support. These older Arab migrants may feel devalued, disempowered or humiliated when their words or opinions are not given the expected attention by their children and grandchildren, especially in Western societies where freedom of choice, autonomy, and privacy are viewed as essential rights for everyone. These feelings can be exacerbated when older adults become unable to perform daily living activities and become dependent on their family members to provide care. In addition to the feelings of humiliation and disrespect, older Arab migrants in aged care facilities may experience traumatic feelings of social isolation and prejudice, particularly if they do not share a common language or cultural practices with other residents and staff.

**Community-dwelling older Arab migrants**

Older Arab migrants in the community may be disadvantaged in seeking healthcare services and other supportive community services. Any limitation in the ability to communicate effectively in the dominant language can disempower older people and affect their ability to seek out and confidently engage with these services. Fear of discrimination, perceptions of racism and feelings of shame and stigma may likewise inhibit their healthcare seeking behaviours. Limited ability to access healthcare services may affect many aspects of older Arab migrants’ quality of life; the result of which may negatively affect health outcomes. When combined with a lower socio-economic status, older Arab migrants are truly a potentially vulnerable and disadvantaged group in the community ([Al Abed *et al.* 2013](#_ENREF_4)).

In conclusion, migration can influence the life experience of older Arab peoples. This and other stressful life events, low levels of education and socio-economic status, and language barriers can have a detrimental effect on their health and wellbeing. One way we, as healthcare providers, can help to improve outcomes is to increase our awareness of cultural attributes, migration experiences, and health perceptions of older Arab migrants. This enhanced understanding can be helpful in developing more effective communication by healthcare providers ([Abdulrahim & Ajrouch 2010](#_ENREF_1)). Furthermore, it is important to acknowledge that racial stereotyping of older Arab migrants can alter health-seeking behaviours and healthcare treatment. Providing culturally appropriate care is pivotal to improving health outcomes. Avoiding stereotyping older Arab migrants’ will likely reduce their social isolation and exclusion from mainstream healthcare services ([Al Abed *et al.* 2013](#_ENREF_4)). Researchers, healthcare professionals, and policy makers can improve conditions of migrants from Arab and Middle Eastern countries by incorporating new knowledge of these ethnic groups into research, policy, and practice to improve their services and eliminate negative stereotyping ([Salari 2002](#_ENREF_21)).

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