# Barriers and facilitators to civic engagement among elderly African immigrants in Oslo

**Abdi A Gele[1,2] and Ivan Harsløf[1]**

[1]Research Group for Inclusive Social Welfare Policies, The Department of Social Science, Oslo University College, Oslo, Norway

[2]Section for International Health, Department of General Practice and Community Medicine, University of Oslo, Oslo, Norway

## Abstract

**Background:** The numbers of elderly immigrants are increasing in Norway and their participation in civic activities is recognized to be crucial to their health and wellbeing.

**Methods:** A qualitative study of 24 African immigrants aged 50 years and over was carried out in Oslo. Semi-structured interviews were used to explore barriers and facilitators to civic engagement among elderly African immigrants in Oslo.

**Result:** The study discovered a number of barriers to participation of elderly immigrants in civic organizations. These barriers include poor health conditions, lack of information about relevant organizations, language difficulties and mistrust towards organizations. The elderly immigrants also pointed to the effectiveness of organizations in addressing community issues as a factor motivating their civic engagement.

**Conclusion:** We argue that the barriers identified by this study pose challenges to achieving Norwegian policy goals of integration and Norwegian policy for active ageing. Hence, there is a need for service providers and policy makers to ensure voluntary organizations address those barriers effectively.

## Background

Over the last four decades, Norway has received rapidly growing numbers of immigrants from non-Western countries. The number of residents born in non-Western countries has grown from approximately 10,000 in 1970 to more than 360,000 in 2010 (1). Accordingly, the Norwegian government has been struggling to facilitate the integration of immigrants by preventing their exposure to possible societal and health side effects. This task includes accommodating the unprecedented needs of a growing portion of elderly with non-Western immigrant backgrounds (2).

The adaptation of health and social policies to this new situation is happening in the face of rising health inequalities in the Norwegian populations, with immigrants being the most disadvantaged. In particular, immigrants from Asia and Africa have been found to be markedly worse off than ethnic Norwegians (3-5). With reference to Twaddle's distinction of health dimensions (6), this group appears particularly disadvantaged in terms of its capacity to fill acceptable social roles in a post-industrial Norwegian society (the *sickness* dimension). Among other things, this is reflected in excess sickness absence (7) and disability rates (8). Such disadvantages should be considered against the background of a Norwegian labour market that stands out in international comparison by displaying high employment rates, notably among the elderly (9)

Stimulating civic engagement of immigrants has been exalted as a twofold remedy in governmental efforts to handle this ethnic dimension of social inequality in health (1). Through civic engagement immigrants are not only expected to improve their chances to interact with ethnic Norwegians – hereby forming networks providing access to the important informal

channels of labour market recruitment, but also expected to achieve positive health gains (10;11). Civic engagement of elderly immigrants is regarded as being of particular importance, because involvement of elderly people in productive social activity and close social ties is linked to active and healthy ageing processes (12;13).

To increase the civic engagement of immigrants, the Norwegian government extended funding to voluntary organizations. This strategy is based on the rationale that due to their special cultural expertise, independent role and altruistic spirit, voluntary organizations may in certain ways be better equipped than public bodies in reaching out to the target group and build trustful and constructive relationships (14). A large number of these organizations are run by immigrants in order to help immigrants. Such organizations are, both nationally and internationally, known to play a crucial role in social integration of immigrants (15;16). However, the participation of elderly immigrants in these organizations is still unclear in Norway. This study seeks deeper insight into the civic participation of elderly immigrants of African backgrounds as well as understanding the barriers and facilitators to such participation. Identifying the mechanisms that trigger or hamper such engagement is especially relevant for this group. Hence, research has demonstrated that among African immigrants in Norway, civic engagement is often a question of being very active, something that applies for a minor group, or, for the large majority, not participating at all (17). Prior studies have demonstrated that immigrants from non-Western countries in Norway have higher rates of ill-health than the remaining population (3;18;19). As civic engagement is considered to be a crucial determinant in health and well-being of elderly people, understanding the levels of civic engagement of this immigrant group may increase our understanding of their health situations.

## 2. Elderly immigrants at the intersection of health and civic engagement

The term 'civic engagement' is widely used in reference to a range of community activities, including voting, participating in paid and unpaid community work, staying up to date on local and national news, and helping one's neighbours (20). A prior report promoting civic engagement among the elderly, defined civic engagement as the process in which individuals are 'actively participating in the life of their communities' by joining community groups, and volunteering (21). Prior research has operationalized civic engagement through a focus on language acquisition, local media conceptions and the desire for social contact with the mainstream community (22). Another study that pertained specifically to older adults, focused solely on the activity of volunteering (20). Acknowledging the multifaceted treatment of the concept, the present study focuses in particular on civic engagement in the form of formal membership in community organizations. This focus allows us to better link the discussions, on the one hand to the concerns in the Norwegian public sphere, and on the other hand to the literature on associations between engagement and health. In both cases, it is mostly the formalized participation that is in focus.

African elderly immigrants are from cultures where age is considered beneficial. In such cultures, one's position in the society is determined by one's age; the older the person is, the higher of his position in the hierarchy (23;24). As this age-advantage may be lost in migration, such groups may be exposed to isolation and subsequent ill-health (25). Therefore, civic engagement by means of membership in community organisations may provide them an environment where they can enjoy active community roles similar to that they had in their home countries.

Prior studies have associated membership in voluntary organizations with indicators of good health (26) and wellbeing in the elderly (27). This association has been identified in several different countries (28). Social engagement was found to have protective effects against

cardiovascular disease mortality independent of socio-economic factors, disease and disability (29). A study among older people in Ireland associated social engagement with better quality of life, self-rated happiness and the view that life is worth living (30). Our review of the literature found only one study in which such an association was not significant (31). Longitudinal studies have attributed health gains to the activities and support mechanisms involved in civic engagement. Hence a longitudinal study on ageing and activity found that levels of social engagement have directly reduced mortality in later life (32). Allegedly, this effect of civic engagement in mortality is due to the emotional and social support provided by the social ties involved, as well the meaning it has in an individual's life and feelings of attachment arising from being active (33). A national representative panel data study of the long-term impacts of volunteerism on self-rated health among elderly persons found increased life satisfaction and greater positive changes in perceived health (34).

Two theories regarding civic engagement of elderly people prevail. The disengagement theory (35) argues that decline in engagement is natural in later life. By contrast, the activity theory (36) argues that civic engagement is beneficial for the elderly. Empirical research on active ageing have questioned the notion implied in the disengagement theory that ageing constantly involves a decline in functioning (13). More recently, a number of researchers have emphasized the importance of civic engagement in health and wellbeing of the people as they enter later life (32;33;37). The benefits of civic engagement of elderly immigrants may include the enhancement of cultural and social capital, which can be instrumental for the integration of immigrants into the host society (38).

Furthermore, civic engagement is considered particularly important for elderly immigrants who often face special difficulties in establishing themselves in new cultures (39;40). Compared

to their younger counterparts, older immigrants may experience more losses than gains after entering their new host country. They have lower exposure to native language, their leading role in society is minimized or sometimes lost in migration, their skills are less likely to be transferable and in general employers are often reluctant to hire older workers (41). The aforementioned empirical and theoretical literature that we have reviewed raises fundamental questions that need to be answered. Among these questions are:

What types of resources are deemed by the elderly immigrants to be needed in order to participate in voluntary organizations? What types of gains are realized or expected from participating in voluntary organizations? What encourage or discourage such participation?

## Methods

*Study context*

By international standards, Norway is an egalitarian society, characterized by redistribution not only across social classes and gender, but also across geographical area. However, the Norwegian capital Oslo deviates from this pattern due to its strong internal socio-economic divisions (42). Local differences in health are greater in Oslo than other large cities in Northern Europe (43). Oslo contains 423,000 immigrants, constituting 10.6% of the total population (1). Of the total immigrant population, 12% are from Africa. African immigrants are largely refugees from countries such as Somalia and have been shown to be the most marginalized immigrant group in the country (44). The immigrant population constitutes 25% of the general population of Oslo (45). Over 50% of immigrants from Africa live in Oslo. This group is largely congregated around Grønland in central Oslo, a district of comparatively high poverty. A large number of immigrant organizations, particularly for African immigrants, operate in Oslo (16).

*Participants and data collection*

Qualitative interviews with 24 African elderly immigrants were carried out in Oslo, between January and April 2010. Conventionally, 'elderly' is defined by a cut-off age of 60/65 years. However, previous studies into African elders has used 50 years of age as cut-off point (46). Thus, this study includes people aged 50 years and over.

African immigrants are highly marginalized and difficult to access through conventional survey instruments. A qualitative study was therefore considered to be the best option. During data collection, the researchers initially identified potential participants through contact with different institutions and community centres. The aim was to recruit information-rich participants for the study (purposeful sampling) (47). Potential participants were then approached and given an information sheet explaining the purpose of the research. Determining an adequate sample size in qualitative research is a matter of judgment and experience in evaluating the quality of the information (48). This study aimed at achieving a diverse sample with respect to gender, age and socio-economic classes. The desired diversity was achieved when the number of interviewees reached 24. In order to explore civic participation of elderly immigrants, semi-structured interviews were conducted. This type of interview has proven to be a successful data collection method in other studies of migrants (49). Most of the data were collected in Somali language with an exception of three participants who were interviewed in English. Interviews were conducted by the first author who is multilingual in Somali, English and Norwegian. Detailed information about the study was distributed prior to data collection and verbal consent to participate was obtained from all participants. The study was approved by the Norwegian Social Science Data Service.

*Content of the interviews*

Participants were asked about their pre-migration experiences of participating in civic organizations and their post-migration involvement in civic organizations in Norway. The notion of civic engagement was explored using questions about membership in both formal and informal community organizations. Although voluntary organizations, interest group organizations and cultural organizations were operating within the study context, the term 'civic organization' was used consistently because participants' cultural understandings overlapped with all these types of community institutions (50). However, we explained the term further to communicate its breadth. In this regard, we used the Somali term "*ururada bulshada*" which is inclusive of both formal and informal organizations. Most of the answers we obtained tended to be relatively short, even if we extensively probed participants' responses to encourage elaboration on important themes. We continued probing responses until we realize that there is no new information arising.

*Analysis*

The first author translated the audio-taped interviews into English. The remaining interviews were transcribed verbatim from field notes immediately after each interview. To validate their content, the translated interviews were brought back and verified with the respondents. The idea was to grasp the real meaning of the concept behind the response and also to ensure that the final version of the interview represented the intended response of study subjects (51). The transcripts were systematically read and re-read to identify themes of importance to the description of the phenomenon (52). We then applied thematic analysis to identify, analyse and report on the identified themes (53). The coding process involved recognizing an important theme and encoding it prior to interpretation (54). First, we identified important patterns in the data, based upon study objectives. Secondly, all stories that fitted under a specific pattern were placed with the corresponding pattern. Thirdly, we combined the related patterns into sub-themes. According

to Leininger (55), themes can be identified by bringing together fragments of ideas, experiences, beliefs which often are meaningless when viewed alone. Thus themes that emerged from the informants' stories are pieced together to form a comprehensive picture of participants' shared experience (56). Finally themes were broken into categories based on participants' experiences of barriers and facilitators to civic participations (57).

*Participant characteristics*

This study explores civic participation of elderly African immigrants and discusses the facilitators and barriers they face in their attempts to engage in civic activities. A diverse group of 24 respondents were interviewed. The two genders were represented equally. Their ages ranged from 50 to 70 years old. Twenty one respondents were from Somalia, and the remaining three were from Uganda, Eritrea and Ethiopia. Table 1 shows the demographic characteristics of study participants.

**Table 1. Demographic characteristics of study sample**

| **Characteristics** | **N** | **%** |
|---|---|---|
| **Gender** | | |
| Women | 12 | 50 |
| Men | 12 | 50 |
| **Age** | | |
| 50–60 years | 21 | 86 |
| 61–70 years | 3 | 14 |
| **Education** | | |
| Primary education or lower | 7 | 29 |

| | | |
|---|---|---|
| Secondary education | 7 | 29 |
| College or university | 10 | 41 |
| **Cohabitation** | | |
| Live alone | 9 | 37 |
| Live with someone | 15 | 62 |
| **Immigration status** | | |
| Refugee | 23 | 96 |
| Economic immigrant | 1 | 4 |
| **Country of birth** | | |
| Somalia | 21 | 87 |
| Eritrea | 1 | 4 |
| Uganda | 1 | 4 |
| Ethiopia | 1 | 4 |
| **Membership of an organization or association in Norway** | | |
| Yes | 6 | 25 |
| No | 18 | 75 |

## Results

*Involvement in voluntary organizations*

The vast majority of immigrant elders had pre-migration experience in civic participation. However, three out of every four informants reported that they are not involved in community organizations in the host country. The interviews pointed to a number of barriers to such civic participation. These barriers included poor health conditions, lack of information about relevant

organizations, language difficulties and mistrust towards organizations. From the interviews also one motivating factor towards civic engagement emerged. In the following section we go through these barriers and facilitating factors.

*Poor health conditions*

Respondents were asked if they were undergoing treatment for a diagnosed chronic health condition and if they believed that this illness affected their capacity for civic engagement. Diabetes, hypertension or a combination of them were reported by nine respondents, whereas two respondents reported chronic back pain and one respondent reported obesity. Many of them believed that their poor health condition affected their civic participation. One study respondent explained:

> My health is bad; I have diabetes that I got because of alcohol that I have been using excessively for a long time.

In answering the question whether his health situation has limited his civic engagement, he said:

> . . . I am sick; I cannot be active. (60-year-old man)

Although some immigrant elders stated that it is natural that social engagement of elderly people declines with age, one respondent explained that his poor health condition prematurely lowered his levels of civic engagement:

. . . You should know that when someone grows old his participation is decreasing, but yes, I believe that this (poor health condition) has reduced my participation. (51-year-old man)

*Lack of information about organizations*

It is interesting to note that most informants were active members of voluntary organizations in their countries of origin, but they believed that they missed that active social role in their post-migration life. Some participants reported that their access to voluntary organizations is impeded by lack of proper information about organizations in their local community:

I am not a member of an organization. I don't know the organizations; they never contacted me and I never contacted them, but I would love to be a member of an organization. When you are a member of an organization you meet different people, you get different ideas and information. You also need to be out of the house and meet people, it's an exercise. (54-year-old woman)

A lack of knowledge about relevant organizations applied not only to the district or neighbourhood, but even to the immediate surroundings that were of strong importance in the daily lives of respondents:

No, but I would like to be a member of an organization. Now I even don't know who is in charge of the block where I live. (50-year-old man)

To understand the implications of not knowing who runs the block of flats where one lives, it should be added that there is a strong tradition in Norway of engaging in the property

associations or neighbourhood associations set up to deal with the physical environment. In fact, encouraging participation of ethnic minorities in such associations has been a political priority and a health promotion perspective (58).

In several cases, respondents have shown a great desire and motivation to join community gatherings and other social activities, but they have very limited information about community programs which they could have utilized for socialization:

> . . . I am not a member of any organization now. I only know women's coffee parties where women come together once a week and drink coffee and talk. There are many Somali women there, so I talk to them every Thursday". (70-year-old woman)

The lack of information about available and relevant organizations is expressed in terms of a lack of visibility, as conveyed by this 50-year-old woman:

> No, I am not a member of organization. I have heard about, but never met with them and I've never seen them.

*Language incompetence*

Poor language proficiency was also identified as a barrier to civic engagement. This disadvantage refers not only to mainstream Norwegian organizations. Thus, respondents also felt that they were not welcome into immigrant organizations, without proficiency in the Norwegian language. This was explained well by one of the respondents:

> The reason is that those who speak the language mobilize themselves and they don't welcome the others. If you don't speak the language even your closest people will look down at you, they don't consider us as part of the society. (68-year-old woman)

While the obstacle posed by lack of language proficiency to membership in voluntary organizations was widely discussed, there was a widespread perception in the communities that if one does not speak the Norwegian language, one cannot be a member of community organizations. One of the respondents stressed this dilemma:

> I don't speak the language, but if I learn the language I will be considered a member of organizations. (56-year-old woman)

The most senior participants more often reported their desire to become members of immigrant organizations of which the language of engagement is their native language:

> I would be a member (of a voluntary organization) if I get people that I can communicate with. (70-year-old woman)

*Lack of trust in organizations*

The non-profit feature of voluntary organizations is often emphasized as generating trustworthiness. However, among the most common factors demotivating elderly immigrants from engaging in civic organizations is their lack of trust in the organizations that are represented in the community. Some of the participants believe that the organizations being present are not

serious in dealing with community issues, which in turn demotivated elderly immigrants from joining them, as conveyed in this remark by a 57-year-old man:

> . . . I didn't see any organization that attracts me. Particularly, cultural organizations didn't attract me because they are not productive, they are many and fragmented, they don't have collaborations and they don't address the problems of the community.

Some study participants declared that they had ambitions to use the experience and life skills they have gained throughout life to make contributions to their societies through voluntary organizations, but that their aspirations were thwarted by what they saw as the inadequacy of community organizations in dealing with community problems. One of the respondents explained:

> No, I am not a member of an organization . . . because organizations do not address the problems of the community. (53-year-old woman)

Other respondents were more critical about how immigrant organizations were conducted, stating that they are not sincere in working for the community, but are mere instruments to fulfil personal agendas rather than addressing community problems:

> Immigrant organizations that are funded by the state. . . . Most of them are people who misuse the money, who don't use the fund for its purpose, so I don't want to join them. (57-year-old man)

Elderly immigrants who had joined organizations confronted dilemmas over the importance of being a member of an organization that they see as not committed to addressing the community issues that matter:

> I was a member of a woman's organization when I was in North Norway. . . . I am not a member of an organization now . . . [as] I have realised that I am not getting anything from being a member of an organization. (50-year-old woman)

*A facilitating factor: The perceived effectiveness of organizations*

The effectiveness of organizations towards addressing community problems was the sole facilitating factor emerging from the interviews. Some immigrants showed a high level of awareness about different organizations and they actively participated in immigrant and mainstream organizations. This participation is often motivated by the individual perception of the organization's role in dealing with genuine community problems:

> Yes, I am a member of the labour party and I help organizations like those who help drug-addicted people. I also attend meetings of Somali organizations. I look at the background of the organization. If I find it productive I like to support it and become a member. (54-year-old man)

While immigrant elders were determined to volunteer for community activities and wanted to be active in collective community works, they appeared selective about which organizations they would volunteer to join, often choosing organizations that deal with genuine community problems:

In my neighbourhood, I know one organization. Those who walk around in the night time to ensure the security of the neighbourhood and the town. I have volunteered several times. (52-year-old man)

A similar explanation was made by another respondent:

. . . for example, there is an organization where members walk around the streets during the night to strengthen the security of the neighbourhood, particularly on weekends. They are volunteers who have decided to work for the society, and I several times thought to join them. (50-year-old man)

Immigrant elders showed high levels of awareness of the importance of the voluntary sector for their communities and raised their concerns about poor voluntary sector involvement among their communities:

They [the mainstream community] are organized, every person is a member of organizations and associations that represent them and defend their individual interests, but we don't have that, every person in our people goes on his way, we are not organized. (51-year-old man)

**Discussion**

The aim of this exploratory study was to offer an empirical investigation of barriers and facilitators to civic engagement among elderly immigrants of African descent in Oslo. The study suggests that elderly African immigrants face a common impasse in accessing civic engagement

and accentuating the problems of unwanted isolation. Causes include poor health conditions, lack of information, language barriers and subjective exclusion. The present study shows that almost half of elders of Somali origin have hypertension, diabetes or a combination of the two, which they report affects their capacity for civic engagement. This finding concurs with prior findings that poor health prevents older people from engaging in voluntary work (59). Generally, health is known to be one of the most crucial factors facilitating civic engagement among elderly people (60). Lack of social engagement and subsequent isolation among elderly immigrants could be an underlying factor for the observed high rate of cardiovascular risk factors. The fact that most of the elderly immigrants in this study are not civically engaged (in the formal sense of not being members in community organisations) and almost half of them reported to have diabetes, hypertension and obesity can be an indication of probable exposure of elderly immigrants to factors leading to adverse health effect that may be associated with adaptation of their hosting environment.

Lack of information about community organizations appears to serve as a barrier to civic engagement of elderly immigrants. A similar finding was reported from immigrants in the Netherlands (61) and from African immigrants in the UK (62). The present study suggests that although many elders desire to contribute to the community, the opportunities to do so within current community organizations are limited. However, while elderly people are disadvantaged in social networks as unemployment, death of a spouse and living alone shrink their social relationships (10), civic organizations can prevent such marginalization. Immigrant elders can pursue healthy ageing if organizations and civil societies enact active ageing programs that enhance the participation of elderly people (63). Accordingly, service providers and civic connectors should comprehend the strengths and needs of the elders, as well as the structural barriers they face in their attempts to engage in civic activities.

This study indicated that language difficulties are among the most important barriers to civic engagement among elderly African immigrants in Norway, even when it comes to engagement in ethnic organizations. This finding is consistent with a prior study demonstrating that immigrant groups with poor national language proficiency will be less civically engaged even when organizations in which the primary language of engagement is immigrants' native language are taken into account (64).

The study also points to a lack of effectiveness of organizations in addressing relevant community problems as a strong barrier to civic engagement of elderly African immigrants. The core persons of immigrant organizations in Norway are young adults who have good skills in dealing with mainstream society (50). However, evidence shows that young adults are more likely to be motivated towards volunteer activities by material rewards and by gaining work experience, while elderly people engage in voluntary activities to fulfil concerns with community obligation (65). The findings from this study strongly support these arguments. Elderly immigrants have expressed their great enthusiasm for volunteering to join community organizations that deal with genuine community problems.

Among the limitations of this study is the small sample size which is typical of qualitative research. While this does not allow for generalization of the results (66), the study does provide insights into participation of elderly immigrants in civic organizations, as well as barriers and facilitators to such participation.

It has been internationally recognized that immigrants have better health on arrival than people in the host communities. This might be because migration is a selective process, being both difficult and expensive, meaning that only the healthiest and most financially well off can endure its rigor (67). However, this health advantage disappears over time as characteristics of the host country

such as low access to health care and low social participation gradually affect the health of immigrants (68). Addressing the barriers to civic engagement identified in this qualitative study may contribute in restoring health among elderly immigrants.

Barriers preventing their productive civic engagement may have serious consequences for the health and wellbeing of elderly people. One goal of the Norwegian plan of action for integration and social inclusion of the immigrant population is to ensure that everyone living in Norway, regardless of their age or gender has equal opportunity, rights and duties to participate in society and make use of their skills (69). The barriers identified by this study pose challenges to achieving this policy goal of integration. Therefore, there is a need for service providers and policy makers to ensure that voluntary organizations address these barriers effectively. One point to be considered is that the traditional role of African elders involves mediating family conflicts and solving family issues, as well as advising youth and preventing them from joining criminal gangs and becoming drug dealers. If organizations create such service programs for elderly immigrants, it may not only provide opportunities for them to use their lifetime experiences and skills to help address challenges faced by immigrants and refugees. It may also influence their self-perception, improve their overall wellbeing. Immigrant elders should be recruited to join voluntary organizations so that they can formally perform community activities. As both the numbers and diversity of immigrant elders increase in Norway, it is imperative to better understand and address the barriers to their civic participation and the impact of this on their health and wellbeing. Health is a crucial factor that determines capacity for civic engagement. Given the high number of study participants who reported having diabetes and hypertension, there is a concern about the magnitude of these chronic conditions among African immigrants in Norway. More quantitative research is needed to understand the prevalence and risk factors for CVD among African immigrants in Norway.

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