AGING OUT OF PLACE: QUALITY OF LIFE AND SUCCESSFUL AGING AMONG AGING REFUGEE IMMIGRANTS IN THE US

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The Supervisory Committee certifies that this ***disquisition*** complies with North Dakota State University's regulations and meets the accepted standards for the degree of

DOCTOR OF PHILOSOPHY

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ABSTRACT

As individuals age, they experience physical, cognitive, and socioemotional changes that may impact their well-being. However, little is known about well-being among aging refugees. Thus, the present study explores factors associated with quality of life and perceptions of successful aging among refugees who are aged 50 years and above. This mixed methods dissertation included a quantitative and qualitative study. For the quantitative study, 108 refugee participants (from Bhutan, Burundi, and Somalia) living in the US were surveyed to assess quality of life. Hierarchical regression analyses showed that females, older individuals, individuals with lower education levels, and African refugees reported lower quality of life. When controlling for sociodemographic factors, social integration was positively and loneliness was negatively associated with quality of life. Furthermore, trauma related experiences and post-migration living difficulties did not predict well-being for all participants; however, moderating effects of place of origin, sex, level of education and length of residence were observed. Twenty-one aging, Burundian refugees were recruited for the qualitative study to explore perceptions and experiences of successful aging. Emergent themes showed that some of aging refugees' perceptions of successful aging were consistent with perceptions among other aging populations, yet in many ways the unique background of aging refugees seemed to impact their aging perceptions, such as perceiving an earlier onset of aging. Cultural factors and the context of being a refugee led to unique experiences of successful aging, and apparent gender differences. In summary, perceptions of aging out of place among aging refugees indicated both protective factors and risk factors. The findings from the two studies of this dissertation suggest important future directions of inquiry and have potential implications for communities on how they can better support aging refugees as well as develop effective interventions to promote well-being.

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Undertaking this research project granted me the privilege of meeting remarkable adults who, though their life journey has not been easy, continue to live a hopeful life. I am honored that the aging refugees opened their life world to me and shared their experiences and thoughts with me. I distinctively offer my appreciation to them for contributing to this work that grants insight into the well-being of refugees aging out of place.

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DEDICATION

To my parents, Mr. Alfred Owino and Mrs. Carolyne Rispa Agutu, who taught me the value of hard work.

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LIST OF ABBREVIATIONS

PMLD .....Post-Migration Living Difficulties.

QOLS .....Quality of Life Scale.

RTHC.....Refugee Trauma History Checklist.

SILLS.....Social Integration in Later Life Scale.

SWLS.....Satisfaction With Life Scale.

UNHCR.....United Nations High Commissioner for Refugees.

US .....United States.

USCIS .....United States Citizenship and Immigration Services.

WHO.....World Health Organization.

CHAPTER 1: STUDY BACKGROUND

Immigrant is a term used to describe a person or a foreign national who moves to another country for purposes of permanent resettlement / residence (Birman, 2006; Sayad, 2018). In the US, there are various groups of immigrants who migrate voluntarily for work purposes, education, or family reunification. In addition, there are those who enter the country under less voluntary circumstances to avoid persecution, specifically refugees and asylum seekers (Birman, 2006; USCIS, 2015).

The transition from one country or culture to another encompasses changes in almost every aspect of life. Upon migrating, immigrants may encounter different policies, language(s), practices, beliefs/values, and cultural norms or practices that may influence their adjustment and integration experiences in the new environment (Berry, 1997; Berry & Hou, 2016). More specifically, changing societal structures and conditions due to migration and adaptation may affect an individual's social, economic, and cultural life course patterns (Wingens et al., 2011). Adapting to new societal structures in the new country can be stressful, thereby affecting one's well-being (Lewis & Lewis, 2009). On the other hand, societal integration, which involves adapting to the social, economic, and political way of life of the mainstream society (Pancholi et al., 2018; Jiménez, 2017; Li, 2003), can help alleviate some of the challenges migrants face.

There seems to be an overlap in immigration experiences among immigrants regardless of their background when adjusting in a new milieu. For instance, immigrants do face acculturative stress, that is, disorientation emanating from cross-cultural transitions (Jang & Chiriboga, 2010; Yakunina et al., 2013). The acculturation process often involves feelings of confusion, depression, anxiety, marginality, alienation, and identity confusion (Berry, 1997). These experiences during the transitioning process have collectively been called acculturative

stress. The accumulation of social, economic, political, and cultural difficulties when adjusting to a new environment may cause acculturative stress. Consequently, acculturative stress may trigger feelings of alienation (Jang & Chiriboga, 2010), insecurity and anxiety (Yukunina et al., 2013), cultural identity confusion, and social withdrawal (Johnson & Sandhu, 2007).

Successful integration (e.g., adopting the cultural practices of the host community) is perceived to be beneficial to all immigrants (Li, 2003). As a prime example, the ability to acquire the new language is key to the adjustment process because language proficiency has been positively related to social and economic adjustment (Chiswick & Miller, 2001; Mesch, 2003; Vedder, 2005). When immigrants learn the language of the host community, they are able to communicate with other individuals, thus permitting the enhancement of their social relationships and social integration. This is important because, in general, research studies have shown that adequacy of social contacts is associated with well-being (Smith & Goodnow, 1999), and social integration is associated with better health outcomes among individuals (Seeman, 1996). Among immigrants, satisfaction with host national relationships such as friendships between immigrants and host country nationals have been shown to predict better adjustment (Ward & Kennedy, 1993). This suggests that the experiences of immigrants and their well-being is shaped by meaningful social networks and social support they receive in their host countries.

Experiences and Adjustment of Refugees

Whereas all immigrants may be faced with the aforementioned adjustment challenges, adjustment experiences of refugee immigrants may substantially differ from other immigrants who have not participated in forced international migration (Lewis & Lewis, 2009; Villa, 1998). By definition, a refugee is a person who is outside their home country and is unable to return to their country of nationality because of well-founded fears of persecution based on their race,

religion, nationality, membership in a particular social group, or political opinion (UNHCR, 1967). Unlike refugees, immigrants who voluntarily migrate to the US may receive continual protection from their native governments and are able to return to their home countries at will. Refugee immigrants do not share the same privilege since they flee their homes and cannot return because of persecution and other life-threatening reasons. Therefore, the ability to successfully integrate in the new country is of utmost importance.

The origin of conflict in countries that have rendered citizens refugees have ranged from political to ethnic tensions and violence. For example, in Somalia a military *coup d' etat* in 1969 culminated into civil war since 1990 with heavy fighting between government troops and opposition movements (Bongartz, 1991; Farah et al., 2002) This ongoing civil war has led to the influx of refugees from Somali into neighboring countries and eventually as refugees across the globe. On the other hand, since Burundi's independence in 1962, the country has experienced five civil conflicts emanating from ethnic tensions mostly between the Hutu and Tutsi tribes, with the latest and longest one being the civil war which started in 1993 with the assassination of the president (a Hutu) (Ngaruko & Nkurunziza, 2000; Shwartz, 2019). Thousands of Tutsi and Hutus were killed as the ethnic groups fought against each other, now classified as genocide in nature (Ngaruko & Nkurunziza, 2000; United Nations, 1996), and hundreds of thousands of Burundians fled to neighboring countries to seek refuge. Moreover, the Bhutanese refugee crisis further reflects conditions of interethnic conflict. According to Hutt (2005), Bhutan's Lhotshampas are descendants of peasant farmers from Nepal who began to migrate to southern Bhutan after the Anglo-Bhutanese war of 1865. Worried that the growing ethnic Nepali minority threatened the culture and political dominance, the Bhutan government adopted a "One Nation, One People" policy in the 1980s, that banned the teaching of the Nepali language in schools and

required residents to dress in the traditional clothing of the Drukpa. Those actions triggered anti-government protests and widespread political unrest. Many Nepali Bhutanese were jailed, and thousands were expelled or fled winding up in refugee camps (United Nations, 2007).

The US is among the countries with a long history of resettling refugees and providing refuge to those fleeing persecution and war. Since the passage of the Refugee Act in 1980, more than three million refugees have been admitted in the US. According to Krogstad (2019) an average of 67,100 refugees arrived in the country from fiscal year 2008 to 2016. Recently, the number of refugees resettled in the US declined from nearly 85,000 refugees resettled in fiscal year 2016 to 53,691 in 2017 due to reduced ceiling on refugee admissions to the country (Office of Immigration Statistics, 2019). Currently, refugees resettled in the US are most often from countries within Europe, Asia, Africa, and Latin America (Office of Refugee Resettlement, 2015). As such, refugees to the US are from varying backgrounds and possess diverse cultures and experiences.

Research studies focusing on refugees have reported that refugees experience language difficulties, unemployment, inadequate community support, lack of transportation, mistrust, conflicting expectations, and miscommunication (Asgary & Segar, 2011; Elwell et al., 2014; Worabo et al., 2016). Moreover, the emotional and psychological distress experienced by refugees who are compelled to leave their home countries may compromise their capacity to adapt to new countries (Su et al., 2018). Though such factors warrant further investigation as to refugees' experiences and well-being in their host communities, there is minimal research on the topic. Both quantitative and qualitative research studies on refugees' well-being in the US have mainly focused on their experiences and perceptions of healthcare (Asgary & Segar, 2011; Clark et al., 2014; Drummond et al., 2011; Elwell et al., 2014; Pavlish et al., 2010; Vermette et al.,

2015; Worabo et al., 2016), mental health (Betancourt, 2012; Birman & Tran, 2008; Fazel & Stein, 2003; Marshall et al., 2005; O'Mahony et al., 2013;), and education (Hamilton, 2003; Kanno & Varghese, 2010; McBrien, 2005; Oikonomidoy, 2010; Taylor & Sidhu, 2012). However, these studies have mostly focused on children or women because they are considered to be vulnerable populations.

Research studies in the US have largely failed to conceptualize refugee aging experiences, especially among aging refugees who entered the US as adults. Understanding the aging experiences of this population is particularly important since their experiences may differ from aging refugees who entered the US when they were children and have established themselves in the American society. According to Life Course Theory (Elder, 1998) the principle of timing in life argues that developmental impacts of a life transition or event is contingent on when it occurs in a person's life (Lerner, 2018). For example, older immigrants have been shown to have greater difficulty adapting to their new environment than younger cohorts (Morantz et al., 2011; Papadopoulos et al., 2004). Additionally, Sadarangani and Jun (2015) pointed out that the implications of immigration may be felt more acutely in later life stages, especially when life-long attachments had been made in the country of origin. It is therefore important to investigate the well-being of older refugees who entered the US when they were already adults, as both theoretical and empirical work suggests their experiences should be unique. Undertaking such a study will be beneficial to understanding their experiences and developing interventions tailored to their needs and enhance their well-being in the host communities. Thus, the present research study aims to explore a previously unexplored topic of older refugees' experiences and well-being through quantitative and qualitative research methodologies.

Aging Out of Place

The concept of "aging out of place" provides an avenue to explore and better understand the impact of migration on the well-being of older adults. Aging out of place describes the "physical and emotional experience of growing older in a foreign environment where the sociocultural aspect of place is emphasized," (Sadarangani & Jun, 2015, p.115). In short, aging out of place refers to growing old in a foreign environment/setting as opposed to a familiar environment where individuals had lived for most of their lives. Therefore, individuals who migrated to a different environment as adults can be said to be aging out of place. Curtin et al., (2017) state that immigrants who are aging out of place integrate their past experiences with their present experiences in the new environment. This suggests that older immigrants may adapt some of their cultural practices from their native countries into their new environment to enhance their aging experience.

Although there are many benefits for older persons who are aging outside of their country of origin (e.g., access to medical care, better housing, and employment opportunities), there are also challenges to aging out of place. These challenges are reflected in research findings that have documented the difficulty experienced by older immigrants when adapting to their new environment (Morantz et al., 2011; Papadopoulos et al., 2004). These difficulties can be partly attributed to older immigrants having fewer options economically, socially, and politically in their new environment (Becker, 2003; Carr & Tienda, 2013; Treas & Mazumdar, 2002). Research studies have also reported that factors such as depression due to acculturative stress (Mui & Kang, 2006), loneliness due to language and cultural background (Gierveld et al., 2015), and social isolation (Curtin et al., 2017; Treas & Mazumdar, 2002) among older immigrants impact their well-being. For instance, among older Asian immigrants in the US, receiving

assistance from adult children and longer residence in the US predicted greater risk of depression. Prolonged reliance on younger relatives for assistance led to increased feelings of lower self-worth among older immigrants. In addition, younger relatives providing assistance may experience, caregiving burden that can potentially culminate into disrespect toward elders (Mui & Kang, 2006). In summary, the demands posed by immigration and aging out of place can cause significant shifts in family roles thereby impacting the well-being of older immigrants in the new environment.

Experiences of Aging Out of Place among Refugees

While these few aforementioned studies indicate implications for older immigrants aging out of place (Carr & Tienda, 2013; Morantz et al., 2011; Mui & Kang, 2006; Papadopoulos et al., 2004), far fewer studies have documented experiences specific to older refugee immigrants. While countries that resettle refugees may offer a safe-haven, older refugees' past experiences of trauma, before and during forced migration can make them particularly vulnerable to the stressors of resettlement and consequently impact their well-being. For instance, among older refugees, there may be a sense of 'aging in the wrong place' (Hugman et al., 2004), which can impact their psychological well-being in their new environment. In addition, research studies on refugees aging out of place have described some post-migration challenges (Hatzidimitriadou, 2010; Mölsä et al., 2014; Muruthi & Lewis, 2017). For instance, a study on Cambodian refugees in the US reported that the older participants experienced difficulties with transportation and insufficient language skills (Muruthi & Lewis, 2017). Such factors caused them not to be able to attend gatherings without assistance. As a result, older refugees experience social isolation that impacts their social well-being.

The experiences and challenges reported among older refugees warrant investigating their well-being in their new environment. However, in reviewing the prior literature, very little is known about experiences of aging out of place among older refugees in the US. For refugee immigrants, a combination of past experiences such as escape from war and other traumatic experiences may impact their well-being in terms of quality of life and successful aging perceptions in their new milieu. Quality of life is a general assessment of one's life conditions and well-being (Cummins 1997; Felce & Perry, 1995). Successful aging on the other hand was first proposed to be composed of three aspects, that is, low probability of disease and disease-related disability, having high cognitive and physical abilities, and interacting with others in meaningful ways (Rowe & Kahn, 1997). In aging studies, quality of life and successful aging relate in the sense that they can be perceived as indicators of healthy aging among individuals.

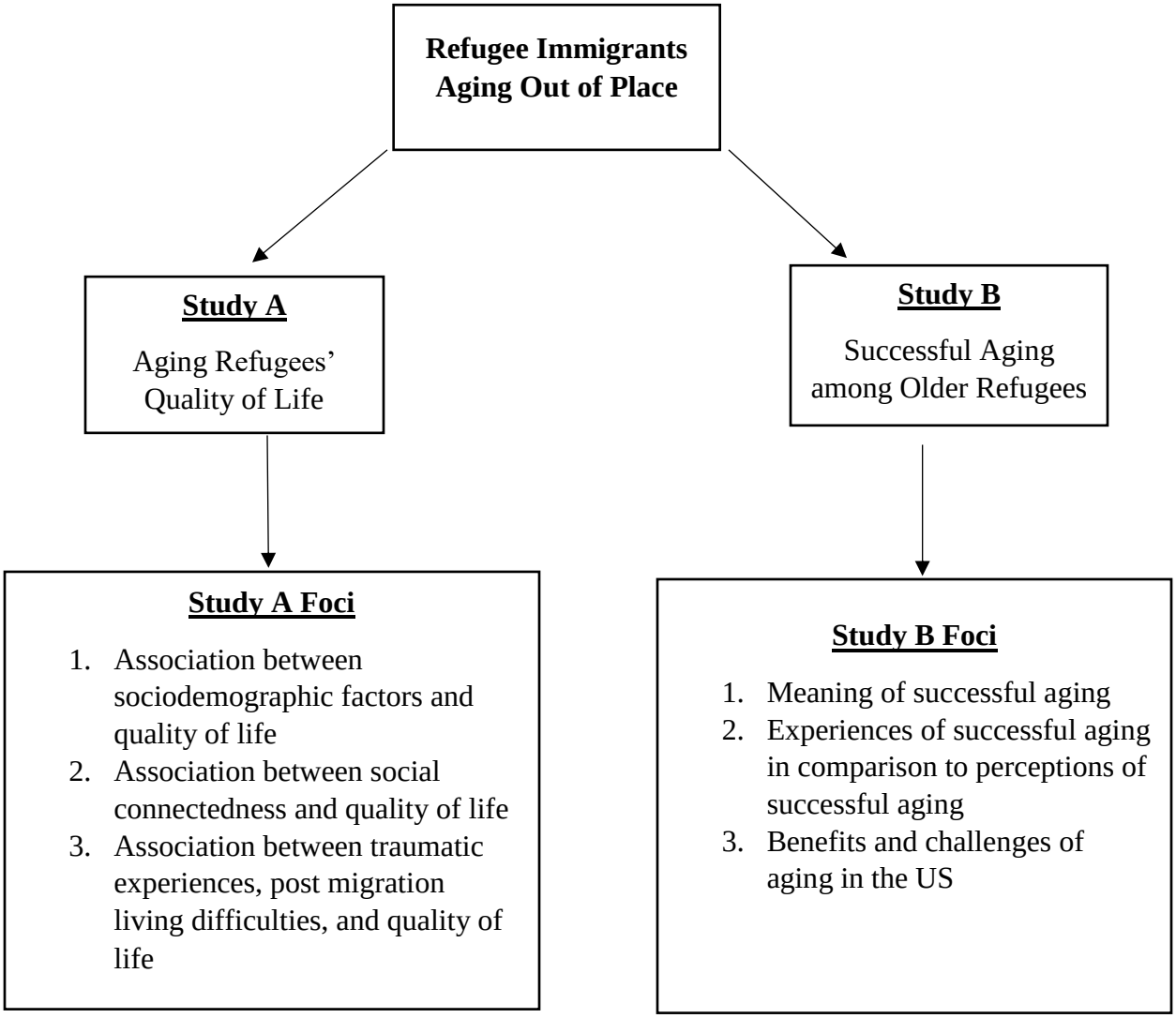
Even so, there is a lack of robust knowledge about quality of life and successful aging among aging refugee immigrants. In particular, knowledge about predictors of quality of life among the aging refugee population is limited. Moreover, refugees' cultural background and their migration experience may impact how they perceive successful aging in their host countries. However, the perceptions of successful aging among refugees aging out of place is not well understood. For instance, it is not clear how perceptions of successful aging vary by sex among refugees. As such, in order to develop a comprehensive understanding of well-being among aging refugees, the present study adopts a mixed methods methodology to examine quality of life and perceptions of successful aging among a refugee population. Through quantitative exploration, the present study shed light on predictors of quality of life among aging refugees, while the qualitative study provides insight on aging refugees' perceptions of successful aging as they age out of place. The two studies complement each other in the sense

that the quantitative study provides general insight on predictors of quality of life, whereas the qualitative study provides an explanation of why those differences may occur through participant's narratives on successful aging.

Therefore, the overarching objectives of the present dissertation are to: 1) extend our knowledge about aging out of place among older refugees particularly with regard to the concepts of quality of life and successful aging, and 2) to use multiple methods to explore older refugees' experiences and perceptions of quality of life and successful aging in depth and breadth. Figure 1 below provides a visual representation of the study components which will be overviewed in more detail in Chapters 2 and 3 of this dissertation.

Figure 1

Dissertation Study Overview



CHAPTER 2: EXAMINING QUALITY OF LIFE AND AGING OUT OF PLACE AMONG AGING REFUGEES

Quality of life is multidimensional in that it relates to all areas of life (i.e., physical, psychological, and social domains) (Skevington et al., 2004; Testa & Simonson, 1996). It is concerned with the degree to which an individual is healthy, comfortable, and able to participate in or enjoy life events. To determine quality of life among various individuals, objective approaches have been used. In such approaches, the observable and quantifiable indicators of health, physical function, income, living conditions, and physical environment are considered valid measures for defining or determining quality of life (Barnett, 1991; Wolkenstein & Butler, 1992; Spilker, 1994). However, objective measures do not account for cultural differences in the definitions of quality of life among individuals. This suggests that quality of life may not be accurately understood without an understanding of individual's values and beliefs and how those values and beliefs manifest in determining quality of life. Thus, subjective approaches have augmented objective approaches to build comprehensive definitions of quality of life. The integration of subjective and objective approaches is important since quality of life is a product of the interaction between external conditions of an individual's life and their internal perceptions of those conditions (Browne et al., 1994).

According to the World Health Organization, quality of life is subjectively defined 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 to their goals, expectations, standards, and concerns," (WHOQOL Group, 1995 p.1404). Subjective quality of life measures allow the inclusion of a study participant's implicit cultural and personal values in the assessment. This means that an individual's view of their quality of life may be affected by how they perceive their relationship

with their environment to be, their perceptions of their health status, social relationships, and level of independence.

Furthermore, quality of life has also been defined through the lens of an individual's health status. Health-related quality of life is understood as an individual's response to their physical, mental, emotional, and social wellness in relation to direct or indirect implications of disease, disability, and impairment (Carr et al., 2001; Clare et al., 2010; Evans et al., 2005; Lohr, 2012). Health-related quality of life consists of a subject's appraisal of symptoms and diseases and their impact on individual functioning (Carr et al., 2001). As such, individuals describe how their health impacts their ability to lead fulfilling lives. Changes in an individual's health status may prompt behavioral process that can potentially influence their perception of their quality of life or well-being.

According to the Integrative Theory of Quality of Life, overall well-being is used to denote the quality of life as a whole (Ventegodt et al., 2003). Overall well-being, which can also be conceptualized as objective and subjective, encompasses a range of life domains related to physical, mental, and emotional health, finances, high life satisfaction, a sense of meaning or purpose, quality social connections, and ability to manage life stresses (Diener, 2006; Kruger, 2011; Rath & Harter, 2010). Overall well-being can therefore potentially provide an understanding of one's quality of life since it is central to a person's experience and provides an overall assessment of one's life.

Besides well-being, life satisfaction has also been argued to be indicative of quality of life (Bowling et al., 1991; Ventegodt et al., 2003). Satisfaction with one's life implies contentment with one's life circumstances. Life satisfaction is described as subjective judgment of an individual's current life situation in relation to their own expectations (Anand & Arora,

2009). An individual's life satisfaction is determined by their actual life status (Li et al., 1998) through evaluation of their life as a whole, as well as their current life status. Additionally, in relation to quality of life, Veenhoven (1996) describes life satisfaction as the degree to which a person positively evaluates their overall quality of life as a whole. The evaluation of life satisfaction is thus based on an individual's personality, life experiences, and personal resources in a cultural, social, and environmental context. This suggests that the measure of life satisfaction can be used to provide a general description of whether an individual considers their life to be good or not. When an individual perceives themselves to be content with life and happy, it is reflected in their subjective quality of life. Higher perceptions of life satisfaction may indicate higher quality of life.

From the above descriptions, it is clear that the definition of quality of life is multidimensional and can be conceptualized both from subjective perspectives (such as subjective quality of life) and objectively through health-related quality of life measures. In addition, extended definitions of quality of life emerge through related concepts such as well-being and life satisfaction. Since the unit of analysis in determining quality of life is the individual, it is important to understand how individual factors such as sociodemographic characteristics impact quality of life.

Predictors of Quality of Life

Research studies conducted on various populations have shown that sociodemographic factors (e.g., age, sex, marital status, socioeconomic status, level of education, race/ethnicity, etc.) may explain a substantial part of the differences in quality of life among older adults (Gallicchio et al., 2007; Guallar-Castillón et al., 2005; Orfila et al., 2006; Ross & Van Willigen, 1997; Song et al., 2015; Zhou et al., 2011). For instance, research studies have shown that age is

negatively associated with quality of life (Chatterji et al., 2015; Freedman et al., 2013; Holmes et al., 2009; Kooij & Van De Voorde, 2011; Pinquart, 2001; Zhou et al., 2011), most likely due to deteriorating physical health (Garcia & Reyes, 2018; Jagger et al., Clarke, 2001) and perceived losses in subjective general health (Kooij & Van De Voorde, 2011) with increased age. Thus, among older populations, younger cohorts are likely to have better physical health than older cohorts. Older cohorts may also have low social roles and experience greater age discrimination than younger cohorts. All these factors as well as how older individuals are treated in the society can lead to differences in quality of life.

Besides age, studies comparing gender differences in quality of life between older men and women have reported that women tend to have worse health-related quality of life outcomes such as higher rates of chronic diseases (Orfila et al., 2006; Wijnhoven et al., 2003), disability (Hosseinpoor et al., 2012; Martin & Schoeni 2014; Newman & Brach, 2001), and depression (Kessler et al., 1993; Kim et al., 2013; Parker & Brotchie, 2004) when compared to men (Guallar-Castillón et al., 2005; Li et al., 2018; Orfila et al., 2006). These differences are linked to greater mortality rates in men compared to women (He et al., 2001; Huisman et al., 2005; Newman & Brach, 2001). Another study comparing well-being of older men and women found that women's family and social domains influenced their well-being more than men (Warr et al., 2004). This suggests that social activity is particularly important for women than men in enhancing their well-being.

Marital status is a factor that has also been associated with quality of life (Han et al., 2014; Solomou et al., 1998; Song et al, 2015). Han and colleagues (2014) reported that married men and women have higher quality of life compared to single men and women. A study conducted among older adults by Solomou and colleagues (1998), found that men and women

who were married reported high levels of social engagement and life satisfaction compared to divorced individuals and individuals living alone. In addition, observed correlations of marital status with older adults' economic and psychological well-being (Hank & Wagner, 2013), may suggest that marriage is a potential protective factor for well-being in later life. Mutual support between couples may positively influence their well-being resulting to them having better quality of life compared to unmarried, widowed, or divorced individuals.

Socioeconomic status (based on level of income) has been linked to quality of life across the lifespan, but particularly in late life due to its impact on well-being (Bandiera et al., 2008; Grundy & Holt, 2001; Parra et al., 2010; WHO, 2000). Low socioeconomic status impacts quality of life in the sense that it acts as a barrier to accessing health care services as well as engaging in physical activities that may promote well-being. Low socioeconomic status also impedes access to proper nutrition, which is a determinant of health and quality of life (McNaughton et al., 2012). Moreover, level of education has also been positively correlated with quality of life among older adults (Liu et al., 2013; Ross & Van Willigen, 1997; Song et al., 2015). Studies have reported positive correlations between education level and subjective quality of life (Ross & Van Willigen, 1997) as well as health-related quality of life (Guallar-Castillón et al., 2005). Higher level of education means that individuals may have access to more services, employment opportunities, better salary, and living conditions. A study conducted among older adults in Spain indicated that lower level of education among women potentially contributes to their poorer health-related quality of life of (Guallar-Castillón et al., 2005). Lower literacy has also been associated with worse health-related quality of life (Macabasco-O'Connell et al., 2011) due to lower health related information and knowledge. Heart and Kalderon (2013) suggest that among older adults, individuals with lower education levels may be less inclined to adopt

information and communication technologies intended to improve their quality of life. Individuals with higher education are more likely to have higher quality of life due to their higher social and economic status (Liu et al., 2013). Higher economic status due to one's education provides opportunities for older adults to save for retirement and therefore ease financial burden in later life that may impact their quality of life.

In regards to ethnic minorities and their quality of life, substantial research showing the association between culture / ethnicity and well-being / quality of life exists (Evans et al., 2010; Park et al., 2015; Pethtel & Chen, 2010; Kristiansen et al., 2016). For instance, a study that examined cultural differences in subjective well-being by comparing American and Chinese young adults on subjective well-being reported higher life satisfaction, among Americans than Chinese populations. In terms of health-related quality of life outcomes among older adults, a study involving African Americans, Afro-Caribbeans, Hispanics, and European Americans in the US reported that Hispanics had higher physical health scores and lower mental health scores while African Americans reported higher mental health scores and lower physical health scores (Park et al., 2015). Another study focusing on self-rated health outcomes reported significant interactions between depressive symptoms and age among the Black population sample and significant interaction between depressive symptoms and chronic conditions among the Hispanic population (Jang et al., 2014). Such studies demonstrate how well-being and quality of life indicators may vary by ethnic background.

Research studies on older adults have further suggested that ethnic minority status is also associated with lower income, lower education levels, substandard housing, lack of opportunity (Kristiansen et al., 2016; Mui, 2001; Mui & Kang, 2006), and health disparities (Kagawa-Singer et al., 2010) that may affect quality of life. In the US population for instance, health disparities

persist among ethnic groups such as Hispanics and non-White individuals when compared with Whites (Kagawa-Singer et al., 2010). Such disparities may lead to lower health-related quality of life among non-White groups. Furthermore, a study conducted among Chinese-Canadians reported that ethnicity significantly affected standard of living, life achievements, and life as a whole (Spiers & Walker, 2008). This was attributed to social inequality in terms of income between Canadians and Chinese-Canadians. Ethnicity indirectly predicted quality of life through its impact on health outcomes and socioeconomic status.

Older Immigrants and Quality of life

Whereas immigrants moving to Western countries such as the US may benefit from services such as better medical care, education, and employment opportunities; among immigrant families, older adults have voiced dissatisfaction with their lives (Treas & Mazumdar, 2002). This dissatisfaction and its impact on quality of life may be attributed to the hardships associated with the experience of migration (Ciobanu et al., 2017; Johansson et al., 2013; Rao et al., 2006; Warnes et al., 2004). Immigrants may experience a discontinuity in their life course as they leave behind cultural contexts that may have provided meaning in life (Sadarangani & Jun, 2015; Wingens et al., 2011). This may affect how they adjust to their new environment and also impact their quality of life.

In addition, research has documented different types of vulnerabilities faced by older immigrants in their host countries (De Valk & Fokkema, 2018; Gierveld et al., 2015; Fokkema & Naderi, 2013; King et al., 2014; King et al., 2017; Victor et al., 2012; Wu & Penning, 2015). For instance, studies show that older migrants are, on average, lonelier than their native peers (Fokkema & Naderi, 2013; Moon & Pearl, 1991; Victor et al., 2012). Elderly Korean immigrants in the US for example were reported to show high levels of alienation (Moon & Pearl, 1991).

Also, older adults from Mexico, particularly if they were recent immigrants in the US and had lower levels of adaptation, were reported to be more likely to exhibit depression symptoms (Black et al., 1998). Factors such as social isolation and poor health impact well-being of older immigrants and this can lead to lower overall quality of life.

Furthermore, prior research indicates that immigrants' quality of life may be significantly associated with age at migration and country of origin (Leão et al., 2009; Nesterko et al., 2013). In an Australian study, immigrants who migrated at an older age were reported to have lower subjective quality of life (Foroughi et al., 2001). In addition, a significant influence of country of origin was reported in a study conducted in Sweden (Bischoff & Wanner, 2008). In the study, southern immigrants (e.g., from Italy and Turkey) reported lower levels of health-related quality of life compared to northern immigrants (e.g., from Germany and France).

Besides age at migration and country of origin, research studies among immigrants have also shown some variance in quality of life by sociodemographic characteristics such as gender, level of education, and length of residence (Bayram et al., 2007, Nesterko et al., 2013). For example, a study on Turkish immigrants living in Sweden found the quality of life of male immigrants to be higher than that of females (Bayram et al., 2007). Significant differences in quality of life have also been shown to vary by level of education among immigrants (Kim, 2008), with female immigrants reporting lower levels of education (Oyeyemi, & Sedenu, 2007).

Length of residence is an important factor that can potentially impact quality of life of immigrants since adaptation to the host culture has been suggested to be low at the beginning of residency and then improves with time (Briones et al., 2012; Foroughi et al., 2001; Kim, 2000). However, research studies on length of residence and quality of life among immigrants have reported mixed findings. Foroughi and colleagues (2001) found that older immigrants with the

shortest stay in Australia reported worse health-related quality of life. Leão et al. (2009) also reported similar findings. On the other hand, longer residence in the US was associated with poorer health-related quality of life among older Asian Indians (Diwan & Jonnalagadda, 2002). In addition, Steel et al. (2002) reported improvements in mental well-being outcomes over time; whereas, in contrast, a study conducted among Vietnamese refugees in the US showed that mental well-being of older refugees declined overtime (Hinton et al., 1997). A trend toward poorer mental well-being outcomes over time was also reported among Sudanese adults in Australia (Schweitzer et al., 2006). Immigrants with the shortest stays may be experiencing psychological distress (e.g., culture shock, migration stress; stress of identity formation) associated with acculturation such that their well-being is impacted. On the other hand, as immigrants acculturate overtime, they may make changes that enable them to function effectively in their new cultural milieu. Such changes may involve dietary changes or physical activity related changes that may also impact their well-being. In addition, longer stays away from their home country may cause individuals to develop a longing for their home country that may impact their mental well-being. Due to the potential implications of length on residence on well-being, it is important to determine whether or not immigrants adjust better over time.

Few research studies on quality of life among older refugees exist. Prior studies have mainly documented associations between unemployment and quality of life (Carlsson et al., 2006; Molsa et al., 2014). For instance, a study conducted among older Somali refugees living in Finland found that low monthly income and unstable working conditions were associated with poor quality of life (Molsa et al., 2014). Also, having secondary or higher education, and being married have been found to be associated with higher levels of subjective quality of life, whereas older age has been associated with lower subjective quality of life among war affected

populations like refugees (Matanov et al., 2013). However, within refugee studies, it is not clear how quality of life varies by sociodemographic characteristics (e.g., age, gender, length of stay, and ethnic group) among older refugees especially in the US context. As such, one of the objectives of the present research study is to determine the relationship between older refugees' sociodemographic characteristics such as country of origin, age, gender, length of stay in the US, level of education, marital status, and employment status and quality of life.

Social Connectedness and Quality of Life

Associations between social connectedness and quality of life among older adults have been documented (Dong et al., 2014; Scharlach & Lehning, 2013; Stephens et al., 2011; Unsar et al., 2016; Waite & Das, 2010). In particular, aspects of social integration such as social participation and engagement have been shown to positively correlate with quality of life among older adults in the US (Dong et al., 2014). For instance, research studies on the well-being of older adults have shown that participating in activities in later life enhances well-being (Baker et al., 2005; Hao, 2008; Li & Ferraro, 2006; Luoh & Herzog, 2002; Zedlewski & Schaner, 2005). Such associations between activities and well-being are consistent with Activity Theory which argues that engaging in interpersonal activities boosts mental well-being of older individuals (Lemon et al., 1972). In fact, studies have found that engaging in productive activities is positively associated with psychological well-being of older adults (Li & Ferraro, 2006; Luoh, & Herzog, 2002). This, may in turn lead to higher quality of life.

Engaging in social activities is beneficial for psychological well-being because it bolsters a sense of purpose and meaning for older adults in later life (Baker et al., 2005; Greenfield & Marks, 2004). For example, individuals who engage in social activities have been shown to report higher levels of life satisfaction (Greenfield & Marks, 2004). In addition, frequent social

interactions as a result of engaging in activities may increase the chances of finding social contacts and social support for older individuals thereby enhancing their social well-being. This view is supported by Baker and colleagues (2005) who argued that participating in multiple activities increases social integration, provides meaningful social roles, and enhances subjective well-being.

Moreover, social relationships have been positively associated with quality of life (De Belvis et al., 2008), and older adults with poor social networks have been shown to report worse quality of life (Garcia et al., 2006). This suggests that having more close friends and a higher frequency of social contacts enhances quality of life (Gallicchio et al., 2007; Litwin, 2010). In addition, positive correlation has also been found between social support and quality of life (Foroughi et al., 2001; Unsar et al., 2016). For older adults, having social relationships and networks increases levels of social support leading to better quality of life.

Furthermore, loneliness which is described to be synonymous with perceived social isolation is shown to increase with older age (Hawkley & Cacioppo, 2010; Pinquart & Sorensen, 2001; Weeks, 1994). Longitudinal studies have indicated that loneliness predicts increased morbidity and mortality (Seeman, 2000; Shiovitz-Ezra & Ayalon, 2010; Thurston & Kubzansky, 2009). The effects of loneliness have also been shown to accelerate depressive symptoms (Cacioppo et al., 2006; Heikkinen & Kauppinen, 2004). These studies suggest that a perceived sense of social connectedness can be a protective factor for well-being, whereas loneliness has the potential to reduce quality of life.

Among immigrant populations social integration has been examined both in terms of strong and weak ties (Diwan & Jonnalagadda, 2002; Martinovic et al., 2009) and social support (Chae et al., 2014). Social support has been shown to indirectly influence quality of life by

moderating the level of acculturative stress and depression (Chae et al., 2014; Lee et al., 1996) which are indicators of quality of life. In a study among Korean women who migrated to the US, depressive symptoms were negatively associated with quality of life (Bernstein et al., 2011). The potential for a lack of social integration particularly for immigrants who arrive later in life and those who live alone has also been noted (Wilmoth, 2004; Wilmoth & Chen, 2003). Living alone, for instance, was shown to significantly reduce quality of life among elderly Chinese living in Canada (Gee, 2000).

Research on social integration and loneliness specific to older refugees is scarce. The existing studies on refugee experiences of social integration highlight the impact of migratory factors on social integration such as social isolation and language limitations (Oglak & Hussein, 2016; Ager & Strang, 2008), employment challenges (Connelly et al., 2006), lower social support (Carlsson, et al., 2006; Ghazinour et al., 2004), and psychological problems (Schick et al., 2016). Moreover, given the varying social and economic differences between the refugees and the host population, studies have documented elevated levels of social isolation and loneliness among refugee immigrants (Koelet & de Valk, 2016; Löbel et al., 2021). Refugee immigrants are prone to experiencing higher rates of loneliness due to cultural differences and language barriers (de Jong Gierveld et al., 2015). For instance, Oglak and Hussein (2016) reported that increasing isolation and limitations in English language among older Kurdish refugees in London impacted their ability to access health and social care services thereby impacting their quality of life. Refugees also experience employment challenges (Connelly et al., 2006) and are therefore limited in engaging in productive work. Ager and Strang (2008) posit that employment is a key area of activity in the public arena and is indicative of successful societal integration. Moreover, post-migration stressors have been found to not only affect

mental health but to also hinder socioeconomic integration (Bakker et al., 2014). General health problems and depression have also been negatively associated with successful integration (De Vroome & Van Tubergen, 2010). It is however not clear how social integration is associated with quality of life among older refugees. Moreover, whether the associations between social integration and quality of life vary by sociodemographic characteristics needs to be determined. On the other hand, whereas the implications of loneliness on refugees' well-being have been documented, research is not clear on the association between loneliness and sociodemographic factors in predicting quality of life among aging refugees. Thus, the second research question of this study seeks to explore the relationship between aging refugees' social connectedness and quality of life and how the relation varies by sociodemographic factors.

Refugees' Migratory Experience and Quality of life

Research studies on the well-being of refugees suggest that refugees may experience added migration stressors such as post-traumatic stress disorder (Huijts et al., 2012; Leiler et al., 2019) emanating from exposure to occurrences such as war, torture, and other stressful events. For instance, during pre-migration, refugees may experience ethnic persecution, political arrest and starvation. As refugees flee their home countries to seek refuge in a new country, many experience separation from relatives and friends, death of loved ones, loss of property, and staying in refugee camps (Finklestein & Solomon, 2009). A research study reported the rate of refugees suffering from post-traumatic stress disorder to be as high as 65% (Marshall et al., 2016). Mollica et al., (1992) found that over 60% of Indochinese refugees had suffered some form of trauma and over one fourth of the refugees reported having been tortured. Similarly, a study of refugees living in Australia found higher rates of PTSD and depression among those with longer detention experiences (Steel et al., 2006). These experiences may render refugee

populations prone to increased risk for poor emotional (Pumariega et al., 2005) as well as psychological well-being (Schweitzer et al., 2006).

Traumatic experiences are challenging in that they are associated with increased vulnerability in well-being and poor adjustment. For instance, refugee studies have shown high levels of anxiety and depression (Hollifield et al., 2002; Van-Velsen et al., 1996). Schweitzer et al. (2006) found pre-migration trauma to be a significant predictor of well-being, and that effects of trauma impact different areas of functioning. In addition, exposure to trauma and number of traumatic events are among the pre-migratory factors negatively associated with quality of life among refugees (Carlson & Rosser-Hogan, 1994; Cheung, 1994; Sabin et al., 2003).

Schweitzer and colleagues (2011) state that while exposure to traumatic events impacts well-being, post-migration living difficulties may have greater weight in predicting refugees' well-being. In fact, research studies have shown that post migration problems such as unemployment, lower levels of social support, worry about families left behind in home countries, and adjustment difficulties have been reported to threaten refugee's psychological well-being (Beiser, & Hou, 2001; Schweitzer et al., 2011; Schweitzer et al., 2006). Additionally, communication problems experienced by refugees during post-migration may also impact their social interactions and access to services thus interfering with their well-being and quality of life. Though research studies on refugees have shown how migration stressors (such as trauma and post-migration living difficulties) may impact well-being, research on whether exposure to trauma is associated with post-migration living difficulties and quality of life among older refugees is needed. Moreover, a better understanding of sociodemographic variations in the association between past traumatic experience and post-migration living difficulties and quality of life among older refugees in the US is warranted. This is because understanding how

sociodemographic factors impact quality of life can lead to trauma related interventions tailored to meet the needs of the specific populations.

Study Objectives

The present study used a quantitative research methodology (i.e., survey questionnaire) to examine quality of life among aging refugees living in the US. The objective of this quantitative study was threefold. The first objective was to examine sociodemographic variations in aging refugees' quality of life and well-being. The second objective was to determine how older refugees' social connectedness is associated with their quality of life, and whether this association varies by sociodemographic characteristics. The third objective was to examine the role of pre-migration trauma, peri-migration trauma, and post-migration living difficulties in determining quality of life among aging refugees, and whether this varies by sociodemographic factors.

Research Question 1. The first research question was: Are sociodemographic characteristics (i.e., country of origin, age, sex, marital status, length of residence, level of education, and employment) associated with quality of life among older refugees living in the US? Since this is the first study of its kind to make this direct comparison, between refugees from Bhutan, Burundi, and Somalia, no specific hypotheses were provided as to whether quality of life varies by country of origin. However, in terms of age, a negative relationship between participant's age and quality of life was hypothesized based on prior studies that suggest quality of life to be lower among older populations (Crimmins et al., 2016: Freedman et al., 2013). Differences in quality of life were also expected by sex, marital status, employment status, level of education, and length of residency. Higher quality of life was hypothesized among men than women (Guallar-Castillón et al., 2005; Li et al., 2018) and among married individuals compared

to individuals who are single, widowed or separated (Johnson et al., 2002; Manzoli et al., 2007). A positive relationship was expected between participants' length of residence and well-being (Steel et al., 2002), as well as between participant's level of education and well-being (Guallar-Castillón et al., 2005; Macabasco-O'Connell et al., 2011). Higher quality of life was also hypothesized among those who were employed versus those who are not employed (Creed & Macintyre, 2001; Kassenboehmer & Haisken-DeNew, 2009).

Research Question 2. The second research questions asked:

a) Is social integration associated with quality of life among aging refugees?

b) Do associations between social integration and quality of life vary by sociodemographic characteristics?).

c) Is loneliness associated with quality of life among aging refugees?

d) Do associations between loneliness and quality of life vary by sociodemographic characteristics?

Since prior literature has reported protective effects of social integration on well-being (Baker et al., 2005; De Belvis et al., 2008; Greenfield & Marks, 2004; Unsar et al., 2016; Zedlewski & Schaner, 2005), the study hypothesizes a positive association between social integration and well-being. More specifically, refugees with high social integration are expected to report higher quality of life. Sociodemographic factors are expected to moderate the association. On the other hand, the study hypothesizes a negative association between loneliness and quality of life, as suggested in prior studies (Hossen, 2012; Strong et al., 2015; Vang et al., 2020). The hypothesized associations are expected to vary by participant's sociodemographic characteristics, though no specific hypothesis on the moderation effects were made.

Research Question 3. The final research question focused on whether exposure to multiple traumatic experiences and post-migration living difficulties predicted quality of life among aging refugees, as well as the moderating effects of sociodemographic factors in the association. This multi-part research question asked:

a) Does extent of exposure to traumatic experiences prior to and during migration predict quality of life among aging refugees?

b) Do associations between past traumatic experience and quality of life vary by sociodemographic characteristics?

c) Do post-migration living difficulties predict quality of life among aging refugees?

d) Do associations between post-migration living difficulties and quality of life vary by sociodemographic characteristics?

The study hypothesized a negative association between traumatic experiences and quality of life as well as between post-migration living difficulties and quality of life. The hypotheses were based on research studies that suggest that, individuals who have experienced lifetime trauma are more likely to develop post-traumatic stress disorder (Rosenman, 2002), which can impact well-being later on. Studies have also shown the negative impact of trauma on mental well-being (McCabe et al., 2020; Salter et al., 2020) and worse quality of life outcomes (Holbrook & Hoyt, 2004; Kaske et al., 2014). Lindencrona et al., (2008) indicated that individuals with a high level of pre-migration trauma and a high level of resettlement stressors tend to experience lower well-being outcomes. In addition, post-migration living difficulties have been suggested to be a significant risk factor for post-traumatic stress disorder among immigrant populations (Alemi et al., 2016; Aragona et al., 2012). Moreover, psychological impairment in refugees is associated with high levels of post-migration living difficulties such as

poor social and economic integration (Bakker et al., 2014; De Vroome & Van Tubergen, 201012–14; Schick et al., 2014). As such, the present study hypothesized a negative association between traumatic experiences, post-migration living difficulties and well-being. The hypothesized associations were expected to vary by participant's sociodemographic characteristics. However, no specific hypothesis on the moderation effects were generated due to limited literature.

Study A Methodology

Study Context

The present research was conducted in an Upper Midwest State of the US. The population estimate of the community was approximated to be 168,291 in 2019 (U.S. Census Bureau, 2019). The community has an ethnic distribution of about 88% white (non-Hispanic), 6% Black or African American, 4% Hispanics / Latinos, and about 2.5% Asians. The target community has had more than 10,000 refugees (from African countries as well as Asia) resettled in the area. In the past decade, about 30% of refugees resettled in the area were from Africa. Organizations supporting refugee resettlement in the region provide services such as securing housing for refugee families, registering adults in English classes, employment services, interpreter services, citizenship classes and other events that seek to support refugees and immigrants in the community.

Study Design

A written survey (see Appendix A) was designed to examine predictors of quality of life among aging refugees. The survey consisted of measures assessing participants' sociodemographic characteristics and background, quality of life, general well-being, social integration, and migration-related experiences. The 6-page written survey was provided in

English. Based on initial pilots, it was estimated that the survey would take 30 to 45 minutes to complete. Participants were invited to complete the survey in-person or via mail.

Study Sample

A total of 108 participants were recruited for this study. The inclusion criteria entailed: 1) immigrants who entered the US on a refugee status regardless of country of origin, 2) aged 50 years and above, and 3) have lived in the US for more than one year. Both men and women were included. The exclusion criterion was having been below the age of 18 years when they relocated to the US. This is because the experiences of refugees who migrated when they were children may differ from refugees who migrated when they were already adults. Children tend to acculturate and adapt to new environments easily and quicker compared to adults and may therefore vary in terms of quality of life.

Participants were not required to speak or read English in order to participate; however, access to interpretation was necessary since all recruitment materials and surveys were provided in English only. For those potential participants who do not understand English, the researcher worked with bilingual family members and/or community interpreters to assist in interpreting the explanation of the study in order to gauge participants' interest in participating in the study. However, if a potential participant did not speak English and a bilingual individual (fluent in English as well as their native language) was not available to interpret, then they were not recruited for the study.

Recruitment Procedures Prior to COVID-19

Participants were recruited in four ways: 1) at community events within the local refugee community, 2) through advertisements placed around the Fargo-Moorhead community, 3) through referrals provided by Lutheran Social Services of North Dakota, and 4) through referral

from other participants. During community events (e.g., New Americans welcoming week, International family night, International potlucks, etc.) the researcher provided information (to the group or one-on-one) about the research study either at the beginning or at the end of the event. For participants who did not understand English, the following measures were taken in order to ensure that they understood what the study entailed. To begin with, since a majority of refugees who do not understand English usually come with a family member or friend who understands English to community events, the researcher requested the family member or friend to interpret for her as she explained the study and the information sheet to participants. If an interpreter was not found during the event(s) the researcher exchanged contact information with eligible participants and another meeting was arranged with an interpreter present to explain the study.

Flyers containing information about the study were distributed during community events and also posted at community locations frequented by the refugee community (e.g., adult learning centers, international markets, nonprofit organizations). The flyers contained the researcher's contact information so that participants who were interested in the study could contact the researcher. Once an eligible participant reached out to the researcher, arrangements were made to meet with the participant to explain the study in detail and administer the survey. Since the flyer was in English, as expected, participants who reached out to the researcher had English proficiency or a family member who provided interpretation for the flyer.

For further recruitment, Lutheran Social Services was used to identify eligible participants from among their clients and they provided the names and contact information to the researcher. Once potential participants were identified, the researcher got in touch with them to explain the study and invite them to participate. For participants who had English language

difficulties, arrangements were made with Lutheran Social Services interpreters to assist by interpreting the researcher as she explained the study and assist participants to complete the survey. The organization also gave the surveys to their eligible clients through their case workers. The case workers were instructed to give the surveys only to clients who did not have English language difficulties and were therefore able to understand the study as explained in the information sheet.

Study participants were also recruited through Snowball sampling wherein already identified participants were asked to suggest other eligible participants from within their community and provide the researcher with their contact information. The researcher then reached out to the suggested potential participants, explained the study, and invited them to participate. In case the participants were hesitant in giving contact information of other eligible participants, the researcher in that case provided them with her contact information and requested to be contacted.

Recruitment Procedure Following COVID-19

Because of the impact of COVID-19, face to face recruitment procedures were paused. Recruitment no longer took place at community events. Flyers and snowball sampling became the main recruitment procedures. Importantly, a new recruitment procedure, which involved reaching out to community leaders within refugee groups (i.e., religious leaders, community organizers, staff at community organizations, etc.) through phone calls, email, and mail was adopted. In some instances, the researcher asked the community leaders to provide contact information of potential participants in order to call, mail, or email them. In other instances, the researcher requested the community leaders to distribute fliers and recruitments materials on her behalf.

Consent Process

For participants who were interested in the study, an information sheet describing the study was provided. When the researcher was present for recruitment, she explained the study and gave the potential participants an opportunity to ask questions. Participants were required to consent to the study. Completion and return of the survey were indicative of their consent to participate in the study. Eligible participants who did not understand English were also expected to provide verbal agreement as consent to the study. After explaining the study in a language that could be understood by the participant through an interpreter, the researcher further determined whether the participant comprehended the consent information to ensure the informed consent was valid by asking the following questions:

To the Interpreter

- Have you explained the study and the consent document to the client to the best of your ability?
- Do you have any questions or areas needing clarifications?

To the Participant

- Do you agree that the study has been adequately explained to you and therefore consent to taking the survey?
- Do you have any questions or areas needing clarifications?

After obtaining verbal consent, the researcher provided the survey to the participant and gave them the option of completing it with the help of an interpreter (if possible) or bringing it home if they have someone in their household to assist them.

Data Collection Procedures

Data collection procedures varied based on the recruitment method. For participants recruited during community events, the researcher made arrangements to secure a private area or room where the surveys could be completed and returned to the researcher in person during the event. In case of participants who preferred to take the survey home, a stamped return envelope was provided to them to mail the completed survey to the researcher. For participants recruited by advertisement (flyers), arrangements were made for the participant and researcher to meet at a convenient location to explain the study in detail. Upon indication of consent, the participant was given the option of completing the survey on site and hand it back to the researcher, or to bring it home and mail it to the researcher upon completion. This data collection procedure was also followed for participants recruited through snowball methods once contact was established.

For participants recruited through Lutheran Social Services, the researcher got in touch with potential participants to explain the study and administer the survey. The participants were also given an option of completing the survey on site or mailing it back to the researcher. In cases where case workers gave the surveys to eligible participants, an accompanying stamped return envelope was provided together with survey materials. The participants had the option of mailing the survey directly to the researcher or handing the completed survey to the case worker in a sealed envelope. The researcher then made arrangements with the case workers to collect the surveys from them.

Following COVID-19, data collection took place primarily through distanced procedures. Survey materials were mostly mailed to potential participants together with a stamped return envelope. In addition, the researcher mailed surveys to community organizations and leaders who distributed them to their potential study participants, with instructions of dropping the

completed surveys (in a sealed envelope) back to the organizations or community leaders for the researcher to pick up, or mailing them directly to the researcher. In summary, a total of 70 surveys were collected before COVID-19 and 38 were collected during the pandemic.

Measures

Sociodemographic Characteristics

An array of sociodemographic factors was included in the survey. These included: participant's country of origin, current age, sex, how long they have lived in the US, years spent at a refugee camp, marital status, level of education, number of children and grandchildren, who they live with, and employment status. The following seven sociodemographic characteristics were explicitly examined in the current study.

Country of Origin. This measure was used to determine participant's country of origin. The names provided for the countries of origin were coded into *Bhutan (1), Somalia (2),* and *Burundi (3)*. For analysis, country of origin was dichotomized into *Not African (0)* and *African (1).*

Age. This measure was used to determine participant's age as they indicated their age in years or the year they were born. When participants reported the year they were born, age in years was calculated. The age in years was treated as a continuous variable for analysis.

Sex. Three options were provided for participants to choose from (i.e., male, female and other). During analysis, the measure was dummy coded into, *Male (0)* and *Female (1). Other (2)* was treated as missing.

Highest Level of Education Completed. Participants were asked to indicate their highest level of education completed among the list consisting of seven options. The responses were coded as: *No schooling completed (0), Some primary school (3*), *Completed primary school (6*),

Some secondary school (9), C*ompleted secondary school/GED (12*), *Some college, no degree (13*), *Technical college / Associate degree (15*).

Current Marital Status. Participants reported their current marital status by selecting a response from five options that were coded as: *Married (1*), *Divorced /Separated (2*), *Widowed (3*), *Never married (4*), and *Living with a partner (5*). During analysis, the categories were collapsed into *Not married (0)* and *Married (1).* The married group consisted of individuals who indicated that they were married or living with a partner. The not married group consisted of individuals who indicated that they were divorced /separated, widowed, or never married.

Employment Status. This measure was used to indicate participant's employment status from selecting among six responses. The responses were coded as: *Employed full-time (1*), *Employed part-time (2*), *Retired, no longer working (3*), *Unemployed (4*), *Stay-at-Home / Homemaker (5*), and *Other (6*). During analysis, the responses were collapsed into *Not employed (0)* and *Employed (1).* Individuals who indicated that they were employed full-time or employed part-time were assigned to the employed group, whereas individuals who indicated that they were retired, no longer working, unemployed, or stay-at-home / homemaker, were assigned to the not employed group.

Length of Time in The US. Participants indicated their length of residence in the US by responding to the question "How long have you lived in the US?". Some participants provided their length of residence in the US in terms of years since their arrival, while others reported the year they arrived in the US. When participants reported the year they arrived in the US, length of residence in terms of years lived in the US was calculated. The length of residence was treated as a continuous variable during analysis.

Predictor Variables

Besides sociodemographic characteristics, social connectedness (that is, social integration and loneliness measures), refugee trauma history (that, is pre-migration and peri-migration measures) and post-migration living difficulties measure were used as predictor variables. These measures are described below.

Social Integration. The Social Integration in Later Life Scale (SILLS) was used to assess four dimensions of social integration (Fuller-Iglesias & Rajbhandari, 2016). The frequency of social ties subscale has five items about frequency of interaction with family, friends, and neighbors (e.g., How often do you get together with family?). The frequency of community activities subscale has five items about frequency of engagement in the community (e.g., How often do you attend a religious service? or, how often do you attend a community event?). The frequency item responses are rated on a five-point Likert-type scale ranging from *Never (1)* to *Very frequently (5*). The satisfaction with social ties subscale has four items assessing satisfaction with relationships with close family, extended family, friends, and neighbors (e.g., How satisfied are you with your relationships with friends?). The satisfaction with social activities subscale has four items assessing satisfaction with their community engagement (e.g., How satisfied are you with your participation in group or social gatherings?). These satisfaction items are rated from *Very dissatisfied (1*) to *Very satisfied (5*). The alphas for each of the social integration frequency subscales are, social activities .85 and social ties .78 while the alphas for the social integration satisfaction subscales are, social activities .86 and social ties .83. The sum of the four subscales used to create an overall social integration score has a reliability of .87. The

average scores of each of the four subscales were summed to create an overall score in the present study.

Loneliness. The UCLA Loneliness Scale – Short Form is a three-item scale for measuring loneliness (Hughes et al., 2004). The Three-Items in the scale are: 1) how often do you feel that you lack companionship, 2) how often do you feel left out, and 3) how often do you feel isolated from others? The response categories are given as *Hardly Ever (1), Some of the time (2*), and *Often (3*). Each person's responses to the questions are summed, with higher scores indicating greater loneliness. The alpha coefficient for Loneliness Scale was .94.

Pre- and Peri- Migration Trauma. The Refugee Trauma History Checklist (RTHC) assesses potentially traumatic events experienced before (pre-migration) or during (peri-migration) flight. The 16-item scale consists of eight pre-migration events and eight peri-migration events. The respondents indicate whether they have been exposed to the following refugee-related post traumatic experiences at both time points: 1) war at close quarters, 2) forced separation from family or close friends, 3) loss or disappearance of family member(s) or loved one(s), 4) physical violence or assault, 6) witnessing physical violence or assault, 7) torture, and 8) sexual violence. All the events are answered on a binary outcome scale (*Yes/No*) (Sigvardsdotter et al., 2017). The responses were coded as 0 (*No*) and 1(*Yes*). The sum of the subscales was used, with higher score indicating exposure to multiple traumatic experiences. The alpha coefficient was .95 for pre-migration scale and was .93 for the peri-migration scale.

Post-Migration Living Difficulties. The Post-Migration Living Difficulties (PMLD) checklist measures the severity of post migration problems commonly encountered by refugees and asylum seekers within the past 12 months (Silove et al., 1998). The 25-item checklist asks respondents to rate their experience with matters such as access to health services,

communication/ language problems, immigration matters, employment-related challenges, and isolation/loneliness. The responses are rated on a five-point Likert-type scale ranging from: *No problem (0*), *A little problem (1*), *Somewhat of problem (2*), *A fairly big problem (3*) to *Serious problem (4*). The sum of the scores were obtained and higher cumulative raw score indicated a high degree of post-migration stressors in the present study. The PMLD checklist had a Cronbach's alphas of .96.

Outcome Measures: Quality of Life

Two measures were used to assess the outcome of Quality of Life. Each measure represents a different component of quality of life.

Quality of Life. The Quality of Life Scale (QOLS) is a 16-item scale that assesses physical & material well-being; relationships with other people; social, community & civic activities; personal development & fulfillment; recreation; and independence (Burckhardt & Anderson, 2003). A 7-point scale ranging from delighted to terrible is used to measure satisfaction with each item. The seven responses are: *Terrible (1*), *Unhappy (2*), *Mostly Dissatisfied (3*), *Mixed (4*), *Mostly Satisfied (5*), *Pleased (6*), and *Delighted (7*). In the present study, an average score of the items was obtained for the QOL scale. The QOLS had a Cronbach's alphas of .93.

Life Satisfaction. The Satisfaction with Life Scale (SWLS) assesses participants' satisfaction with their life and their circumstances as a whole (Diener et al., 1985). There are 5 items in the scale: 1) In most ways my life is close to my ideal, 2) The conditions of my life are excellent, 3) I am satisfied with my life, 4) So far, I have gotten the important things I want in life and 5) If I could live my life over, I would change almost nothing. Participants indicate how much they agree or disagree with each item on a 7-point scale, ranging from *Strongly disagree*

(1) to *Strongly agree (7*). Higher scores represent higher satisfaction with life. In the present study, each person's responses to the questions were summed, with higher scores indicating greater life satisfaction. The SWLS demonstrated a coefficient alpha of .90.

Analysis Strategy

Analyses was conducted using IBM Statistical Package for the Social Sciences (SPSS) version 26.0 (IBM SPSS Statistics, IBM Corporation, Chicago, IL). Descriptive statistics were used to describe participant socio-demographic characteristics as shown in the Table 1 below.

Table 1

Participants' Mean Scores

Description	*M*	*SD*
Age	63.57	7.9
Length of residence in the US	7.13	3.5
Years lived in the refugee camp	17.5	6.1

Table 2

Socio-demographic Characteristics of Participants

Description	*Frequency*	*Percent*
Total N of Participants	108	100%
Place of Origin		
Bhutan	47	43.5%
Burundi	31	28.7%
Somalia	30	27.8%
Sex		
Male	54	50%
Female	54	50%
Marital Status		
Married	76	70.4%
Divorced/Separated	5	4.6%
Widowed	25	23.1%
Never married	2	1.9%
Level of Education		
No schooling completed	60	55.6%
Some primary school	21	19.4%
Completed primary school	5	4.6%
Some secondary school	5	4.6%
Completed secondary school/GED	4	3.7%
Some college, no degree	5	4.6%
Technical college/Associated degree	4	3.7%
Employment status		
Employed full-time	16	14.8%
Employed part-time	16	14.8%
Retired, no longer working	3	2.8%
Unemployed	57	52.8%
Stay at home / Homemaker	11	10.2%

Hierarchical multiple regression analysis was used for the present study's research questions. A series of ten hierarchical multiple regression analyses were conducted separately for each of the predictor variables (that is, social integration, loneliness, pre-migration trauma, peri-

migration trauma, and post migration living difficulties) and for the two outcome variables (life satisfaction and quality of life). When conducting the hierarchical multiple regression analyses, Step 1 of the analysis included the seven sociodemographic factors as predictors of the QOL dependent variables. In Step 2, predictor variables were added as the primary independent variable. In Step 3, interactions of predictor variables and sociodemographic characteristics were added as moderators. Interaction terms were created by multiplying each of the sociodemographic characteristics with the mean-centered independent variables. A p-value below 0.05 was applied to determine significant differences.

In summary, Step 1 of the hierarchical multiple regression was used to address Research Question 1 (i.e., Do sociodemographic characteristics predict quality of life among older refugees living in the US?). Step 2 was used to address Research Question 2a (i.e., Is social integration associated with quality of life among older refugees?), whereas Step 3 was used address Research Question 2b (i.e., Do associations between social integration and quality of life vary by sociodemographic characteristics?). Separate analyses were be conducted for each outcome variable. The three-step analysis was repeated for Research Question 2c (i.e., Is loneliness associated with quality of life among aging refugees?), and Research Question 2d (i.e., Do associations between loneliness and quality of life vary by sociodemographic characteristics?). A method of analysis similar to the one explained above was used for Research Question 3 that focused on whether exposure to multiple traumatic experiences and post-migration living difficulties predicted quality of life among aging refugees, as well as the moderating effects of sociodemographic factors in the association.

Results

Research Question 1 - Sociodemographic Factors and Well-being

Hierarchical multiple regression was used to examine the association between sociodemographic factors and measures of well-being (i.e., life satisfaction and quality of life). As shown in Step 1 of Table 1, there were significant associations between some sociodemographic factors (i.e., place of origin and education level) and life satisfaction. Having Africa as one's place of origin was negatively associated with life satisfaction, indicating African refugees had lower life satisfaction compared to individuals who were not from Africa (i.e., those from Bhutan). In addition, there was a positive association between education level and life satisfaction indicating those with greater education reported better life satisfaction. In contrast, sex, age, marital status, employment status, and length of residence were not significantly associated with life satisfaction.

In terms of quality of life (Step 1 of Table 1), place of origin, sex, and age were negatively associated with quality of life; whereas, education level was positively associated with quality of life. Participants whose place of origin was Africa reported lower quality of life compared to individuals who were not from Africa. As for sex, females reported lower quality of life than males. Older age was associated with lower quality of life. Greater education level was associated with higher quality of life. Quality of life was not associated with marital status, employment status, and length of residence.

Table 3

Hierarchical Regression Analyses for Association between Sociodemographic Factors, Social Integration and Well-being

Predictors	Life Satisfaction			Quality of Life		
	Step 1	Step 2	Step 3	Step 1	Step 2	Step 3
Place of Origin	-.73*	-.51*	-.47*	-.57*	-.26*	-.30*
Age	.02	.06	.04	-.23*	-.17	-.18
Sex	-.02	.02	.01	-.39*	-.32*	-.33*
Married	-.06	-.05	-.04	-.15	-.14	-.14
Employed	.08	.02	-.01	.15	.07	.11
Education Level	.49*	.40*	.32*	.30*	.18	.20
Length of Residence	-.01	-.02	.00	.02	.00	-.01
R^2	.41*			.45*		
Social Integration		.31*	.37		.44*	.54*
R^2		.48*			.57*	
ΔR^2		.06*			.12*	
Place of Origin X Social Integration						-.18
Age X Social Integration			.03			-.09
Sex X Social Integration			-.07			.04
Married X Social Integration			.09			-.05
Employed X Social Integration			-.06			.08
Education Level X Social Integration			.09			-.01
Length of Residence X Social Integration			.08			.03
R^2			.49*			.59*
ΔR^2			.02			.02

Note: Values represent standardized betas. *$p < .05$. Place of Origin: Asia = 0, Africa = 1; Sex: Male = 0, Female = 1; Married: Not Married = 0, Married = 1; Employed: Not employed = 0, Employed = 1; Education Level: No schooling completed = 0, Some primary school = 3, Completed primary school = 6, Some secondary school = 9, Competed secondary school / GED = 12, Some college, no degree = 13, Technical college / Associate degree = 15.

Research Question 2 - Social Connectedness and Well-being

To address research question 2, hierarchical multiple regression was used to examine the association between social connection measures (i.e., social integration and loneliness) and well-being measures (i.e., life satisfaction and quality of life). Regression analysis was also used to

determine whether there was an interaction between social connection measures and sociodemographic factors in predicting well-being. Steps 2 and 3 in Table 1 present the results for Research Question 2.

When controlling for sociodemographic factors, social integration was positively associated with both life satisfaction and quality of life (as shown in Steps 2 of Table 1), indicating that aging refugees with greater social integration also reported better life satisfaction and quality of life. However, there were no significant interaction effects between social integration and any sociodemographic factors in predicting either life satisfaction or quality of life (Steps 3 of Table 1), indicating that demographic factors did not moderate this positive association between social integration and well-being.

On the other hand, loneliness was negatively associated with life satisfaction and quality of life (when controlling for sociodemographic factors) as shown in Steps 2 of Table 2. Individuals with higher levels of loneliness were more likely to report lower life satisfaction and lower quality of life. When interaction terms were added to the models (Steps 3 of Table 3) to examine whether sociodemographic factors moderate the associations of loneliness predicting life satisfaction and quality of life, there was a non-significant increase in R^2 in both models. There were no significant interaction effects between loneliness and sociodemographic factors in predicting life satisfaction. However, there was a significant interaction between loneliness and sex in predicting quality of life (β =-.26; p = .04), indicating sex moderates the association between loneliness and quality of life. As shown in Figure 1, post-hoc simple slope analysis indicated differences in the slopes of loneliness predicting quality of life between males and females. The slope was significant for both males (β = -3.346, p = .006), and females (β = -5.036, p = 0.001); however, females had a steeper slope than males, indicating that women with

higher loneliness had lower quality of life than men. Thus, for both men and women, greater loneliness was associated with lower quality of life, but the effect was more pronounced among women. None of the other sociodemographic factors examined moderated the association between loneliness and quality of life.

Table 4

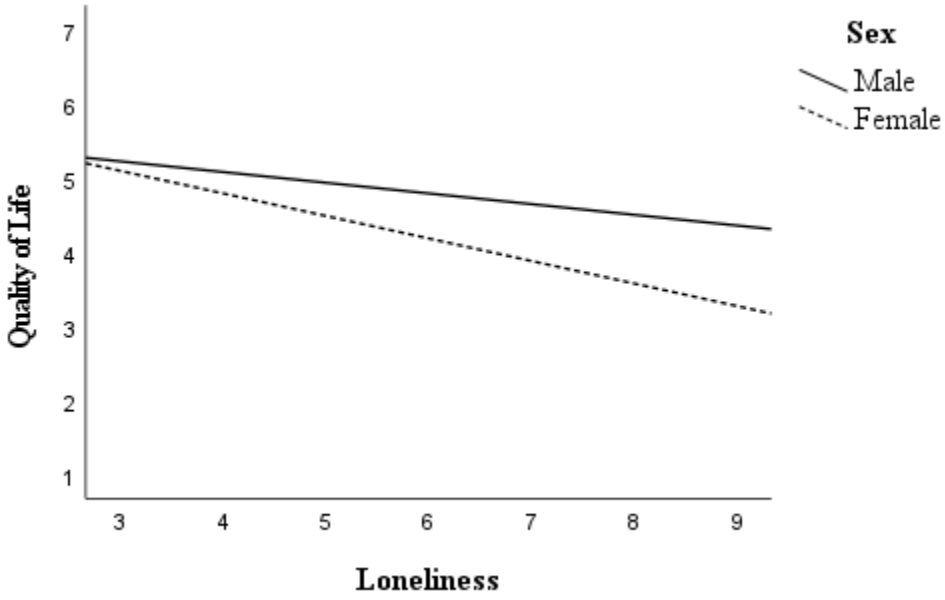
Hierarchical Regression Analyses for Association between Loneliness and Well-being

Predictors	Life Satisfaction			Quality of Life		
	Step 1	Step 2	Step 3	Step 1	Step 2	Step 3
Place of origin	-.71*	-.51*	-.48*	-.59*	-.46*	-.43*
Age	-.00	.01	-.04	-.22*	-.21*	-.23*
Sex	-.03	.08	.07	-.35*	-.28*	-.32*
Married	-.08	-.06	-.07	-.14	-.13	-.14
Employed	.08	-.06	-.12	.16	.06	.04
Education Level	.49*	.45*	.42*	.32*	.29*	.26*
Length of Residence	-.02	-.03	-.02	.03	.03	-.00
R^2	.41*			.45*		
Loneliness		-.39*	-.23		-.27*	-.13
R^2		.51*			.50*	
ΔR^2		.10*			.05*	
Place of Origin X Loneliness			-.12			.19
Age X Loneliness			.05			.07
Sex X Loneliness			-.08			-.26*
Married X Loneliness			-.06			-.01
Employed X Loneliness			.06			-.14
Education Level X Loneliness			.02			.09
Length of Residence X Loneliness			.04			-.11
R^2			.52*			.55*
ΔR^2			.01			.05

Note: Values represent standardized betas. *$p < .05$. Place of Origin: Asia = 0, Africa = 1, Sex: Male = 0, Female = 1, Married: Not Married = 0, Married = 1, Employed: Not employed = 0, Employed = 1; Education Level: No schooling completed = 0, Some primary school = 3, Completed primary school = 6, Some secondary school = 9, Competed secondary school / GED = 12, Some college, no degree = 13, Technical college / Associate degree = 15.

Figure 2

Sex Moderating the Association between Loneliness and Quality of Life



Research Question 3 - Trauma, Post Migration Living Difficulties, and Well-being

Research Question 3a employed hierarchical multiple regression to examine the association between trauma (i.e., pre-migration trauma and peri-migration trauma) and well-being measures (i.e., life satisfaction and quality of life). Interaction terms were added to the models to determine whether there were significant moderating effects of sociodemographic factors in predicting well-being measures.

Pre-Migration Trauma. As shown in Steps 2 of Table 3, pre-migration trauma was not significantly associated with either life satisfaction or quality of life. However, when the interaction terms were added to the models, a significant increase in R^2 was found for the model with life satisfaction ($\Delta R^2 = .13$, $p = .003$), and also for the model with quality of life ($\Delta R^2 = .11$, $p = .01$).

Table 5

Hierarchical Regression Analyses for Association between Pre-migration Trauma and Well-being

Predictors	Life Satisfaction			Quality of Life		
	Step 1	Step 2	Step 3	Step 1	Step 2	Step 3
Place of origin	-.73*	-.89*	-.62*	-.57*	-.47*	-.46
Age	.02	.00	-.04	-.23*	-.23*	-.26*
Sex	-.02	-.01	-.03	-.39*	-.39*	-.43*
Married	-.06	-.07	-.08	-.15	-.15	-.18*
Employed	.08	.08	.32*	.15	.15	.36*
Education Level	.49*	.50*	-.06	.30*	.29*	.04
Length of Residence	-.00	-.01	.11	.02	.02	.12
R^2	.41*			.45*		
Pre-migration Trauma		.16	.61		-.10	-.29
R^2		.42*			.45*	
ΔR^2		.01			.00	
Place of Origin X Pre-migration Trauma			-.56*			-.01
Age X Pre-migration Trauma			.02			.17
Sex X Pre-migration Trauma			.33*			.09
Married X Pre-migration Trauma			-.03			.20
Employed X Pre-migration Trauma			-.28			-.18
Education Level X Pre-migration Trauma			.62*			.20
Length of Residence X Pre-migration Trauma			-.24*			-.33*
R^2			.55*			.56*
ΔR^2			.13*			.11*

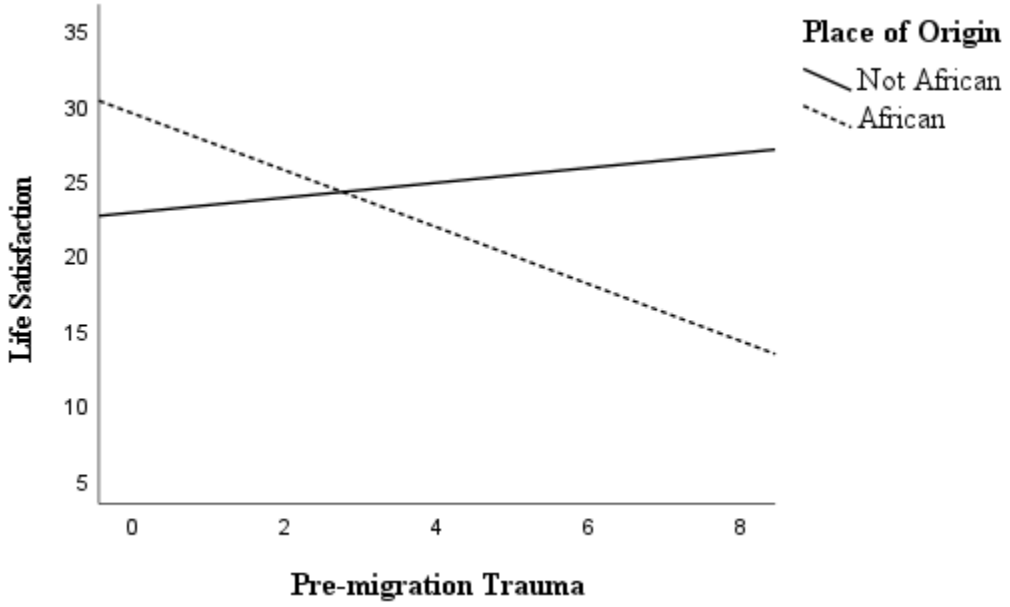
Note: Values represent standardized betas. *$p < .05$. Place of Origin: Asia = 0, Africa = 1, Sex: Male = 0, Female = 1, Married: Not Married = 0, Married = 1, Employed: Not employed = 0, Employed = 1; Education Level: No schooling completed = 0, Some primary school = 3, Completed primary school = 6, Some secondary school = 9, Competed secondary school / GED = 12, Some college, no degree = 13, Technical college / Associate degree = 15.

Though there were no significant associations between pre-migration trauma and life satisfaction, there were significant interaction effects of pre-migration trauma and some sociodemographic factors (i.e., place of origin, sex, education level, and length of residence) in predicting life satisfaction.

For the interaction between pre-migration trauma and place of origin, as shown in Figure 2, post hoc simple slope analysis indicated that the slopes for pre-migration trauma predicting life satisfaction differed in direction between participants from Africa (β = -1.903, *p* = .036) and participants who were not from Africa (β = .499, *p* = n.s). This suggest that pre-migration trauma was associated with life satisfaction among those who were from Africa but not among those who were not from Africa. Among African refugees, higher pre-migration trauma was associated with lower life satisfaction.

Figure 3

Place of Origin Moderating the Association between Pre-migration Trauma and Life Satisfaction

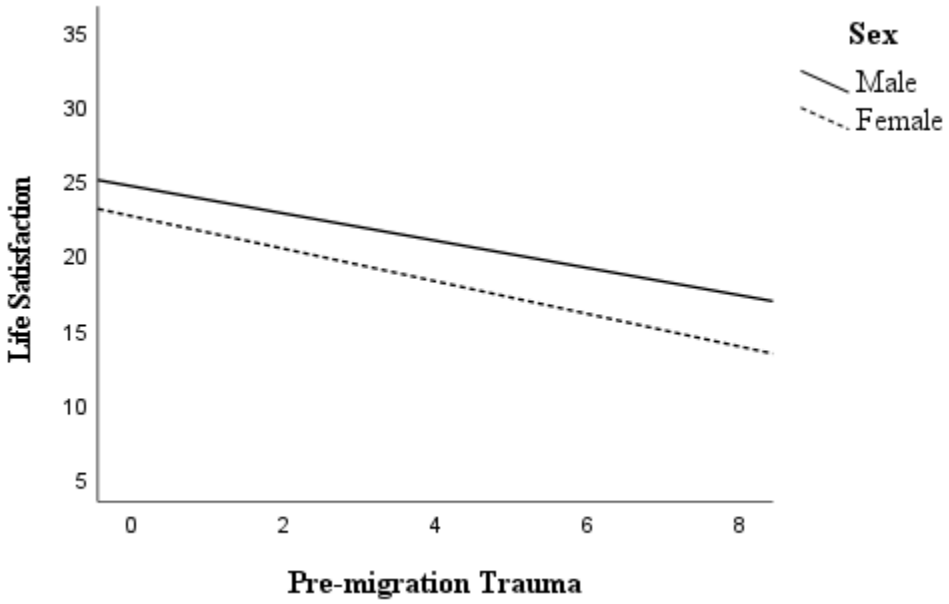


In addition, sex moderated the association of pre-migration trauma to life satisfaction as shown in Figure 3. Post-hoc analysis indicated that the steepness of the slopes of pre-migration trauma predicting life satisfaction slightly differed between males and females in predicting life satisfaction, but were significant for both males (β = -.917, *p* = .007), and females (β = -1.096, *p = 0.001*). This indicates that the effects of pre-migration trauma on life satisfaction was

significant for both males and females in that life satisfaction was lower among those with high pre-migration trauma compared to those with low pre-migration trauma. However, regardless of the level of pre-migration trauma, females had lower life satisfaction than men.

Figure 4

Sex Moderating the Association between Pre-migration Trauma and Life Satisfaction

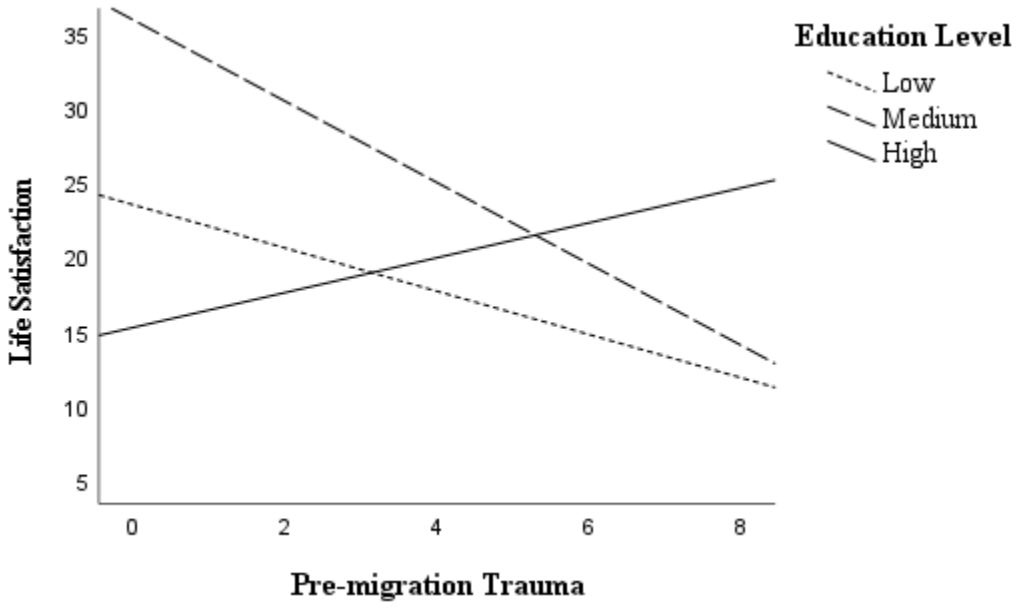


Moreover, as shown in Figure 5, education level moderated the effect of pre-migration trauma on life satisfaction. Post-hoc analysis was conducted to determine the slope of the interaction. Education level was categorized into low education level (= 0 years of education), medium education level (= some or completed primary school), and high education level (= some secondary school and greater) approximating the divisions of the participants into thirds, and then post-hoc regression analyses were conducted. The Post-hoc analysis indicated that the steepness of the slopes of pre-migration trauma predicting life satisfaction differed among those with low, medium, and high levels of education, such that the slope was significant for those with low level of education ($\beta = -1.457$, $p = .001$), and those with medium level of education (β

= -2.741, p = .02), but not for those with high level of education (β = 1.176, p = n.s). This suggests that level of education moderated the association between pre-migration trauma and life satisfaction for those with low and medium level of education, but not for those with high level of education. As shown in Figure 4 below, among those with low and medium levels of education, those with greater pre-migration trauma was significantly associated with lower life satisfaction. This effect appears stronger for those with medium education levels, though overall those with no schooling had lower life satisfaction than those with some schooling.

Figure 5

Education Level Moderating the Association between Pre-migration Trauma and Life Satisfaction

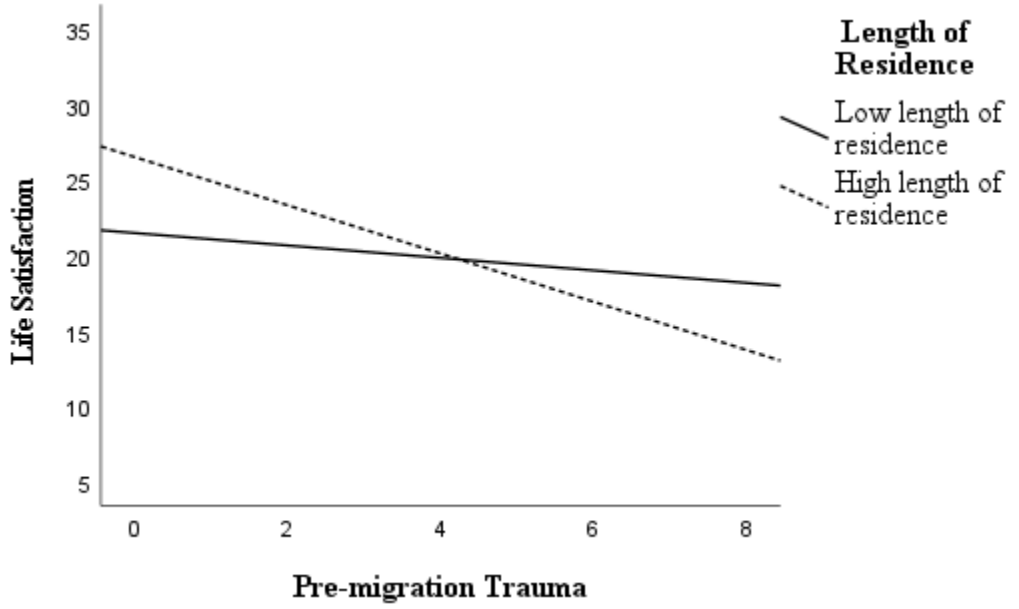


Length of residence moderated the association between pre-migration trauma and life satisfaction as shown in Figure 5. Length of residence was dichotomized into high and low at the median (7.00), and then post-hoc regression analyses were conducted. The Post-hoc analysis indicated that the slope for pre-migration trauma predicting life satisfaction was significant for the group with high length of residence (β = -1.603, p =.001), but was not significant for the

group with low length of residence (β = -.414, *p* = n.s.). This indicates that pre-migration trauma was associated with life satisfaction only among individuals with high length of residence but not for those with low level of residence. Among those with high length of residence, life satisfaction was higher for individuals with low pre-migration trauma than those with higher pre-migration trauma. However, pre-migration trauma did not predict life satisfaction for those with low length of residence.

Figure 6

Length of Residence Moderating the Association between Pre-migration Trauma and Life Satisfaction

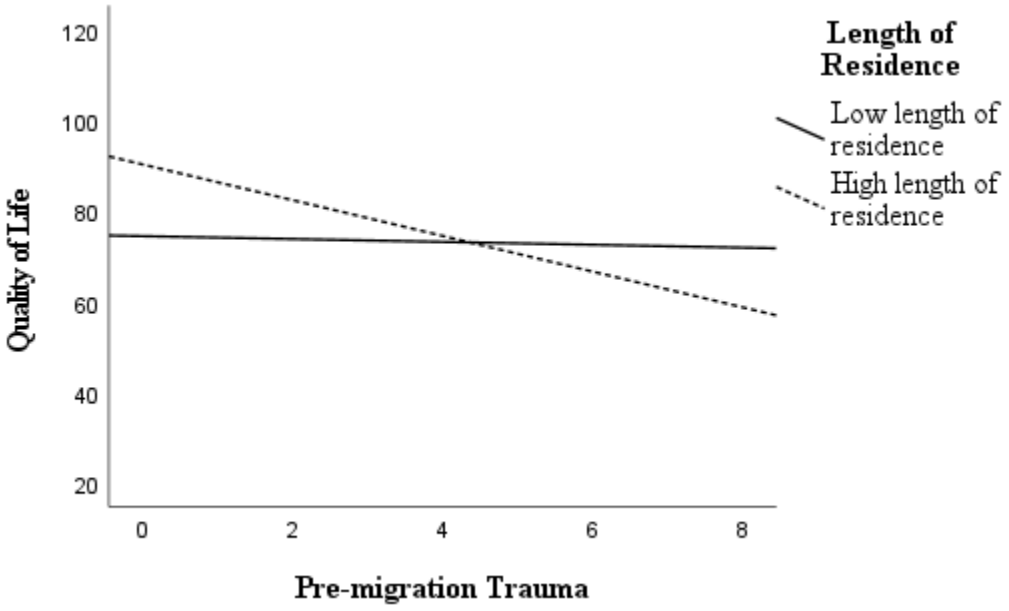


There was also a significant interaction effect of pre-migration trauma and length of residence in predicting quality of life (refer to Table 3). In terms of the association between pre-migration trauma and quality of life, as shown in Figure 6, post hoc simple slope analysis indicated a significant slope for those with high length of residence (β = -3.965, *p* =.001). The slope was however not significant for those with low length of residence (β = -.319, *p* = n.s). This indicates that pre-migration trauma was associated with quality of life only for those who

had high length of residence, such that, among those with high length of residence, those with low pre-migration trauma had higher quality of life than those with high pre-migration trauma. Pre-migration trauma did not predict quality of life for those with low length of residence; their quality of life was similar regardless of their level of pre-migration trauma.

Figure 7

Length of Residence Moderating the Association between Pre-migration Trauma and Quality of Life



Peri Migration Trauma. The examination of the association between peri-migration trauma and well-being measures is shown in Table 4. There were no significant associations between peri-migration trauma and life satisfaction (β = .083, p =.82) nor quality of life (β = .01, p =.99). However, when the interaction terms were added to the separate models, a significant increase in R^2 was found for the model with life satisfaction (Δ R^2 = .12, p = .007), and also for the model with quality of life (Δ R^2 = .11, p = .01).

Table 6

Hierarchical Regression Analyses for the Association between Peri-migration Trauma and Well-being

Predictors	Life Satisfaction			Quality of life		
	Step 1	Step 2	Step 3	Step 1	Step 2	Step 3
Place of origin	-.73*	-.76*	-.88*	-.57*	-.57*	-.91*
Age	.02	.01	-.02	-.23*	-.23*	-.33*
Sex	-.02	-.02	-.05	-.39*	-.39*	-.43*
Married	-.06	-.07	-.07	-.15	-.15	-.16
Employed	.08	.08	.27*	.15	.15	.34*
Education Level	.49*	.49*	.37*	.30*	.30*	.41*
Length of Residence	-.00	-.01	.14	.02	.02	.20
R^2	.41*			.45*		
Peri-migration Trauma		.03	.38		-.00	-.44
R^2		.41*			.45*	
ΔR^2		.00			.00	
Place of Origin X Peri-migration Trauma			-.33			.43
Age X Peri-migration Trauma			-.00			.15
Sex X Peri-migration Trauma			.32*			.05
Married X Peri-migration Trauma						.20
Employed X Peri-migration Trauma			-.27*			-.21
Education Level X Peri-migration Trauma			.23			-.21
Length of Residence X Peri-migration Trauma			-.14			-.26*
R^2			.52*			.55*
ΔR^2			.12*			.11*

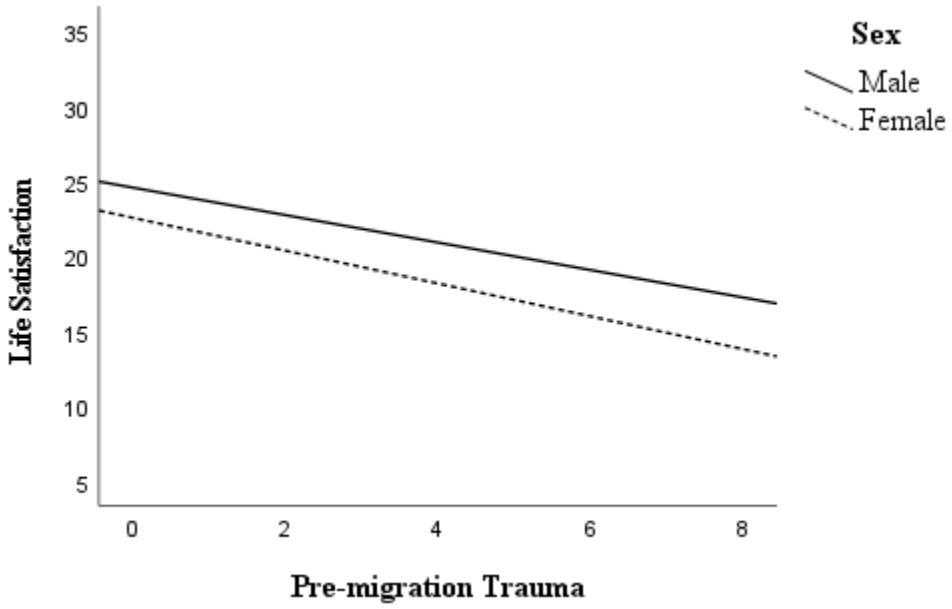
Note: Values represent standardized betas. *$p < .05$. Place of Origin: Asia = 0, Africa = 1, Sex: Male = 0, Female = 1, Married: Not Married = 0, Married = 1, Employed: Not employed = 0, Employed = 1; Education Level: No schooling completed = 0, Some primary school = 3, Completed primary school = 6, Some secondary school = 9, Competed secondary school / GED = 12, Some college, no degree = 13, Technical college / Associate degree = 15.

There were significant interaction effects of peri-migration trauma and some sociodemographic factors (i.e., sex and employment status) in predicting life satisfaction. There was also a significant interaction effect of peri-migration trauma and length of residence in predicting quality of life (refer to Table 4).

As shown in Figure 7, post hoc simple slope analysis on peri-migration trauma showed significant slopes for both males (β = -1.185, *p* =.001) and females (β = -1.010, *p* = .004) in predicting life satisfaction. This indicates that peri-migration trauma was associated with life satisfaction for both males and females, in that those who had high peri-migration trauma had lower life satisfaction than those with low peri-migration trauma. Overall, females had a slightly steeper slope and lower life satisfaction than males regardless of their level of peri-migration trauma.

Figure 8

Sex Moderating the Association between Peri-migration Trauma and Life Satisfaction

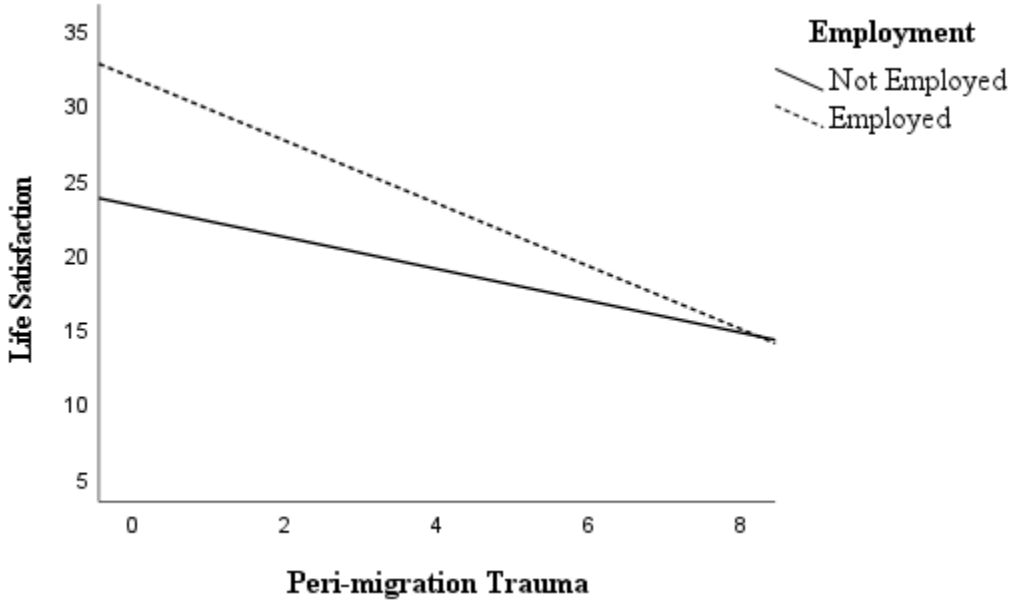


In terms of employment, post hoc simple slope analysis as illustrated in Figure 8 showed significant differences between those employed and those not employed. A significant negative association between peri-migration trauma and life satisfaction was found for both those employed (β = -1.874, *p* =.001) as well as for those not employed (β = -1.007, *p* =.002). These results indicated that life satisfaction varied by peri-migration trauma level among those who

were employed and those who were not employed, in that those with high peri-migration trauma had lower life satisfaction than those with low peri-migration trauma. However, the slope was steeper for those employed indicating that the effect of peri-migration trauma on life satisfaction was stronger for those employed than for those not employed. Also, among those with low peri-migration trauma, those employed had higher life satisfaction than those who were not employed.

Figure 9

Employment Status Moderating the Association between Peri-migration Trauma and Life Satisfaction

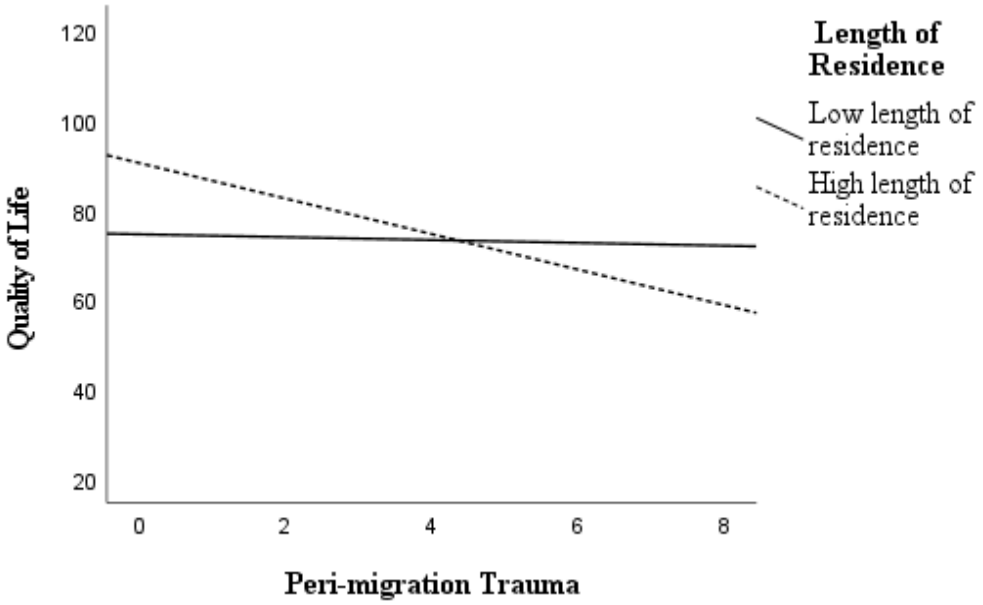


In terms of quality of life, post hoc simple slope analysis in Figure 9 indicated that length of residence moderated the relationship between peri-migration trauma and quality of life. The slope for those with low length of residence (β = -617, *p* =.n.s.) was not significant, whereas the slope for those with high length of residence was significant (β = -3.625, *p* =.001). This indicates that length of residence moderated the association between peri-migration trauma and quality of life. Among those with high length of residence, peri-migration trauma was associated

with quality of life in that quality of life was highest for those with low peri-migration trauma compared to those with high peri-migration trauma.

Figure 10

Length of Residence Moderating the Association between Peri-migration Trauma and Quality of Life



Post-Migration Living Difficulties. Research Question 3c used hierarchical multiple regression to examine the association between post migration living difficulties (PMLD) and well-being (i.e., life satisfaction and quality of life). Regression analysis was also used to determine whether there were significant interactions between post migration living difficulties and sociodemographic factors in predicting well-being. As shown in Table 5, the results indicated that there was no signification association between post migration living difficulties and life satisfaction or quality of life. Moreover, there were no significant interactions between the post migration living difficulties and the sociodemographic factors for either life satisfaction or quality of life.

Table 7

Hierarchical Regression Analyses for Association between Post Migration Living Difficulties (PMLD) and Well-being

Predictors	Life Satisfaction			Quality of life		
	Step 1	Step 2	Step 3	Step 1	Step 2	Step 3
Place of origin	-.71*	-.66*	-.64*	-.56*	-.63*	-.71*
Age	-.11	-.10	-.01	-.17	-.19	-.17
Sex	-.03	-.02	.02	-.40*	-.41*	-.36*
Married	-.15	-.17	-.10	-.13	-.10	-.07
Employed	.04	.00	.05	.19	.25*	.28
Education Level	.56*	.55*	.52*	.27*	.28*	.23
Length of Residence	-.06	-.05	-.04	-.01	-.04	.01
R^2	.48*			.48*		
PMLD		-.12	.22		.17	.28
R^2		.49*			.50*	
ΔR^2		.01			.02	
Place of Origin X PMLD			-.23			-.06
Age X PMLD			-.04			.11
Sex X PMLD			.09			.03
Married X PMLD			-.17			-.01
Employed X PMLD			-.15			-.18
Education Level PMLD			.20			.09
Length of Residence X PMLD			.02			.03
R^2			.53*			.54*
ΔR^2			.04			.04

Note: Values represent standardized betas. *$p < .05$. Place of Origin: Asia = 0, Africa = 1, Sex: Male = 0, Female = 1, Married: Not Married = 0, Married = 1, Employed: Not employed = 0, Employed = 1; Education Level: No schooling completed = 0, Some primary school = 3, Completed primary school = 6, Some secondary school = 9, Competed secondary school / GED = 12, Some college, no degree = 13, Technical college / Associate degree = 15. PMLD = Post Migration Living Difficulties

Discussion

The present study examined potential differences in well-being by sociodemographic factors, social connectedness, pre-migration and peri-migration trauma, and post-migration living difficulties among aging (aged 50+) refugee immigrants in the US. The study makes a unique contribution to the limited literature on the variations in well-being among aging refugees, by

highlighting sociodemographic variations in their well-being as well as associations between their social connectedness, trauma experiences, and well-being. In particular, this study provides an understanding on how well-being varies among aging refugee immigrants from various countries of origin, that is, those who are from Africa (Burundi and Somalia), and those who are not from Africa (Bhutan). In addition, the study highlights differences by age, sex, education level, employment status, and length of residence. Moreover, the study sheds light on how social connectedness, pre-migration and peri-migration trauma, and post-migration living difficulties, are each associated with well-being among aging refugee immigrants in the US, including any sociodemographic variation in such links.

Sociodemographic Factors and Well-being

Study findings showed the connection between some sociodemographic factors and well-being among aging refugees. To begin with, aging refugees who were from Burundi and Somalia reported lower life satisfaction and quality of life compared to those who were from Bhutan. While this is the first study of its kind to make this direct comparison, previous studies have indicated a significant influence of country of origin on immigrants' well-being (Bischoff & Wanner, 2008; Lindert et al., 2017), with lower levels of quality of life among southern immigrants compared to northern immigrants (Bischoff & Wanner, 2008). This difference may be as a result of northern countries having more wealth than southern countries. United Nations Development Program (2020) shows that countries such as Burundi and Somalia, rank lower in the human development ranking index compared to Bhutan. Since we did not measure refugees' well-being prior to migrating to the US, their baseline well-being was likely lower prior to their migration to the US. For instance, according to United Nations High Commissions for Refugees (2021), the Burundi refugee situation remains one of the least funded globally. Limited funding

can cause refugees to experience deteriorating living conditions and lower well-being prior to their migration to the US. Furthermore, the differences among the refugee groups may be based on whether the refugees were in countries that experienced intense human rights violation, prior to their migration (Lindert et al., 2017). This research suggests that exposure to human rights violations is among the strongest predictor of mental well-being among refugees. As such, it is possible that refugees from Africa, experienced exposure to intense human rights violation resulting to lower life satisfaction and quality of life in the host countries.

Also, as hypothesized, current study findings indicated differences in age and well-being among refugees. The findings supported the hypothesized effects such that lower quality of life was reported among refugees of older ages. The findings here correspond with the bulk of research that has linked greater age with limitations such as lower mobility, physical activity, reduced social contacts, and comorbidity (Crimmins et al., 2016: Freedman et al., 2013; Holmes et al., 2009), thus impacting quality of life. Aging refugee immigrants, due to their background in experiencing forced migration and fleeing adversities such as war, are prone to experiencing (e.g., disruptions in social relations, effects on psychological wellness, and other threats) that may impact their well-being. Moreover, implications of immigration are described to be more acute in later life stages (Sadarangani & Jun, 2015). This may be because feelings of loss can be overwhelming, particularly when aging refugees realize that their resettlement is permanent, and that they may never be able to go back to their homeland. Additionally, the natural stressors of aging combined with past refugee experiences and resettlement challenges may predispose them to exacerbated well-being outcomes. Furthermore, older age has been associated with lower subjective quality of life among war affected populations like refugees (Matanov et al., 2013). This may be attributed to the effects of war-related experiences such as psychological distress

that may persist for many years. Therefore, older refugees might potentially experience lower quality of life than their younger counterparts.

In terms of sex differences and well-being among aging refugees. The present study findings supported the hypothesized effects such that lower quality of life was reported among women as compared to men. This finding matches prior studies comparing older males and females among general Western populations. Such studies indicate that women tend to have worse quality of life outcomes such as higher rates of chronic diseases (Orfila et al., 2006), and disability (Hosseinpoor et al., 2012; Martin & Schoeni 2014), when compared to men (Guallar-Castillón et al., 2005; Li et al., 2018). Studies specific to immigrant populations also posit similar findings. For instance, a study comparing male and female Turkish immigrants living in Sweden found quality of life to be higher among males than females (Bayram et al., 2007). Whereas almost all refugees are survivors of war and/or persecution, research shows that many refugee women experience gendered forms of violence, and discrimination (Erickson, 2010; Feseha & Gerbaba, 2012; Usta, Farver, & Zein, 2008), factors that may affect their coping and overall well-being compared to men. Moreover, a study conducted among Sudanese refugees indicated that females experienced more mental health problems than males (Schweitzer et al., 2006). Overall, the current findings are consistent with prior research suggesting that refugee women experience increased forms of violence, health related challenges, discrimination, and other gender norms that impact their coping and wellbeing. The background experience of refugee women coupled with gender norms that may present challenges in adapting to the new culture (such as language learning abilities, community engagement and networking employment difficulties etc.,) seems to reduce their capacity to integrate, thereby affecting their quality of life in comparison to their refugee men.

Finally, the present study findings showed differences in well-being by refugees' level of education. As hypothesized, refugees with greater education level reported better life satisfaction and quality of life. Differences in quality of life have been shown to vary by level of education among immigrants in prior studies (Kim, 2008; Matanov et al., 2013). For instance, Matanov et al., (2013) reported that among war affected populations, having secondary or higher education was linked with higher levels of subjective quality of life. Having higher education can contribute to higher quality of life in that individual who have high education tend to have more employment opportunities in their host communities (Hamilton et al., 2020). The current study findings suggest an interesting distinction in that this refugee sample includes a high percentage of individuals with no formal education. Thus, among these aging refugees there is greater life satisfaction among those with formal education – for instance a high school level education – as compared to individuals with no formal education at all. The high life satisfaction noted among refugees with greater education can be attributed to the fact that, refugees with formal education are more likely to have employment opportunities and better income than those with low or no education. In addition, those with higher education may have a better understanding of how to access social institutions and are therefore better placed to seek assistance and access social services leading to increased life satisfaction.

In terms of the association between employment status, marital status, length of residence and well-being, no significant associations were found. To begin with, the present study did not find any association between employment status and well-being. This is in contrast to previous studies and our expectations within the present study. Prior studies, which have mainly documented associations between unemployment and quality of life (Carlsson et al., 2006; Molsa et al., 2014), have shown low monthly income and unstable working conditions to be associated

with poor quality of life among older refugees (Molsa et al., 2014). However, the current study did not confirm these prior findings. It may be the case that employment may not be as predictive among this sample of midlife to older refugees given that the majority of the sample was unemployed. It could also be the case that among the present refugee population, integration challenges may affect both the employed (e.g., having low wage jobs, employment at labor intense factories, etc.) and unemployed (e.g., lack of income) such that both groups would have similar ranking on their quality of life. As such, no associations between employment and well-being are likely to be found among aging refugee populations as indicated in the present study.

Also, in contrast to previous findings and study expectations, the present study did not find an association between marital status and well-being. Previous studies have linked being married to higher levels of quality of life among war-affected populations (Matanov et al., 2013). Being married or having a partner is suggested to be a protective factor for well-being and promotive of high quality of life. However, among aging refugees, it is possible that the threat to life and separation experienced among couples due to war, causes refugees to develop ways of coping and adaptation that do not necessarily include having a spouse. These ways of coping may contribute to the lack of associations between marital status and well-being.

Lastly, no association was found between length of residence and well-being. This finding was also in contrast to the present study expectation that hypothesized greater length of residence to be associated with higher quality of life. Nevertheless, previous studies on length of residence have yielded mixed results with some suggesting poor quality of life among those with shorter length of residence (Foroughi et al., 2001; Leão et al., 2009) as well as among those with longer length of residence (Diwan & Jonnalagadda, 2002; Hinton et al., 1997; Schweitzer et al., 2006; Steel et al., 2002). The lack of association between length of residence and well-being in

the current study, and the nature of mixed prior findings may mean that there may be a complex interplay between length of residence and other factors in determining well-being. For instance, there may be associations between length of residence and other individual characteristics among aging refugees such as prior trauma experiences, one's level of education or other external factors such as social support or environmental factors in determining one's well-being. As such, the nature of these results calls for further investigation on the association between length of residence and well-being, while exploring other potential factors that may impact this association.

In terms of this first research question, the present study contributes a novel finding on the association between countries of origin and well-being. It also adds to the limited literature on well-being of older refugees in the US by demonstrating how aging refugees of varying ages differ in quality of life as well as how quality of life varies among older male and female refugees. In addition, the study also supports previous findings on the association between level of education and quality of life. Moreover, the study provides room for further research investigation on the association between well-being and certain sociodemographic factors (i.e., marital status, employment status, and length of residence) that seem to yield mixed results.

Social Connectedness and Well-being

In examining the association between social connectedness and well-being, the present study explored social integration and loneliness. The study hypothesis was partially supported in that more socially integrated aging refugees reported better life satisfaction and quality of life. This finding is consistent with other research findings in the US that show aspects of social integration such as social participation and engagement to enhance well-being in later life (Dong et al., 2014; Greenfield & Marks, 2004; Li & Ferraro, 2006; Zedlewski & Schaner, 2005).

However, the current finding extends this research to note similar patterns among refugees. While previous studies conducted among refugees have indicated the negative impact of social isolation on well-being (Oglak & Hussein, 2016), this study is the first to our knowledge to identify the positive benefits of social integration for aging refugees' well-being in the US. As such, social integration could be considered a protective factor for aging refugee's well-being in the US.

In contrast to hypotheses, the present study did not find evidence that sociodemographic factors moderated the association between social integration and well-being. This suggests that whereas aging refugees with greater social integration reported better life satisfaction and quality of life, their well-being did not vary by their sociodemographic characteristics. Previous research studies looking at the differences in the association between social integration and well-being by sociodemographic factors have yielded mixed results. For instance, mixed results have been shown on differences by age where some show no difference (James et al., 2011; Otsuka et al., 2018; Zunzunegui et al., 2005) and others showing differences by age (Buchman et al., 2009). The present study finding may be attributed to the fact that aging refugees overall experience additional burden due to their age and associated challenges resulting from their refugee background. Their background experience may pose social integration challenges for aging refugees regardless of their age. Other studies have also shown contradictory findings on the variation of social integration by sex, with some reporting the association between social integration and well-being to be stronger for women (Avlund et al., 2004), others reporting the association to be strong for men (Seeman, 1996; Unger et al., 1999) and others reporting no differences (Buchman et al., 2009; Zunzunegui et al., 2005). These mixed results suggest the need for further investigation on the moderating effects of sociodemographic factors on social

integration, since the present study did not find any moderating effects among aging refugee immigrants. Apart from sociodemographic factors, it may also be important to examine whether other factors, such as the cultural context of aging refugees, language fluency, feelings of belongings, and one's social networks moderate the role of social integration on well-being among aging refugees.

In addition to social integration, the present study also found an association between loneliness and well-being. As expected, when controlling for sociodemographic factors, the results showed lower life satisfaction and lower quality of life among aging refugees with higher levels of loneliness. This finding is consistent with research studies that have reported experiences of loneliness among older immigrants (Hossen, 2012; Strong et al., 2015; Vang et al., 2020), with some highlighting the association between feelings of loneliness and poor financial status as well as lack of friends among older refugees (Strong et al., 2015). These studies demonstrate the negative implications of loneliness on well-being since poor financial status and lack of friends can lead to poor quality of life. The present study findings support such prior findings as higher levels of loneliness were linked to lower life satisfaction as well as lower quality of life. Moreover, Kleinepier (2011) showed that immigrants who are disadvantaged in speaking the language of the host country have less contact with the native population. As such, it is possible that lack of language proficiency as well as cultural barriers among the refugees in the present study could increase risk of loneliness by limiting their interactions to individuals who can only speak the language they understand, and eventually result in lower well-being.

While prior studies have shown the implications of loneliness on well-being among older immigrants. No study has reported whether associations between loneliness and quality of life may vary by sociodemographic characteristics among refugee immigrants. The present study

found that whereas greater loneliness was associated with lower quality of life for both men and women, the effect was more pronounced among women. This finding corresponds with a longitudinal study of East German refugees which reported loneliness as an inhibiting factor for social relations among refugees (Jerusalem et al., 1996), with worse effects for women than men in that men were reported to make more friends than women. The Northern Refugee Centre, Elders in Exile (1995) report suggested that older refugee women experience the combination of racism, ageism, and sexism, factors that can exacerbated their experiences of loneliness. For instance, aging refugee women lack equal access to employment because they are most often expected to take over domestic responsibilities. They may also experience discrimination especially in societies where employment is prioritized over domestic work. Such factors can lead to feelings of alienation, thereby impacting well-being.

Taken together, these findings from research question 2 show the impact of social connectedness in predicting well-being, in that high social connectedness is associated with better well-being and vice versa. Furthermore, the study findings extend scholarship on the moderating role of gender on loneliness in predicting well-being within the context of the US. Aging refugees are at a greater risk of experiencing low social connectedness as they face issues such as language barriers, culture shock, discrimination, and social isolation. The findings thus suggest that enhancing social connections is of vital importance to the well-being of aging refugee immigrants.

Trauma, Post Migration Living Difficulties, and Well-being

Substantial research shows that refugees encounter multiple traumatic events that impact their psychological well-being (Lindert, 2018; Ndikumana 2019; Walther et al., 2020). Moreover, research has documented the relationship between violence exposure and mental

health disorders among refugees (Mollica et al., 1998; Steel et al., 2009). These studies suggest that, the greater the number of types of trauma individuals are exposed to, the more violence-associated mental disorders such as PTSD, anxiety, and depression. As such, adverse effects of exposure to violence and traumatic events can lead to poor well-being outcomes among refugees in the host societies. The third research question of this present study extended on this prior research by examining questions of trauma in relation to aging refugees specifically.

In examining the association between trauma (i.e., pre-migration trauma and peri-migration trauma) and well-being, neither pre-migration trauma nor peri-migration trauma was associated with aging refugees' well-being. This finding was in contrast to the study hypothesis that anticipated well-being to vary by level of exposure to traumatic events. In particular, the study expected individuals who had experienced high levels of trauma to report lower well-being, since previous research has documented associations between trauma and adjustment problems (Carswell, 2011; Hussain & Bhushan, 2011). As such, the present study finding contrast such previous studies that have reported associations between trauma related experiences and well-being. However, despite the lack of associations within the entire sample, the results showed differences in the association between trauma and well-being by certain sociodemographic factors (i.e., place of origin, sex, education level, and length of residence).

Place of Origin. Whereas there was an interaction between pre-migration trauma and place of origin in predicting well-being, there was no interaction between peri-migration trauma and place of origin in predicting well-being. This distinction could be attributed to the fact that individuals may experience varying life threats during pre-migration and peri-migration. For instance, in the pre-migration phase, individuals may be exposed to traumatic life events such as ethnic persecution, political arrest, and torture in their own country of origin (Finklestein &

Solomon, 2009). In the peri-migration phase, individuals may experience the loss of property, forced separation from loved ones, and living in refugee camps in another country. Overall, it may therefore be the case that experiencing traumatic events in one's country of origin (i.e., pre-migration trauma), has a stronger effect on well-being than subsequent traumatic experiences (i.e., peri-migration trauma) like living in a refugee camp in another country.

Pre-migration trauma was associated with life satisfaction among aging refugees who were from Africa but not among those who were not from Africa. This is consistent with previous literature that found higher pre-migration trauma to be associated with lower life satisfaction (Mollica et al., 1998; Steel et al., 1999) among refugees from Africa. The distinction between refugees from Africa and those who were not from Africa may be attributed to varying levels of intensity to human right violation experienced in some countries among refugees (Lindert et al., 2017). Moreover, the difference may also be attributed to varying cultural factors. Lindert (2018) suggests that culture influences the experience and expression of suffering. Similarly, cross-cultural variation in the prevalence and symptom presentation of mental health has been documented (Ferrari et al., 2013; Kessler & Bromet, 2013). However, none of these studies make references to specific differences in well-being among refugees from various countries. This is the first study of its kind to demonstrate the difference by country of origin, in the association between pre-migration trauma and life satisfaction, in that aging refugees with high pre-migration trauma, from Burundi and Somalia reported lower life satisfaction, but the level of pre-migration trauma did not impact life satisfaction among aging refugees from Bhutan.

Sex. The present study found trauma (both pre-migration and peri-migration trauma) to be associated with quality of life for both men and women. However, the effect was stronger for women such that regardless of the level of pre-migration trauma or peri–migration trauma,

females had lower life satisfaction than men. Ligabue (2018) emphasized that in order to understand traumatic experience, it is it is vital to take into account the uniqueness of the person involved (e.g., sex) as these aspects can pose risk factors. Moreover, studies suggest that women often experience the highest burden during conflict (Al Gasseer et al., 2004; Ashford & Huet-Vaughn, 2000) and may also be subjected to all forms of violence, including torture (Sideris 2003) and sexual violence (Hynes, & Cardozo, 2000). In addition, during pre-migration and peri-migration, women may struggle to maintain responsibility for their families amidst food shortages, health challenges, and lack of shelter. As such, the significance of both pre-migration and peri-migration trauma experiences may render aging female refugee immigrants vulnerable to lower well-being outcomes compared to their male counterparts.

Length of Residence. The present study found differences by length of residence in the association between trauma related experience (i.e., pre-migration trauma and peri-migration trauma) and well-being. For instance, there was an association between pre-migration trauma and life satisfaction among those with high length of residence but not among those with low length of residence. Similar findings were obtained for quality of life, such that there was an association between peri-migration trauma and quality of life among those with high length of residence, but not among those with low length of residence. As such, regardless of the level of pre-migration trauma or peri-migration trauma, there was no impact on either life satisfaction or quality of life among those with low length of residence. Whereas previous studies have shown the direct links of length of residence and well-being (Briones et al., 2012; Diwan & Jonnalagadda, 2002; Foroughi et al., 2001; Kim, 2000; Steel et al., 2002), this is the first study to show the potential impact of the association between length of residence and pre-migration trauma on well-being. Among those with high length of residence, life satisfaction and quality of life was higher for

individuals with low pre-migration trauma than for those with higher pre-migration trauma. As immigrants acculturate overtime, they may make changes that enable them to function effectively in their new milieu. However, such changes are impacted by pre-traumatic experiences such that aging refugees who had experienced low pre-migration trauma adjust better than their counterparts who had experienced high pre-migration trauma.

Education Level. There was an association between pre-migration trauma and well-being among those with no formal education and lower education levels, but not those with high education levels. As such, regardless of the level of pre-migration trauma, there was no impact on life satisfaction among those with a higher levels of education. High education can be a protective factor against trauma related outcomes since research has shown its links with better subjective quality of life (Ross & Van Willigen, 1997) as well as health-related quality of life (Guallar-Castillón et al., 2005). Among those with lower education levels, the present study found that life satisfaction was lower among individuals with high pre-migration trauma. Whereas previous studies have shown lower level of education to be associated with poor well-being outcomes (Guallar-Castillón et al., 2005; Macabasco-O'Connell et al., 2011), the present study makes an important contribution by demonstrating impact of pre-migration trauma, particularly among those in lower education in predicting well-being. Aging refugees with lower education may have a limited understanding or lack access to mental health institutions and services, compared to those with high level of education. As such those with lower levels of education and high pre-migration trauma may result to coping mechanisms that may not be beneficial to their well-being.

Whereas the present study found education to moderate the relationship between pre-migration trauma and well-being, education did not moderate the association between peri-

migration trauma and well-being. As such regardless of ones' level of education, their peri-migration trauma did not play a role in predicting well-being. During pre-migration, refugee immigrants are at a disadvantage of experiencing lower levels of education as their schools as well as the education system in their countries of origin gets disrupted by war. During migration, refugees are put on an equal footing as they all end up in the same refugee camps where they experience similar challenges and traumas regardless of an individual's prior level of education. Only limited education may continue during peri-migration for all refugees, as education is not often included in humanitarian responses (Dryden-Peterson & Giles, 2010). As such, it is likely that education moderates the association between pre-migration trauma and quality of life, but not necessarily peri-migration trauma and quality of life.

Employment. In assessing the role of employment on the association between trauma related experiences and well-being, the present study found that employment level did not moderate the association between pre-migration trauma and well-being but moderated the association between peri-migration trauma and well-being. Whereas previous studies have linked unemployment with low quality of life (Carlsson et al., 2006; Molsa et al., 2014), this is the first to compare the association between peri-migration trauma and well-being by employment status. The findings in the present study were such that the effect of peri-migration trauma on well-being was stronger among aging refugees who were employed compared to those who were not employed. In this sense, having employment in the host community seems to alleviate the effect of trauma experienced during migration. The present study contributes novel findings in that being employed may be a protective factor for well-being among aging refugees, particularly those who had experienced peri-migration trauma. The study also provides an avenue for further investigation on the impact of employment on well-being amid other contextual factors.

Post-migration Living Difficulties and Well-being. Besides associations with trauma related experiences, the third research question also sought to understand the association between post-migration living difficulties and well-being among aging refugee immigrants. Schweitzer and colleagues (2011) state that while exposure to traumatic events impacts well-being, post-migration living difficulties may have greater weight in predicting refugees' well-being. Moreover, post-migration problems have been linked to poorer well-being outcomes among refugees and asylum seekers (Laban et al., 2005; Steel et al., 1999). Contrary to the present study hypothesis that anticipated negative association between post-migration living difficulties and well-being, no associations were found. Additionally, there were no significant interactions between the post migration living difficulties and the sociodemographic factors in predicting well-being. The present study findings contrast previous findings that suggest negative association between post-migration living difficulties and well-being. This inconsistency warrants further investigation on the association between post-migration living difficulties and well-being among aging refugees.

Future Directions and Limitations

The present study on aging out of place among aging refugee immigrants in the US is the first of its kind to examine differences in well-being among refugees from Bhutan, Burundi, and Somalia. Moreover, the study sheds light on the association between sociodemographic characteristics and well-being among aging refugees. These findings are important for host communities and social service agencies to know how they can better support aging refugees, as well as how they can tailor their services to the needs of the aging refugee immigrants.

In addition, the present study has contributed novel findings on the positive benefits of social integration for aging refugees' well-being in the US, and also extends scholarship on the

moderating role of gender on loneliness in predicting well-being. Furthermore, the present study also contributes novel findings on the moderating effects of length of residence on trauma in predicting well-being. These findings are important in understanding the implications of social connectedness, trauma, and length of residence on the well-being of refugees who are aging out of place.

In terms of the present study limitations, the moderate sample size and the exploration of a limited group of aging refugees (i.e., from Bhutan, Burundi, and Somalia) means that the present findings cannot be generalized to all refugee populations. In addition, the present study focused on refugees living in a specific geographic location in the upper Midwest region of the US. As such, due to environmental differences, the present findings may not be generalized across the US.

The present study also offers promising avenues for future refugee research, particularly aging refugee immigrants who remain one of the most understudied population in the US. The mixed findings obtained on the association between sociodemographic factors and well-being provide ground for further investigation. While the present study is the first to compare aging refugees from Bhutan, Burundi, and Somalia, further investigation is warranted to explore the differences among these populations as well as compare their well-being to other refugee populations. Moreover, one area that needs further investigation is on the socio-cultural factors that may impact the present findings among each refugee group.

In addition, whereas no associations between employment status, marital status, length of residence and well-being were found in the present study, these findings are contrary to studies that have indicated that there may be some well-being variations by these sociodemographic factors. As such, it is important to further explore whether well-being may be better explained by other related factors within the social context of aging as a refugee.

While this is the first study of its kind to highlight the association between trauma related experiences, post-migration living difficulties, and well-being, further investigation is warranted to ascertain the present study findings. Furthermore, whereas the present study has contributed novel findings on the moderating effects of length of residence on trauma in predicting well-being, ideally, a longitudinal design would be most informative, as it would allow a greater understanding of the well-being trajectories following resettlement. This would also allow for the further exploration of the potential impact that length of residence has on well-being over time.

CHAPTER 3: A QUALITATIVE EXPLORATION OF AGING REFUGEES' PERCEPTIONS OF AGING OUT OF PLACE

Definitions of aging are subject to the constructions by which each society makes sense of old age. Chronological time is a factor that plays a central role in aging definitions across most societies (Guralnik & Melzer, 2002; WHO, 2002). Chronological time is associated with decreased work or discontinuation of working life that accompanies increases in age (Koolhaas et al., 2012; Von Bonsdorff et al., 2010). For instance, according to the World Health Organization (WHO) (2002), in countries such as the US, definitions of aging may be linked to the policies prescribing a retirement age of 65 years whereas in other countries (such as in sub-Saharan Africa), the criterion for reaching old age has been suggested to be 50 or 55 years depending on the contextual factors of the setting. However, chronological time is not the only way to define aging. Aging is also perceived through socially constructed meanings of aging such as roles assigned to older people across cultures (Gorman, 2017; Randel et al., 2017). For example, among an Iranian community, aging well is understood as the ability to remain productive with increasing levels of family involvement (Torres, 2006). Social roles are linked to well-being in aging in that they are seen to provide feelings of worth, purpose, or perceptions of usefulness and status (Hobbis et al., 2011; McMunn et al., 2009; Reichstadt et al., 2010).

Definitions of aging are also embedded in how an individual perceives their functional health/status (Dunne et al., 2011; Koolhaas et al., 2012; Levy et al., 2002; McDowd & Shaw, 2000). In terms of functional aging, individuals are concerned with their functional performance and abilities in comparison to other individuals in their chronological age group. Research shows that individuals with more positive self-perceptions of aging report better functional health (Levy et al., 2002). Also, older adults with good mental and physical health have been reported to have

a younger subjective age and more satisfaction with their real chronological ages (Uotinen et al., 2003). Covan (2005) asserts that an eighty-five-year-old for instance may consider themselves "younger" than some sixty-five-year-olds based on their ability to be physically active. These examples help demonstrate how aging definitions are embedded in functional capabilities of individuals.

Across societies, aging has traditionally been associated with decline, due to factors such as increased susceptibility to diseases, and death with advancing age (Harman, 1981; Levy, 1994; Murase et al., 2009). Comparative studies for instance have reported declines in levels of physical functioning and level of engagement among older adults compared to younger older adults (Horgas et al., 1998). Despite reported declines with age, Lifespan Developmental Theory recognizes that positive growth and changes are possible throughout all stages of life (Baltes & Carstensen, 2003; Baltes et al., 2012). This is because people are assumed to have strengths that can allow them to adapt and cope with age-related changes. However, it is important to note that there is no universal pattern for growing older since aging experiences and perceptions may vary among individuals due to contextual factors, individual factors such as personality and health status, as well as sociodemographic characteristics (e.g., age and gender). Furthermore, variations in aging among individuals can be understood in-depth by examining successful aging perceptions.

Successful aging was first proposed to be composed of three aspects, that is, low probability of disease and disease-related disability, having high cognitive and physical abilities, and interacting with others in meaningful ways (Rowe & Kahn, 1997). With increases in age, there is evidence of greater potential for decline in each of these domains (Cannuscio et al., 2003). As such, maintaining high levels of functioning across cognitive, physical and social

domains is key to successful aging. Other ways of defining successful aging involve the degree to which older individuals adapt to age-associated changes (Baltes, 1997; Schulz & Heckhausen, 1996) such as decline in physical and social functioning (Brown et al., 2017; Lin et al., 2012; Cannuscio et al., 2003). The lifespan development model of successful aging in particular conceptualizes successful aging as a process encompassing simultaneous maximization of gains and minimization of losses (Freund & Baltes, 2007; Schulz & Heckhausen, 1996).

While numerous theoretical descriptions of successful aging have been posited by various scholars (Baltes & Baltes, 1990; Rowe & Kahn, 1997; Chapman, 2005; Liang & Luo, 2012), it is important to note that the complexity of the aging process, ongoing social changes, and contextual variations across cultures makes it difficult to have a universal definition for successful aging (Iwamasa & Iwasaki, 2011). Existing definitions have included both objective and subjective criteria for successful aging (Depp & Jeste, 2006; Pruchno et al., 2010). Objective definitions focus on aspects such as high levels of physical, functional, and mental health, low risk of diseases, active social engagement, and increased longevity (Andrews et al., 2002; Glatt et al., 2007; Rowe & Kahn, 1997). On the other hand, subjective definitions of successful aging are concerned with how older adults perceive their own aging experiences and whether or not these perceptions are positive (Bowling, 2006; Montross et al., 2006; Phelan & Larson, 2002).

Subjective definitions of successful aging have been included in research in recognition that professionals and practitioners are not the sole experts in defining successful aging. Aging persons themselves can also provide definitions through their firsthand experiences (Bowling, 2006; Romo et al., 2013; Rubinstein & de Medeiros, 2015). Romo and colleagues (2013) assert that "understanding elders' self-perception of successful aging that is devoid of an imposed set of objective criteria can help in clinical exchanges by allowing the development of a patient-

centered definition" (p.940). Lay models of successful aging ask older adults for their self-definitions of successful aging, thereby providing them the opportunity to voice their understanding, and express their opinions on what it means to age successfully (Bowling, 2006; Cosco et al., 2013; Tate et al., 2013). Lay perspectives for instance allow for the inclusion of older individuals' culture and personal perspective in defining successful aging (Jopp, et al., 2015). This is important since successful aging concept may be understood differently across cultures and among people of various demographics. Subjective views are essential in understanding the reality of successful aging in terms of individual's perceptions as well as their experiences. Studies focusing on subjective perceptions of successful aging among older adults have reported that individuals perceive successful aging to involve factors such as: spirituality, independence, engaging with others, service/community engagement, coping with changes, and maintaining physical, mental, and financial well-being (Duay & Brayan, 2006; Lewis, 2011; Rossen et al., 2008; Troutman et al., 2011).

Perceptions of successful aging include not only people's expectations of what they anticipate successful aging to look like, but also their perceptions on their actual lived experiences of successful aging (or not) (Cernin et al., 2011; Duay &Brayan, 2006; Pruchno et al., 2010; Romo et al., 2013). In other words, perceptions of successful aging include both expectations and perceptions of lived experiences. Moreover, individuals' experiences of aging have been suggested to be in relation to the way they act (Calasanti, 2005; Katz, 2000). The way individuals act may be potentially guided by their perceived expectations on successful aging. For instance, a qualitative study on successful aging perceptions with senior adults found that for the participants, successful aging meant actively engaging with others, such as maintaining close family relationships (Duay & Brayan, 2006). This perception was reflected in their lived

experiences as 60 percent of the participants indicated that family was the most significant aspect of their life at that point in time.

Research has also shown that older adults who do not meet the objective criteria for successful aging may often perceive themselves to be aging successfully anyway (Cernin et al., 2011; Pruchno et al., 2010; Montros et al., 2006). For instance, in a study conducted among older African Americans, it was reported that though some older individuals did not meet physical and cognitive functioning criteria and could be classified objectively as 'nonsuccessful agers', the participants perceived themselves as successful agers (Cernin et al., 2011). Such studies show the differences that may occur among older adults in their perceptions of successful aging (expectations), compared to their perceptions of their actual lived aging experiences. As such, older individual's descriptions of their expectations of successful aging may vary or overlap with their perceptions of their own lived aging experiences. It is therefore important to examine through research the match or mismatch that may exist between older adults' perceptions of successful aging and their perceptions of their lived experiences.

Individual Differences in Perceptions of Aging Successfully

Among older adults, perceptions of having a sense of engagement, purpose, and contentment in the society have been suggested to enhance successful aging (Reichstadt et al., 2007; Reichstadt et al., 2010). For instance, in regard to social engagement, meaningful interactions are essential for successful aging because older individuals are at greater risk for losing their social ties (e.g., due to death). Such losses may cause adults to have a narrow social network and thus become dependent on social connections within their communities for assistance (Cannuscio et al., 2003). The degree to which older adults are able to receive assistance enhances their well-being which is connected to successful aging. On the other hand,

factors such as social isolation and lack of meaningful interactions (Howie et al., 2014; Victor et al., 2000), loss of mobility and transportation (Prohaska et al., 2011; Strawbridge et al., 1996), and financial insecurity (Cannuscio et al., 2003) have been shown to negatively impact successful aging among older adults.

Determinants of successful aging are relative to the social and cultural values of individuals (Romo et al., 2013; Torres, 2006). Whereas for certain cultures, accumulation of material possessions might seem a valid indicator of successful aging (Nimrod & Ben-Shem, 2015), wisdom might constitute the highest success in others (Reichstadt et al., 2010). Among African-American older adults, faith is considered to be a component of successful aging (Cernin et al., 2011), whereas financial stability is considered an aspect of successful aging among older Chinese (Chou & Chi, 2002). Findings from a study with older Caucasians indicated that successful aging involves engaging with others; coping with changes; and maintaining physical, mental, and financial health (Duay & Bryan, 2006). Among older Black adults, aspects of successful aging were reported to include: independence, health, mindset, service, family, and spirituality (Troutman et al., 2011). Furthermore, a study exploring perceptions of successful aging among older Iranians revealed social well-being as the most prevalent dimension of successful ageing (Zanjari, et al., 2016), whereas a study conducted among older Taiwanese found that having family relationships, ability to adapt, and how well an individual integrated defined successful aging (Hu, 2009). Moreover, the definition of successful aging among Mexican older adults includes acceptance and adaptation to life transitions and health conditions, strong involvement with family and friends, being close to God, the achievement of personal goals, and aging in place (Uribe, 2015). These studies show that the concept of successful aging is perceived across cultures or among ethnic groups to be multidimensional and variable. This is

demonstrated by their description of well-being in the physical, psychological, and social domains in reference to successful aging. Functionality in these domains seem to be a universal perception of successful aging as shown in the aforementioned studies (e.g., coping with changes and maintaining health), whereas some aspects of successful aging seem to be unique to some cultures such as emphasis on spirituality among black and Mexican adults. Moreover, Fernández-Ballesteros and colleagues (2008) conducted cross-cultural research comparing older people from 12 countries (i.e., Brazil, Chile, Colombia, Cuba, Ecuador, Mexico, Uruguay, Greece, Portugal, and Spain) and found that common criteria for aging well across these nations included: remaining in good health, having friends and family, and feeling satisfied with life. These research findings show that perceptions of successful aging are similar in some individual aspects (e.g., importance on having good health and social relationships), but differ in others (e.g., importance of material wealth and faith). The differences in successful aging perceptions by various cultures puts an emphasis on the importance of understanding successful aging based on one's context.

Besides the influence of culture on successful aging perceptions, the impact of environmental context has also been reported (Kahana et al., 2014; Mejía et al., 2017; Reichstadt et al., 2007). Environmental factors such as contextual stressors can impact well-being and ability to age successfully (Kahana et al., 2014). Moreover, the impact of migration on aging experiences has been documented (Bhattacharya, 2008; Casado & Leung, 2001; Teshuva & Wells, 2014). For example, results from a study conducted among older Chinese immigrants in the US showed that respondents who had a higher degree of migratory grief experience were more likely to feel depressed (Casado & Leung, 2001). Such findings demonstrate that the ability

to uphold a fulfilling life in old age is shaped by a range of individual and contextual factors at play in an individual's life (Kristiansen et al., 2016).

These studies show the role of individual characteristics in defining what it means to age successfully. They demonstrate how the concept can be understood from varying perspectives based on one's individual attributes. It is therefore important to consider the varying perspectives in providing a comprehensive description of successful aging. Lay perspectives on successful aging can reveal gaps in knowledge on determinates of successful aging among individuals from varying cultures and demographics.

Given the subjectivity of the word "success", perceptions and experiences of successful aging may vary based on individual's sociodemographic characteristics as well as culture. For instance, an intergenerational study on perceptions of successful aging found differences in indictors of successful aging among parents and grandparents (Kelly et al., 2015). Having financial stability was perceived as an indicator of successful aging among middle-aged parents (age range 44-58 years), whereas wisdom and accumulation of knowledge from life experiences was perceived as an indicator of successful aging among older grandparents (age range 60-81 years) (Kelly et al., 2015). Gender differences are also evident in perceptions of successful aging (Bowling, 2006; Jopp et al., 2015; Nagalingam, 2007). One study comparing older men and women's perceptions found that older men viewed financial stability, while older females indicated strength of familial networks as key factors in successful aging regardless of participant's level of income and education (Nagalingam, 2007). This gender variation can likely be attributed to cultural gender norms that tend to assign provider role to men and homemaking/caregiving role to women. Another comparative study on successful aging reported gender effects for social resources and well-being measures as mostly mentioned by women

compared to men (Jopp et al., 2015). This finding is consistent with the value for social engagement which has been reported most strongly among women (Bowling, 2006; Rossen et al., 2008).

Differences in perceptions of successful aging have also been observed among immigrant communities. For example, a qualitative study involving Iranians who migrated to Sweden after the age of 25 years found that successful aging was understood in terms of autonomy and ability to remain productive with age (Torres, 2006). Being active was key since it contributed to enhancing relationships as well as fostering family involvement which is vital in later life. Among older Japanese who migrated to the US, optimal functioning in physical health, psychological health, cognitive functioning, socialization, spirituality, and financial security were perceived as indicators of successful aging (Iwamasa & Iwasaki, 2011; Phelan et al., 2004). On the other hand, older Korean immigrants in the US emphasized that having a positive attitude towards current life, successful children, and good relationship with one's children signified successful aging (Lee, 2018). In addition, Korean immigrants' perception of a successful life entailed living their own life and not bothering anyone (e.g., their family and children) (Lee, 2018). Older Latino immigrants in the US mentioned good health, mobility, independent living, positive attitude, accepting aging, living a clean life, being socially active, being able to work, and one's appearance as important aspects of successful aging (Hilton et al., 2012).

Similar to the aforementioned studies on cultural groups, the research on aging among immigrants shows that older adults from diverse backgrounds perceive successful aging differently. In particular, having good social relations seems to be an aspect of successful aging across immigrant groups. There is an argument to be made that immigrants' perceptions may vary due to their life experiences related to migration. It is also possible that major life changes

experienced due to migration, adaptation process, past life experiences, and the nature of social and emotional support in the new environment impact aging perceptions and experiences. These perceptions may further be impacted by the culture of the host countries with variances across individuals and life contexts. For instance, whereas a study conducted among older Iranians living in Iran found social well-being to be the most prevalent dimension of successful aging (Zanjari et al., 2016), a study of Iranian immigrants in Sweden found autonomy and ability to remain productive as indicators of successful aging (Torres, 2006). This shows that the process of migration and adaptation in a new milieu may have implications for success aging perceptions.

Moreover, while there exist studies on successful aging among immigrant communities, research studies eliciting views on successful aging among older refugee immigrants are sparse (Willoughby et al., 2017; Yee, 1992). One recent study that focused on perceptions of aging well among immigrants and refugees in the US reported that factors related to health, functional independence, financial security, and family relations signified aging well (Willoughby et al., 2017). However, this study did not distinguish findings between older refugee immigrants and immigrants who are not refugees. Therefore, study findings related to refugees in particular are not clear. Other studies that may shed light on successful aging among refugee immigrants have focused primarily on adjustments problems due to refugee migration experiences (Nwadiora & McAdoo, 1996; Schweitzer et al., 2006; Tran, 1991), as opposed to their perceptions of successful aging. For instance, Tran (1991) reported that older Indochinese refugees have a poor sense of adjustment. Since adjustment experiences may impact aging perceptions, poor sense of adjustment may potentially result into perceptions that indicate unsuccessful aging and vice versa, however, these questions were not directly addressed.

It is particularly important to understand perceptions of successful aging among refugee immigrants since their aging experiences may be different from other immigrants (e.g., those moving for employment opportunities, for further education, or family reunification) who have not participated in forced migration. It is common for refugees to experience trauma both in their home countries, during migration, and after migration as they try to reconstruct their lives. These factors may impact their aging perceptions albeit differently from other immigrant groups. In addition, differences may be expected based on individual characteristics such as sex. The gap in research on successful aging among older refugees in the US is such that there are no studies that specifically address perceptions of successful aging particularly among Burundi refugees and how those perceptions match older refugees' perceptions of their lived experiences. In addition, there are no studies showing how successful aging perceptions vary by sex among the refugee aging population. Thus, the present study aims to contribute scholarship to the existing gap in research guided by its research objectives and research questions.

Objective and Research Questions

The current study used a qualitative method (i.e., interviews) to explore the perceptions of successful aging among an aging refugee sample living in the US. This study had two main objectives. First, the study sought to provide a comprehensive description of how aging refugees perceive successful aging and how their lived aging experiences align with those perceptions. And, second, the study sought to understand how successful aging perceptions and experiences differ by sex among the refugee population.

Research Question 1: One focus of the study was to understand perceptions of successful aging among refugees aging out of place by answering the following research questions.

a) What does 'successful aging' mean for refugees aging out of place?

b) Do perceptions of successful aging vary among aging refugee men and women?

This first question aimed to gain insight into the perceptions of successful aging among an aging refugee population. In particular, the first research questions explored whether aging refugees describe their perceptions of aging in the US to be different from what their perceptions are of aging in their countries of origin, and whether those perceptions vary by sex.

Research Question 2: A second focus of the study was the experiences of successful aging among refugees aging out of place and whether their lived experiences matched their perceptions of successful aging. As such, the study explored the following research questions:

a) Do aging refugees describe their experiences of growing older in the US to be different from what they would experience in their countries of origin?

b) Do those perceptions vary among aging refugee men and women?

This question aimed to shed light on how perceptions of successful aging match or mismatch perceptions of aging experiences as shown by concrete examples from lived experiences, as well as the sex variations in those perceptions.

Research Question 3: The third focus of the study was on the perceived benefits and challenges of aging in the US by exploring the following research questions:

a) What are the perceived benefits and challenges of aging in the US?

b) Do those perceived benefits and challenges vary among aging refugee men and women?

The goal of the third research question was to provide an understanding of perceived benefits and challenges of aging out of place, and determine whether such perceptions varied among male and female refugees.

Study B Methodology

Design

For Study B, 21 participants were recruited. The inclusion criteria include both male and female refugee immigrants (from Burundi) over the age of 50 years, who have lived in the US for more than one year. Aging Burundi refugees who were below the age of 18 years when they relocated to the US were excluded from the study in an attempt to ensure that all participants in the study were already adults when they migrated to the US. The interview sessions lasted from 50 minutes to 90 minutes. The interviews were conducted in the Swahili language, which is a language spoken by the researcher. The study targeted aging refugees from Burundi as they are a refugee group that still remain an understudied population in aging research.

Recruitment Procedures Prior To COVID-19

Similar to Study A, participants were recruited in four ways: 1) at community events within the refugee community, 2) through advertisements placed around the community, 3) through referrals provided by Lutheran Social Services, and 4) through referral from other participants. During community events, participants who are interested in taking part in the qualitative study were asked to meet the researcher in a separate room where the researcher provided more information about the study. The researcher distributed the information sheet to interested participants before scheduling an interview. In addition, the researcher informed the participants that the interview sessions will be recorded. The purpose of the recordings was to ensure that the information provided by the participants was captured accurately. Recording the interview session also saved time that would have been spent in note taking by the researcher during the interview sessions. Once information about the study was provided to interested

participants, arrangements were then made to meet at a later date and at a suitable location agreed upon by the participant and the researcher for the interview session.

For participants recruited through referral by Lutheran Social Services or referral by other participants, the researcher planned for a meeting with the participant where study details were explained, and consent obtained before interviewing. Though fliers were used as a recruitment procedure, no participants were successfully recruited through fliers.

Recruitment Procedure Following COVID-19

Because of the impact of COVID-19, face to face recruitment procedures such as recruiting participants at community events were paused. Snowball sampling became the main recruitment procedure. Similar to Study A, a new recruitment procedure, which involved reaching out to community leaders within refugee groups through phone calls, email, and mail was adopted. The researcher asked the community leaders to provide contact information of potential participants (i.e., aging Burundi refugees) in order to call, mail, or email them, or to provide the researcher's contact information to potential participants and request the participants to contact the researcher. Upon making contact with potential participants, the researcher reached out to the potential participants to explain the study and to obtain consent before scheduling an interview session. Information sheets explaining the study were also mailed to the participants prior to the interview sessions.

Data Collection Procedures Prior To COVID-19

Once consent has been obtained from eligible participants, arrangements were made for an interview session. All interviews were conducted at a location that was conducive for both the participant and the researcher such as the participant's house and at community centers. Upon meeting, the researcher began to facilitate the session by reminding the participant about the

purpose of the study and what to expect during the interview session. For instance, the researcher reminded the participant that the length of the interview will vary from 50 minutes to 90 minutes. In addition, the researcher pointed out the location of the audio recording device and encouraged the participant to speak audibly.

Following the explanations, a semi-structured interview session was conducted. For the semi-structured interviews, the researcher prepared a number of questions in advance related to the topic of discussion and asked follow-up questions based on participant responses (Rubin & Rubin, 2012). In this interview format, the questions prepared in advance served as prompts to the topic of discussion. The researcher therefore did not strictly follow a formalized list of questions, and asked primarily open-ended questions, (e.g., how have your perceptions of aging changed as you have grown older?) which allowed the conversation to flow naturally. The semi-structured interview was essential in better understanding participants' perspectives on successful aging as the researcher used the set questions on successful aging to guide the conversation.

Data Collection Procedures Following COVID-19

Following COVID-19, no face-to-face interviews were conducted. Instead, a virtual/phone data collection aspect was used. Given the pandemic, the use of phone and internet technology was adopted. The virtual interview sessions were done through video chat (e.g., FaceTime), depending on if an internet-based platform worked for the participants. If not, then a phone interview was conducted. The researcher made arrangements for the virtual interview sessions through phone calls with participants to determine what time and platform worked for participants. Interview sessions conducted by phone or through FaceTime (Apple, 2021) were recorded using a digital audio recorder. Overall, a total of 8 interviews were conducted in person,

8 were conducted by phone, and 5 were conducted through FaceTime. As much as different formats were used in data collection, all the interview sessions still ranged from 50 to 90 minutes.

Interview Questions

The interview session (see Appendix B for the full set of interview questions) began with conversation starter questions (i.e., Tell me about yourself? How did you end up in the US?). The conversation starters served as ice-breaker questions and were beneficial in establishing a friendly informal climate and putting the participant at ease before engaging in more focused questions about aging perceptions and experiences. After the conversation starter, the researcher proceeded to ask general questions followed by targeted questions (Rubin & Rubin, 2012). General questions focusing on sociodemographic characteristics of the participant (i.e., participants age, number of years spent in the US, country of origin, level of education, number of children, occupation, and marital status) were asked. The questions were beneficial for the researcher to get to know the participant as they provide sociodemographic information. Such information also aided the researcher to know how to frame interview questions in order to make participants comfortable and achieve appropriate responses.

Following the general questions, a set of core interview questions which explore aging refugees' past experiences as well as refugees' perceptions of successful aging and aging experiences in the US were asked. Example questions included: a) How are older people perceived?, b) How have your perceptions of aging changed as you have grown older?, c) What are your personal experiences of being an older person?, d) Do you think your experiences of growing older here in the US are different from what your experiences would be growing old in your country of origin? These core interview questions were important in that they played a vital

role in meeting the research objectives. The questions included in this section provided answers to the research questions as emerging themes were analyzed.

Once the interview questions were completed, the researcher provided an opportunity for the participant to ask any questions pertaining to the study as well as make any additional contributions that they deem necessary. Throughout the interview process, the researcher provided prompts to elaborate the questions in case the participant did not understand a question, was confused, or did not elaborate sufficiently. Follow-up interviews were conducted with 3 participants for further clarification. Follow-up interviews were also conducted in instances where the interview sessions were cut short before completion. The follow-up interviews were completely optional and voluntary.

Data Analysis

Following data collection, the recorded interviews were transcribed verbatim. Since all the interviews were conducted in the Swahili language (i.e., a language spoken by the researcher), all the interviews were transcribed in the language of the interview (Swahili) by the researcher and then, the written texts were translated to English by the researcher and a hired translator. During transcription, the researcher used ID numbers instead of participant's names so as to protect participants' identity.

Once the interviews were all translated to English, the researcher double-checked the translated transcripts against the original Swahili transcripts to ensure accuracy of translations. Thereafter, the researcher conducted an initial read of the data in order to have a general sense of the information (such as general ideas, tone of ideas, and impressions) as well as reflect on overall meaning (Creswell & Cresswell, 2017). This initial read provided overall impressions that were outlined by the researcher to inform subsequent theme identification. Thereafter,

descriptive content analytic strategies were used to systematically identify and compare themes (Hseih & Shannon, 2005) related to perceptions and experiences of successful aging among aging refugee immigrants. In this process of thematic content analysis, the researcher identified categories in the data rather than categorizing data into preconceived categories based on theory or literature. The data categories were based on the interview questions that had been developed for the purpose of meeting study objectives based on existing theoretical literature. While the outline of themes was developed in connection to the research questions, themes were not analyzed based on prior ideas or literature.

Two main phases were adopted during content analysis. In the first phase, the researcher began with open coding. According to Strauss and Corbin (2008), open coding consists of labeling and categorizing phenomena. The second phase entailed a mix of both open coding and axial coding. Axial coding involves creating themes or categorizing by grouping codes or labels given to words and phrases (Strauss & Corbin, 2008). Thus, while open coding involves identification and naming of codes, axial coding involves determining links and relationships among codes.

In the first phase of content analysis process for the interview data, individual transcripts from each of the participants were first read several times in their entirety to obtain a general sense of the whole interview. The researcher took notes on phrases and vocabulary that emerged during this process in relation to perceptions of aging-related experiences. After the first reads, the researcher organized transcripts by interview questions to obtain a general sense of responses to specific interview questions. When organizing the transcripts by research questions, the researcher adopted a mapping system where interview scripts with sections of the specified research question were grouped together on a board and table. Next, open coding was used to

systematically identify key ideas in the English transcripts related to the aims of the study: 1) understanding perceptions of successful aging among refugees aging out of place, and whether those perceptions vary by sex 2) identifying whether refugees' lived experiences of aging match their perceptions of successful aging, and whether there are variations by sex, 3) to determine the benefits and challenges of aging out of place, and whether they differ by sex. During open coding, the researcher identified codes from words or phrases, vocabulary, statements, patterns, and emerging themes from the transcripts, in relation to study aims. Different coding schemes were developed for each of the research questions. On hard copies of the transcripts, different colors were used to denote distinct codes. The researcher then used a Microsoft Word document to keep the codes organized. In the Microsoft word document, the researcher assigned labels to words or phrases that represented recurring themes. The labels used were words that provided a broad description of the codes as well as short phrases from participants' responses. The codes were identified without any restrictions or purpose other than to discover the pieces of meaning. This method of identifying codes and meaning in the study is also embedded in phenomenological research that uses the analysis of significant statements, generation of meaning units, and development of essence description (Creswell & Creswell, 2017; Moustakas, 1994). The researcher reviewed the transcripts multiple times to ensure that the finalized themes and codes made sense and that no codes were missed.

In the second cycle of coding (a mix of open coding and axial), core themes related to the study aims were identified. Themes were identified by organizing the open coding categories into meaningful groups or clusters. The researcher developed different categories by "splitting" and "lumping" codes according to their relationships as well as elaborating on the codes' meanings (Saldana, 2015). Recurrent patterns within the coded data were organized into

identified themes and subthemes to construct the nature of the realities of refugee's aging perceptions. It is through this process that the themes became more apparent and relationships began to emerge and thus, organization of themes around perceptions of successful aging and perceptions of aging experiences were described. Moreover, comparisons were made by sex to identify commonalities and differences in participants' aging perceptions.

In order to ensure validity of study findings, the researcher adopted "member checking" to determine the accuracy of the findings (Creswell & Creswell, 2017). Member checking is a technique for exploring the credibility of results by sharing them with study participants to check for accuracy and to ensure that the results resonate with their experiences. Besides determining credibility of results, 'members checking' also played a role in addressing confirmability, which refers to the extent to which the study findings are shaped by the respondents and not by researcher bias, motivation, or interest (Lincoln & Guba, 1985). The researcher reviewed some of the descriptions and themes with four of the participants (two males and two females) to determine whether the participants felt like the themes were accurately presented. The participants selected for this process were the ones that vocalized interest in wanting to learn the results from the study. The researcher contacted these participants over the phone and reviewed the themes with them individually in order to confirm theme accuracy.

Furthermore, validity in qualitative research means that the researcher checks for accuracy of conclusions by employing certain procedures such as having another person review the themes (Gibbs, 2007). Once the primary themes and sub themes were developed, the researcher consulted her research adviser on organizing and interpreting the themes.

Results

Participant Characteristics

In the present study, a total of 21 participants were interviewed. All the participants self-identified as refugee immigrants from Burundi. The mean length of residence in the US across participants was 7.6 years. The mean age for participants was 58.9 years and the age range was 50 to 67 years. About half (n=10; 47.6%) of the participants were between the ages of 50 and 59, while the other half (n=11; 52.4%) were between the ages of 60 and 67. In terms of sex, 52.4% (n=11) were female and 47.6% (n=10) were male. As for marital status, 76.2% (n=16) were married, while 23.8% (n=5), who happened to be all women, were widowed. Among the participants who reported to be married, 81.2% (n=13) were currently living with their spouse while 18.8% (n=3) had their spouse still in Africa. While all participants (n=21) reported having children, 80.9% (n=17) still had some of their children living in Africa either at a refugee camp or in other towns.

In terms of living arrangements in the US, no participants reported living alone. In fact, all participants reported living with either a spouse, one or more of their children and/or grandchildren, or another relative in the same household. All the participants who reported to be married were also living with their spouse. At the time of the interview, 66.7% (n=14) of the participants were employed either part-time or full-time, while 33.3% (n=7) were not employed.

Interview Findings

The results of this study are organized into three sections, based on the three research questions. For each section, the primary themes that emerged from the study are presented as well as the subthemes. Each section also describes commonalities and differences in themes between male and female participants in relation to the research questions. In the first section,

themes on the definition of aging (Table 8), and themes related to perceptions of successful aging in terms of what it means to age well (Table 9) and what it means to not age well (Table 10) are presented. In the second section, themes related to how experiences of aging in the US differ from what aging refugees would experience in their countries of origin (Table 11) are presented. The third section presents themes on the benefits (Table 12) and challenges (Table 13) of growing older in the US.

Research Question 1 Themes: Perceptions on Aging and Successful Aging among Aging Refugees

The purpose of this first research question was to identify how aging refugees described aging or what it means to be old, and whether there were differences in the descriptions between male and female participants. As shown in Table 8, there were common themes (i.e., general perspectives) as well as specific themes that differed between female and male participants, in their descriptions of aging. Each theme is described narratively below, with representative quotations provided for each.

Table 8

Themes Related to the Definition of Aging

Aging perspectives	Primary themes	Subthemes
General Perspectives	Linked with Age	• Number of years lived • Age when you need help
	Physical Functioning & Activity	• Functional declines • Performing tasks/chores • Ability to work
	Physical Appearance	• Body changes • Having grey hair • Having wrinkles
Female Perspectives	Linked with child bearing	• When you stop giving birth • Having older children
Male Perspectives	Blessing and luck	• Survival in comparison to peers • Protection from death and diseases

Linked with Age. The overall meaning of aging was most commonly linked with age in terms of numbers of years. Most participants thought of old age to begin at around the age of 45 years. This was in relation to the difficult life they lived as refugees. Almost all of the participants (n=18) described how the experience of being a refugee posed a threat to their lives and well-being. Some explained that difficult situations such as lack of food and threat of diseases in the refugee camps impacted their health, causing them to experience aging differently and more rapidly. For example, participants mentioned that:

> I think aging starts slowly at the age of 45 years old. At 50 you are considered old. Because as a woman, giving birth and experiencing the hard life of a refugee, your body at that age may begin to wear out.
>
> *Female, 63 years*

> What shows that a person is old is age, when you get to around 45 years and above, you are considered to be starting your old age journey. It may look like a young age here in America but for us as refugees, it is not the same. We survived difficult situations and many problems. When you get to the age of 55 and above, I think it becomes clear that you are getting old
>
> *Male 52 years*

> I think age is linked with being old. Your age shows that you are old. Like me I am 64 years old. I consider myself an old person. But you know as a refugee it may be different. For so many days I survived without food when I was fleeing for my life. Then if you add on the challenges of diseases that threatened us in the refugee camps (sigh), your aging may look different from others who did not experience such tough life.
>
> *Female, 64 years*

In addition, participants also described aging to be linked with the age at which someone needs help with tasks.

> Between 45 years to 55 years, you are a mature adult approaching old age. What that also means that at those ages, there are certain tasks that you cannot do and you may start asking people for help.
>
> *Male, 52 years*

> According to me, old age starts as the age of 50. Back in Africa, once you get to that age, you are considered to be at an age where you may be needing help.
>
> *Male, 67 years*

Physical Functioning & Activity. All participants also defined aging in terms of functional declines such as not being able to walk, difficulty performing tasks/chores and limited ability to work. These descriptions were explained as resulting from advancing age as exemplified in the following examples.

> When you get to the age of 50 and above, you may begin to experience such changes. You are not able to walk as far as you used to, you are also not able you work and do jobs that require much speed as you did when you were 20 or 30 years old. Also, you are not able to farm, and do things like digging.
>
> *Male, 66 years*

> With more years, you are not able to walk and to be active as you used to be. When I was young, if I heard there was an event going on somewhere and I knew

> it would be good for me, I would be among the first people to get there. But now, I know I am old when I feel tired getting involved in many activities. Also, I used to be this kind of a woman who would do all my chores in the house by myself without any assistance. Nowadays when I sit down, getting up to even move a plate becomes a problem (Laughs). I am not able to do those chores as I used to. It gets very difficult when you are old.
>
> *Female, 65 years*

Physical Appearance. Most participants (n=17) also described old age in relation to visible physical characteristics or appearance. The descriptions entailed visual body changes such as grey hair, having wrinkles, and changes in posture due to age. For example, the following participant articulated that:

> To be old also means that your body changes. For example, your hair changes from black to grey. It was once black but because you are getting old, it changes to grey. Also, your face starts to wrinkle (Laughs), and walking also becomes a problem, you may look like you are bending when walking.
>
> *Male, 66 years*

The definitions of aging varied between female and male participants. In their descriptions, female participants often linked aging with child bearing. For refugee women, aging had to do with the time when one stops giving birth, as demonstrated in the following quotes.

> When I think of being old, I think of when I stopped giving birth. At that time, I said I am getting old. I don't remember what age I was but I thought I was old.
>
> *Female, 61 years*

> Yes, you begin to be old. Some people even begin at 45 years. Forty-five is when sometimes people stop giving birth.
>
> *Female, 66 years*

In addition, the women also described aging in relation to having older children.

> When you get to 60 years you are old. You also have grown children at that time. When you have grown children then you are old.
>
> *Female, 65 years*

> We also look at children, if you have grown children, it shows you are old. If you did not have children, then it's your age that shows you are old… I consider myself to be old because I have grown children
>
> *Female, 53 years*

On the other hand, male participants discussed the unique perspective of perceiving aging as a blessing or a result of luck. Though some women, 3 out of 11, described aging as a blessing, 8 out of 10 males perceived aging as a blessing or luck. In their descriptions, the male participants considered themselves to be blessed or lucky to have survived the war and many endangering situations such as diseases that most of their age mates succumbed.

> For me being old means to be lucky. This is because people in my generation have died because of war and diseases. For me I am not dead, I was not shot, I did not die of starvation, all the running and escaping from war that we did, I am alive. When we were fleeing we would go for weeks without food and people would become sick and die, but God protected me, I consider that a blessing. That is why for me old age is luck. To be the age that I am and I am still alive. It is not obvious to be alive, for instance I am not aware of anyone I went to secondary school with who is alive. Some of my friend's children and even family members also did not make it. War is not good. As a refugee, I can say old age is also a blessing. With every day that you live, it is a blessing and an addition to years.
>
> *Male, 61 years*

> For me aging means several things. First it is a privilege and a blessing because God has protected me especially from death and being killed. There were so many people that we were the same age with but they did not make it, they did not live to old age. When you have lived a life that you are not sure if you will make it to the next day, then I think you are lucky to be alive and to be old
>
> *Male, 56 years*

In summary, the refugee experience played a role in how the participants defined aging. The descriptions of when and how aging or being old was perceived was in relation to the experiences the participants considered to be unique to refugee individuals, such as fleeing war and living in a refugee camp. Such experiences posed challenges to an individual's life and well-being, thereby causing them to perceive aging differently.

Besides aging definitions, the refugee participants also described what it means to age well (Table 9) and what it means to not age well (Table 10). The themes that emerged from these descriptions are presented narratively following each table, along with exemplary quotations.

Table 9

Themes Related to Perceptions of Successful Aging: What it Means to Age Well

Successful aging perspectives	Primary themes	Subthemes
General Perspectives	Having basic needs met	• Eating well • A place to stay • Clothing • Having money
	Looking Healthy	• Appearing strong • No terrible wrinkles
	Family togetherness / involvement	• Father, mother and children living together • Being together as a family • Helping each other • Unity
	Having grown up children	• Happy to have older children • Not being alone
Female Perspectives	Family relationship quality	• Good relationship with husband and children. • Obedient children • Caring children
Male Perspectives	Wisdom/Ability to give advice	• Giving advice • Giving instructions / direction to the young
	Providing for family	• Proving basic needs • Contributing to the family

Having Basic Needs Met. In describing what it means to age well, all participants reported that having their basic needs met (such as eating well, having a place to stay (shelter), and having clothing) indicated that an individual is aging well. In addition, the participants mentioned that having money was important in successful aging because with money, you could afford the basic needs.

> To age well? When you have money, when you are eating well, when your life is progressing. But if you don't have the means, you go home to sleep but you are full of worry. What will I do tomorrow, what will the children eat, when their clothes are worn out what will they wear? How will I get soap? With that you don't have a good life.
>
> *Male, 52 years*

> Even if you are a refugee, if you had to flee and your husband had some money, you could get to a different place and start your life again. But if you do not have wealth, that is a problem. To age well is when you are with your husband and your children and not lacking things like food, shelter and clothes.
>
> *Female, 63 years*

Looking Healthy. For many participants (n=18), aging well had to do with how someone looks. They mentioned that appearing strong physically was a sign that someone is aging well. In addition, not having terrible wrinkles was perceived as aging well. The following participant exemplified this by saying;

> When you are aging well…. you are able to get food and other things that are necessary in life. When you are aging well it shows in your body too, you appear strong and healthy. You also do not have terrible wrinkles.
>
> *Female, 53 years*

Family Togetherness / Involvement. For most participants (n=17), having ones' family in the same physical space was perceived as aging well. As refugees, families could easily be separated by factors such as war or resettlement processes. As such, having ones' family, (that is, husband, wife, and children living together), contributed to the perception of aging well. The following quotes demonstrate these ideas.

> When you are aging and you are with your family, you are together with your husband and children, you will age well. You know as a refugee, it was never a guarantee that you will be in the same house with you family and do things together. Some of us still don't know where some of our family members are. If they survived the war or if they dead. Living under the same roof is good. It is sometimes hard to say you are aging well when you are here and you still have your children in refugee camp or living somewhere else. Also, when you are together, you are able to help each other with chores. With that, you are aging well
>
> *Female, 66 years.*

> When you have children, and your family is together, that is aging well. For me I can now say I am aging well because I am here with my wife and children. Before we were reunited, I could not say that.
>
> *Male, 54 years*

Having Grown up Children. Nearly all (n=19) reported that having children who are older made them happy and caused them to feel like they are aging well. Some of them were grateful that their children survived to adulthood despite the challenges they went through in the refugee camp. Besides that, having older children made them feel like they were not alone and that they had people that they could engage in important conversations with. The following quotes convey the participants' expressions.

> For me, having children who are grown makes me happy. When your children are grown up and doing things, especially if they are not engaging in bad behavior, you are happy and you age well. Having children who are older is something that young people cannot claim to have, it is for us who gave birth earlier and now in our old age, we enjoy that. For me that is aging well.
>
> *Female 65 years*

> When you have older children you are not lonely. You are able to sit down and have important conversations and thoughts. Whenever I sit down with my children, I feel so happy, even though some of them are married and don't live here. Even speaking on the phone makes you feel like you have people and that you are not alone. So, I would say having older children, after all we went through in the refugee camp, to me is aging well. Who knows, those children would have died due to the tough life. But I am grateful they survived.
>
> *Male, 66 years*

Furthermore, differences emerged between female and male participants as they described what it means for them to age well. For the female participants, their description of successful aging revolved around the quality of the family relations, whereas male participants based their explanations on the ability to give advice as well as family provision.

Family Relationship Quality. Nearly all female participants (10 out of 11) emphasized that having good relationships with their husband and children contributed to them aging well. Refugee women indicated that having good relationships made it possible for them to discuss and find solutions to problems together. Moreover, having obedient and caring children played a role in defining the success of the women's aging experience. Some female participants mentioned that they felt good when their children looked after them, visited them, or called them to check on them due to the good relationship they had. Examples of the implications of good family relations are described in the comments below.

> To age well is when you have good relationship with your children. If you are able to sit down with them and talk about problems and find solutions that is aging well.
>
> *Female, 55 years*

> For me I can't say that you are aging well when your children are not listening to you or they are not concerned about you. Aging well is when you are in a position to tell your children to do something and they listen. It is also when your children are able to look after you, they come and visit you, and they call you to find out how you are doing. The children do these things more when you have good relationship. Yes, you feel good as a mother.
>
> *Female, 63 years*

Providing for Family. For all male participants, providing for their family's basic needs such as food, shelter, and clothing, was an important aspect of aging well. Besides the basic needs, the ability to contribute something to the family that is not necessarily of monetary value was linked to aging well. Showing support to one's family, for example, by giving them time,

helping family members think through some problems or ideas, or giving advice are contributions that some participants mentioned as valuable in the family. These contributions were perceived as not costing money, yet played a role in making the family members feel provided for.

> Aging well for me means being able to provide for your family. When the family has enough to eat and drink. When they have a roof over their head, and other things like clothes, then that is good
>
> *Male, 50 years*

> To age well is when you are my age and you are able to contribute in the family by providing even if it is not everything but something. I believe there is always something we can give even if it is not money. Contribute something so that your family doesn't feel like you are just there. When your family is doing well then you are aging well. You can provide them with support if they need it or even give them your time and advice. If they need to think about something, you are there. That doesn't cost you any money. And the family also feels like you are contributing something.
>
> *Male, 59 years*

Wisdom/Ability to Give Advice. While a minority of women (4 out of 11) mentioned giving advice as a sign that one is aging well, all of the male participants (10 out of 10) described their ability to give advice as crucial in aging well. They explained that giving instruction and direction to the young individuals shows that one is aging well, as depicted in the following quotes.

> When you are aging well, you look at things people are not doing and if they are not good things, you tell them that this is bad. You tell them do this or don't do that, or if you go that way, you may get into trouble. Giving advice is my job, I feel like it is my calling. When I see you going in the wrong direction, I tell you about it. Whether you are my brother or not, I will tell you as long as we speak the same language and are able to understand each other.
>
> *Male, 67 years*

Overall, besides "looking healthy" the themes on what it means to age well were in relation to family well-being. As such, perceptions of aging well were tied into family wellness,

as described by participants. For instance, the participants emphasized that having basic needs met, and experiencing family togetherness and involvement depicted successful aging. Moreover, factors such as having grown children, quality family relations, ability to give advice, and providing for the family were perceived as fostering well-being among the aging refugees, and thus, successful aging.

Table 10

Themes Related to Perceptions of Successful Aging: What it Means to Not Age Well

Successful aging perspectives	Primary Themes	Subthemes
General Perspectives	Bad life	• Worrying • No money • Lack necessities • Sickness and Diseases
	Work challenges	• No job • Low paying jobs • Lack of strength to work
	Not having children/relatives	• No children to look after you • No extended family members • Being single and lonely
Female Perspectives	Uncaring children	• Children not helping • Being neglected
Male Perspectives	Not religious	• Not acknowledging God • Lack of wisdom • Not able to provide direction

The participants generally described the meaning or experience of "not aging well" to be the opposite of the factors related to aging well. However, there are some unique themes that

emerged as participants explained their perceptions of what it means to not age well (Table 10). These included, bad life, work challenges, and not having children or relatives.

Bad Life. Participants described not aging well as demonstrated by what they considered as having bad life. This was expressed in terms of not having enough money which leads to worry on how an individual will be able to obtain food to eat. It was also described as lacking life's necessities such as a job and a house.

> To age bad is when you are not able to work and get money. So, most of the time you find yourself worrying, what will I eat, and what will the children eat. You worry a lot. That is bad because it can cause you to die before your time.
>
> *Female, 66 years*

> To not age well is to have a bad life. When you are not able to eat well, you don't have enough to drink. You lack life necessities.
>
> *Female, 53 years*

> From my perspective, I can say that the person who doesn't have a job, doesn't have children, doesn't have money, doesn't have a house, I can say that they are not aging well.
>
> *Male, 50 years*

Another participant mentioned not having money caused worry, that in turn affects one's health. Having ill heath would mean that one starts to ask for help or depend on others.

> When you lack money, your mind is troubled and that affects your health. When a woman lacks resources, you age very quickly. Aging quickly is not good, it may cause you to start asking for help early or start depending on people, and it may not be good for you. I think women age quicker than men due to child birth and working in the fields especially back in Africa.
>
> *Female, 53 years*

Having a bad life was also described as having illnesses and diseases as a result of advancing age. All participants felt that having illnesses and diseases impacts one's ability to meet your basic needs, and thus reflected having a bad life.

> You know with age, your body starts to deteriorate, sometimes you have leg pains, chests pains, and all sorts of pain. With all those diseases, you find that somebody still has to work to meet their needs. That is bad life. To me that is not aging well.
>
> *Female, 53 years*

Work Challenges. Most participants (n=18) described not aging well in relation to not having a job or having low paying jobs because of age. Without a job, the participants felt like they were not able to help with bills. Also, work challenges had to do with lacking enough strength to work.

> It is also worse when you are old and you don't have money. This is because you do not have a job. You know, life here requires you to have something to do so that you can pay bills. For us old people, it is hard to find a job. Also, I can't say we saved money that we can use because of our past difficult life. Sometimes you remind yourself of the businesses you used to engage in and earn income before things got bad, but now you are old. You had the strength then to work, but now you are not able to work as much.
>
> *Male, 67 years*

> Oder African refugees are mostly doing jobs that are demanding of one's energy. They are not professional jobs and low paying. When you do not have the strength then you are not able to work and most of us do not have enough money for 401k since we came into the country when we were already older and have not worked for a long time. The jobs are also low paying so there is usually very little to no savings for retirement.
>
> *Male, 50 years*

Not Having Children/Relatives. All participants perceived not having children or relatives to be an indication of not aging well. This was because, without children or relatives, the participants expressed that an individual would not have someone to look after them and that they would also be alone and lonely. These thoughts are described in the following quotes.

> To not age well is when you do not have children. When you have challenges or problems then you don't have children to look after you. You are alone and lonely and that's sad.
>
> *Male, 54 years*

> Not aging well is when you do not have someone like a relative who is helping you. Your body will deteriorate and you will appear weary. If you have children or relatives, they will help you. But when you don't have children you don't have someone to help. You also feel lonely.
>
> *Female, 64 years*

Differences by sex also emerged in their perceptions of not aging well. Among female participants, not aging well had to do with having uncaring children. On the other hand, lack of wisdom, and not being religious emerged as aspects of not aging well among male participants.

Uncaring Children. For female participants (10 out of 11), having children who did not care for them was perceived as indicative of not aging well. The women described uncaring children as children who did not want to see them and/or children who were not there to help them when faced with challenging situations. Such perceived neglect by children was a sign of not aging well.

> Also, what shows that you are not aging well is when you have children and they are not looking after you. You feel like they don't want to see you, even in their houses. You feel like you have challenges but there is no one to talk to because your children are busy with their own things.
>
> *Female, 65 years*

Not Religious. Male participants (8 out of 10) often mentioned a link between not aging well and not being religious. For these participants, not acknowledging God was indicative of not aging well. Acknowledging God meant giving thanks to God for his help, especially during the difficult situations they faced as refugees.

> For me not aging well is when someone does not have God or acknowledge God in their life. I believe that the far we have come we thank God for helping us. We have seen much and we escaped much and God helped us through the difficult times. We therefore thank God for our lives.
>
> *Male, 65 years*

Moreover, being religious was also linked to a perception of having good wisdom. This link emerged as the male participants described the relationship between acknowledging God

and wisdom. For these participants, acknowledging God or fearing God was described as the way to having good wisdom.

> You know there is a writing in the bible that says that the fear of God is the beginning of wisdom. If you do not fear God or acknowledge him, you will lack good wisdom.
>
> *Male, 64 years*

> If somebody does not have wisdom in them, that is not aging well. You need to have good wisdom for you to be able to provide direction and lead well.
>
> *Male, 67 years*

Research Question 2 Themes: How Perceptions of Successful Aging Match or Mismatch Perceptions of Aging Experiences

The purpose of the second research question was to identify how the experiences of aging in the US differ from what the refugee participants perceive they would have experienced if aging in their country of origin. As shown in Table 11, five themes describing the experiential differences as perceived by participants were identified. In addition, themes that differed between female and male participants in their descriptions are also presented.

Table 11

Themes Related to How Experiences of Aging in the US Differ from Perceptions of What They Would Experience in Their Countries of Origin

Successful aging perspectives	Primary themes	Subthemes
General Perspectives	Work experiences	• Physically demanding jobs • Type of job / Subsistence farming • Jobs not related to their prior skills
	Language difference	• Learning English • Communication difficulties
	Social activities	• Need for social connections • Desire to do things with people of similar age • Meeting with friends
	Transportation Challenges	• Less walkable • Accessibility • Not being able to drive
	Refugee background	• Past difficulties • Strength to work
Female Perspectives	Gender role change	• Working outside of home • Having more work
Male Perspectives	Gender role change	• Raising children/ house chores • Relaying / depending on children
	Technology use	• More technology • More use of cars • Advanced phones

Work Experiences. In terms of work experience, all the participants mentioned the differences in the nature of the jobs they are doing in the US compared to the jobs they would have been doing back in their home countries, when considering their age. The nature of the jobs

here were described as more physically demanding for their age. For example, one participant who was working as a dishwasher at a local restaurant described the job as physically demanding since it requires much lifting. In comparison to their country of origin, some participants mentioned that they would have been retired or no longer engaging in labor intensive jobs. Other participants mentioned that as much as they would have been working around their homes and on farms, they would take rests whenever they needed to. Such rests were not possible when working as an employee in America as one is paid by the hour and you have to wait for designated break times to rest. These descriptions are exemplified in the following quotes.

> Another thing is if things would have been okay in my country, since I was someone who had accumulated some wealth, with my age I would be retired. I would be eating all that I had worked hard for. For instance, I owned a hotel and a guest house and it as doing well. I hear the hotel is till thee but someone took over. If there wouldn't have been war, I wouldn't be in a situation where I am still looking for work. But war disrupts life to an extent that even with age, you do not know what you are looking for in life. I am still working; I have to be working here in America otherwise I would be homeless. The job that I do is too difficult for my age. But am grateful for being here.
>
> *Male, 61 years*

> The life here is okay, but it has its challenges too. For instance, I am thinking of leaving my job. It is getting harder for me because of my age. Where I work, the job is so hard and requires much lifting. I work as a dish washer at a restaurant. I would like to stop but I ask myself if I stop, how will I pay rent? If I were back at home and things were good, I don't think I would be doing this kind of job. I would probably be doing some work around my home, even if it is on the farm, and stopping to rest when I need to. You can't do that here because you are paid by hour so you have to keep working and wait until break.
>
> *Male, 64 years*

> Since I came here, I have not known what it means to have an easy job. The jobs I have been doing are hard jobs that require young people. But I feel like I have no choice because I do not know the language. I think if you know the language, maybe you can get easier jobs that may match your age. A job that does not drain all your energy. That's the problem we have, especially those who come here as refugees. They mostly don't focus on your ability to work but on how much

> English you know. The people who do not know the language get very exhausted, but you persevere, because what will you do.
>
> *Male 61 years*

The type of job was also described in relation to work experience. For these participants, the types of jobs in the US were distinct from the subsistence farming work that they engaged in in their country of origin. The differences in the types of jobs posed a limitation to some participants who felt like they lacked experience to do many types of jobs in the US.

> There are people back at home who at my age, they still go to the farms to dig (laughs). You will see someone still having their farm and doing work. Then you would sell what you get a nearby market or by the roadside. Now here, there is no jobs like that, you can't say you will sell tomatoes and onions by the roadside the way we do back at home on it. You can't do that here. This limits what you can do. Most of the jobs are with companies and I can't do those well. I feel like I don't have the experience to do those type of job.
>
> *Female, 66 years*

Furthermore, the types of the jobs also presented a challenge for some participants in that, they felt the jobs they were doing did not match their prior skills.

> People like me who already had professions, like I was into engineering, and then coming here and not being able to find work related to that because se of language and other rules, is discouraging. I worked in many departments and I have experience in construction, but since I studies in French, I am not able transfer my diploma. They say because of the rules I have to go back to school here and get some training. At this age, that is not possible. So, I am currently doing work that it very far from engineering. It is almost like there no difference between you and someone who did not go to school. You are now all the same.
>
> *Male, 61 years*

Language Difference. In describing how the experiences of aging in the US differ from what they would have experienced aging in their countries of origin, the language difference was discussed in the sense that the participants would not have to think about speaking in English if they were back home. Lack of proficiency in English language made communication difficult for

all participants. Because of their age, the participants expressed that it was difficult for them to learn a new language, especially if they did not get formal education.

> First, the language they speak here is different from what I was used to. If you do not know it then meeting people and having conversations with them becomes a problem. You do not have to think about that when you are aging at home.
>
> *Male, 59 years*

> Yes, the main problem is the language. If you cannot speak English it is hard to get things going. You know the life we had we were not exposed to English very much. Like me, I did not get much education so the language is a problem. It is very difficult to learn a new language at my age. Sometimes I get mail and I do not even know what they are saying.
>
> *Female, 66 years*

Social Activities. Another perceived difference was in relations to social connection. Most of the participants (n=18) felt like their need for social connection was not being met in the US, in that they were not able to interact with people of the same age group with ease, as they would back in their country of origin. The participants explained that it was typical for older adults who are retired or not working as employees to engage in social activities without worrying about time. In addition, the nature of activities that aging people engaged in, such as selling farm produce in the market, fostered social connection by enabling the individuals to interact freely. Such activities enhanced social connections for aging adults. These illustrations are explained in the following exemplar quotes.

> Getting old in America, I think what my wife has said is true, there is some level of assistance but, I think there are other needs such as social connections that are not being met. I would say there is no social satisfaction in old age here. For example, you just cannot be at home with your children, that hard, and if you have money and it is just you and your wife then it is still hard because there is the desire to do things with people you age. For me as a man, I would be happy being in the company of the old men at home. Back at home, the old /older men would sit together and talk and laugh outside of family house. We would have some tea together, but I cannot say the experience is the same here. I do not get to meet other older men from my community in that manner here. Life gets very busy with work and other challenges like transportation makes it harder for the older

> men to meet here. At home, the old people are retired or not working as employees, so it is easy for them to meet and talk without worrying about time. It is different here
>
> *Male, 56 years*

> Yes, I would be working if I would be back in Africa and there was no war. I would be going to farm, then bringing my produce to the market to sell. With that you also get to spend time with or say hello to other people. You see people who are your friends and you talk without caring much about time. Here, everything is based on time and the jobs that people do, you do not have time to stand and talk to friend. I miss the way we would engage in activities that brought people together back at home.
>
> *Female, 64 years*

Transportation Challenges. In terms of transportation, all participants described how it was easy to get from one place to another by walking in their country of origin compared to the US, where vehicles play an important role in transporting individuals from one place to another. The participants explained that without a vehicle in the US, it is hard for them to get around. One of the participants clarified that individuals who arrive in the US when they are adults are not able to drive since they did not have driving experience in their country of origin as they relied on public transportation.

> Back at home you can just walk to go visit your friend, here you need transportation especially during winter when it is so cold to step outside.
>
> *Female, 61 years*

> The men who arrive when they are older, they are not able to drive cars so it is also hard to say, let me go and visit so and so on your own. One of the family members or a friend has to help with transporting you and people have very busy lives here to be doing that often. I didn't think much about this back at home when I needed to go somewhere. We did not drive much back at home. I never owned a car. We just used public transport if we needed to.
>
> *Male 56 years*

Transportation challenges are further exacerbated by language difficulties that make it difficult for aging adults to pass the test required for a driver's permit.

> Yes, there is a difference. In Africa, people are used to walking, they work by hand, but here you can't just walk anywhere, you need a car and if you don't have it or can't drive you remain at home. I have tried taking the exam here so that I can learn how to drive but I have not been able to pass because it is in English and I don't understand much. So, I don't know if I will ever get top drive a car.
>
> *Male, 66 years*

Lack of transportation also made it difficult for some participants to access facilities such as the hospital. Aging refugees, not being able to drive, encountered accessibility challenges especially when the healthcare facilities were deemed to be far.

> In terms of healthcare, some older refugees are not able to drive so trying to get to the hospital for medical assistance is hard because you cannot walk there when it is too far.
>
> *Female, 52 years*

Refugee Background. Nearly all participants (n=20) explained that considering their refugee background, that was full of many difficulties and life-threatening situations, they felt that their aging experience as refugees in the US was better compared to if they were aging back at home as refugees. Some participants described how their physical appearance now looked better compared to when they were at the refugee camp in Africa.

> If I can use my example, I am old, but in Africa I was looking worse. My body was deteriorating (Laughs). Since I came here, now my face looks better. I have a car and a bicycle; I have a permanent house to stay in. As much as I lack enough money, I cannot compare with what it was in Africa. As a refugee, aging catches up with you too quickly if you are living in the refugee camp. Even getting soda, like Fanta orange to drink is a problem. How can you not fail to age poorly under such conditions?
>
> *Male, 64 years*

> I don't know what I can say but seriously, I think I look better (Laughs). I think before I came here, I had started developing some wrinkles (Laughs). I think it was because of the day-to-day stress. As much as we have stress here too, but it is somehow different. I would say it is a different kind of stress. I tell you, life in the camp was not a joke
>
> *Female, 65 years*

Many participants also mentioned that because of their background, they were not able to get better jobs as they did not have the opportunity to further their education. War impacted aging individual's opportunity to learn as schools got disrupted. Additionally, at the refugee camps, learning priorities were given to children, leaving the aging individuals at a disadvantage.

> To live in this country and have a good life depends on working or having a good job. For an old person they do not have the strength to work so it becomes challenging. Older refugees because of their experience with war and living in refugee camps may feel this challenge more. To do the better jobs, you require good education. Unfortunately, some of us did not have that opportunity for further education. Some of the skills back at home do not require much education as they do here
>
> *Male, 52 years*

> Back in the days, the women were not given much priority to go to school, but my father valued education and brought me to school. I didn't study for long then war broke out. When we went to the refugee camp, for a long time there were no stable school. By the time they introduced something better, I was not a child, so I couldn't go. The schools were started for the children. Even if I wanted to go, I was busy with other things trying to figure out life and caring for my younger sisters and brothers.
>
> *Female, 64 years*

Gender Role Change. In exploring the differences by sex on how the experiences of growing older in the US differ from what the refugees would have experienced if aging in their countries of origin, shifts in gender roles is a theme that emerged for both female and male participants. However, male and female participants described the change in gender roles from different perspectives. Female participants discussed their role change in that, they now had to work outside of the home in order to help their husbands to pay some of the bills. This, they thought increased their workload as they worked both inside and outside of the home. One participant explained that she thought aging women felt the burden more than younger women in the US. This is because aging women had been raised by specific traditions and beliefs about

gender roles such as not allowing men to cook, compared to the younger generation that was more fluid in their perceptions of gender roles.

> You know here we have entered another lifestyle that requires women to work outside of the home. The man cannot work alone and pay for all the bills here. So, we have to join hands, work together, and then you as a woman also comes back home to do your house chores. I think that makes the women to have more work.
>
> *Female, 50 years*

> The way the current generation is living is different with the way we were raised. I visited my oldest child, my daughter, she is married, and I observed some differences. I was telling her to go make food for her husband and she said the husband can make food for himself. I told her it is not good to let the man go to the kitchen so much, but she told me that is old tradition (Laughs). She said that is what people in our generation did, but not now. I think the old women feel the difference of working both at home and outside more than the younger generation here in America because of how we were raised and what we believed.
>
> *Female, 65 years*

Male participants described the changes in gender roles by explaining that, in the US, they are now doing chores that they were not doing back at home such as raising children and going to the kitchen to prepare a meal for the family. For the male participants, these roles primarily belonged to the women.

> You know we as men here we are doing works that we did not do back at home, because for example when my wife goes to work, I am left with the children. Back at home, men do not raise children, the children were for the woman, but now it is different. We did not do that at home but now I have to help raise the children. When my wife is at work and one of the children needs food, I cannot say I do not go to the kitchen, I have to go and get them something to do, I have to play that role that was being played by women so that the children can be well cared for. We have learned that here, we did not do it back at home. So, thoughts have to change, we have to adapt to the life here somehow.
>
> *Male, 56 years*

Additionally, related to the theme of gender role change, male participants perceived a change in their role in the US in that, they were now more likely to rely or depend on their

children. This was attributed to the fact that their children were younger and could therefore get jobs easily compared to the aging adults. For these participants, depending on children was perceived as a threat to the power dynamic between the aging male participants and their children as expressed in the following quotes.

> You see the children back at home, the way you live with your children back at home is very different with the way you live with your children here. You see back at home children did not have money, but here they have money because they can take small jobs. They are also easily hired by companies compared to us who are older. Now, you, you do not have anything, you become dependent on them. Now you are the one who becomes a child, they can start ordering you around if you are not careful. Back at home you were the lion but it changes here (Laughs).
>
> *Male, 54 years*

> Here, because children are able to work and get their own money, and can buy food for themselves, and can also buy a car as well, if you as a parent don't have a job, they may just see you as their mate. It is like you are both on the same level.
>
> *Male, 64 years*

Technology Use. The use of technology is a theme that emerged among all male participants. This was described in terms of car usage as well, having advanced phones and the use of computers. Because of their age and limited exposure to technology, the participants expressed difficulty in learning the new forms of technology as well as being able to keep up with the changes.

> People here mostly use cars to get from one place to another, at home to mostly walk. You didn't have to think much about going to get driving license. So yes, there are differences. The technology here is very advanced and you can't do much without it. You have to learn it. Well, I can say that our children are learning these things faster than we are because they are getting more exposed. For us older people your exposure is not much and sometimes you are also tired of wanting to learn a new thing. Especially the way technology keeps changing quickly. It is tiring.
>
> *Male, 59 years*

> You see here, everything is technology, even your phone like I-phone, we were not used to things like that in Africa especially living as a refugee. But here, everything is technology. It makes doing work hard if you were not used to computers. Sometimes you also learn one thing and before you know it there is a new one. These things are too many (Laughs). You can only keep up with little when you are old. So, you learn one or two and that's it (Laughs)
>
> *Male, 54 years*

Research Question 3: What Are the Benefits and Challenges of Aging in the US?

The purpose of the third research question was to determine whether the participants had any perceived benefits and/or challenges of aging in the US. As shown in Table 12, there were multiple themes that emerged among the participants, but there was no sex variation when describing the benefits of aging in the US.

Table 12

Themes Related to the Benefits of Aging in the US

Successful aging perspectives	Primary themes	Subthemes
General Perspectives	Having basic needs met	• No hunger • Education for children
	Good medical care	• Good hospitals and machines • Assistance with medical bills
	Peaceful country / Security	• No war
	Job opportunities	• More job opportunities compared to Africa

Having Basic Needs Met. All participants described having their basic needs met in terms of food availability and shelter as being beneficial aspects of their stay in the US, compared to their lives prior to the US. Since aging adults have the responsibility of providing for their families, some of the participants expressed gratitude to the government for helping them meet some of the basic needs of their families. For example, the government provides

support in terms of food stamps that the participants could apply for when in need. Some participants mentioned that having good food was important especially as they age, due to the changes in the body. Eating well was important because it contributed to improved health, physical appearance, and strength. In addition, some participants, particularly those who were caring for their grandchildren, acknowledged the assistance in terms of getting the children's need for education met as well as not having to pay school fees. Some participants expressed that when one is aging, they have more things to worry about, especially as one thinks about the well-being of their children and grandchildren. As such, receiving support for basic needs reduced some of the worries and stress, which was better for their well-being.

> Having good food is good. In Africa we were always worried about food. And when you are old, you need to eat well, otherwise your health gets even worse…. The changes that are taking place in your body requires you to eat well. When you eating well you look healthy and you also have strength. The wrinkles disappear from you face (Laughs).
>
> *Male, 67 years*

> I like it more here. Because, I can get food, I do not have to engage in hard work at the farm. You cannot also compare life here to the tough life in the refugee camps. Also, my children are able to get food and they are going to school. At the camp there was always hunger, and if you got food you had to use it well since you did not know when the next aid will come. It was very troubling. Also, the houses were very bad, but here, I like my house. I never imagined living in such a house. As an adult it was your responsibility to provide for the children, and you had to figure it out. From clothes, food, education. Here, at least you can get help with food. If things are very bad you can go and apply to get food stamps. The government can support you like that. Having food is good because it makes you look healthy and protects you from diseases that can occur if you are not eating well. Also, the education is also paid for so you don't have to worry much. Education is a responsibility that you now don't worry much about as you did in the past. Especially when things were tough and you were asking yourself where you will get school fees for your children. I am caring for grandchildren here. Two of them are about to be done with secondary school and the other one in primary school with be joining secondary school. I have not felt the worry about their schooling as I did when caring for them in Africa too. You feel less stressed about things like that here. The less stress you have the better for you

> (Laughs)…You know when you are older you have so much on your mind so if some of it can get reduced that is good.
>
> *Female, 63 years*

> I think it is better here. You can get food here but back at home it was very difficult to get food. When you have a farm back at home, you may need to go there yourself and dig to get food, sometimes when you are already old. Also, I like it here because children can go to school and come back home. The bus picks them and brings them back. I am happy when I see that. I really desired education for my children and am grateful they have the opportunity to go to school. Also, if children are 18 years here, they can get jobs and help with somethings at home. It was not easy to get employment back at home.
>
> *Female, 65 years*

In addition, some participants articulated that aging in the US reduced some of the life stresses associated with having their basic needs met. For example, the stress of getting food as well as getting clothes for the children was reduced. This is because the US provided a variety of store options to purchase from.

> To age here, some stress such as what will the children eat is reduced. There are also stores that you can go to and find clothes that are not very expensive. My wife goes there sometimes.
>
> *Male, 56 years*

Good Medical Care. Some participants also expressed their appreciation for the good hospitals and machines. Being older, the refugees were prone to illnesses posed by the environmental factors such as high humidity and food problems. Lack of good medical care in Africa further threatened their health. As many participants mentioned losses and limitations in physical abilities as a result of aging as well as vulnerability to diseases as their age advances, participants were aware of and recognized the importance of medical care that was available to them in the US, compared to their home countries. As such the aging refugees appreciated the availability of good medical care in the US, since they felt that their health-related needs could be taken care of.

> You know back at home, sometimes you can be sick but you are not able to go to a good hospital because they are expensive and very far away. You can go to small clinics and the treatment there is not very good. They don't have good machines to test you as they do here. You know when you are getting old, you can easily get sick because that is just how the body is. Your body is not like a young person that can fight some diseases. Your body becomes weak, and then sometimes people can become blind and lack strength to do activities. With all these things you need good hospital and doctors to care for you.
>
> *Female, 64 years*

> Africa also has its challenges. Starting from Malaria and food problems. It makes the old people to die faster. Lack of medical care also affects the health of old people. The air especially in my country is very humid and it affects the health of old people and children below the age of five years. Here, there is good hospitals and machines to help people, and I really appreciate that. When you are sick you go in, they do tests and you get better treatment than you would back at home.
>
> *Male, 61 years*

In addition, the participants also mentioned the importance of the assistance they got with medical bills through health insurance. This was contrary to the healthcare experience they had back in Africa.

> Here, you get assistance with things like medical cares and food. You may not get the same back at home. The government may not do much for the old back at home. I never had any medical insurance until when I came here. If you were sick, it was all on you and your family. The hospitals would not also treat you if you did not have money.
>
> *Female, 50 years*

Peaceful Country / Security. All participants recognized the US as a peaceful country with no constant war. They mentioned that being in the US made them feel secure and at peace. As older adults, they were able to acknowledge the importance of peace because when war broke out in their country of origin, some participants claimed that the older individuals at the time were impacted more as they saw most of what was happening, besides being the targets for torture. Moreover, some participants expressed that, at their age, being at peace and feeling safe

was better than having riches without peace. For these participants, more value was placed on peace and security rather than wealth.

> I think getting old here is better according to me. Because, my country and the neighboring ones have been countries of war. If I compare my life now and the lives of my brothers who are still in Africa, there is a big difference. You know, the most important thing in life, even if you are rich, if you do not have peace, your wealth is nothing. When you have peace and you are poor, your poverty may not disturb you much. The most important thing is peace. Our countries do not have peace. So, for me, I think we will live well here because it is a country of peace. I feel that I am safe. And that gives me peace. You cannot be at peace if you do not feel safe.
>
> *Male, 52 years*

> When war broke out, I could say us who are older experienced the worst. The children were young and did not understand much, but we saw it all. We were the ones who were mostly being targeted for things like torture. War is bad, it destroys so many things and sometimes you are not able to recover. For that, I do value peace, and this is a peaceful country. You know at my age, all I want is peace, nothing much. After all that I experienced, I want to be at peace and be in a peaceful environment. Here, I know I will die in peace. I may have other challenges but not the one that makes you worry all the time about your safety as in the past.
>
> *Male, 67 years*

Job Opportunities. As much as the participants mentioned several difficulties they had with jobs, such as having physically demanding jobs, many of them were also quick to recognize the fact that there were more job opportunities in the US compared to their country of origin. More so, their country of origin did not have many job opportunities for people who were old. Moreover, being proficient in English boosted ones' chances of getting jobs in the US. Some participants mentioned that being able to work at their older age made them feel good as it brought a sense of independence. For these participants, due to the available job opportunities, working enabled them to contribute to the needs within the family as well as take care of some of their own needs, as opposed to being dependent on others.

> The way life is in America, it is hard just to sit. You need to contribute something at home. When you a small job, even if it is part-time, it helps because at least you are doing something. I feel good when I am able to get in my pocket and hand money to son to help around the house or even take care of some of my needs without asking for help. When you are old sometimes people expect you to be asking for things, but I feel good when I am able to take care of them.
>
> *Male, 66 years*

> Here, you can find some job to do to earn some income especially if you know English. It may not be the job you want or one that matches your strength but it is a job. There are no many job opportunities back at home for people who are old. I feel good when I work and put food on the table and also pay bills. I am not depending on anyone.
>
> *Female, 50 years*

Despite no sex variation in describing the benefits of growing older in the US, sex variations emerged when describing the challenges of growing older in the US. Both general perspectives and divergent themes emerged between male and female participants concerning the challenges are presented in Table 13 below.

Table 13

Themes Related to the Challenges of Aging in the US

Perspectives on aging challenges	Primary themes	Subthemes
General Perspectives	Language difficulties	• Learning English • Communication difficulties
	Citizenship challenges	• Not able to pass the test • Fear of not being citizens • Not having citizen privileges • Not able to retire • Not able to travel to Africa
	Worrying about families back in Africa	• Stress • Complaints from families back at home • Safety concerns in Africa
	Past trauma	• Remembering those who died in Africa • Remembering the past difficulties
Female Perspectives	Intergenerational parenting differences	• Ways of exercising discipline • Difficulty parenting
Male Perspectives	Age discrimination	• Preference of younger individuals • Difficulty finding jobs

Language Difficulties. Not understanding the English language made learning difficult for all participants. The difficulties with language learning were attributed to older age, which made it difficult for the participants to quickly learn and understand the language. One participant mentioned that;

> It is so difficult to study another language Like English when you are already an adult. The way they pronounce things here is different even the letters of the alphabet. It is so confusing. I am mostly not able to learn things quickly because I am having trouble with the language.

Male, 67 years

Language difficulties was also linked to communication difficulties. All of the participants acknowledged that it was difficult to communicate if one did not understand the English language. Many of them mentioned that communication difficulties limited the number of friends they could have. Moreover, some participants felt that there were several people in the US who were of similar age with them, but due to communication difficulties, it was not possible to talk to them.

> I have tried going to school but I cannot seem to understand anything. It is very discouraging. My age of understanding English is already gone. I cannot go back. I remember myself and other old men, when we go here, we were very dedicated going to school to learn English. But, even up to this point, we are still not able to speak the language or understand it. If you cannot speak the language, then you have problems communicating. You are mostly quiet if you are in a place where people do not speak the language you know. This even limits how many friends you can have, if you cannot communicate.
>
> *Male, 64 years*

> I think there are so many people here who are my age. I would like to talk to them but it is not easy because I am not able to communicate in English. I think even my neighbor is maybe around my age, but we just pass each other.
>
> *Female, 66 years*

Citizenship Challenges. All participants expressed challenges related to citizenship in one way or another. A major challenge was the fear of not being able to pass the citizenship test and becoming a citizen due to limited proficiency in English language. In addition, some participants mentioned that it was hard for them to respond to some test questions, especially questions about other States in the US, since they had not travelled much, and had mostly lived in one State.

> Yes, the main one for us old people is citizenship. If we cannot understand English, how can we pass the citizenship test? It is possible to just give old people citizenship without the test. We are not refusing to go to school, we have tried to go to school, but is so hard to learn a new language. What will become of us if we

> do not pass the citizenship test? It is a concern. The things they ask in the test, about other States, I don't know them because I have not been there. And they ask in a language I don't know. I have only been around Fargo.
>
> *Male, 64 years*

> No, I am not a citizen. It has been 10 years. I went to try to take the test but I did not pass it. I could not understand because am not able to communicate or understand English… I have tried studying but I have not been successful. It is hard for me to understand, my age makes it harder, I am too old. Some of the questions are also hard for me because I have not travelled to other States. You know if you travel, you see much and you get to learn more, but being in one place makes it difficult to know more about other States.
>
> *Male, 65 years*

Moreover, the participants expressed some limitations resulting from not being able to pass the citizenship test. For instance, most participants mentioned that without passing the test, an individual could not gain US citizenship status. One limitation of not acquiring a citizenship status was the fear of not being able to travel outside of the country without US passport, since there was no guarantee that you will be allowed back into the US.

> Going to Africa, is a big problem for us. If you are not yet a citizen, it is better not to leave the country. You are not sure if they will let you back in if you don't have American passport. You have to pass the citizenship test first before you can become a citizen. If you are not a citizen, it is better to stay in the country and don't try going anywhere. You fear leaving because you don't know if they will let you in. Also, it is expensive to travel and we are not able to afford it.
>
> *Female, 64 years*

Another challenge of not being a citizen was linked to the risk of losing or not being able to access some privileges such as Supplemental Security Income (SSI), unemployment benefits and/or disability benefits. Some participants explained that because of their age, they may be prone to health challenges that may impact their ability to work, thereby needing some form of assistance. For these participants, it was important that one obtains citizenship status so that their assistance could be secured.

> I think it is important to try and become a citizen because if you do not become a citizen, after some years you will not get things like SSI. Life is full of challenges and even in you are working now and you do not need SSI, you do not know what will happen tomorrow. Especially if you are growing older, you may experience health problems that may cause you to stop working. You may need help like the ones people who are not employed get. You will note get them if you are not a citizen. So, it is better to be a citizen so that you are secure.
>
> *Female, 55 years*

> When I came to America, I had an accident during winter and become disabled. I started receiving the disability money because I was not able to work. I had a very bad fall that affected legs. I was receiving the disability for some years and then it stopped. …they stopped my disability because I have been here for so many years and I have not been able to get my citizenship. I tried the exam two times but I failed. Now, you know you are given time to get the citizenship and if you don't then you lose somethings. Like now they say I do not qualify for disability because I am not yet a citizen. I am still not able to work because of my legs. But I have not given up, I am still going to adult school to learn English and citizenship class. I will apply to take the test again.
>
> *Male, 64 years*

Some participants also mentioned that you run the risk of losing assistance such as food stamps, Medicaid, and even school assistance your children if you do not get citizenship after the designated time period.

> If you so not pass the test, after a certain time frame you lose certain privileges such as food stamps, Medicaid because they don't have identity. You have to get citizenship after a certain time frame even for our children because after that you risk losing privileges and assistance at school.
>
> *Male, 56 years*

In addition, some participants expressed the fear of not being in a position to retire if they do not obtain citizenship status. This is because, without citizenship, one would not be eligible for Social Security when they reach age 65. For these participants, this meant that they had to keep working to take care of their bills, past retirement age.

> Also, you see, if you are not a citizen and you get to the age of 65. You are not eligible for SSI [referring to Social Security]. You can't get the monetary support that old people get. You can even lack money to pay rent. It will be nice to get the

> monetary support so that we can help our children to pay rent, especially if we are living in their houses. It means that you may not be able to retire, you have to keep working to get money.
>
> *Male, 67 years*

Worrying about Families Back in Africa. In describing the challenges of getting old in the US, all participants mentioned worries about families back in Africa. They expressed that receiving complaints from family members back at home impacted their aging experience, especially when they felt like they were not in a position to help. Some participants mentioned that they worried about their children and grandchildren back in Africa. Also, having lived in the refugee camp for longer periods, they were able to understand the struggles the family members who were still living there or living in the neighboring countries as foreigners were going thorough. This caused them to worry more about them.

> When you hear your children complaining and crying about their situation back in the refugee camp, do you think you can age well? It is hard because you want to help and you are not able to. I lived in the refugee camp for many years and I know how tough life can get there. Even if they are not in the camp, it is difficult to survive in a country that is not your own. So, when they call me. I understand their struggles. I think of them and it is very worrying at times. I just hope all this will end one day and that they will get resettled.
>
> *Female, 63 years*

> As a parent, you always want the best for your children. You want all your children to experience good life. But when it feels like some of your children are experiencing good life and others are not, then you worry about the ones who are not. I still have three children in Africa. Two of them are married and with children. Whenever they call and say, for example, they don't have something to eat and need some help, I think of them and I worry about my grandchildren too.
>
> *Male, 64 years*

The participants were also filled with concerns about whether they will be able to be reunited with their family members, especially their children and grandchildren. Some participants explained that the immigration process was more complicated for individuals who

got married or had children after their initial registration at the refugee office. For these participants, they felt like it will be harder to be reunited with their children who got married before their relocation process was complete, as well as their grandchildren that were born later on:

> I don't know what will happen in the future, if my children are able to come here when am still alive, we will see each other. But, for me to think of going to Africa, how will I be able to? I wish to see my children but I am not sure how that will happen. I am always worrying about whether they are safe and if they are doing well.
>
> *Female, 64 years*

> I would love to see my children and grandchildren but I don't know when it will happen. The process of being relocated to another country is not an easy one. It gets more complicated when someone who was already registered with the refugee office gets married or gets children because the original documents do not have those new members. That also causes the process to get longer for someone. It has been hard for my daughter to join us because she got married. She has two children now and I can only hope to see them someday.
>
> *Female, 61 years*

Past Trauma. Some aspects of past trauma such as remembering those who died and feeling sad, crying when remembering past difficulties, and not sleeping due to past memories emerged in participants descriptions. Some participants (n=16) mentioned that because they were adults when war broke out, they were able to understand what was going on. The also had the responsibility of trying to get their children to safety while at the same time risked being killed. These experiences caused them to endure more hardship.

> You are constantly taking medicine, for the diseases, you are also filled with worry, and you remember those who already died, all those things make you very sad.
>
> *Female, 66 years*

> I am really pained about my children who are still at the refugee camp. Especially my grandchildren who are now left as orphans since their mother and father passed away. We are not sure who is looking after them and their living

> conditions are very temporary. It is painful. We were all together in the refugee camp but we got cleared to come and their process was still being worked on, so we left them behind. I can't help but cry and sometimes not sleep when I think of them.
>
> *Female, 53 years*

> I think the adults were mostly affected during the war. We were trying to protect our children the best way we could. Older people risked being killed more. As an adult you are the one who had to plan how you are going to get your children to safety as we understood what was going on. We saw many terrible things in that process.
>
> *Male, 66 years*

In exploring whether there were sex differences on challenges of growing older in the US, themes emerged for both female (i.e., difficult parenting) and male (i.e., type of jobs) participants.

Intergenerational Parenting Differences. A challenge for the female participants was on how to exercise discipline on their children and/or grandchildren without the fear of getting into trouble with Social Services (i.e., child protective services). They explained that the way children are disciplined in the US is different from how they prefer to discipline their children. Most women acknowledged that the ways they were disciplined when they were young or how children are disciplined in their country of origin would not work in the US setting. More so, those with children who were 18 years or older found it difficult to parent as American culture considered the children adults who could make their own choices and decisions. Conversely, the participants came from cultures that did not put an age limit parenting or disciplinary practices on children. Some women considered the approved discipline measures in the US to be too modern. Since they were not familiar with the discipline measures, they felt that they could not use them effectively and this limited the control they had in disciplining their children.

> You know here, you just can't beat your child the way you would back in Africa if they do something wrong. Before they will call the police on you and then you get in trouble with social services. Like our last born, she did something wrong and when we disciplined her, the next day when she went to school, she reported us. We don't know much about what she said to her teachers because our English is not very good. We later received a warning from social services. It was almost turning into a big deal.
>
> *Female, 52 years*

> As a mother you need to be careful because you risk losing your children if they are not well disciplined and also risk getting into trouble with social services depending on how you discipline your children. It is not as easy as it was back at home. Back in Africa child could be disciplined by someone who is not their parent as long as they were caught doing something bad, but you can't try that here. You focus on your own children who at the same time you have to be careful with when disciplining them. This makes parenting a little bit more difficult here. I think the type of discipline they want us to use here is more modern (Laughs). I was not brought up like that. They say talk to the child instead of beating them. Yes, you can talk to a child but sometimes you need something else also if they are not listening (Laughs). I have my son who is 19 years old, sometimes there are things that he does that get me very upset, but I feel like there is nothing much I can do, because they say he is an adult. I can't beat him here. Back at home, our parents did not care whether you were 10 years or 20 years. As long as you were living in their house, you could be beaten or receive hard slaps for bad behavior (Laughs). Even now at my age, I still listen to my parents. That's how were brought up.
>
> *Female, 55 years*

Age Discrimination. Male participants mentioned that they felt discriminated against when looking for jobs because of their age. They felt that it was easier for companies to hire younger individuals than aging individuals. As such, age limited their chances for employment. The following quotes describe the participants' age discrimination experiences.

> You may face discrimination in that when you start looking for jobs, people say you are old and they may not hire you. When get to the age of 50, you start to be old. When looking for employment, it is rare that they would hire a 50-year-old when there is a 25-year-old or 30-year-old.
>
> *Male, 54 years*

> For example, yesterday, I went with my wife to a hotel since it is not good to just be home without work. When we arrived, the manager looked at me and said I am old. She said because she respects me and my age, she cannot employ for the tasks in the hotel. She said it is okay for my wife, she can do housekeeping, but she said no to me because of my age. She said she was looking for someone who is maybe 25 years old or 30 but not someone who is 60 years.
>
> *Male, 59 years*

> I think in the society here, there is some sort of age discrimination. My wife and children may respect me but when I go outside, especially us as refugees, when you apply for job and they see that you already have grey hair like me and there is another man who is 25 years old, it will be different. You know most of us do not do professional jobs, we do hard manual labor, they will not take an old man if a young person is available.
>
> *Male, 56 years*

As illustrated by the findings from this study, much of the perceptions on aging among refugees aging out of place is shaped by their unique background experiences of being a refugee as well as cultural values. The refugee experience and cultural background of the participants played a role on how the participants defined aging or successful aging. Their background guided their perceived differences on how their current experiences of aging in the US compared to perceived aging experiences in their countries of origin. Moreover, their descriptions of the benefits and challenges of aging in the US were in relation to the challenging lives they had experienced, living as refugees as well as their cultural norms and expectations. Whereas such experiences caused them to appreciate the life they had in America, on the other hand, the refugee experience posed challenges to their well-being, thereby causing them to perceive aging differently.

Discussion

The analysis used in this study was guided by grounded theory (Glaser & Strauss, 1967). As such, themes related to perceptions on successful aging among aging refugees were

discovered from the data collected. In this chapter, the emerging themes in the study findings are discussed within the context of previous theoretical and empirical studies and literature. Additionally, the strengths, limitations, and future research directions are provided.

The themes that emerged from the current study showed that perceptions of aging out of place among aging refugees from Burundi were in some ways consistent with perceptions of aging among generalized Western populations, but were also unique in being influenced by the interplay of various factors related to their unique refugee background / experiences, their cultural norms and values, as well as cultural factors in the host community. In regards to refugee background / experiences, factors related to hardships experienced during flight such as lack of basic needs, disruption of education, loss of property and loved ones, and experiences of trauma, influenced how aging refugees perceived aging. In addition, aging refugee's cultural norms and values such as the roles affiliated with aging adults, gender norms, religious beliefs, and family-related values played a role on how aging refugees perceived aging. Furthermore, cultural factors in the host community such as work ethic, employment related issues, language spoken in the host community, and social elements such as relationship formation and social activities also shaped aging refugees' perceptions on successful aging while aging out of place. The interplay of the aforementioned factors demonstrates that refugee immigrants who are aging out of place integrate their past experiences with their present experiences in the new environment (Curtin et al., 2017).

The findings from this study illustrated patterns in general perceptions and experiences of aging among aging refugees in the US. Whereas some of the aging perceptions were similar to perceptions of aging among aging individuals in the US, some aging perceptions were unique to aging refugees in the US. In addition, findings also demonstrated the differences in aging

perceptions and experiences among aging refugee males and females. These differences are discussed in comparison to other aging populations in the US.

Perceptions and Experiences of Physical Aging

The present study found definitions of aging and perceptions of successful aging among aging Burundi refugees to be consistent with perceptions of other aging populations. For example, aging refugees defined being old in terms of the age of an individual (Guralnik & Melzer, 2002; WHO, 2002), experiences of decline in physical functioning, presence of diseases, and change in physical appearance (Cannuscio et al., 2003; Dunne et al., 2011; Koolhaas et al., 2012; Chang et al., 2017). In addition, aging refugees perceived factors such as economic security and family connections as indicators of successful aging (Fernández-Ballesteros et al., 2008; Nimrod & Ben-Shem, 2015; Rowe & Kahn, 1997). However, despite the similarities in perceptions of aging, unique perceptions of aging emerged among aging refugees. To begin with, for aging refugees in the present study, 45 years seemed to be an age that the participants thought to be the onset of aging. Aging-related changes were perceived to emerge early due to the difficult hardships and trauma influences experienced by refugees. The challenging life experiences of refugees such as leaving their home country, loss of property and loved ones, and lack of basic needs potentially rendered them prone to threat of diseases and disabilities as well as trauma related influences. Participants reported that such experiences caused them to experience issues related to aging more rapidly than individuals who have not experienced societal traumas and forced migration. They were also of the opinion that threats to physical impairments due to war, as well as harsh climatic conditions with no proper shelter could potentially accelerated visible physical characteristics of aging among aging refugees. Moreover, rapid aging could be particularly worse for aging refugees who spent longer durations in the

refugee camps due to limited provision of basic needs such as food, sanitation issues, overcrowding, disease outbreaks, and conflicts that pose threats to an individual's health and well-being (Feldman, 2017). Aging refugees having spent some time in camps may experience high health deficits due to their living conditions and thus experience "Exhausted Migrant Effect" (Bollini & Siem, 1995; Domnich et al., 2012) in the host communities, compared to other immigrants experiencing "Healthy Migrant Effect" due to their healthier and wealthier status as they engage in migration (Domnich et al., 2012; Gimeno-Feliu et al., 2015). As such, it is possible that experiencing these challenging situations over long periods of time can trigger early aging among the refugee population.

In terms of gender differences, the perspectives on the definition of aging among aging refugees differed between men and women. The women perceived aging through biological implications (i.e., childbearing) whereas men perceived aging through socially constructed meanings (i.e., aging as a blessing). For instance, the refugee women linked aging to the time when one stops giving birth. This perception may be as a result of certain cultural values that place emphasis on childbirth (Caldwell & Caldwell, 1987). Cultural statements such as "woman's glory is crowned in childbirth" (Baloyi, 2017), can cause women to link their aging perceptions to childbirth. The sentiment of aging refugee women that linked aging with when one stops giving birth is consistent with other populations that link menopause with aging (Danaci et al., 2003; Heidari et al., 2019; Kim & Lee, 2016). However, perceptions and experiences of menopause vary across cultures (Beyene, 1986; Jurgenson et al., 2014; Kaufert, 1996) because perceptions and experiences of menopause can be influenced by the social, biological, cultural, socioeconomic, and lifestyle factors among women. As such, understanding the past experiences of aging refugee women is important in determining the factors that may

impact their menopausal perceptions and experience. Due to the past traumatic experiences such as physical abuse, threat to life, higher levels of stressful events such as loss of children, and poorer nutrition during migration, aging refugee women may be more likely to experience greater health risk factors compared to other women (Costa, 2007). Given this great variation, it is important to increase awareness on how cultural groups, particularly aging minority groups, may likely have different perceptions and experiences of menopause.

On the other hand, refugee men described aging from a socially constructed perspective as they perceived aging as a blessing or being lucky. Though prior literature has suggested the perception of aging as a blessing among older individuals (Mattes, 2005; Laditka et al., 2009), this conceptualization was unique for aging refugee men in comparison to other aging adults because their description of 'blessing or luck' associated with their aging was directly related to their surprise from having survived their lived experiences as refugees. Aging refugee men compared their current circumstances in light of their past traumatic experiences that posed multiple threats to their survival. Having endured hardships related to refugee life, male refugees considered themselves to be blessed or lucky to have survived endangering situations that most of their peers did not.

Perceptions and Experiences of Economic Security and Aging

The lack of basic needs that characterized refugee lives during flight caused aging refugees to perceive the provision of basic needs to be a key indicator of successful aging. For aging refugees, having their basic needs met (that is, food, shelter, and clothing) reduced the worry and stress related to lack of basic needs. It also lowered the threat to one's health, leading to perception of wellness and successful aging among aging refugees. In fact, aging refugees were of the opinion that being in the US somehow provided an avenue for recovery, as most of

them were no longer experiencing challenges related to meeting basic needs. This contributed to a positive self-perception and overall well-being among these aging refugees.

In order to have their basic needs met, aging refugees in the present study recognized the need to work. Aging refugees also recognized the economic opportunities available in the US that enabled them to be able to work and contribute to their family needs. In the present study, the necessity to work and provide for one's family was stronger among aging refugee men than women. The ability to provide made them feel good and also enhanced their sense of independence. Moreover, research studies have shown the link between financial wellness and successful aging (Chou & Chi, 2002; Lewis, 2009; Reichstadt et al., 2010). Having a sense of independence is particularly important for aging refugees as studies suggest that older refugees had high dependency and reliance on humanitarian assistance (Strong et al., 2015) prior to being resettled. The ability to contribute to family needs as well as meet one's own needs potentially boosted the esteem of the aging refugees thereby enhancing their well-being perceptions. In this regard, having a sense of independence and esteem in the US as a result of economic opportunities can be a protective factor for well-being among refugees aging out of place.

Despite the economic opportunities in the US, aging refugees reported work related challenges that impacted their perception of successful aging. Their perceptions here align with literature suggesting that older immigrants have fewer job opportunities and other related economic disadvantages in their new environment (Becker, 2003; Carr & Tienda, 2013; Treas & Mazumdar, 2002). Moreover, aging refugees are generally reported to have lower socioeconomic status outcomes compared to the general population and non-refugee immigrants (Li, 2016). For the refugees in the present study, work related challenges (such as not having a job or having low paying jobs) reinforced what they described as 'bad life'. This is because lack of employment or

having low paying jobs led to limited finances to cater to ones' needs which resulted into worries. Work related challenges are exacerbated by factors such as limited proficiency in English and age discrimination. Such experiences can cause aging refugees to perceive their aging experiences from a negative standpoint.

Furthermore, citizenship tests are used by national governments such as the US as part of their naturalization procedures. Being a US citizen was important for aging refugees in the present study because it gave them a sense of identity after being considered stateless for several years. Moreover, affirmations related to identity have been shown to correlate with happiness and well-being (Kan et al., 2009). For aging refugees, not passing the citizenship test due to limited English proficiency meant that one could not achieve the citizenship status in the US, leading to several economic disadvantages. For instance, aging refugees expressed fears to the risk of losing citizenship privileges such as Supplemental Security Income (SSI), food stamps, Medicaid, unemployment benefits, disability benefits, and even school assistance (for those who had school age children). Losing such privileges was a major concern particularly for aging refugees who because of their age, may be prone to health challenges that can impact their ability to work, and thus causing them to seek assistance. Additionally, aging refugees expressed an employment related concern in the sense that they doubted whether they will be in a position to retire if they did not obtain citizenship status. This was so because without citizenship status, one could not be eligible for social security benefits. Under such circumstances, the aging refugees expressed the concern that they may need to keep working past retirement age, in order to pay for their bills. These challenges show that lack of citizenship presents a myriad of economic complications that can impact the well-being of refugees as they age out of place. Moreover, the need for citizenship may pose greater burden to aging refugees who are Stateless and do not have

a country to go back to in comparison to other aging immigrants in the US who are not on refugee status and can return to their country of origin. These factors raise awareness to the need for effective citizenship preparation programs for refugees aging out of place. Alternatively, since their inability to achieve citizenship was linked to their limited proficiency in English as well as limited education in their younger years, these findings suggest the need to consider alternate ways of obtaining citizenship for aging refugees.

Moreover, the priorities among aging refugees in the US was illustrated in their value for peace and security over wealth accumulation. Some aging refugees emphasized that it is better to be poor and experience peace, than to be wealthy with no peace. This sentiment may not be as common among other aging immigrants who migrated to the US from peaceful countries. Coming from war-torn countries and experiencing challenges related to war reinforced the value for the peace and security that aging refugees were experiencing in the US. Furthermore, the aging refugees reiterated that they were mostly impacted by war, because of their older age, which made them to be targets for torture. With this understanding, it may also be possible that younger refugees may not share in the aging refugees' sentiment of valuing peace over wealth in the host community, as they may have been least impacted by war experiences.

Whereas the value for peace over wealth can be attributed to the understanding that aging refugees experiences of war caused them greater distress and unrest in their earlier years, thus leading them to value peace more in their later years, the choice of peace over wealth also demonstrates that determinants of successful aging are relative to the social and cultural values of individuals. For instance, in certain cultures, accumulations of wealth or material possessions maybe perceived as an indicator of successful aging (Chou & Chi, 2002; Nimrod & Ben-Shem, 2015). As such, there may be implications of culture that guided the selection of peace over

wealth among aging Burundi refugees. Alternatively, the selection can also be viewed through the lenses of socioemotional selectivity theory, in that being at peace and at rest was more an important goal for aging refugees than accumulating wealth. As such, the peaceful environment in the US played a greater role in enhancing well-being among aging refugees.

Perceptions and Experiences of Social Ties and Aging

Generally speaking, family members play a role in enhancing older adults' well-being. For instance, research studies have shown that social relationships are linked with subjective well-being in later life (Shankar et al., 2015). Moreover, the hierarchical compensatory model shows that aging people have a rank-ordered preference for receiving social support from others, with family members such as spouse and children being first (Carr & Moorman, 2011). Children are considered to be an important source of social support (Angel, 1992). Aging refugees in the present study considered family ties as central to their successful aging. Though this perception is consistent with research among western populations (Calasanti, 2002; Seeman et al., 2001; Shor et al., 2013), it was also unique among aging Burundi refugees, as the value for family ties can be attributed to the population coming from a collectivist society that places great value on social ties and cohesion. Aging refugees in the present study were of the opinion that having older children made them happy and also reduced feelings of loneliness. The uncertainty of life experienced by refugees and potential loss of children and family members lowered their chances of having grown up children which can exacerbate potentials for loneliness in later life. This factor probably reinforces the reason why some aging refugee immigrants considered having grown up children to be indicative of successful aging. As such, having one's family present can potentially lessen aging refugees' negative perceptions of aging, thus enhancing their well-being.

Aging refugee women in particular described successful aging in terms of having quality relationships. For the refugee women, having quality relationships such as good relations with one's husband and children, and having obedient and caring children, was attributed to successful aging. The emphasis on quality of family relationships among aging refugee women can be attributed to socioemotional selectivity theory, which posits that with older age, individuals become increasingly selective and invest more in emotionally meaningful relations (Carstensen, 1992). Additionally, research studies suggest that women maintain more emotionally intimate relationships than men (Achat, et al., 1998; Kawachi & Berkman, 2001), have more active relations with their children (Schuster et al., 1990), and demonstrate greater investment in the maintenance of social ties (Pinquart & Sörensen, 2000). Whereas aging women are generally more likely to seek quality relationships, the need for quality relationships may be more pronounced among aging Burundi women who come from collectivist cultures /societies. This is because having quality relationships and being connected promote feelings of belonging and advance identity formation in collectivist cultures compared to individualistic cultures. These factors may cause aging refugee women to put more emphasis and value on quality family relationships in their perceptions of successful aging, than their aging counterparts.

Furthermore, in the present study, none of the participants described feelings of isolation and loneliness when describing their perceptions of aging in their country of origin. However, when describing their perceptions of aging in the US, the aging refugees described a sense of isolation and loneliness. Moreover, aging refugees felt like they had limited social network in the US, compared to what their social networks would have been if aging in their country of origin. Prior research shows that older immigrants are among the most isolated population in America (Sadarangani & Jun, 2015; Treas & Mazumdar, 2002). Gierveld et al., (2015) suggests that social

isolation and loneliness can be due to language and cultural barriers. Lack of English language proficiency has been shown to be among the top factors that influence well-being among refugees (Watkins et al., 2012). Language differences emerged among aging refugees in the present study as they expressed the need to learn English. Being in the US, the aging refugees were conscious of the fact that English (a language they were not fluent in) was the national language. Because of their age, the participants expressed that it was difficult for them to learn English, especially if they did not receive formal education prior to their migration to the US. This challenge is demonstrated in research studies that have shown that difficulties of learning the English language increase with older age (Al Ajlan, 2019; Tran, 1990).

Since language literacy, plays a vital role in learning. Language limitations made it difficult for aging refugees to demonstrate comprehensive civic and cultural knowledge of the host society (Löwenheim & Gazit, 2009; Van Oers, 2013). Lack of competence in the culture of the host community can heighten feelings of isolation and loneliness among aging refugees. Additionally, language difficulties contributed to communication problems among aging refugees, which in turn affected their ability to develop social relations and networks with English speaking individuals. Moreover, whereas older age is typically linked with declines in social networks, it appears that the decline may be exacerbated among aging refugees than other aging migrants in the US who are proficient in English language. With fewer contacts, aging refugees are more likely to experience loneliness and social isolation leading to lower well-being outcomes than other aging immigrants. Also, limited communication can impact one's ability to successfully integrate (Morrice et al., 2019) in the host community. Lack of integration can cause limitations in achieving self-sufficiency as it becomes difficult for the aging refugees to navigate

social institutions in domains such as health, education, and employment. This in turn impacts their well-being as they age out of place.

Furthermore, for aging Burundi refugees, there seemed to be a contrast between their values of collectivism and American values for individualism and independence, which could potentially augment feelings of isolation and loneliness. This was evident as aging refugees highlighted the differences in the nature of work between their country of origin and the host community. For instance, the participants expressed that in their agrarian society, the nature of activities aging people engaged in such as cultivation of fields and selling farm produce in the market, fostered social connections by enabling the individuals to interact freely. Such connections seemed impossible in the host community as the nature of work people engaged in was perceived to be more industrialized and technological in nature. The risk here is that limited social connection and social isolation experienced by refugees aging out of place can lead to deterioration of social skills as well as limited capacity for economic integration.

Aging refugees' risk for isolation and loneliness when aging out of place is an important area for future research and interventions. This is because social isolation and loneliness have been shown to have detrimental effect on both physical and mental health (Heinrich & Gullone, 2006). For instance, social isolation and loneliness have been associated with depressive symptoms, feelings of hopelessness (Golden et al., 2009), and increased risk for morbidity and mortality (Berkman, & Glass, 2000; Luo et al., 2012; Steptoe, et al., 2013). For aging refugees who already experience trauma related challenges due to their background experience, the feelings of social isolation and loneliness may render them prone the risks associated with social isolations and loneliness, thereby experiencing worse well-being outcomes than other aging populations. As such it is important for host communities to focus on how the factors that

contribute to the isolated feelings and loneliness among aging refugees can be alleviated for aging refugees' optimal development.

Aging Perceptions and Experiences Related to Social and Gender Roles

The findings from this study demonstrate the intersectionality of culture, migration, gender, and aging among refugees aging out of place. For instance, contrary to aging refugee women's emphasis on quality family relations, aging refugee men perceived successful aging in terms of one's ability to give advice or exercise wisdom. Among aging refugee men, these perceptions seem to be affiliated with cultural norms that position men as head of households. Alberts (1964) in his ethnographic study of Burundi community mentions that Burundi culture has well-defined criteria governing behavior and social structures. This is projected in socialization patterns that reveal social role differentiation as relative to caste, age and sex. For example, *Ubukuru* (i.e., seniority or superiority), is the guiding principle for all behavior. Older individuals are superior to the younger, and men are superior to women. As such, responsibilities like giving direction, as well as decision making, are attributed to men than women.

Additionally, in the present study, aging refugee men affiliated being religious with successful aging. This perceptions makes a unique contribution to the current literature on successful aging in that, whereas prior studies have shown religion to be a component of successful aging (Cernin et al., 2011; Langer, 2000; Lifshitz et al., 2019), with some indicating the link between religion and resilience (Pargament & Cummings, 2010) among adults, these studies have not been clear on whether religion may be valued more in later life by one sex compared to the other. As such, though the present study had a small population sample, it highlighted the distinction among the participants by indicating greater emphasis on religion among aging refugee men than women. Moreover, since refugee men placed greater emphasis on

the importance of wisdom, being religious was linked to having good wisdom as the men perceived factors such as acknowledging God or fearing God, as the pathway to good wisdom. This perspective has been demonstrated in research suggesting links between religion and wisdom (Wink & Dillon, 2013). Because aging refugee men perceived their ability to give advice or exercise wisdom as an indicator of successful aging, it makes sense that they may also consider religion as important aspect of successful aging, especially if it is perceived as the pathway to good wisdom.

In exploring sex differences on how the experiences of aging in the US differ from what the refugees would have experienced aging in their country of origin, shifts in gender roles is a theme that emerged for both aging male and female refugees. For instance, the descriptions of the gender role change among aging men and women seemed to be embedded in cultural norms and values that ascribed homemaking roles to women, and income generating productivity or work outside of home settings to men. This pattern of gender role was illustrated in the present study as women identified challenges related to child discipline measures while men elaborated on challenges related to age discrimination as they sought employment.

Aging refugee women discussed their role change in that they now had to work outside of the home in order to help their husbands to pay for some of the bills. This, they considered to be an extra burden as their workload increased due to working both inside and outside of the home. On the other hand, aging male refugees described changes in gender roles in the sense that they were not doing chores that primary belonged to women such as raising children and going to the kitchen to prepare a meal for the family. Prior literature suggests that even in cases where men shared the load at home, women felt more deeply torn between their jobs and family demands, (Hochschild & Machung, 2012; Smith, 1987) and are therefore likely to be overburdened. The

dynamic nature of women's work and family arrangements reflected among aging refugee women show how culture, migration and sex intersect. Moreover, the change in gender role is potentially felt more by aging refugees than younger individuals as aging adults tend to experience more engrained emphasis on gender roles than later generations.

Aging refugee men described gender role change in terms of power dynamics between them and their children, which threatened their positionality as heads of households and providers. Because, aging refugees' children could get jobs easily due to their younger age, compared to the aging adults, this meant that the children could take care of their needs, instead of being provided for. In addition, the children could also play a role in providing for the needs of the families, especially when the aging men were not in a position to get jobs. This role change seemed to threaten the power relations between the aging refugee men and their children, who seemed to take more of a leadership role in the families through their ability to provide. The changes in power dynamic and status can potentially pose a threat to the male refugees' self-esteem, leading to poor well-being perceptions.

Migrating to a different environment and culture such as the US causes aging Burundi refugees to finds ways of navigating the differences between their socialized way of life and the way of life in a different country. As such, whereas migrating to a different country may provide an avenue for change for some cultural aspects such as social and gender role change, migration also poses a threat to power structures that grant older individuals authority over younger individuals. Aging out of place posits cultural implications for aging refugees in that while change in gender roles shows that aging refugees are probably adjusting and adopting the American cultural values and way of life, the threat of positionality or social status among men with regard to their children is a situation aging refugee men have to navigate. In this regard, the

intersectionality of culture, migration, gender and aging is an aspect that calls for further exploration. In particular, understanding how this intersectionality impacts well-being among refugees aging out of place is of essence.

Strengths, Limitations and Future Direction

The present study on the perceptions of successful aging among aging Burundi refugees in the US is the first of its kind to examine well-being among a refugee sample as they age out of place. The study provides insight on the meaning of aging, perceptions of successful aging, and also the benefits and challenges of aging in the US as perceived by aging Burundi refugees. These findings are important for host communities and social service agencies working with refugees in better understanding how refugees perceive and experience successful aging. This is important in the sense that it provides an avenue for host communities to know how they can better support refugees as they age out of place. Moreover, as an exploratory study that used the words and perspectives of the participants, the study findings highlight the intersectionality of migration, aging refugee's cultural values and norms, and the cultural values and norms of the host communities in impacting the well-being of aging refugees. Importantly, the study highlights how perceptions of successful aging vary among aging Burundi men and women, which is vital in tailoring interventions to cater to their specified needs.

In terms of limitations, the present study focused on aging refugees from Burundi only, thus the present findings cannot necessarily be generalized to aging refugees from other cultural backgrounds. Additionally, the refugees interviewed in the present study resided in a specific geographic location in the upper Midwest region of the US. Therefore, due to varying environmental and cultural factors that can influence aging experiences and perceptions, the present findings may not be generalized across contexts in the US. Furthermore, although the

interviews were conducted to a point of saturation, the number of participants is relatively small for comparative analysis on the perceptions of successful aging among aging refugee men and women.

As for future directions, the present study can be replicated among refugees aging in other regions of the US and globe to determine how cultural and environmental contexts play a role in influencing the perceptions and experiences of successful aging among refugees. Specifically, comparative analysis can be done to determine differences between the various populations of refugees aging in the US. In addition, while this study focused on refugees between the ages of 50 years to 69 years, further research should broaden the ages of participants to explore whether there are age differences in the perceptions of successful aging among refugees of varying ages from young adulthood to older adulthood.

Furthermore, the findings of the present study provide the basis for exploring new research questions in relation to aging out of place. For instance, future research questions can focus on ways of alleviating social isolation and loneliness among refugees aging out of place. In addition, since the participants in the present study highlighted the challenges associated with obtaining citizenship, future research can explore the implications of citizenship and the impact it has on aging refugees' wellness in depth. This will be essential in informing policies related to citizenship for aging refugees.

CHAPTER 4: CONCLUSION

The purpose of this dissertation was to examine well-being among aging refugees in the US through a quantitative study of quality of life and a qualitative study of successful aging perceptions. Experiences and perceptions of aging out of place among refugee immigrants is unique due to their circumstances of forced migration. This examination of aging refugees who end up living in a society that is not necessarily of their choosing, and have to navigate different cultural beliefs, norms, and behaviors that may at times be in contrast their own beliefs, can help inform host communities on the importance of considering cultural ideologies and using trauma-informed approaches in adaptations towards enhancing the well-being of refugees aging out of place.

Significant Contributions

Taken together, the two studies of this dissertation have unique strengths that make a significant contribution to the aging literature. In particular, the mixed method approach provided an avenue for gaining a nuanced understanding of aging out of place. Whereas the quantitative study findings provided an overall view of predictors of well-being among aging refugees, the qualitative study helped to provide an understanding of the meaning behind the differences in well-being. The present study, through its quantitative and qualitative explorations, has provided insight into the well-being of a population whose voice is rarely heard in scientific research. For instance, this is the first study to examine differences in well-being among aging refugees from Africa (i.e., Burundi and Somalia) in comparison to aging refugees who are not from Africa (i.e., Bhutan). Moreover, though qualitative research findings may not be generalizable, they are valuable in providing rich descriptions of complex phenomena and giving voice to those whose views are rarely heard. Studies that examine well-being, particularly in

relation to quality of life, life satisfaction, and successful aging perceptions within aging refugee populations are limited or nonexistent. As an understudied population, aging refugees may run the risk of experiencing lower well-being due to limited research regarding their risks, disparities, and outcomes to inform policies and evidence-based interventions. This calls for scholars, particularly those with a focus on aging studies, to extend research among refugees aging out of place in order to contribute further scholarship in this field of study.

In addition, both studies indicated that aging refugees' well-being is influenced by factors related to their experience as refugees, such as past trauma. Studies have shown that experiences of trauma in early life seem to be linked with depression and Post-Traumatic Stress Disorder (PTSD) symptoms in later life (Lanius et al., 2010; Trappler et al., 2007). Issues related with past trauma coupled with present stresses such as worrying about families back at home pose a challenge to refugees aging out of place. For instance, once relocated to the US, aging refugees face additional stressors such as leaving family members (e.g., children) behind, challenges related to English language proficiency, struggles adjusting to the climate, and also getting employment. Moreover, the present study provides novel insight into the moderating role of length of residence on past trauma in predicting well-being. As such, refugees aging out of place may be prone to factors that may impede their well-being in the host communities. These factors show the need for services and initiatives that can better support aging refugee populations. Community-based interventions should be designed to recognize the challenging experiences related to forced migration that are unique to refugees, and especially that refugee experiences may be different from other immigrant populations that have not experienced challenges such as war-related trauma. Thus, having interventions that include diverse staff, particularly those who

can relate to both refugee experiences as well as their cultural norms, will be an added advantage to ensure appropriate service delivery.

Furthermore, the results of this quantitative and qualitative study emphasize the importance of social connectedness for well-being. This was demonstrated by the positive association between social integration and well-being, as well as the negative association between loneliness and well-being in the quantitative study. The qualitative study provided further insight into the importance of social connectedness as aging Burundi refugees attested to the importance of social activities in the host community as well as the social support provided by family members in their perceptions of successful aging. As such, the present study supports previous study findings that have highlighted the protective role of social connectedness in well-being among aging populations. Thus, host communities can channel resources towards activities and services that foster social connectedness among refugees aging out of place. Moreover, interventions that target factors such as language difficulties can be enhanced in order to alleviate experiences of social isolation and loneliness among refugees aging out of place.

While the present study provides insight as to the importance of conducting research among refugees of various ethnic groups with an aim of understanding their experiences of aging out of place, the present study also emphasized the importance of evaluating within group differences among aging refugees. It highlights the notion that there are multiple layers of influence in the reality of aging refugee immigrants' experiences of well-being. For instance, refugees' aging processes vary within and across different populations probably due to varying health statuses and healthcare needs, socioeconomic background, sociocultural resources, and contextual factors. The findings in the present study suggest that aging refugees' individual characteristics such as place of origin, age, sex, marital status, employment status, education

level, and length of residence impacted their well-being; thus, despite the unique experiences of refugees it is essential to also recognize the variability within refugee populations. For instance, the current study indicated variation in well-being by country of origin. These findings raise important questions as to what factors potentially contribute to these differences such as whether some aging refugees, due to their country of origin may have lower well-being status than others, or whether the integration processes in the host community is better suited for aging refugees from certain cultures. As a further example, the present study findings highlight salient gender differences for refugees aging out of place. For instance, aging refugee women have distinct experiences of aging out of place compared to their male counterparts as they try to navigate their cultural norms and values ascribed to women in their country of origin and the American way of life. This may pose a heavy burden on women, who may then experience lower well-being outcomes in their host communities. This diversity in individual characteristics, life course experiences, and contextual factors shaping well-being among refugees aging out of place necessitates a comprehensive approach to policies, practices, and research in order to address inequities in well-being within refugee populations. Understanding within group differences is important in designing interventions and effective service delivery for refugees aging out of place.

Study Limitations

Though this dissertation had significant strengths due to its mixed methods design and examination of a unique population, there were various limitations that should be acknowledged. First, limitations of the broader dissertation are described next, and then limitations specific to the quantitative and qualitative studies are explained separately.

To begin with, a limitation of this dissertation was the challenge in recruiting aging refugee immigrants to take part in the studies. This was due in part to the fact that the refugee population is relatively small compared to the non-refugee population. In addition, most refugees tend to be younger due to migration patterns and policies that prioritize resettlement of younger individuals. The challenge in recruitment was also likely due in part to the current immigration climate in the US which fosters mistrust by the refugee community. Because of this, refugee families were reluctant to provide information that they feared may put them at risk for deportation. Additionally, some of the families expressed mistrust of researchers as they had been the target of scams in the past. The mistrust may also have been a result of limited exposure and understanding of the purpose of research due to low education levels. As such, a considerable amount of time was needed to build trusting relationships where participants felt comfortable to take part in the study. Significant resources (time and money) were spent at community events, community centers, and visits with both community leaders, founders of non-profit organizations, and potential participants in an attempt to explain the study and build rapport that would enhance trust and improve the success of the study.

Furthermore, during data collection there was an unprecedented global pandemic (COVID-19) that impacted the project in several ways. First, due to COVID-19, all face-to-face research involving human interaction was halted for some time. This occurred while the researcher was in the midst of data collection, and thus prolonged the period of data collection by several months. In addition, since the study focused on an age group that was considered vulnerable during the pandemic, social distancing approaches needed to be adopted to be able to continue with data collection. These approaches slowed down data collection as the population seemed to prefer face to face interactions as opposed to distanced or virtual interactions.

Moreover, collecting data before and after COVID-19 may have influenced the types of responses due to the extra burden caused by the pandemic. For instance, the social distancing of the pandemic may have impacted variables of interest like loneliness and quality of life.

Despite the initial goal of integrating the qualitative and quantitative methods, the ability to compare the data from both methods was limited and thus the synthesized nature of this dissertation as a mixed method study is limited. For instance, the quantitative sample that consistent of refugees from Bhutan, Burundi, and Somalia, in comparison to the qualitative sample that consisted of only Burundi refugees were not directly comparable. Bryman (2007) suggests that despite the complementary design of mixed method studies researchers may struggle to integrate the findings upon completion. This may be due to the complexity of the methods and factors that impede the capacity of researchers to engage in such integration (e.g., varying samples). As such, though the mixed method data was valuable in the present study, because of practical difficulties, the findings were not able to be comprehensively integrated and compared as initially planned.

Quantitative Limitations

The design of the survey, though unique, had some limitations. For practicality, the survey was written in English, which is a language that most of the aging refugees were not fluent in. Due to limited resources, it was not possible to translate the survey into multiple languages spoken by refugees (e.g., Kirundi, Kurdish, Somali, Swahili, etc.). Having the survey in English created the need for interpretation, typically by members or friends to help participants complete the survey. It is thus possible that these non-professional interpreters made errors in explaining the survey questions. Also, since third parties were involved in interpretation, it is possible that bias may have occurred as they helped potential participants

complete the survey. Moreover, though the measures selected were validated, there may have been linguistic characteristics unique to the refugee populations (i.e., refugees from Bhutan, Burundi, and Somalia) that might have affected the respondents' interpretation of the questions.

Additionally, the survey was assessed only at one timepoint, so the resulting data are cross-sectional in nature. As such, it is not possible to test the direction of effects or to determine whether there are differences by sociodemographic factors (i.e., place of origin, age, sex, marital status, employment status, education level and length of residence). The future goal is to continue this study using a longitudinal design so as to examine well-being across time. Longitudinal studies with due consideration of how individual, social and contextual factors shape aging refugees' well-being are warranted. Additionally, the study focused on only three refugee ethnic groups. The sample size for each population did not allow for examination of within group differences. Increasing sample size will be essential for further investigations on between group differences and within group differences among aging refugee populations.

Qualitative Limitations

One of the main limitations of the qualitative study was that the interviews were conducted in Swahili and then translated into English before coding was conducted. While reviews of transcripts aimed to ensure that data was translated accurately, it is possible that due to varying language structures between Swahili and English, some meaning may have been lost in translation. In addition, since some words do not have direct translations, the alternative English words may have not captured the depth of the information provided.

Additionally, due to COVID-19, several methods of data collection were implemented and as such there was a lack of uniformity. Face-to-face interviews were conducted with 38% of the sample (prior to COVID-19), but following COVID-19, 38% of data was collected through

phone call interviews and 23.8% of the data was collected through Video chat (i.e., FaceTime). The information provided may have varied based on the method of data collection. In particular, participants seemed to feel more comfortable and open during in-person interviews. Also, the methods of data collection following COVID-19 limited the number of potential participants in that only those who had working phones or some form of technology could take part in the study.

Furthermore, there was lack of diversity in the qualitative study sample. To begin with, all the participants were of a specific ethnic group (i.e., Burundi). The homogeneous sample limits the broader view of the meaning of successful aging and aging experiences for a more diverse ethnic group of aging immigrants from different nations. In addition, the range of ages in the study lacked diversity in that participants' age ranged from 50 to 67 years old. As such, the perceptions of aging may not be generalized to participants who are aged 70 years and above. Future research can focus on aging perceptions of aging refugees in the age range that was not represented in the present study. Also, the participants in the present study were of a lower socioeconomic status. Future studies can expand to examine whether perceptions of successful aging among aging refugees from differing ethnic backgrounds and socioeconomic statuses vary.

Future Directions

Building off of the implications and limitations of this study, various suggestions for future directions in the field of aging refugees emerged. To begin with more complex analytical strategies such as expanding the cross-sectional study design into longitudinal design to further examine change over time among aging refugee populations would be beneficial in the future. For example, this being one of the few studies to examine the implications of length of residence on well-being, further exploration is needed in order to expand the research literature on the implications of length of residence for well-being among refugees aging out of place.

Though the present study provides a great start to understanding differences in well-being among aging refugees. Future research studies can examine experiences of refugees aging in different contexts in the US. Since the present study was conducted in the upper Midwest region of the US, it is possible that aging refugees in the present sample differ from aging refugees on the US East Coast, for example. For instance, it could be the case that older refugees in a region with more ethnic enclaves as well as diversity may have varying experiences than those who are aging in a context with limited ethnic enclaves and less diversity. In addition, refugees from the same country of origin may have different experiences in their host communities due to varying contextual factors such as State and organizational policies, community norms and resources, and economic systems that may impact refugees' lived experiences in diverse ways, as they age out of place. Moreover, such future research that pays attention to contextual aspects can help host communities develop relevant practices and interventions tailored to the needs of aging refugees in specific contexts. Besides examining experiences of refugees aging in different contexts, future studies can also examine variations between aging refugees with English proficiency and those with limited English proficiency.

Furthermore, future qualitative and quantitative research should examine differences in aging perceptions among aging refugees of varying age groups. It would be beneficial to examine age differences (i.e., young-old, middle-old, and old-old) to better understand how perceptions of aging out of place may vary by age. Such research will help in gaining a better perspective on how perceptions of aging may vary by age group which is important in tailoring interventions and services to meet specific needs of aging refugee populations.

Moreover, since the study findings have suggested that well-being can be affected by migratory experiences and past traumatic experiences, it is important that future research begin

to address interventions to help aging refugees cope with stresses related to migration and past trauma. For instance, research studies can investigate ways to help aging refugees cope with issues such as separation from family members and loved ones, as well losses experienced by aging refugees. Such research may help inform comprehensive and evidence-based interventions for the aging refugees. In addition, such research may inspire changes in migration policies, especially those concerning the resettlement process, thus enhancing well-being among aging refugees in host communities.

Lastly, migrants, especially those with multiple deprivation experiences, such as aging refugees are often under-represented in research studies. There is therefore a need for improved recruitment of ethnically diverse populations, including migrants and refugees, in the field of aging research in order to ensure representativeness of results.

Take-home Message

The older population in the US continues to grow and is becoming more diverse as individuals such as aging refugees become part of the broader aging population. This means that the scope of needs for the aging population in the US is growing as well. The concept of aging out of place sheds light on how growing old in a new country has implications for well-being among diverse groups such as aging refugees. For instance, depending on the country of origin, some ethnic communities may experience better well-being outcomes than others in the host communities (e.g., better well-being outcomes among refugees who are not from Africa compared to those who are from Africa) as observed in the present study. Moreover, whereas the present study has demonstrated some associations between sociodemographic factors and well-being among aging refugees that are similar to other aging populations (e.g., lower well-being outcomes among women as compared to men, and older compared to younger individuals), the

differences observed among the aging refugee population are also distinct due to being shaped by their refugee experiences as well as their cultural background. The findings here are consistent with the principle of socio-historical context as proposed by life course theory, as an aging refugee's developmental path is potentially embedded in historic events such as war and social and cultural ideologies which shape their aging perceptions. As such, trauma related experiences as well as cultural ideologies (e.g., patriarchy) shape individual's behavior and choices which in turn has implications for their well-being as they age.

Furthermore, the positive effect of social connections on well-being as demonstrated in this study highlights the value of human connectedness as posited by the proponents of life course theory. Interactions and relationships with other individuals aid in forming support networks, make lives meaningful, and enhance well-being. Social connectedness is particularly important for refugees aging out of place as they may be more vulnerable to loneliness and social isolation than other aging populations due to language difficulties, transportation challenges, employment challenges, and limited networks of individuals their age from the same ethnic background in the host communities. Social connections are important for refugees aging out of place as they try to make meaning of their lives and develop positive mental and physical well-being in a foreign environment.

Moreover, the present study found that aging refugees who had lived in the US for longer periods of time were more likely to have worse well-being outcomes if they had experienced high levels of past trauma. As such, heightening social integration initiatives is vital as it may serve as protective factor against trauma related stress for the aging refugees, thus enhancing their well-being. As aging refugees adjust to life in their host communities, they may be able to develop quality relationships over time and through those relationships, they may be able to

more easily access essential services in the host communities. Also, through shared relationships and linked lives, aging refugee populations and non-refugee populations may be better able to understand and appreciate each other's life world, leading to effective service delivery and improved well-being. As such, respective policy makers, service providers, and host communities can use the findings from this study to inform decisions intended to promote well-being of refugees as they age out of place.

In order to foster successful aging among refugee populations, host communities must recognize the unique needs of this population and how they differ from other aging populations as well as younger refugees. An understanding of refugees' developmental contexts is essential for scholars, service providers, and policy makes in identifying how varying circumstances impact life trajectories. For aging refugees, it is particularly important to understand how the interplay between their socio-historic contexts and the factors related to their current geographic locations (e.g., the social, economic, and political factors) impact their well-being as they age out of place. By recognizing the linkages between earlier life experiences and current experiences, this study points to the importance of developing a holistic approach to understanding the lived experiences of refugees aging out of place in order to enhance their well-being.

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APPENDIX A. NDSU REFUGEE SUCCESSFUL AGING SURVEY

Sociodemographic Information

1. What is your country of Origin? _____

2. What is your current Age? _____

3. Sex: ☐ Male ☐ Female ☐ Other

4. How long have you lived in the US? _____

5. Current Marital Status
   - ☐ Married
   - ☐ Divorced/ Separated
   - ☐ Widowed
   - ☐ Never married
   - ☐ Other

6. Highest level of school completed
   - ☐ No schooling completed
   - ☐ Some primary school
   - ☐ Completed primary school
   - ☐ Some secondary school
   - ☐ Completed secondary school/GED
   - ☐ Some college, no degree
   - ☐ Technical college / Associates degree
   - ☐ Bachelor's degree
   - ☐ Graduate Degree
   - ☐ Other _____

7. Employment Status
   - ☐ Employed full-time
   - ☐ Employed part-time
   - ☐ Retired, no longer working
   - ☐ Unemployed
   - ☐ Homemaker / stay-at-home
   - ☐ Other_____

UCLA Loneliness Scale – Short 3-item

Please indicate by (X) how often each of the statements below is descriptive of you.

How do you feel about the following aspects of your life		Hardly Ever	Some of the Time	Often
1.	How often do you feel that you lack companionship?			
2.	How often do you feel left out?			
3.	How often do you feel isolated from others?			

The Satisfaction with Life Scale

Below are five statements that you may agree or disagree with. Please indicate with and (X) your agreement or disagreement with each item. Please be open and honest in your responding.

		Strongly Agree	Agree	Slightly Agree	Neither Agree nor Disagree	Slightly Disagree	Disagree	Strongly Disagree
1	In most ways my life is close to my ideal.							
2	The conditions of my life are excellent.							
3	I am satisfied with my life.							
4	So far, I have gotten the important things I want in life.							
5	If I could live my life over, I would change almost nothing.							

Social Integration in Later Life Scale

Please read each item below and indicate with (X) the response that best describes how satisfied you are with each of the following

How satisfied are you with your …		Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
1	Relationships with close family members?					
2	Relationships with extended family members?					
3	Relationships with friends?					
4	Relationships with neighbors?					

5	Feelings of involvement and connection to your community?					
6	Participation in religious and spiritual activities?					
7	Participation in group or social gatherings?					
8	Participations in recreational or leisure activities					

Please read each item below and indicate with (X) the response that best describes how often you do each of the following.

How often do you do each of the following?		**Never**	**Rarely**	**Occasionally**	**Frequently**	**Very Frequently**
1	Get together with family?					
2	Speak to family on the phone?					
3	Get together with friends?					
4	Speak to friends on the phone?					
5	Visit with your neighbors?					
6	Attend meetings of a group, club, or organization?					
7	Attend a community event?					
8	Go on an outing (Museum, movie, play etc.)?					
9	Attend a religious service or meeting?					
10	Volunteer?					

Quality of Life Scale

Please read each item and indicate with (X) the number that best describes how satisfied you are at this time. Please answer each item even if you do not currently participate in an activity or have a relationship. You can be satisfied or dissatisfied with not doing the activity or having the relationship.

		Delighted	**Pleased**	**Mostly Satisfied**	**Mixed**	**Mostly Dissatisfied**	**Unhappy**	**Terrible**
1	Material comforts home, food, conveniences, financial security							

2	Health - being physically fit and vigorous							
3	Relationships with parents, siblings & other relatives- communicating, visiting, helping							
4	Having and rearing children							
5	Close relationships with spouse or significant other							
6	Close friends							
7	Helping and encouraging others, volunteering, giving advice							
8	Participating in organizations and public affairs							
9	Learning- attending school, improving understanding, getting additional knowledge							
10	Understanding yourself - knowing your assets and limitations - knowing what life is about							
11	Work - job or in home							
12	Expressing yourself creatively							
13	Socializing - meeting other people, doing things, parties, etc							
14	Reading, listening to music, or observing entertainment							
15	Participating in active recreation							
16	Independence, doing for yourself							

Pre-migration Refugee Trauma History Checklist (RTHC)

The questions in this section concerns difficult and frightening experiences and can awaken distressing memories. It is important for us that many people answer these questions. However, if you find it is too distressing, please take a break or skip this section.

Before you left your home, have you experienced any of the following situations or events?		**Yes**	**No**
1	War at close quarters		
2	Forced separation from family or close friends		

3	Loss or disappearance of family member(s) or loved one(s)		
4	Physical violence or assault		
5	Witnessing physical violence or assault		
6	Torture		
7	Sexual violence		
8	Other frightening situation(s) where you felt your life was in danger		

Peri-migration Refugee Trauma History Checklist (RTHC)

After you left your home, during your flight, have you experienced any of the following situations or events?	**Yes**	**No**
War at close quarters		
Forced separation from family or close friends		
Loss or disappearance of family member(s) or loved one(s)		
Physical violence or assault		
Witnessing physical violence or assault		
Torture		
Sexual violence		
Other frightening situation(s) where you felt your life was in danger		

Post-Migration Living Difficulties (PMLD)

We would like to ask about some difficulties you may have experienced since immigrating to the United States. Please choose the response which is most appropriate for you.

How often do you do each of the following?		**No Problem**	**A Little Problem**	**Somewhat of a Problem**	**A Fairly Big Problem**	**Serious Problem**
1	Worries about not getting treatment for health problems					
2	Poor access to emergency medical care					
3	Poor access to long term medical care (family doctor, Primary Care Physician)					
4	Poor access to dental care					
5	Poor access to counseling services (if you wanted counseling, would it be problem for you?)					
6	Little government help with welfare					

	(unemployment benefits, financial help)					
7	Little help with welfare from charities (social services, e.g., Red Cross, Salvation Army)					
8	Delays in processing refugee/ immigrant applications					
9	Communication difficulties/Language difficulties					
10	Discrimination					
11	Being unable to find work					
12	Bad working conditions					
13	Poverty (not having enough money for basic needs--- food, clothing, shelter)					
14	No permission to work					
15	Separation from family					
16	Worries about family back home					
17	Unable to return home to family in an emergency					
18	Loneliness and boredom					
19	Isolation (loneliness, being or feeling alone)					
20	Poor access to traditional foods					
21	Interviews by immigration					
22	Conflict with immigration officials					
23	Fears of being sent home					
24	Being unable to practice your religion					
25	Difficulty adjusting to the weather/climate					

Thank you for your participation in this survey! Please feel free to contact me at jonix.owino@ndsu.edu or 701-541-3321 if you have any questions about this project.

APPENDIX B. QUALITATIVE INTERVIEW QUESTIONS

Conversation Starter

1. Tell me about yourself.

    - What is your name?
    - How old are you? Where were you born?
    - Tell me about your family
    - Are you married?
    - Do you have any children?
    - Who do you live with?

2. How did you end up in the United States?

    - How long have you been in the United States?
    - What was life like for you before you came to the United States?
    - What was your occupation?

Aging definitions

3. How do you define aging?

    - In your view, who is considered an older person?
    - What does it mean to be old?
    - When does a person feel old?
    - Do you consider yourself old?
    - Are there differences in how aging is defined between your country of origin and the US?

4. What do you think it means to age well/successfully or not age well?

    - Do you think this differs between your country of origin and the US?
    - Do you feel you are aging well?

Aging Perceptions

5. How are older people perceived? (What are older people like?)

    - Are they respected, looked down upon, etc.?
    - Do younger and older people perceive older people differently?
    - Do these perceptions of older people differ between your country of origin and the US?

- How have your perceptions of aging changed as you have grown older? (When you were younger, what did you think it would be like to grow older?)
- What is the role of older people?

Aging Experiences

6. What are your personal experiences of being an older person?

    - What are benefits/advantages of being older?
    - What are challenges/disadvantages of being older?
    - What things are you able to do well now because of your age (i.e., what are you happy about)?
    - What things are you unable to do as well now because of your age (i.e., what are you not happy about)?
    - Do you think your experiences of growing older here in the US are different from what your experiences would be growing old in your country of origin?

Social and Family Engagement

7. What does family mean to you?

    - How are you connected with your family back in your country of origin?
    - What role does your family (in your country of origin) play in your life now?
    - What role does your family here in the US play in your life now?
    - What is your role in your family? How have you seen your role change within the family as you get older?
    - How have your relationships with family changed since you resettled in the US? Also, how have they changed as you've gotten older?

8. Tell me about your community.

    - What does community mean to you? How has your sense of community changed since you resettled in the US?
    - What activities do you engage in in the F-M community?
    - What do you feel is your role in the F-M community?
    - Do you belong to any ethnic community? If so, what is the name
    - What activities do you engage in in your ethnic community? What role do you play in your ethnic community?
    - How many friends do you have in the broader community besides your family?
    - How often do you see your friends?
    - How is belonging to a community beneficial to your life as you grow older?

Conclusion of Aging out of Place Questions

9. Is there anything else you would like to add concerning your aging experiences that I have not asked?

Naturalization and Access to Services

10. Tell me about your current citizenship status.

- Are you currently a citizen of the US?
- If yes, tell me how the citizenship process was for you. If no, what are you currently doing to become a citizen?
- Is being a citizen important to you? Why? Why not?
- Is being a US citizen beneficial to you as you age? Please explain your response.
- Are you eligible to receive SSI (Supplemental Security Income)? If so, do you receive SSI?
- How does being a citizen impact your level of engagement in civic activities or other activities in the community?
- How does not being a citizen impact your level of engagement in civic activities or other activities in the community?

11. Do you currently have a case manager?

- What role does your case manager play in your life right now?
- What are the benefits of having a case manager (e.g., access to services)

Conclusion of Overall Interview

12. Is there anything else you would like to share with me today?