

SOUTH ASIAN MUSLIM ASSOCIATION OF
AUSTRALIA INC. (No: 9888103)



SAMA Law

72 Hobart Place,
ILLAWONG 2234
Tel: 02-95439769
Fax: 02-9532 1456
Email: samaa.inc@hotmail.com

(In the name of Allah, Most gracious, Most Merciful)
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www.samaa.org.au

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Issues related to the care of South Asian Muslim elderly

We wish to make a submission to create a better understanding about South Asian Muslim community which has grown rapidly over the past two decades. Though it is relatively easier to develop a service delivery model for this community as the needs are similar but it is quite complex to define the demographics based on ABS data. The simple criterion used by various Federal and State government departments, who oversee funding for CALD communities, can't be easily applied to this community due to the very complex nature of demographics and the statistics deduced by us can't be corroborated by these funding panels. Because of this we were not successful in obtaining last round of CPP funding for this much larger disadvantaged community.

It is generally hard to find sufficient evidence of the number of South Asian Muslim elderly living in NSW due to population survey criteria followed by Australian Bureau of Statistics. Ordinarily such a data is not available due to various nationalities and many languages spoken by South Asian Muslims despite sharing the same culture and religion. The people of South Asian ethnicity do not come from Pakistan, India, Bangladesh, Sri Lanka, Nepal, Afghanistan only but also from countries such as Fiji, South Africa, Malaysia, Singapore and many other countries. Their ancestors had migrated to these countries from the subcontinent over the past couple of hundred years, yet they maintained their cultural and religious traditions in their new homelands. Many of them have migrated to Australia over past few decades. They all share strong cultural values which is evident in their family customs and lifestyle, the food they eat and the dress they wear. Religious practices play pivotal role in their lives and during old age, religious and spiritual

issues become extremely critical. It is important that our elderly are given an opportunity to observe their religious and cultural practices at the earliest when they become frail in their old age and are forced into living in an aged care facility. It is quite unfortunate that as yet, many of our elderly are not willing to go to an aged care facility as they fear that they would not be able to observe the rituals and live last years of their life as per the requirements of their beliefs and values they held so dear for whole of their life.

Language and region are generally the main parameters for assessment of various Aged care funding programmes such as Community Partners Programme. However, South Asian Muslims speak many different languages and they are also spread around the metropolitan Sydney. It is a challenge for us to get the various departments to understand the considerations of South Asian Muslims.

We estimated conservatively that as many as 1000 Muslims of South Asian origin that have attained 70 years of age live in Sydney Metropolitan area.

As ABS data does not allow us to find the exact numbers, we used a different method of estimating the South Asian elderly population. Attendance at major mosques of South Asian Muslims is indicative and supportive of such figures. At Rooty Hill mosque, as many as ten thousand people offer Eid prayers, the annual festival. Green Valley mosque near Liverpool attracts nearly five thousand people and Sefton mosque approx thousand people. There are many more mosques and prayer halls in Lakemba, Bankstown, Minto, Surry Hills, Strathfield, Parramatta, Dural, Seven Hills, Quakers Hills, Blacktown, Liverpool etc which attract mainly South Asian Muslims. Attendance of worshippers at many other prayer congregations around Sydney also has very high proportion of Muslims from India, Pakistan, Bangladesh, Fiji etc.

South Asian Muslims started arriving in Australia in early 70s, many of them are now reaching retirement age and the number of elderly needing aged care services will increase exponentially in coming years. It is only prudent that this community establishes various facilities to cater for the needs of its elderly and SAMAA was established to achieve the same.

Presently many of our elderly stay in nursing homes where they have nobody to talk to in their own language. Generally there are no provisions

for Halal meat and the meal is also not according to their taste. There are no arrangements for fulfilling their spiritual needs such as offering prayers, washing arrangements to meet religious needs and privacy for women as needed in Islam. Certainly these elderly lead quite an isolated and unpleasant life. Many families, despite various difficulties, keep their elderly at home due to unavailability of suitable facility and again for most part of the day, these elderly stay at home alone. If we have an aged care facility which addresses their needs, it will be a great relief to the elderly as well as their families.

Staff at various agencies such as home and community care visits our elderly at their homes but they have very little understanding of the sensitive nature of many cultural and religious issues. Our elderly may find some of their actions or speech hurtful. Spirituality and religious needs become extremely important in the lives of many once they become old and thus it is the main issue SAMAA is trying to make various aged care services understand.

It is important that South Asian Muslims are able to build their own nursing homes and aged care facilities sooner rather than later. They have special requirements due to needs such as Halal meat, alcohol free environment and adequate facilities for daily prayers. This also demands special considerations while building aged care facilities for Muslims as detailed below.

Retirement villages and nursing homes for Muslims should incorporate the specific structures and facilities to meet their religious needs. The toilets should have adequate washing arrangements; there should be ablution facilities and prayer rooms. The toilets in such buildings should not face Kaabah (Makkah); beds should be placed so that the feet do not face Kaabah. Each room should indicate the direction of Kaabah. Not only meat should be Halal but other food products should be checked for not having any non-Halal ingredients. Care should also be taken in medicines and alcohol based syrups should be avoided as much as possible.

Regular visits by religious teachers for lectures to keep the elderly in good spirit should be arranged. Counseling for those elderly who may be going through stress or a difficult time by religious as well as qualified counselors should be available.

Muslim Aged care facilities should also address the male to female segregation issues as prescribed in Islam. Female doctors and nurses should be assigned to look after the female elderly as much as possible. Similar considerations are also needed for home care programmes.

We hope this submission will help various agencies understand the complexities associated with an emerging community in Australia.