Ageing and well-being in later life: perspectives from older people from minority communities with specific reference to the Bangladeshi and Pakistani communities

THE DEMONGRAPHIC CONTEXT

Britain is undergoing important social and demographic changes: most notably the increasing ethnic diversity, and the continued 'ageing' of, our population. 2011 census data report that 16% of the population of England and Wales were non-white compared with 5% in 1991 and that 16.4% of the population is aged 65+ years. We see emerging into 'old age' the communities of migrants from predominantly ex-colonial countries who came to Britain in search of economic opportunities; from the Caribbean and India in the 1950s, from Pakistani in the 1970s, with the Bangladeshi group arriving in the late 1970s and early 1980s.).The 2011, census shows that 16% of individuals in Britain self-defined as non-white with approximately 4% self-defining as black/African-Caribbean and 5% as South Asian (2.5% Indian, 2% Pakistani and 0.8% Bangladeshi). Approximately 18% of the 'white' population are aged 65+ compared with 4% for the Chinese, Pakistani and Bangladeshi populations; 7% for the Indian population and 13% for the Caribbean group (Lievesley,2011 Future decades will show an absolute and relative increase in the size of these groups.

A key feature of these ageing minority populations is that they are almost exclusively comprised of first generation migrants (Herbert, 2008), although the experience of ageing is not homogenous varying both between and within groups as well as with gender and social class. The specific spatial context within which ethnic minority elders lead their daily lives influences their experiences of ageing. Black and minority ethnic populations in Britain are not evenly distributed across the country but concentrated in specific geographical areas. Approximately half of all ethnic minorities live in the Greater London area, increasing to three quarters when London is combined with the conurbations of the West Midlands (Birmingham); East Midlands (Leicester); West Yorkshire (Bradford and Leeds) and Greater Manchester compared with 25% of the white population. One quarter, 25%, of the total Bangladeshi population is resident in two London Boroughs (Tower Hamlets and Newham, both in the East End of London) and 95% of Bangladeshi migrants to Britain came from the rural Sylhet district (Gardner, 2006).

RESEARCHING AGEING IN MINORITY COMMUNITIES

The ageing of our minority communities is an important but relatively neglected issue in terms of research, policy and practice. Specifically, research focussing upon the ageing experience of older black and ethnic minority adults, sometimes referred to as 'ethnogerontology', is a relatively new field of research within the United Kingdom (Koehn *et al,* 2012). While there has been some focus upon those elders originally from the Caribbean and South Asia other migrant groups, especially the Chinese population, remain largely obscured from the public gaze, are relatively neglected by research and are much less visible in social policy terms. Research with older people from ethnic minority groups within Britain has focussed upon specific issues amongst individual minority populations within particular locations (e.g. social support systems of older South Asians in the south of England (Victor *et al.*, 20120. Studies opting for a comparative approach across the key minority groups or adopting a national perspective are rarer but include a focus upon quality of life (see Bajekal *et al.,* 2004) and loneliness/social exclusion (Victor *et al*., 2012b). The research literature examining health among minority adults mirrors the characteristics noted above in terms of focussing upon specific problems among particular populations, for example such as cardio-vascular disease and mental health issues in South Asian populations (Narasimhan *et al*., 2012; Krishnahshi and Weller, 2010) or a focus upon service access. Such studies are strongly epidemiological in

orientation showing a preoccupation with drawing comparisons between minority and majority groups in terms of mortality, morbidity and health service use. As Ahmed and X argue this approach serves to consign an interest in the health of minorities, of whatever age, as not of interest or importance in its own right but only as comparative problem.

The Bangladeshi and Pakistani communities, the focus of my recent research, are especially vulnerable being characterised by profound material, and health inequalities and social exclusion when compared with both the general population and other minority groups (Anand and Cochrane, 2005; Botsford, 2011; Karlsen and Nazroo, 2010; Nazroo 2006; Nazroo *et al.,* 2004; Victor et al, 2012). Geographers, sociologists and anthropologists who have focussed upon these two populations have rarely engaged with issues of age and ageing (Anwar, 1985;; Brice, 2008; Herbert, 2008; Shaw 2008) with Gardner's (2006) study of older Bengali's living in East London a notable exception. Work from an explicitly gerontological perspective demonstrates a strong pre-occupation with issues of health service access and / or the relationships between informal and formal care services and/or the support needs and experiences of informal carers (Adamson and Donovan, 2005; Butt and Moriarty, 2004; Calvert et al, 2012; Giuntoli and Cattan, 2012; Jewson *et al,* 2003; Katbamna *et al.,* 2001 2002, 2004; Lawrence et al, 2008; Merrell *et al.* 2005, 2006; Owens and Randhawa, 2004; Phul *et al.,* 2003). Research with an explicit focus on broader issues of older age and later life is rare (Afshar et al, 2008; Blakemore and Boneham, 1994; Norman, 1985). We know little about the perceptions, experiences and daily lives of older Pakistani/Bangladeshi populations and how these are contextualised by local, transnational and global interconnections as predominantly first generation migrants (Qureshi, 1998; Ballard,1994).

Harper and Levin (2005) argue that in the UK, ethnic minorities have poorer health profiles than the majority population of the same age, with their health profile approximating to people a decade older from the white population. Bowling (2009) examined perceptions of active ageing among people aged 65+ across a range of minority groups (Indian, Pakistani, Caribbean and Chinese) and compared these to the general population. All groups identified physical health and function, social relationships and engagement, mental and psychological function and resources (coping, keeping socially active) with no groups reporting 'work' as part of active ageing. This study also demonstrated the importance of unpicking these results. For example this study reports that minority elders were much less likely than the general population to consider that physical activity was part of 'active ageing' and to participate in physical activity, and that only 25% of minority elders had been for a walk in the previous month compared with 75% of the general population aged 65. The importance in understanding cultural factors in understanding physical activity is illustrated by the inclusion of minority participants in this study defining chess and dominos as 'physical activity'. However we have little understanding how older people from ethnic minority these communities think about age and ageing, how they conceptualise common policy objectives such as 'successful' or active ageing and how they understand the 'meaning of health and illness. Using data from an ESRC New Dynamics of Ageing funded study Families and Caring in South Asian Communities we examine ideas about age and ageing and notions of successful ageing among 110 Bangladeshi (50 participants) and Pakistani 960 participants) men and women aged 50= living in a town in Southern England. We argue that understanding how groups articulate ideas about health and ageing is a prerequisite to developing appropriate policies and interventions.

UNDERSTANDING AGE and AGEING IN MINORITY COMMUNITIES

Within the UK context there are comparatively few studies of minority elders that have sought to establish ideas about age and ageing although there is an emerging literature looking at understandings of specific diseases such as diabetes or physical activity. Wray (2003; 2007) has discussed the relevance of the 'mask of ageing' for British mid-life, aged 38-60, and minority (self defined African Caribbean, Pakistani or Muslim) women. In this study the Pakistani and Muslim

groups reported that they felt 'older' at younger chronological ages than other groups but did not feel disempowered because of 'age-related' changes in their appearance. Our participants had moved from countries with comparative low life expectancies at birth of around 50 years to one where it is 30 years longer . This differential was acknowledged by participants with comments such as '*Because 50 or 55 years age is no age today....If you go to Pakistan, then yes, if you are 55, it shows that you are 55. It's different In Pakistan*...'' (Aalim Pakistani male aged 54) and *You have to think about it. I am getting old and going on. After fifty years, it's a bonus...in Pakistan, life is short. Age wise - you age quicker in Pakistan*.(Taaj Pakistani male aged 54). However this potential longevity accorded through residence in a Western country could be a mixed blessing..'*I am 48 years old. Last 7/8 years, I have noticed I haven't got enough energy, I have slowed down lot. It worries me, If I live till 70/80 years then I may not be able to do what I used to* (Hamid, Bangladeshi male aged 48).

Chronological age, which is so central to our ideas about ageing and how we organise and deliver services, did not carry the same connotations for our participants as a marker of ageing as is common in Western notions of ageing and later life. Haaris, a 53 year old Pakistani male, spoke for many of our participants when he remarked on the irrelevance of chronological age: *Age does not mean to me anything. It is a western sort of word*. Ageing is not seen as being characterised by the achievement of a specific chronological age. Rather it comprises a series of stages of life marked by key events such as marriage of children and the birth of (grand)children which involve changes in family roles and responsibilities' or as an awareness of mortality and the life stage before death.. *Ageing means you are gradually getting towards end of your life*. (Danish, Bangladeshi male aged 54) and *I think if you are over 60, you have fully completed your life.... If you over 60, anytime you will leave this world* (mahir Bangladeshi male aged 60) and *because you should realise there's a finite distance between your birth and end of your life and every day you [are] approaching that goal (death)(* Tariq, Pakistani male aged 69).

When participants spoke explicitly about the characteristics and key signifiers of age and ageing the narrative was dominated by discourses of physical ill-health and dependency. *Ageing means being ill and dependent on others..... Becoming a diabetic has given me age; Age means weakness, not having enough strength to look after yourself.* (Ishrat, Pakistani female aged 62); *Now we are old we are like children we crave love and kindness. To me ageing means hardship, loss of identity and dependence on others. For me it is the end of life* (Laila, Bangladeshi female aged 52**);** I *feel old. Since I have had an operation I feel my age,(* Jabeen Pakistani female aged 61). Iffat a 60 year old Pakistani woman, draws an interesting distinction between physical and mental health with the former influencing the onset of ageing and the requirement to behave in 'age-appropriate' ways. So, although she states that her mind is 'young' she embraces –either voluntarily or involuntarily-a visible ageing identity by wearing appropriate clothes and behaving in appropriate ways. ''*I do not have any fear about age. My mind is young but my health makes me feel old I buy clothes that are appropriate to wear for my age.... I feel tired, weak, depressed and also I am aware that I should behave as people expect from a murubbi (elder) in our culture*. Female respondents were very conscious of the need to behave in 'age appropriate way's' including styles of dress expected of an older person. Rabia a 50 year old Bangladeshi woman, commented on the need to wear 'age appropriate' dress thus '*As I am now an aged person, I have to wear different types of dresses matching with my age* goes onto comment how her dress signals ageing, and potential vulnerability, but also generates respect and veneration from the rest of the community. '' ...., *when I wear dress, I become careful about it. [laugh]. ... when someone meets me on the way to go anywhere, many of them respect me. then I realize that I have become an aged person.*

Western style narratives focussing upon keeping active-both physically and mentally- particularly as a means of achieving 'successful ageing' were rare. Sabira, a 45 year old Bangladeshi woman, typified the view that ageing was not something that individuals could mediate ''*Obviously I will get old, some people will die first, and some will die later. There is no reason to worry about that, I cannot do anything about it*'' Participants, both male and female, expressed a very strong religious belief that each individual's life expectancy was determined by the will of God and ageing is therefore less of a worry for them as individuals don't need to (or should not) contest the decisions made for them by God. *I don't worry because what I believe is, the time is fixed [i.e. the time to die] from Him. When it comes, He won't wait for nothing. So, as far as I have to live, I'll live. This is what even in my holy book says, the God has fixed the age. You will die at a certain age. He don't reduce, he don't [er] increase, so I think these things we should leave it to God.* (Barkat, Pakistani male aged 75); *I leave it to God. It is up to Him. So I do not worry much about my age. When my time will be up I will have to leave this world, whether I am young or old*. **(**Faatih, Bangladeshi male aged 47**). ''***When God wants me back then I will go. No-one will be able to stop me. So it is better if you just don't think about it (* Ghaffaar, Pakistani male aged 72) **.**

Majiida, a 46 year old Bangladeshi female, advocated keeping mentally active *I think everybody should keep their mind young, staying mentally. You cannot stay young physically but mentally you can by doing this and doing that. But if you keep thinking I am old why should I do what I did before then I will age even more*. This distinction between mental and physical ageing is interesting. Such narratives imply that there is little, if anything, that can be done in terms of keeping the body 'young' but that there are ways to keep the mind young and, by extension, promote the quality of life rather than the quantity of life. Our participants accepted that ageing or later life was (or could be) a positive and successful experience via greater religious observance and practice and through being socially active within the community and family. Batool, a 57-year-old Pakistani woman, encapsulated this notion when she observed '' *they (older people) should be active - exercise, walking, as much as you can walk, wherever you want to go to meet friends and family - don't neglect them, visit them. Seeing them is really good for you and good for them.'*

CONCLUDING POINTS

Our data does not provide a clear indication of whether participants were aware of Western notions on active/healthy ageing and prolonging/enhancing quality of life in old age; if they rejected/resisted these discourses and/or found prolonging life (or ways of enhancing it) undesirable. Participants' narratives embraced (or at least accepted) ageing and appeared more comfortable with their identity as an older person based on their specific conceptualisations of ageing and age as being fixed and preordained by God. This did not preclude the development of strategies to enhance quality of life in older age even if not increasing the number of years lived. These emphasise a contented or happy mind-set and keeping active socially and spiritually rather than keeping physically active. Thus the concept of good older age/ageing was linked more with spirituality and happy/satisfying family relationships rather than sustained physical activity or good health and this was based upon their particular perceptions of ageing as necessarily involving (in most cases) ill-health and dependency. Our participants' particular concerns, understandings and expectations in relation to their older age highlight the importance of defining and conceptualising active or successful ageing in broader terms than simple physical health and with an emphasis upon quality rather than quantity of life.

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February 2013