

Cultural differences in ageing in the UK - A significant knowledge gap.

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The idea that ageing means different things to different people is an intuitive one, however, the Commission has found that not only are there different understandings of what it means to age healthily, but there are also different understandings about what is important in relation to facilitating that process and how, when, and why it works. Ageing healthily is often differently understood in relation to people's culture and identity. Existing research into cultural understandings of ageing is limited. Whilst authors have commented that "ageing is also not necessarily ethnically neutral" (Bowling, 1993: 449) and there is a growing body of literature on specific groups experiences of ageing, there is limited research of this kind within the UK. Further, there is a paucity of research about either cultural differences in relation to ageing or how specific groups in the UK understand these issues and how they negotiate ageing as a process. Gleaning these perspectives is essential to understanding ageing in a multi-cultural British society, and even more significant in areas such as Birmingham that are experiencing superdiversity.

Ageing and multicultural identity in the UK

One of the few studies that exists in a UK context is the work of Sin (2007), who looks at the experience of Asian-Indians of ageing in Britain. Sin's (2007) paper focuses on intergenerational ties; specifically, the relationship and the levels of support that are offered by children to their parents. In considering these relationships Sin argues that factors such as gender, ethnicity, migration history, amongst others, act to influence the complex picture of parental expectations of support from their children. Whilst the participants in the study identified that children should come first in relation to normative hierarchies of care and supporting parents, they tempered these expectations with realisations that this may not always be possible due to family circumstances, proximity to carers or other commitments (Sin, 2007). The research found that a third of White-British respondents did not feel that children should provide support for their ageing parents, and that expectations of support and care were gendered. The question of whose responsibility caring for older people is, and how people relate to ageing family members is a current and important question. Ensuring there is sufficient understanding of the older person's relationship with her/his family is important when designing services to meet the needs of an ageing population. When convening our focus groups with Birmingham residents over the age of sixty, we were acutely aware of the need to gain a multi-cultural perspective on ageing (see [the Birmingham Policy Commission focus group report](#)). Participants' views on family-provided care differed between groups, and illustrate that one of the ways that ageing healthily is understood is in relation to one's family:

"When we become old we are like children, so you need your children to look after you. This is why children are important and you have to raise them properly so they grow up to respect you. But things are now changing with young people, and some young people do not want to live with their elders" (Arabic Women's Awareness Group)

"Our teenagers are difficult and we have to start teaching them about Islam from when they are very young, otherwise they will not understand or respect the culture and our

religion” (Arabic Women’s Awareness Group)

“I would say that living here in UK has brought many changes within our community, well that is what I have observed. Our culture is changing” (Arabic Women’s Awareness Group)

“In an ideal world we should all think that it is down to us as individual to plan for the future, but it is not that easy when you are busy working and raising family. So the state does have some responsibility in supporting people to age well” (UK Caribbean Seniors)

On the responsibility for planning for old age: **“I think it should be individual and their family”** (UK Caribbean Seniors)

There is here a sense also, that multi-cultural Britain is reshaping traditional family relationships and that these are now subject to a process of renegotiation, with new relationships emerging. This process itself could yield practical examples of how both families and communities negotiate healthy ageing. Sin (2007) hypothesises that in part change is due to the “shifting relationship between state, family, market and voluntary/community sectors in terms of support provision...the shifting relations between provider and recipient of support situated within the changing familial and wider structural contexts; gender relations through the increase of women in paid work; and shifting demographic relations between the young and the old” Sin (2007: 38-39). However, Sin cautions against making assumptions arguing that the research “findings demonstrate similarities and differences within and between groups, thus illuminating the dangers of attributing traits to ‘cultures’ in an unquestioning manner, and of looking at the family and intergenerational relations through assumed culturally prescribed norms” Sin (2007: 33).

The Commission heard evidence from Nat Lievesley, from the Centre for Policy on Ageing, and the work of the Runnymede Trust who had explored how cultural differences affected healthy ageing in relation to health promotion and prevention agendas through nuancing understandings of physical activity and smoking uptake and cessation. He described how some of these indicators may be linked strongly to socio-economic status also and that not only were there cultural differences but that the regional patterns of health inequality and socio-economic status in relation to those from BME Communities was not uniform across the UK either.

One of the important reasons the commission chose to illuminate the nature of healthy ageing in a superdiverse context, was from the literature it was also clear that older people’s expectations of and stories about active ageing, were influenced by experiences of racism, that had a profound effect on older populations in how they related to the process and notions of healthy ageing (Clarke and Warren, 2007). Whilst this was not an overt theme explored through the commission, it came up involuntarily through one of the focus groups and paralleled the findings from this research:

“I do agree with you, my Stroke was a result of stress... My stress was caused by racism. We also faced racism from the Asian communities, they do so well in businesses, and their children do so well in education. As for our community we still have this slave mentality, and that takes generations and generations for us to change” (UK Caribbean Seniors)

“I don’t feel that I do but not because I’m older but because I’m a foreigner... Well I think as a foreigner I have to be a lot more careful about having a voice. That’s my feeling. And maybe that’s the rest of all my friends and acquaintances don’t think so but that’s how I feel.” (Halesowen and Dudley Elders Group)

From both research identified through the literature review conducted for the Commission, and these early findings, it became clear that a greater emphasis needs to be placed within research on

understandings of healthy ageing and what this means in a superdiverse context within the UK.

Different understandings of ageing in an international context and the work of the Policy Commission:

The paucity of research into different cultural understandings of healthy ageing is also highlighted as a concern in an international context. Hung *et al.* (2010) explored “cross-cultural comparison between academic and lay views of healthy ageing” and found that “older people’s norms, perceptions and self-awareness of the reality of ageing vary among different cultures” recommending that research would benefit from incorporating more “holistic perspectives of older lay people from different cultural settings, in order to construct a more comprehensive and culturally-sensitive concept of healthy ageing and to develop more realistic and effective measurements of healthy ageing” (Hung *et al.*, 2010: 1375;1388). However, work that has been completed into healthy ageing internationally has salience for the work of the Policy Commission, with both overlap and challenges that create a fruitful context for potential future comparative analysis.

The work of Tseng (2013) showed that in a US context, “little is known about the perceptions of health aging among diverse American older adults” (Tseng, 2013: 27). Tseng used information from an earlier study by Laditka *et al.* (2009) on ageing well and attitudes to, and differences in understandings of what is significant in, the ageing process among African American, American Indian, Chinese, Latino, Vietnamese and white older adults. The study reported that “ethnic groups differed regarding the weights they assigned to particular perceptions of aging well”. For example, “American Indian, White, and African American older adults were more likely to emphasize the importance of social involvement in aging well” (Tseng, 2013: 27-28). We found that is important to understand ageing in relation to culture rather than chronological age. How our focus group participants felt about determining how one knows one is getting and old and their concepts of ageing differed from group to group, supporting the work of Tseng (2013) on varied cultural understandings of the ageing process:

“Getting old for a woman is when she stops her menstrual cycle, and starts going grey, that is how I see myself as old now” (Arabic Women’s Awareness Group)

“The only time you feel old is when you feel ill or if you do something you’d normally do physically which you could have done quite easily, DIY, anything” (Halesowen and Dudley Elders Group)

“Do you know men in our culture age differently, as they marry many times and raise children until ... when they cannot manage” (Arabic Women’s Awareness Group)

It is interesting to note also, how many of the comments made by participants within the focus groups related to functioning. Tseng further asserts that “more research is needed to better understand the attitudes of diverse older adult consumers in order to support the development of culturally appropriate health and health care communications” (Tseng, 2013: 28). Similar conclusions about the need for further research were drawn by who looked at elderly populations in Sweden and the experience of ageing in this context, finding that “with the exception of the work that has been done on health-related outcomes, most of the studies that have been conducted about elderly immigrants in Sweden have been ethnic-specific (but not ethnicity-representative), qualitative studies with convenience samples. It is for this reason that several Swedish scholars have pointed out that elderly immigrants are an elderly care policy category rather than a group of older people per se, and that this category homogenizes and blurs more than in unveils” (Torres, 2013:45). Torres went on to state that “there is the approach to successful aging that relies on the perspectives of

older people themselves by asking what they think entails a successful older age. To date, no Swedish study about elderly immigrants' understandings of successful aging has been conducted" (Torres, 2013: 48).

There is also a growing interest internationally on what it means to age well for whole populations not specifically in relation to the experience of immigrants. Demographic pressure of ageing populations and discussions about what issues this may present are not isolated to Western economies. Thailand is one of the countries with the fastest ageing population in South-East Asia and research is being conducted in the region as it is felt that the "most important challenge related to the aging society is to consider how to increase the quality and years of healthy life" (Thiamwong *et al.*, 2013: 256).

In Thai culture, research has shown that a healthy aging model should incorporate what Thiamwong *et al.* (2013) refer to as the "Thai 3Ts", "tham-ma-da, tham-ma-chat, and tham-ma" meaning "normality, nature, and dharma" (Thiamwong *et al.*, 2013: 256). These three principles are identified as being at the crux of healthy ageing in a country where "healthy ageing is influenced by historical and cultural factors, as well as physical, cognitive, psychological, social, spiritual, and economic resources" (Thiamwong *et al.*, 2013: 256). From focus group and interview data, the researchers were able to identify that "from the participants' perspective, healthy ageing was defined as accumulating positives process, which balances interaction between the body, mind, social and economic status, as well as between one's life and environment" (Thiamwong *et al.*, 2013: 258). The theme of normality or tham-ma-da, "refers to an individual who normally takes responsibilities for his/her body and mind by staying active", involving both remaining physically active through exercise, but also incorporating the concept of being "mentally active through creative and thoughtful hobbies and work" (Thiamwong *et al.*, 2013: 256). The theme of nature or tham-ma-chat, refers to the interactions between individuals and their social sphere or environment. It is about embracing living simply and being careful with money. The theme of dharma or tham-ma, is based on Buddhist principles and is related to what the researchers describe as "behavioural strategies, including enjoyment through helping family and participating in community activities, staying away from stress, and making merit and helping other people without expecting anything in return. This is the highest level for reaching healthy aging, and participants obtain the maximum benefits from it" (Thiamwong *et al.*, 2013: 259). These concepts identified in a Thai study, are not dissimilar to the findings identified from the work of the Commission. The outputs of community involvement and ability to remain active, engaged and independent, relate closely also to our recommendations. However, the cultural importance or significance and weighting of how these concepts relates to healthy ageing is relevant to the different value different aspects of the ageing process hold for different cultures.

Hsu (2006) explored "elderly people's perspectives on successful ageing in Taiwan" using participant interviews being analysed using factor analysis, finding that "five factors accounted for 58.7 per cent of the variance: family and social support, mastery over life, health, enjoyment of life and autonomy" (Hsu, 2006, p.87). This represents one of the limited studies in an East Asian context to look at how 'successful ageing' is defined in this context. Similarly, Chong *et al.* (2006) explore 'positive ageing' from the perspective of middle-aged and older adults in Hong Kong, where they found that positive ageing was associated with "good health, having a positive life attitude, active engagement with an activity or with society, feeling supported by their families and friends, being financially secure, and living in a place with emotional ties" however they differentiated this from the factors that enable this, which they defined as "adopting a healthy lifestyle, thinking positively, promoting family and inter-personal relationships, and building up financial resources" (Chong *et al.*, 2006: 243).

Studies such as these, whilst in other contexts, offer us insight not just into how experiences of ageing and differentially understood, but also into the relative importance healthy ageing strategies have in relation to different people. Also, there are common themes in terms of what generally makes for a good life. Ageing, as we have seen in other sections of the Commission's work, is a complex process with different meaning ascribed to it at different times. In Thiamwong *et al.*'s study, it was reported that in Thai, "the word 'health' means a state of happiness" (Thiamwong *et al.*, 2013: 260) meaning a more holistic concept of ageing is needed to accurately describe what healthy ageing means to Thai people. These more nuanced cultural understandings are relevant to the work of the Commission particularly, as concepts at work such as these "might influence decisions of individual older adults and the delivery of health care" (Thiamwong *et al.*, 2013: 260). It is true to state that whilst they were referring to the Thai context, the assertion that "the healthy aging model, which is based on a biomedical perspective, cannot fully explain many aspects of healthy aging" (Thiamwong *et al.*, 2013: 260) also has salience for policy makers within the UK and echoes the importance of looking at healthy ageing in the 21st century through lenses other than those of how to meet health and social care needs.

There are clearly cultural experiences and expectations of ageing, underpinned by ideas about reflexivity and inclusivity in communities that are represented in superdiverse UK contexts and internationally. From both the limited UK studies, and international research, that there are elements of healthy ageing as a process in its own right, that do not pertain to health or social care per se, although they incorporate elements of this that need further investigation. These elements identified as being aspects of ageing well, interrelate with the context in which a person is ageing. **Not enough is known about how healthy ageing is understood by different people, nor the priorities they have in relation to their living well. More research needs to be undertaken to look at the cultural meanings and significance of related factors in relation to ageing healthily for different populations. Our lack of knowledge about cultural factors related to ageing may mean we fail to plan appropriately for healthy ageing in a super-diverse, multi-cultural society.** By concentrating on positive aspects of ageing, we believe that the Commission has highlighted fertile ground for future research on diversity and different understandings of ageing and what it means to age well.

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