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**Socioeconomic status and health inequalities among older people from
Bangladeshi ethnic minority group in England**

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ABSTRACT

The study aims to examine what socio-economic, health and psychological problems of older Bangladeshi (55 years and older) experience in later life and what members of the Bangladeshi community perceive to be the reasons for these difficulties. It also aims at finding out the extent to which gerontological theories, that highlight the problems associated with later life, reflect the experiences of older people across ethnic and cultural differences in the United Kingdom. The research has been carried out in the London Borough of Croydon where a small number of Bangladeshi communities live. Semi-structured interviews were conducted with older people from the mixer of men and women so as to answer the above research question i.e. the problems and the effects of ageing process far from home where they made their later life abode. In a qualitative semi-structured interview study in the London Borough of Croydon, 17 older persons from the Bangladeshi communities were asked about their problems of ageing and how they feel about living and growing old in a western country.

BACKGROUND

Ageing is an inevitable and irreversible process. Ageing is a complicated concept with biological, psychological, and sociological connotations. Therefore, one generation's experience of history and of old age is different from succeeding generations. In more traditional societies increasing age is accompanied by increasing prestige. For example, in Bangladesh, the oldest members of the family are treated with reverence and respect. Moreover, they hold a prominent position within the family and society based on their cultural values. Much prestige is afforded the person who qualified to be called "old man" in Bangladesh. However, such prestige and respect can be challenged when older Bangladeshi people live in a youth and work oriented society like Britain.

There is a substantive literature on how different cultures perceive old age. Most cultures engenders in its own communities ideas what successful ageing means, of the kind of respect due to an older member of society, and of the types of relationships that should exist between an elderly parent and his or her child. Age is defined by society therefore the definition of age may be varied across cultures (Gozdziak, 1988). For example, in some societies, old age is defined by functional terms, based on one's ability to perform certain activities. Therefore, cultures differ in their attitudes towards their elderly members and the expectations of older people as well as status attributed to old age. This includes issues such as a person's lifestyle, expectations and the roles and responsibilities they anticipate for themselves. However, for many UK elderly migrants, it can be difficult to adapt cultural expectations and this can create individual and family stress.

Recent population projections suggest that the number of people aged over 55 years from Black and Minority Ethnic (BME) groups in Croydon has increased from 2,087 in 1991 to 4,652 in

2001, and to 6,929 in 2011, an increase of 232% over twenty years. Between BME aged 55 above groups, Bangladeshi currently have more than 500 older people living in London Borough of Croydon (BWAC, 2009). More than half of Bangladeshis were born in Bangladesh compared with 46 per cent who were born in the UK. The percentage of Bangladeshis born in the UK has increased from 35 per cent in 1991. Bangladesh ranks third in the list of countries of birth for Londoners born outside the UK (Piggott, 2004). This change reflects the effect of the ageing of various cohorts who have arrived in the UK at different times. In addition there are substantial numbers of 'hidden' minority ethnic groups within the white population (such as Cypriot, Turkish and Irish people) and these groups include a significant proportion of elders. The diversity of ethnic groups within Croydon means that there is a risk of disadvantage from language, socio-economic variables, health issues and racism. These factors will impact on health and service use and it is important that policy makers and providers of services are aware of the needs of these communities and that services are culturally sensitive (Croydon Health Authority, 2000).

Bangladeshis migrated to London from some parts of Bangladesh, e.g. Noakhali, Chittagong and Sylhet in search of employment during the 1950s and 1960s. Sylhetis from the North-East part of Bangladesh came in the 1970s in search of stability and work following the conflict with Pakistan. Changes in immigration laws in the 1970s encouraged Bangladeshis to come to the UK and people still migrate for various reasons from Bangladesh. The 2001 census shows that there are well over 153,000 Bangladeshi people living in London and the south east of England, and between them about 2,000 Asian or Asian British Bangladeshi persons live in London Borough of Croydon (ONS, 2001).

AIM OF THE STUDY

The aim of the study was to examine what socio-economic, health and psychological problems older Bangladeshi experience in later life and what members of the Bangladeshi community perceive to be the reasons for these difficulties. The research focused on how family roles and relationships have changed as a result of immigration and with what impact.

METHODS

The proposed study was a qualitative study using semi-structured interviews. Qualitative research starts from the assumption that one can obtain a profound understanding about persons and their worlds from ordinary conversations and observations. Its empiricism is grounded in the everyday data of experience (Sankar & Gubrium, 1994). Qualitative research despite linguistic and cultural differences, can elicit grief, joy, sadness, anger, and other strong emotions from the gestures and talk of individuals. Qualitative approach was the most suitable for this investigation because it focuses on

people's feelings, meanings, experiences and perceptions. Semi-structured interview methods allowed researcher get informant's lived experiences and stories in their own words. Researchers including (Bell, 1999; Blaxter, Tight, & Hughes, 1996), point out that a qualitative approach is much more context sensitive than a quantitative one and enables cases to be investigated in their natural environment. The questions are here frequently more general in their frame of reference than a structured interview (Bryman, 2004). A semi-structured interview is flexible and allow researcher to ask further questions which is not scheduled in response to what are seen as significant replies during the interview. Thematic content analysis was used to interpret the data (Braun & Clarke, 2006). Repeated reading of the transcripts was adopted to identify a number of recurring concepts which was presented as themes.

The first issue to address in fieldwork is getting permission to conduct research study (Bogdan & Biklen, 1998). Access to the respondents was gained by voluntary organization e.g. Bangladesh Welfare Association of Croydon (BWAC), The Bangladeshi Community in Croydon, Croydon Mosque & Islamic Centre. In order to prepare for the research, the researcher spent a lot of time on the office premise's of BWAC which resulted in finding a lot of significant facts about the ethnic Bangladeshi community with the help of observation in various written documents and from the discussion with the organization's manager. The researcher carefully noted the kind of relationship shared between ageing individuals and the BWAC management team such as how various individuals across the ethnic community interacted with each other, the atmosphere and friendly office environment towards older people and day to day activities taking place. Spending time in the organisation helped provide valuable lessons and an understanding of the situation of Bangladeshi elders in Croydon. This enabled the research develop an appropriate semi-structured interview schedule and make him aware of some of the problems and sensitivities which needed to be explored. Ethical approval for the study was given by Middlesex University London and from the BWAC from whose membership database the older people were recruited.

RESULTS

The data is derived from a series of interviews with elders from the Bangladeshi community in London Borough of Croydon. The findings of this study reveal that the Bangladeshi elderly immigrants are living on the edges of the British society but also as active participants of Bangladeshi society in Croydon and greater London. However, participants experience loss of role and status in the wider British society mostly because of language barriers, as well as poorer social and economic adjustment in the society. Through the interviews a number of common themes emerged across all the data.

MIGRATION

The majority of participants who are in their 60 plus now migrated from the same part of Bangladesh, Sylhet. In their experiences the whole region that time was either preparing, or coming or sending people all over the world and most favourite for Sylhetis was the United Kingdom and Gulf countries. The majority of participants were in their early 30s when they left Bangladesh for UK and the reasons for migration were almost always economic reason and opportunities for a better life.

One older person told how he came in this country...

I came to UK in 1970. I never thought that I would be here one day. I was a village council member during Pakistan period in Bangladesh. One day some of my friends were talking about going to the UK as labour for factories. Then for a moment I was thinking it would be a good idea to go to a rich country. [Male 72 years old]

A distinctive feature of gendered Bangladeshi migration was that men outnumbered the women. In the first place, the majority of Bangladeshi migrants were men, and women followed them at least 10 years later on. One women participant described her migration experience like this...

My husband came in this country first and after 8 years he could apply for us to come in this country. [Female 67 years old]

EMPLOYMENT

The majority of participants in the first place, as migrants they used to work in heavy industrial and manufacturing work. Later on the popularity of Indian restaurants in this country which were mostly Bangladeshi owned, was an important source of employment for them in the UK.

I got industrial work permit visa and used to work in a steel company situated in Sheffield. That was very hard work and I worked there for nearly 4 years. Then one day one of my cousins in East London told me he was going for catering business in there and offered me to be a partner with him. [Male 72 years old]

Surprisingly all the women participants in this study never worked in a paid job outside the home. They had work opportunities but their husbands or family members did not let them to work for religious reason. However, beside religious reason there was language barrier as well to get work. Because men if they didn't know English they could easily get jobs in the restaurants kitchen but women cannot be accepted to work in the kitchen alongside with men.

I never worked in this country. My husband used to tell me outside work only for men. Days have changed now, Sylheti women are working even my daughters are working with their husbands permission. [Female 67 years old]

SOCIO-ECONOMIC PROBLEMS

Members of ethnic minorities as a whole and in particular Bangladeshis experience a number of social disadvantages to a greater extent than any other ethnic minority groups. They live predominantly in urban areas where housing is a big problem and they have to share a house overcrowded with other family members. Compare to their previous economically active life, they suffered lots of economic problems nowadays. They do not have any jobs and sometimes if they need money, they have to look from their children and who may be able to provide that money. A disabled allowance seeker described his experience in following ways...

I have been applying for disabled allowance for three years but government is not given me permission for that. I wanted to buy a wheel chair but could not afford that money as I do not have any jobs. [Male 81 years old]

Due to being unable to get proper support in their old age, the participants blamed the government for stereotyping behaviour towards ethnic Bangladeshi older people. One participant expressed his anger in this way...

In England older people are socially and economically a problem to everybody. But in Bangladesh people get much respect in old age; friends and families would take care of me. I understand now I'm burdened to them but they will never say that in their mouth. Remember everyone would be older like me one day! Why the bloody British Government gave us permission to enter this country if they do not look after us and why make us suffer after coming to this country? [Male 58 years old]

Most of the older people are stressed as they are living in old ages and they feel socially insecure. Another participant stressed in the following lines...

I'm 83 now and living alone last 20 years since my wife died. Two sons are living in this country 200 miles away and one daughter has got married in USA. Some time they call me and ask what are my problems etc... If I need anything, I come to this BWAC office and they help me all time. Social life is not good enough in this country. I don't blame my children for my loneliness now. Because I didn't look after my parents and this is my punishment as Allah written in my luck. [Male 83 years old]

HEALTH SERVICES EXPERIENCES

The majority of the participants suffer from serious stress in their old age. Half of the respondents in this study described their health status was average or not bad for their age. Half of them were suffering from diabetes, high blood pressure, heart problems, swollen legs, asthma, less eye sight problems etc. However, three of them described themselves as in very poor health and all of them are men. Of the three, two were applying for disabled allowance and that was ongoing at the time of

interview. Six men and women were describing their health as average as they have ongoing physical problems e.g. headache, depression, less appetite, arthritis etc.

Majority of the respondents are not happy with their GPs at all. They said GPs are not helpful and their prescription does not work. Therefore, they receive health services from herbal and homeopathic medicine doctors from their local community. Moreover, sometime they buy their medicine from local Off License or Poundland etc.

I don't go to my GP anymore. He is not helpful and medicine does not work. That's why some time I go to Poundland and I buy medicine from there. [Female 64 years old]

Many participants face difficulties when they go to GPs in Croydon area as they do not have enough interpreting facilities. They have to wait long enough to arrange an interpreter to talk to the GPs on their behalf. Another respondent described his experience like this...

My GP could not take care of my diarrhoea last time and I suffered 5 days as he did not give me any Saline. Later on he made an excuse that he didn't understand what my friend described to him as I can't speak English. I was very angry and wanted to sue him but I forgave him because of my English. If I knew English I would fight him until he loses his job because he's not a good doctor. [Male 74 years old]

FUTURE PLAN

One of the important traditions in Bangladeshi community is living with a large family. Providing care and support to the sick elderly is seen as a social, moral and religious duty for the rest of the family members. The majority of the participants of this research however think that these responsibilities are under threat now and largely being ignored because of the effects of urbanisation, economic pressures and British cultures. And therefore, they think extended family is breaking down, socio-economic gap is increasing and older people are losing respect and the last hope of shelter in the family as well as in the community in UK.

I don't think my children and grandchildren will look after me and I hope not to depend on them. I told them don't worry about me, I don't want anything from you, be educated and lead your own life in good and prosperous ways. [Male 58 years old]

All the participants have a negative perception of care homes. They think care homes are only for white British people not for ethnic Bangladeshi people. Some of the participants are not clear what a care home means.

I don't know what about others but I personally dislike a care home. I'd rather die in the street alone than go to care home. If no one here to look after me I'll go back to Bangladesh, there are too many people will look after me if I give them some money. And I'll be happy there, as they are my blood who'll look after me. Because I don't want to be looked after by some unknown hourly paid workers. [Male 70 years old]

Another participant said about care home in following ways...

I would feel lonely. Who do I talk with in care home? I stand totally against care homes. I know some people especially white people go for care home because they don't have any option. I would rather die alone than go to care home. Because there is no respect and dignity in care home. [Male 72 years old]

Not only older people dislike care homes but also their family members do not want their parents end up in a care home. The majority of older people are looking forward to going back to Bangladesh in their old ages. However, going back to Bangladesh is not easy and open to everyone. Because some older people sold their houses and property when they abandoned Bangladesh and some do not have any relatives in Bangladesh since they left.

I love Bangladesh but I cannot go back to Bangladesh at this stage. Because there is no one to look after me. My children and all nearest family members are in this country now. [Female 64 years old]

The majority of the participants were here in their youth and they worked hard for money. Now in their 50s they are planning to go back to their native land. Because they think they will have more support from friends and families.

I want to go back to Bangladesh. I want to die in Bangladesh. First time I came to earn some money and thought would go back within 2-3 years but still couldn't make that. But I wish if my death would be in Bangladesh I would die in peace. [Male 72 years old]

DISCUSSION AND IMPLICATIONS

The findings which emerged from the study of the problems of the ageing of ethnic Bangladeshi older people living in the London Borough of Croydon reflects the real picture of living and growing old in Britain as a most deprived minority ethnic group in the UK. The social problems of ageing for the ethnic Bangladeshi older people are relatively unpublished and there is still limited research about these issues. The data show that all the Bangladeshi older people were not born here, but had left Bangladesh for work, with the intention of returning rather than long-term residency and settlement in the UK. They were young that time and never thought of they would become old in this foreign land. The majority of the Bangladeshi older people in Croydon came from a very simple rural village life to

sophisticated urban areas for example, London to spend of their rest of the life. Therefore, there is a wide distinction about their lives from the very beginning of their immigrant life and this is now adverse in their old ages. Norman (1985) over two decades ago found that the elders of ethnic minorities in this country faced triple jeopardy. They were at risk through old ages, through cultural and racial discrimination and through their lack of access to health, housing and social services. This study confirms these findings and shows that those who participated are part of a deprived ethnic minority community. The participants demonstrate a wide range of potential, social, financial, medical, psychological and communication problems has been raised. Although the study does not claim to generalise it is highly probably that such problems are widespread among ethnic Bangladeshi older people living in Croydon.

The data also highlight problems for the Bangladeshi elderly population who came to Britain as immigrants. This research confirms existing research by (Platt, 2007) and (MacInnes & Kenway, 2009) shows that old age poverty is a significant problem in the Bangladeshi older people living in England. Employment history, gender, entitlements to benefits are factors which contributed to the poverty of the participants. The evidence is consistent with researching cultural differences in health by (Hillier & Kelleher, 1996) which demonstrates that BME populations are the highest users of primary care services, yet they are less likely to gain access to appropriate health services and treatment and they report the worst health outcomes. As with other groups, e.g. Black African, Indian, Pakistani and Chinese the majority of the participants were more likely to describe their health status as poor than the total population.

The majority of the older people's future plan depends on their socio-economic status, health and most importantly to their next generation children or family members. Some of them want to go back to Bangladesh in their old age but that is not possible as there limited health services in Bangladesh. Moreover, some reported that returning home or organizing resistance especially from the family members to such pressure in the United Kingdom are not easy options. They said they would like to go back but there are many problems of resettlement in the homeland especially in old age as they have nobody over there to look after them.

This research is making recommendations to value the contribution of the Bangladeshi community by recognising their problems and provide culturally appropriate services to address them. Further research is needed into the impact of socio-economic circumstances of Bangladeshi ethnic minority elders to see if they widen access and reduce their problems while they growing old and continue to live in the United Kingdom. Health and community care services needs to raise the awareness of the plurality of needs Bangladeshi older people within black and minority ethnic communities. In particular, there is a need to provide information about the services available to support families who are providing care for older people. There is also a need to provide culturally

sensitive services which meet their religious and cultural needs. Research needs to address the barriers that Bangladeshi older people face in accessing information, e.g. language barrier mostly. Culturally sensitive information in appropriate languages and formats should be targeted, through specific initiatives, at Bangladeshi minority ethnic elders to increase knowledge of service availability and rights such as health, social care, housing and benefits.

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