Families and Migration: Older People from South Asia
Department for International Development (DFID)
Project

ESA 315

FINAL MANAGEMENT REPORT

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Families and Migration: Older People from South Asia

1. Summary of Aims, Objectives and Achievements

1.1 The general aim of the project was to enhance understanding of globalisation and its effect on the structure of societies. In particular, the impact that mobilisation of labour forces has had on the age structure of rural areas in developing countries. It was intended to examine the effect that immigration has had on the availability of support for older people. The findings are to be disseminated to international, national and local NGOs, national and state governments, health care professionals and other service-provider government departments and agencies.

1.2 The specific aims were as follows:

1.2.1 To understand the effect of intercontinental migration on those who age in the United Kingdom and those who grow old in the sending communities in South Asia.

1.2.2 To examine the social support systems of older family migrant families in migrant families in the West Midlands (UK) and in sending communities in Gujarat and Punjab (India) and Sylhet (Bangladesh).

1.2.3 To produce a cross-cultural comparison of rural ageing in Gujarat, Punjab (India) and Sylhet (Bangladesh).

1.2.4 To influence the development of a cross-cultural aspect of gerontology and other social and applied sciences through the use of the findings in teaching on Higher Education programmes in the collaborating and other institutions.

1.3 The DFID felt that it was only necessary to include one Indian sample and suggested that Punjab be dropped from the study. The cost of data collection in Punjab was not high and the applicants decided that the inclusion of more than one Indian ethnic group was important. Funding for data collection in Punjab was made available by the Centre for Social Policy Research & Development (CSPRD).
1.4 The major findings of the research are as follows:

1.4.1 Immigration from South Asia was initiated by UK interests to meet labour shortages, but different immigration patterns emerged, which are to some extent associated with specific Asian ethnic groups.

1.4.2 Older immigrants to the UK and older people in communities associated with emigration in South Asia are typically well supported by family members.

1.4.3 Sending communities in South Asia benefit from contributions to the home community from relatives living abroad.

1.4.4 Remittances to family members from relatives living abroad are only significant in Bangladesh.

1.4.5 Immigrants to the UK demonstrate a high level of cultural continuity in terms of family and religious behaviours.

1.4.6 Health and social care providers in the West Midlands appear to have adapted to provide more culturally sensitive services than reported in earlier literature, but the preference is still to rely on family care.

1.4.7 Large proportions of immigrants do not speak English or do not speak English well. A need exists for more interpreters in the health service.

1.4.8 For this generation of immigrants, the return of ashes or bodies to Asia for disposal is preferred, but there are indications that in subsequent generations will practice will die out.

1.4.9 Health care for older people in South Asia is minimal unless they are well off. Morbidity is high and there is a need for preventative health care to improve the quality of life and reduce the burden on families.

1.4.10 In Bangladesh, preventative health measures could be taken by improving the quality of drinking water.
2. Staffing

2.1 The project has been co-ordinated by Professor G. Clare Wenger and managed by principal investigators and other research staff in each of the participating countries/states as follows:

**United Kingdom:**
Principal Investigator: Dr. Vanessa Burholt
Project Co-ordinator: Ms. Sarah Guthrie (part of the project)
Research Assistant: Dr. Zahida Shah

**Gujarat:**
Principal Investigator: Prof. Parul Dave, University of Baroda, Vadodara
Co-investigator: Ms. Indira Mallya
Project Co-ordinator: Ms. Kashmira Bhojak
Research Assistants: Ms. Shilpa Bhatt
Mrs. Ginu John

**Punjab:**
Principal Investigator: Dr. N.S. Sodhi, Retd., Punjabi University, Patiala

**Sylhet:**
Principal Investigator: Dr. Abdul Awaal Biswas, Shahjahal University of Science and Technology, Sylhet City.
Project Co-ordinator: Mahummad Ashfaqul Haque Chowdhury

**HelpAge India:**
Asian Co-ordinator: Dr. Shubha Soneja, HelpAge India, Delhi

2.2 The UK project co-ordinator in Birmingham failed to carry out her work and her contract was terminated. Interviewing was subsequently carried out by the research assistant. This increased her workload and consequently additional interviewers had to be recruited. The expected work of the project co-ordinator to data analyses and interpretation of results was carried out by the PI.

2.3 In Punjab, the principal investigator was retired and acted as PI and project co-ordinator. This had already been taken into consideration in the budget. However, although it had been anticipated that access to a computer would be available through the university, this did not materialise and the PI was unable to analyse the data. This was undertaken by the PI in the UK.

2.4 In Sylhet, there were several periods during the research when it was impossible to contact the principal investigator and no names had been given to us of others to contact. The PI was apparently out of the country for long periods. In the final phase of the work, the PI did not respond to instructions concerning the analysis of data and the writing of the regional report and his contract was terminated and no payment made for the final payment period.
2.5 UK project staff had to assume more responsibility for data analysis and writing than had been planned. See further discussion under “Major Difficulties” below.

3. Major Difficulties

3.1 The project co-ordinator and all the principal investigators had met in Gujarat to design the study and finalise the questionnaire before the grant application was made. Subsequently, two further project management meetings were anticipated to be held in Delhi and Sylhet. The meeting in Delhi took place as planned. The Project Co-ordinator was unable to attend and her place was taken by Mark Gorman, the Research Director of HelpAge International (London). The meeting in Sylhet was scheduled for November 2001. However, following the attack on the World Trade Center in New York, information from the Foreign and Commonwealth website indicated that there were high levels of unrest in Bangladesh and advised only essential travel. The meeting was cancelled. The project co-ordinator sent detailed notes to all PIs covering all agenda items, with instructions on how to proceed.

3.2 The project was funded from 1 September 2000 to 28 February 2003 (later extended to 31 March 2003). It had been anticipated that data collection would be completed between January and 1 June 2001. Difficulties arose because the Asian universities were not prepared to authorise staff to start on the project until the money had been received. It took some time to explain about payment in arrears and to negotiate commencement.

3.3 Data collection had been scheduled to take place between January and June 2001. In addition to the delay mentioned in 3.2, other problems occurred, which delayed data collection:

3.3.1 The Gujarat earthquake in January 2001 caused delays in both Gujarat and in the UK. While the Gujarat study areas did not suffer damage they did feel the tremors. Anxiety levels – particularly among older people – were raised and there was much concern about relatives in the affected areas. In the UK, concern about relatives was also problematic and Gujarati men left the country to help family members in Gujarat. Under these circumstances, continued interviewing was delayed to allow some return to normality.

3.3.2 Subsequently, Muslim-Hindu tensions and riots in Gujarat affected the whole state and curfews were imposed. This further affected the activities of the research team.

3.3.3 As a result of the initial shift in the start date of the research and the problems referred to in 3.2 above, interviewing in Sylhet ran into the rainy season during which access to the study area was not feasible or possible for the research team. This delayed collection of data in Bangladesh.
3.4 The integrated data set was completed and regional data sets sent to the PIs ca. May 2002. The original date for the completion of regional reports (i.e. one from each Asian state and one for each ethnic group in the UK) had originally been scheduled to be completed by the end of December 2001. As a result of delays in data collection this date was revised to November 2002 but none of the Asian reports was completed by then.

3.5 The Co-ordinator made regular, increasingly frequent, contacts with the PIs to determine what progress was being made on the regional reports. She was supported in this by the Asian Co-ordinator. Complete sets of tables of general frequencies were prepared by the UK PI and sent to each of the Asian PIs. The results were frustrating and disappointing:

3.5.1 It had been discovered that the Punjabi PI had no access to a computer. It was then hoped that a report would be written based on the tables sent from the UK. No report materialised. Since this part of the research was being funded by CSPRD, it was decided that the UK researchers would have to write this report.

3.5.2 The PI in Gujarat spent extended periods in the USA. A draft report was finally received from Gujarat in December 2002. This was subsequently revised and submitted in final form in April 2003.

3.5.3 For part of 2001 and much of 2002 contact with the Sylheti PI was impossible. Messages were not answered and it was impossible to communicate. However, after it was decided to terminate the contract, there was a response and we received all the data and the video film. Eventually in November 2002 a document was produced purporting to be the regional report. This was a barely augmented version of the study community profile which had been submitted in 2000. No use had been made of the tables sent from the UK and there was virtually no analysis of quantitative data. The co-ordinator refused to accept this report or to pay for any salary claims for the last 6 months of 2002 since it had been ascertained that the PI was out of Bangladesh for extended periods. The regional report for Sylhet was subsequently written by the UK PI.

3.6 The problems of communication which arose with all the Asian collaborators and continued efforts to elicit first data and later reports from them were time consuming and frustrating. A final report based on the quantitative data had been planned to be completed by the end of December 2002. It had been anticipated that the regional reports would have been used in the preparation of this report, particularly in respect of the interpretation of Asian data. Since none of the Asian regional reports were received in time, this was not possible.
3.7 In addition to the UK data collection and writing commitments, the UK team also assumed responsibility for writing the Sylhet and Punjab regional reports. This has taken time from other writing related to the project.

4. Dissemination

4.1 During 2002, the UK team focused on the preparation of conference presentations. Some of these papers have been and others will subsequently be submitted for publication. We understand that presentations, based on the Gujarat local data, have also been given in India, but we do not have references for these.

4.2 The following publications are in print:


4.3 The following papers have been submitted for publication:

Burholt, V., "Migration Histories Of People Aged 55+ Among Gujaratis, Punjabis And Sylhetis Living In Birmingham, UK.” Submitted to the *Journal of European Social Policy*


Wenger, G.C. and Burholt, V. “Social support systems of older Gujaratis, Punjabis and Sylhetis in Birmingham and South Asia” Submitted to *Ageing and Society*.
4.4 The following presentations have been made:


Burholt, V., Older people from South Asia: Cross-national sample selection in India, Bangladesh and the United Kingdom. Paper presented as part of the British Council Higher Education link “Developing Postgraduate Gerontology Programme and Comparative Gerontology Research” at the Medical Institute, Bharati Vidyapeeth Deemed University, Pune, 3 February 2003.


Wenger, G. Clare and Burholt, Vanessa and colleagues (2002) “The impact of migration on older people in rural communities in Gujarat, Punjab (India) and Sylhet (Bangladesh)” Departmental Seminar, *Andrus Gerontology Centre, University of Southern California*, Los Angeles, California, (October).


Wenger, G. Clare, Burholt, Vanessa et al. (2003) “Social support systems of older Gujaratis, Punjabis and Sylhetis in Birmingham and South Asia” Day Seminar on Ageing in India, Centre for Gerontology and Elderly Medicine, Medical Institute, Bahrain Vidyapeeth Deemed University, Pune, Maharashtra, India (February)

Wenger, G. Clare and Burholt, Vanessa (2003) “Social support systems of older Gujaratis, Punjabis and Sylhetis in Birmingham and South Asia” Tata Institute, Mumbai, India (February).


5. **Products and Reports to DFID**

5.1 The project has produced an integrated dataset on older South Asians including 6 sub-samples as follows: Gujaratis, Indian Punjabis and Sylhetis in Birmingham and older people in Gujarat, Indian Punjab and Sylhet in South Asia. So far as we know this is the first dataset to include data on older people from both Europe and South Asia.

5.2 **Filming for a video film** illustrating life for older South Asian people in Birmingham and in the study communities in Gujarat, Punjab and Sylhet has been completed and the film is being prepared. This will be presented to respondents’ ethnic group organisations in the UK, made available to interested groups and used in postgraduate teaching in the UK.

5.3 The project team is delivering the following reports to the DFID with this report:

5.3.1 *Final Report – Families and Migration: Older People from South Asia.*

This report covers the quantitative data from all study communities, comparing those in the UK with those in the Indian sub-continent and comparing the 3 ethnic groups within and between the continents.

5.3.2 Three Regional Reports from the UK –
- Older Gujarati Immigrants in Birmingham, UK
- Older Punjabi Immigrants in Birmingham, UK
- Older Sylheti Immigrants in Birmingham, UK

5.3.3 Three Regional Reports from South Asia –
- Older Gujaratis in India by Parul Dave and Indira Mallya
- Older Punjabis in India
- Older Sylhetis in Bangladesh

5.3.4 *Rural Communities in Gujarat and Punjab (India) and Sylhet (Bangladesh): The impact of emigration on older people*

5.4 A report on Health will be prepared later this year. The data have already been analysed in each of the reports, however, additional, more detailed, analyses will be performed for this report.

5.4 **Highlight Summaries** based on the findings reported in each of the reports will be prepared and circulated to all those who have expressed an interest in the study.
5.5 In the original proposal, it was planned to produce popular pamphlets on the findings for circulation to respondents and their communities. However, in the course of the study it became clear that: many of the respondents cannot read and many do not speak English. It was, therefore, decided that the production of pamphlets, even in the language of each ethnic group, would not be cost-effective. Dissemination to the different ethnic groups in Birmingham will be done through visits, presentations and the video film, in collaboration with members of ethnic organisations as interpreters.

A popular pamphlet was produced in English in Gujarat.

6. Summary and Conclusions

6.1 The study has generated interest and been well-received by members of the ethnic groups concerned both in the UK and in South Asia. The UK team developed a wide network of contacts with interests in the UK and in South Asia, including: academics, policy-makers, practitioners and voluntary organisations. Since this project was funded, the need for gerontology research on immigrants in western countries and in the developing world has received increasing recognition. More work in this area is now being published. This work makes an important contribution to the corpus of work in this area. However, so far as we know, this is the first study which has directly compared immigrants settled in the UK with older people in sending communities in South Asia.

6.2 The conduct of the research has been impeded by range of problems as described above. The most difficult one has been problems with communication between collaborators. It had been expected that the South Asian partners would write regional reports in accord with the project time-scale and would subsequently collaborate on the writing of a comparative study of the rural study communities. In the event, only one regional report was completed by our colleagues in Gujarat, but this was delivered in the last week of the funding period and so did not contribute to interpretations of Asian data in the Final Report.

6.3 Under these circumstances, Clare Wenger and Vanessa Burholt, wrote not only three regional reports for the ethnic groups of immigrants in the UK, but also had to write regional reports for Punjab and Sylhet. In addition, a comparative report on the rural study communities was written in the UK. The nature of this report is different from what had been anticipated.
6.4 Due to the failure of Asian colleagues to produce reports and the added co-ordination tasks and writing that thus fell on Wenger and Burholt, some aspects of their other work has been delayed. However, it is planned that the planned Highlight Summaries and the video film will be completed in the next few months. A Health Report will also be produced.

6.5 Despite the frustrations and difficulties which have beset the project, the integrated dataset was achieved and the UK partners have learned much about ageing in South Asia. The work has been enjoyable and worthwhile and it is anticipated that additional papers will be written and published over the next couple of years. It is also intended to write a substantial report based primarily on the qualitative data collected in this study using case studies to compare the lives of older South Asians in the UK and in the Indian sub-continent.

6.6 Clare Wenger and Vanessa Burholt would like to thank the DFID for the financial support which made this project possible.