Families and Migration: Older People from South Asia
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Older Sylheti Immigrants in Birmingham

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TABLE OF CONTENTS

BACKGROUND

The second half of the twentieth century saw increased levels of immigration to the United Kingdom from India, Pakistan and Bangladesh. The ageing of this South Asian population will be rapid over the next decade. The research project ***Families and Migration: Older People from South Asia,*** was developed to examine the effect of migration on people as they age in both the United Kingdom and in sending communities in South Asia. The Families and Migration Project was designed to compare the ageing experiences of South Asian people aged 55 or more in the UK and in sending communities in India and Bangladesh. This is a regional report on the general findings on **older Sylhetis[1] in Birmingham**. In particular, we were interested in the effects of migration on the availability of support for older people.

Earlier research, which focused on minority emigrant ethnic groups or 'Asians', did not identify the specific factors associated with particular ethnic groups within that category. This study aimed to move in the direction of differentiation between South Asian ethnic groups within the United Kingdom.

This report is primarily descriptive and covers basic demographic characteristics; migration history; health; education, language and religion; work and income; and, family and social support systems. Earlier research, which *did* differentiate between different Asian groups, did not differentiate between Gujaratis and Punjabis – the two main *Indian i*mmigrant groups, but between Indians, Pakistanis and Bangladeshis. This report focuses on older Sylhetis in the UK and seeks to describe their predominant family and social support systems at the beginning of the 21st century.

[1] **N**ot all of the Bangladeshi sample came from Sylhet. 12% came from Sunamganj which neighbours Sylhet, 3% came from elsewhere and 7% did not know. As a vast majority of the sample were originally from Sylhet, the term 'Sylheti' is used throughout this report.

The Study Area

The City

The UK part of the study was conducted in the City of Birmingham in the West Midlands of England. The West Midlands metropolitan region is largely urbanised and industrialised and is situated about 110 miles (180 kilometres) north west of London. It has been at the centre of the British metal and engineering industry since the beginning of the industrial revolution. It remains a major industrial centre and is recovering from the economic crisis that affected industrial Britain in the 1970s and 1980s.

Figure 1. View of Birmingham tower block

Birmingham is an especially interesting city for an international comparison, because it is very diverse and active in the field of ethnic politics, while retaining an essentially English "provincial" aspect that makes it typical of many other British cities (Garbaye 2001). *(Note: Parts of this section rely heavily on the City template "Birmingham" by Romain Garbaye, prepared for the MPMC Project. This is hereby acknowledged.)* The city has a population of 960,970 (Census 1991), is the second largest city in the United Kingdom and lies in the middle of the Metropolitan Area of the West Midlands. The 2001 Census is likely to show that nearly 30% of Birmingham's population is of minority ethnic background (Birmingham City Council 2001a).

The climate in the Midlands is generally wet and cool. In 2001 maximum daily temperatures ranged from 5.6 C in January to 21.6 C in July. Minimum temperatures for the same period ranged from -0.1 in December to 12.2 C in July. Mean temperatures range from 2.8 in January to 16.9 C in July. Hours of sunshine per day averaged from 2.21 hours in November to 6.87 hours in May. Rainfall for the year 2001 was 776.5 centimetres, with the most rain in October (112) and the least in December (33) (data supplied by the Met Office). Many older Asian immigrants find the winters cold; some visit South Asia during the coldest winter months. In cold weather fewer Asians are seen outside in the streets.

Immigration

Birmingham did not witness any significant immigration movement prior to the waves of post-colonial immigrants from the late 1940s and early 1950s onwards (Woods 1979). Today people from ethnic minorities form just over one fifth of Birmingham's population. However, the 2001 Census is likely to show that people from ethnic minorities form just under one third (30%) of Birmingham's population (Birmingham City Council 2001a). The Bangladeshi population is smaller than the Indian, Pakistani or Black-Caribbean population in Birmingham. In 1991, Bangladeshis accounted for only 1.3% of the residents of Birmingham (Birmingham City Council 2002).

Most of Birmingham's present ethnic minority communities came from the New Commonwealth and are on the whole representative of post-war immigration patterns to Britain. The economic boom of the fifties resulted in a shortage of labour, which attracted a flow of mostly young, single men who came to work in industries in and around Birmingham. This was facilitated by the liberalism of the existing British legislation on nationality and immigration, compared with other post-colonial European states. Any person born on New Commonwealth territory (i.e. newly independent countries that used to form part of the British Empire) was a British subject and could enter British territory without restrictions.

The largest populations of New Commonwealth immigrants came from the Caribbean, then, starting a few years later, from Pakistan (then including Bangladesh) and India. During the early and mid 1960s there were migration streams of immigrants that were initiated by employers, who actively sought to recruit employees from under-developed countries (Piore 1979, Schmitter Heisler & Heisler 1986). Recruitment of foreign workers was considered to be a temporary means of covering labour shortages with the expectation that the employees would return home when there were no more labour shortages in the host country. Temporary immigration has benefits for the Government of the host country, as temporary residents are unable to make claims on the welfare state (Freeman 1986). It has been argued that many immigrants from the commonwealth and especially the “New Commonwealth and Pakistan” came to the United Kingdom with the intention of remaining (Peters & Davis 1986).

The migration streams that had developed over time led to the formation of settlements that included residents who were more or less permanent (Piore 1979). Once it became apparent that not all immigrants would return to their country of origin the Government felt it necessary to enforce parliamentary Acts that restricted access to the United Kingdom. The Commonwealth Immigration Act classified people wishing to enter the United Kingdom into three categories☹ 1) people with a specific job with a specific employer (Voucher A); (2) people with skills of qualification that were in short demand in the United Kingdom (Voucher B); and, (3) unskilled workers with no specific employment (Voucher C) (Carter et al. 1996, Juss 1993). The Home Office regulated the number of people in each category allowed to enter the country. In 1965 ‘Voucher C’ was abandoned which meant that no unskilled workers without specific employment could enter the United Kingdom (Carter et al. 1996).

The 1968 Commonwealth Immigration Act further restricted access of New Commonwealth citizens. Only people with a ‘substantial connection with the United Kingdom’ were allowed to enter freely (Ben-Tovim et al. 1982, Carter et al. 1996). This prompted many immigrants to have their families join them

in Britain while it was still possible to ‘beat the ban’ - thus starting the age ? diversification of the immigrant population in Britain. The tenets of this Act were further strengthened in the 1971 Commonwealth Immigration Act. This Act defined the terms *patrial* and *non-patrial*. Anyone who could not prove the existence of a parent or grandparent born in the United Kingdom was non-patrial and was not allowed to enter the United Kingdom and could be deported once in the country. The Act had the effect of considerably slowing down the rate of emigration. By the 1970s, the immigrant population was on the way to rapid diversification, with many organisations and businesses. Since then, a second generation, born in Britain of parents of the New Commonwealth, has emerged.

Immigration of Sylhetis

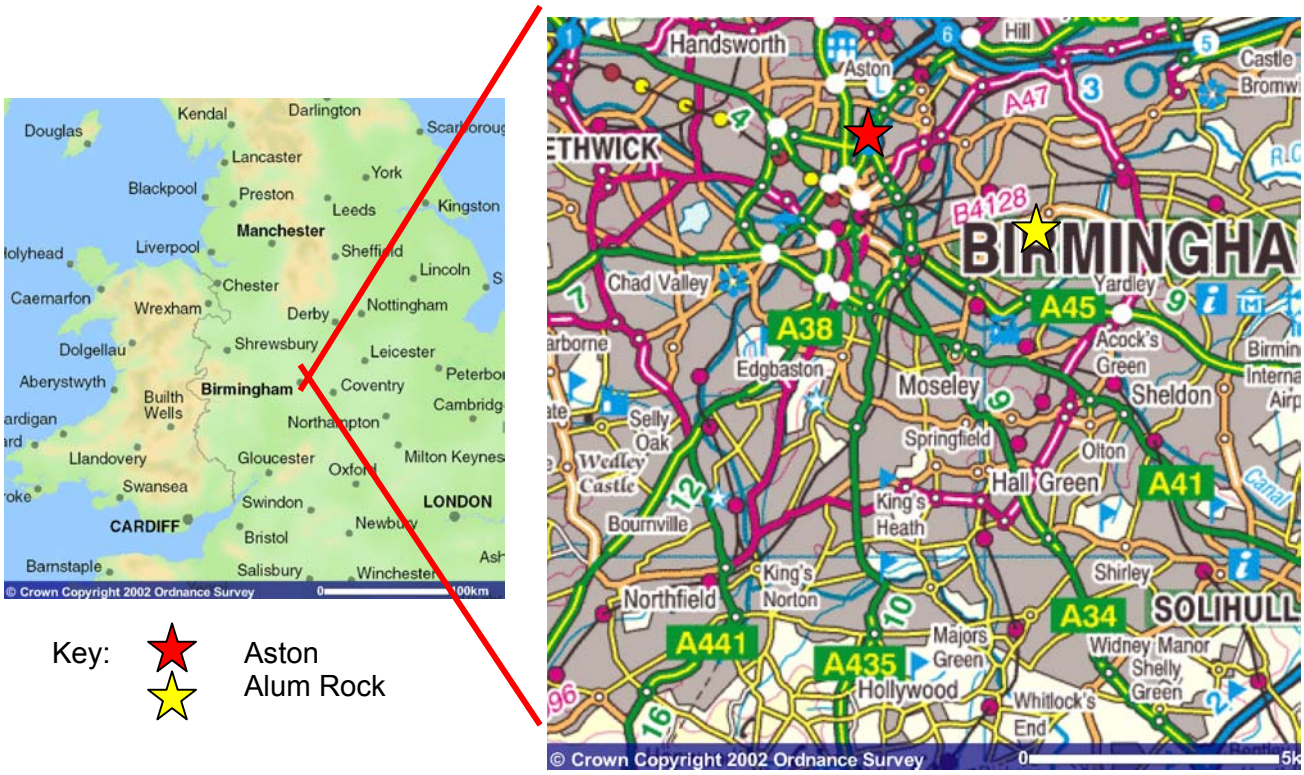
The migration of people from Sylhet to the UK can be traced back to the eighteenth century (Gardner 1995). During the 1930s and 1940s single Asian men were employed on British ships and Sylhet gradually emerged as the main sending area for immigrants from Bangladesh (Peach 1990, Gardner 1995). The migration streams that developed over time led to the formation of settlements that contained residents who were more or less permanent (Piore 1979). By the 1950s small populations of Sylhetis were established in large conurbations in the UK (Gardner 1993). A community was established in Tower Hamlets, London, but Bangladeshi immigrants also went to the metal manufacturing areas such as the West Midlands and the textile industry in the North West (Runnymede Trust 1980, Mahmood 1995).

Residence Patterns

Topographically, Birmingham can be characterised as flat. The areas in which the study was conducted were mainly in or near the city centre. The residential patterns of ethnic groups in Birmingham are typical for British cities, with significant concentrations in inner urban areas, the sites of first settlement. In 1991, 57% of Birmingham's ethnic minority population was to be found in seven of the city's 39 wards (the smallest territorial division). These all had more than 50% of their population made up of people from ethnic minority backgrounds.

From this DFID study we found that the highest proportions of Sylhetis live in Aston and Alum Rock. Aston is situated approximately 3 kilometres north of the City Centre. In the early 19th Century Aston began to expand housing small factories, workshops and small shopping centres. The area was well-served by transport links i.e. roads, canals and railways and consequently became one of the centres of industrial development in Birmingham. It housed a few large factories such as Ansells Brewery, Hercules Cycles, Martindales' Crocodile Works and the HP Sauce factory. (Birmingham City Council 2001b). A majority of the old housing has been demolished and replaced. Aston in now an inner city ward comprised of mainly post-war council (social) housing redevelopment and some older housing. Nearly half the residents belong to ethnic minority groups.

Figure 2. Map of Birmingham showing areas of Sylheti Settlement



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Services and Amenities

In those areas of the city where there are concentrations of particular minority ethnic groups, shops and services have grown up to serve the needs of the local people. Grocery and green grocery stores offer familiar ethnic foods. Shops provide a wide range of ethnic minority clothing and jewellery. Restaurants cater to a range of non-European diets and cuisines.

Figure 3. Grocers, catering for Bangladeshi customers in Birmingham

Figure 4. Shop selling Halal meat, catering for Muslim customers

Figure 5. Bangladeshi charity shop

The ethnic minority communities in Birmingham are characterised by a very dense network of associations, organisations and groups. In the *Directory of Black and Ethnic Minority Organisations in Birmingham* (1995), 57 Bangladeshi organisations are listed, including Bangladesh Community Development, Bangladesh Islamic and Social Organisation, Federation of Bangladeshi Organisations, Handsworth Bangladeshi Association, Handsworth Mosque and Islamic Centre and Jalalabad Mosque and Islamic Centre. Most of the Bangladeshis in Birmingham are Muslim Sylhetis.

Figure 6. Bangladeshi social club in Birmingham

Provision of services to South Asians may need to be culturally specific, particularly in the provision of food (Henly 1979, Shukla 1991), bathing practices (Blakemore & Boneham 1994) and rituals associated with dying (Firth 1993a, 1993b, Gillanshah 1993, Koenig & Gates-Williams 1995, Smaje & Field 1997, Small 1997, Wenger 1998). However, separate provision usually means voluntary provision (Daniel 1988, Klein 1979, Murray 1985, Williams 1986), which has been the case for culturally sensitive services.

The provision and take-up of special services by voluntary and community ethnic groups seems to indicate that ethnic minority elders accept this type of service (Askham et al. 1995). The successful voluntary organisations tend to be small-scale, catering for between 20 and 50 older people (Brenton 1985), and offer a limited range of services (Blakemore & Boneham 1994). Although voluntary and community organisation provide services for ethnic minority elders, studies have shown that they cannot provide for all sub-groups, they are under-resourced and unlikely to be able to sustain services (Bowling 1990, Patel 1990, Jeyasingham 1992, Blakemore 1985, Norman 1985, Bhugra 1999). It has been noted that voluntary agencies which take a holistic approach to their clients can find it difficult to attract funding (Mocroft et al. 1999). Consequently, innovative, relevant and effective services do not get funded. One report quotes a comment from a frustrated self-help group coordinator:

> "The whole point was to get the system to fit the community and its needs, not the other way around. Yet through the grants system they have disempowered black communities. We have to adopt the same bureaucratic structures that they have and it takes our time, skills and expertise away from what we are good at and here for." (Alexander 1999).

Figure 7. Community centre for Bangladeshis in Birmingham

Figure 8. Shakti day centre

The City Council of Birmingham and the surrounding local authorities are responsible for the provision of a wide range of public services. These are very substantial and include several key areas, such as housing, some urban regeneration programmes and education. The Birmingham Social Services Department runs Asian day care centres, old people's residential homes, provides home help assistance in a suitable language and culturally appropri meals on wheels, tailored to specific dietary and religious requirements, which are delivered to older people in their homes.

Health care is provided by the National Health Service, which provides neighbourhood general practitioner surgeries, home nursing services and specialist and hospital care. Many of the health personnel originate from

South Asia and interpreters may be provided when a language problem arises.

South Asians in Birmingham arrange funerals according to their particular religious beliefs. Religious organisations have responded to the diversity of religious beliefs and there are currently a number of funeral directors in the city that arrange funerals appropriate for Muslims.

Elected Representatives

There are 117 elected councillors sitting on the City Council. The city is divided into 39 wards, and each ward elects three councillors. The Council has been controlled since 1984 by the Labour party, which is considered to be the most sensitive party to ethnic minority issues in Britain (Garbaye 2001). However, the Report of the Birmingham Stephen Lawrence Inquiry Commission in March 2001 states that political parties in the UK had failed to support minority ethnic representation, as there were only ten Members of Parliament from minority ethnic backgrounds. Although there were eleven MPs elected in Birmingham none were from minority ethnic groups. Locally of the 117 local Birmingham councillors, 15 are Asian and 7 are Black Caribbean (see Table). The majority were Labour Councillors. There were no Conservative councillors from minority ethnic groups. However, two Liberal Democrat councillors were of minority ethnic origin along with five from the People's Justice Party Group. The report concluded that political parties were not doing enough to increase the minority ethnic communities' engagement in the political process (Birmingham City Council 2001a).

The Labour group in Birmingham includes many of the council's ethnic minority councillors. For the last ten years, the political context has been increasingly favourable to ethnic minorities-related issues. The majority of ethnic minority people in Birmingham have full voting rights and overwhelmingly vote for the Labour party.

Birmingham City Council - Composition of Councillors by Ethnicity (January 2001)

		Ethnic Origin		
Party:	**No. of members**	**Black Caribbean**	**Asian**	**Total Black & Asian**
Labour	66	7	8	15
Conservative	28	0	0	0
Lib. Democrat	18	0	2	2
Justice	5	0	5	5
Total	117	7	15	22

Source: Birmingham City Council (2001a).

Standard of Living

The standard of living in the UK is generally higher than in the Indian sub-continent. With very few exceptions, all homes have reliable, potable mains water, electricity and gas supplies. Most also have central heating. The city has a good bus service, is linked to other parts of the UK by train and has a domestic airport with linking flights to international destinations.

Family Structures

Earlier research conducted in the United Kingdom has often focused on 'Asians' thus aggregating different types of immigrants from South and South East Asia. For those emigrants who do not speak English, dependency on the family is likely to be intensified. This is particularly true for older women. The evidence of community surveys seems to support the idea of a resilient Asian extended family or of joint family households, which include older members. Earlier research showed that in Birmingham 61% of 'Asians' lived in households of six or more people (Bhalla and Blakemore 1981), although 26% were found to have no family outside the household. However, although the extended family was common among Asian groups (Barker 1984), another Birmingham study (Atkin et al. 1989) found that significant proportions of elderly Asians were living alone with few relatives in Britain. Such differences may result from sampling procedures which did not distinguish between different minority ethnic groups.

It is possible that the dominant culture influences immigrant cultures. It has been claimed that the traditional pattern in many Asian countries of sharing

the responsibility for care among a network of family members is not so applicable in Britain (Cameron et al. 1989). It has been pointed out that migration divides extended families (Fenton 1987) and that this has been exacerbated by immigration legislation and the administration of immigration policy (Atkins and Rollings 1993).

METHODOLOGY

This regional report on Sylhetis in Birmingham covers one sample from the larger study. The larger study also includes samples of Gujaratis and Punjabis in Birmingham and parallel samples in sending communities in Indian Punjab, Gujarat and Sylhet. The study was conducted under the overall supervision and co-ordination of Clare Wenger (DFID Project Co-ordinator).

The UK study was conducted under the supervision of Vanessa Burholt as Principal Investigator. She worked closely with a local research co-ordinator, who had a background as a cultural liaison officer at City Hospital in Birmingham, spoke Gujarati and Punjabi and had a working knowledge of Sylheti, and a research assistant, who spoke Punjabi and Urdu and had a working knowledge of Gujarati. The research assistant, Zahida Shah, was responsible for oversight of the data collection.

Interviewers were recruited from within the target ethnic groups in Birmingham and were native speakers of the necessary languages. Interviewers were trained by the research team. The training provided an introduction to the study. Guidelines for professional conduct and guidelines for ethical considerations were circulated to the interviewers prior to the meeting and were reiterated at the training sessions. The interviewers were issued identification cards and were instructed to show these on occasions relating to the project. Interviewers were informed about management of questionnaires and personal safety. A majority of the training was spent going through the interview schedule ensuring that the interviewers were aware of the nature and purpose of the questions.

After training, interviewers understood the necessity of obtaining consent from interviewees, issues regarding confidentiality, contact with respondents and the confounding affect from the presence of other family members or friends during the interview session.

Sampling

As noted above the City of Birmingham was selected as the study area in the United Kingdom as it has a multicultural population. This was important to ensure that there would be large enough proportions of Indian Punjabis, Gujaratis and Sylhetis in the population from which to draw the sample.

The target sample was 100 from each of the study ethnic groups, 50 men and 50 women, aged 55+. The sample for this project included people aged 55 and over, because of lower life expectancy in some of the target groups. The sample of elders was drawn via local ethnic minority associations. Access was sought through temples, mosques and *gurdwaras*, day centres, various women's groups and other informal meeting places for elders, such as drop-in centres. To supplement the sample and in order to avoid interviewing only those who were in touch with such organisations a 'snowball' technique was used to gain access to a wide range of elders within each ethnic group.

The ‘snowball’ technique has been successfully used previously to identify an ethnic minority sample in the Health and Ethnicity project undertaken in Liverpool (Boneham et al. 1997). The use of General Practitioner patient lists as a sampling frame has previously resulted in an under-representation of minority ethnic groups in a population sample (Saunders et al. 1993).Therefore, access to target ethnic groups via ethnic associations and in conjunction with the 'snowball' technique was likely to be more successful than using GP patient lists. Efforts were made to ensure that the sample included respondents from different social classes with a wide age-range.

Data Collection

Where possible, interviews were conducted in the respondent’s own home, however, many respondents preferred to be interviewed in the ethnic association, e.g. in the day centre. In these instances the interviews were conducted in a private room. The interviews were conducted by interviewers in the first language of the respondent (Gujarati, Hindi, Punjabi, Urdu or Bangla), using an interview schedule. All questions were read to respondents

by the interviewers. In addition, 10 in-depth case studies (not discussed in this report) were conducted in each ethnic group.

The interview schedule was written in English by the Project Co-ordinator and the Principal Investigator based on a schedule, which had previously been tested in a pilot project, conducted in Dhaka and Sylhet in Bangladesh and with Bangladeshis living in Tower Hamlets, London in the UK (Burholt et al. 2000). The interview schedule was subsequently edited and refined based on the outcomes from the pilot study.

The interview schedule was translated into Bangla by one translator and then translated back into Bangla by a second translator. Disagreements were then discussed and best forms negotiated and agreed. The interview schedules used were printed in the appropriate language and script. Although Bangla questionnaires were available in the UK, only one of the UK interviewers could read Bangla script. In order to overcome this difficulty, Bangladeshi interviewers translated the questionnaire from English into Bangla as they interviewed. Where verbatim responses were asked for, most interviewers recorded responses in English.

The interview schedule included sections on the following topic areas: basic demographic data; health; education and language; work and income; migration; household composition and marital status; family, friends and relatives; sources of support and help; religion; and, funeral rites.

Data Analyses

All completed questionnaires from Birmingham and South Asia were returned to the Principal Investigator who entered (SPSS version 9.0) and cleaned the data. This was facilitated by all questionnaires using the same numbering system irrespective of language used.

Within this report frequencies for variables are reported to provide an overview of the situation of Sylhetis living in the UK. Where comparisons are made between genders, Pearson Chi square is used.

FINDINGS

Demographic Characteristics

The Sylheti survey sample was 100: 54 males and 46 females (Table 1). This sample cannot be treated as a representative sample due the gender stratification. Despite the stratification of the sample, we believe that the data presented here are representative of older Sylhetis in Birmingham. In this report, the data are discussed in the text and tables giving all figures are presented in the Appendix.

Age Distribution

Most of the older Sylhetis were under 65 (52%), a quarter (26%) were aged 65-69, and only 6 were 75 or older (Table 2). Their mean age was 64.4. 17% of Sylheti women were below retirement age (<60) and one quarter (25%) of Sylheti men were under retirement age (<65). Given that the sample was not randomly selected and was stratified by gender, the figures should be interpreted cautiously. However, this age distribution is closely comparable with that from the pilot study conducted in London in 1997, with slightly fewer Sylhetis under the age of 70 in Birmingham (78%) compared with the London sample (84%) (Burholt et al. 2000).

Marital Status

Compared with the indigenous population of the United Kingdom, significant minorities of whom never married, all Sylhetis had married (Table 3). Reflecting the average age of 64, it is not surprising to find that 82% of Sylhetis were still married, only 16% were widowed. Only 2 were divorced or separated from their spouse. There were significant differences between genders in marital status (level of significance for Pearson Chi Square test $p<.001$). More men than women were currently married (96% vs. 65%) and conversely more women than men were widowed (33% vs. 2%).

Figure 9. Bangladeshi widow

The data for the current or last marriage[2] showed that Sylhetis tended to marry between the ages of 20 and 29 (42%) (Table 4). One-fifth (20%) of the sample married between the ages of 16 and 19 and 30% married between the age of 30 and 39. Only 2% of Sylhetis married under the age of 15 and 6% above the age of 30. On average the duration of marriages was 36.59 years (Table 5). There was very little difference in the duration of marriages for people who were currently married compared with those who were widowed (mean 36.6 vs. 37.8 years). Interestingly, two men currently had more than one wife. As noted elsewhere first wives are sometimes left in Bangladesh to manage arable land (Khanum 2001).

Migration History

95% of Sylhetis lived in Bangladesh prior to moving to the UK. There were no significant differences between men and women in terms of their country of residence before emigration to the UK.

The largest proportion of Sylhetis moved to the UK between the ages of 20 and 29 (Table 6). Over one-tenth (13%) of Sylhetis moved when they were less than 20 years of age and a further quarter (27%) moved between the ages of 30 and 39. There were significant differences between genders in the *age* of move to the UK (level of significance for Pearson Chi Square test $p<.001$). More men than women arrived in the UK between the ages of 20 and 29 (63% vs. 28%) and fewer men than women arrived in the UK over the age

[2] Four respondents had been married twice and one respondent had been married three times. In these cases the last marriage has been used in the analysis.

of 40 (0% vs. 28%). This would seem to suggest that Sylheti women were coming to join husbands already established in the UK.

Over four-tenths (44%) of the Sylheti sample arrived in the UK in the 1960s (Table 7). One-quarter arrived in the 1950s (25%), and one-fifth in the 1970s (21%). Consequently when the length of stay in the UK is examined it is not surprising to find that on average the members of the Sylheti sample had lived in the UK for 35.4 years. Looking at length of stay in 10-year bands shows that over two-fifths (42%) of Sylhetis had lived in the UK between 31 and 40 years and one-third (33%) for over 40 years (Table 8). However, there were differences in the length of time that Sylheti men and women had lived in the UK. The average length of time that Sylheti women have been living in the UK was approximately 10 years less (30 years) than for Sylheti men (40 years). In addition, 45% of Sylheti women have lived in the UK for less than 30 years compared with only 7% of Sylheti men.

Table 9 shows a summary of the top four reasons for moving to the UK. For Sylhetis the most frequently stated reason for moving was economic motivation or for work (43%). The second most frequently cited [illegible]nly 4% moved to live with or near a relative and a further 4% came as a child with their parents.

Male and female Sylheti respondents gave significantly different reasons for moving to the UK (level of significance for Pearson Chi Square test $p<.001$). Only Sylheti men said that they came to the UK for work (81%) or as a child with parents (8%). On the other hand, only Sylheti women said that they came to join their spouse (89%) or to live with or near a relative (9%). All of the women who moved to the UK to live with or near a relative were widowed. More Sylheti women than men were widowed (33% vs. 2%), therefore one could assume that there were fewer Sylheti men who outlived their wives and needed to move to the UK in the proximity of their family for support.

Two-thirds (66%) of the sample settled in the West Midlands on arrival (Table 10). Approximately one-sixth (17%) lived in Greater London and a further one-

sixth (15%) lived in West Yorkshire. This distinct pattern of settlement reflects the low status that immigrants were accorded on arrival in the UK. This in turn affected access to the job market and housing. Occupations tended to be restricted to low-status, poorly paid jobs and a segmented housing market emerged in many cities (Smith 1989). Consequently, concentrations of minority ethnic groups were found in many metropolitan areas (e.g. London and Birmingham). However, other areas were also associated with higher proportions of ethnic minority populations, generally associated with specific types of employment (such as textiles) (Phillips 1998). Bangladeshis originally settled in areas of the UK associated with a pre-existing concentrated Bangladeshi community (Phillips 1998).

One half of the Sylheti respondents (50%) made one or more moves after coming to the UK, and 18% made 2 or more moves (Table 11). It was possible to examine the moves of the 18 Sylheti respondents who had made two or more moves to see if patterns of relocation emerged. The analyses showed very clear patterns of relocation, dependent on where they had initially settled and the gender of the respondent.

The 18 frequent movers included 14 men but only 4 women. Of the 14 men, 11 had originally settled elsewhere in the UK (i.e. not in the West Midlands). Without exception, all of the 11 travelled around the UK for work. For example, one male respondent arrived in London in 1964, moved to Manchester for work in 1975, returned to London for employment in 1980 and then moved to the West Midlands for a job in 1984. A similar scenario showed that a Sylheti man moved to London in 1964, then moved to Northumberland, followed by Manchester, Yorkshire and finally the West Midlands, all in search of employment. Eight of the 11 Sylheti men who relocated 2 or more times in search of employment originally settled in London, the remaining three had arrived in the UK and lived in Somerset (N=1) or Yorkshire (N=2). On the other hand Sylheti men who had settled in the West Midlands (but had moved more than two times) tended to have a different pattern of relocation. These three men all stated that the moves (within the West Midlands) were for better housing.

The moves that were associated with the Sylheti men, who relocated several times, reflect the spatial patterning of Bangladeshi communities in the UK. Phillips (1998) notes that 'ethnic sorting' occurred based on initial settlement patterns and relocation for employment to a ready-established community based on cultural and religious ties.

Sylheti women who had moved 2 or more times gave different reasons for relocating. This would be expected as a majority of Bangladeshi women in this age group would not have worked outside the home. With the exception of one woman, the women tended to say that they moved into rented accommodation. The repeated moves into rented accommodation culminated in a move in with or near children. The Sylheti woman who was an exception to this pattern, moved to the UK in 1978. She returned to live in Bangladesh twice (a year on each occasion) to marry her children in her country of origin. Although the patterns of relocation are interesting, the numbers of Sylheti women in this sample making 2 or more moves are too small to make generalisations.

Living Arrangements

None of the sample lived alone (Table 12). Over 90 percent lived in a multigenerational household. This is reflected in the number of people in a household. Thirty-eight percent of Sylhetis live in a 5-6 person household and 38% with seven or more people. As noted in the previous research in London, multi-generation households are the most common household structure for this ethnic group (Burholt et al. 2000). The modal (20%) household size was 5 and the mean household size was 5.85. The figures for Bangladeshis living alone are similar to those produced by analysis of the General Household Survey (GHS). The GHS show that only 2% of Bangladeshis and Pakistanis over the age of 60 lived alone (Evandrou 2000b). However, the mean household size for Bangladeshis in this study is slightly greater than the size noted for Bangladeshi and Pakistani households aggregated in the GHS (5.85 vs. 4.6) but similar to the data extrapolated from the 1991 Census (5.85 vs.

5.3) (Owen 1993). When regional differences are taken into account the data from this study and the Census data for West Midland Metropolitan County are very similar (5.85 vs. 5.7) (Owen 1993).

Most of the Bangladeshis (58%) had been in their current house for more than 11 years, however the largest proportion, nearly one third (31%) had been in their current house for over 30 years (Table 13). Fewer Bangladeshis had been in their current residence for less than 11 years: fourteen percent of the sample had been in the house for 6-10 years and only 3% for less than six years. Nearly half (48%) of the sample moved to their current property between the ages of 20 and 39, and a further 35% were between the ages of 40 and 59 (Table 14).

Under half (43%) of the Bangladeshi sample were home-owners (Table 15). A further sixteen percent lived in their child's home. Nearly one-quarter (23%) of the sample lived in rented accommodation. The levels of home ownership for Bangladeshis in this study was similar to the levels in the 1991 Census (43% vs. 44.5%) (Owen 1993). However, the level of Bangladeshis in rented accommodation is lower than in the 1991 census (23% vs. 54.7%) (Owen 1993). This may be because the source quoted for the Census data did not include a category for people living in a child's property. Presumably this category was subsumed under one of the others. For example, although respondents replied that they lived in a child's house, the house may be rented by that child from a housing association or local authority . Elsewhere it has been noted that Bangladeshi populations show a high concentration in social housing (Eade et al. 1996, Peach 1998).

Figure 10. Housing Association accommodation for Bangladeshi widows in Birmingham.

Children

Older Sylhetis have larger families of procreation than the indigenous population. The total fertility rate (TFR) in England and Wales has changed very little over the last few years and has dropped to just over 1.7 children per women of child-bearing age. This is the lowest post-war TFR (with the exception of 1977) (Williams 1999). Twenty-four percent of Sylhetis interviewed had had five or more children and 45% had four or more children (Table 16). Only two Sylhetis interviewed were childless. However, nearly three-tenths (29%) of Sylhetis were without daughters compared to only 6% without sons.

Given the predominance of multigenerational households, the nearest child is most likely to live in the same household and for 86% of Sylhetis their nearest child is a member of the household or lives within a mile (Table 17). If the radius is increased, 91% of Sylhetis have a child within 5 miles. A large majority (89%) of the Sylheti sample had daily contact with at least one child (Table 18). Only one-tenth (10%) only saw a child weekly.

Although many of the Sylhetis' children were born in the UK, a small minority have children living outside the UK (Table 19). Only 12% of Sylhetis (20 children) had children abroad and only one respondent had their nearest child living abroad. Most children living abroad were residing in South Asia (N=10) (Table 20). There were also children in North America (N=5) and Southeast Asia (N=4). Over two-thirds (70%) of the children living in South Asia were daughters which would suggest that they had perhaps moved for marriage (N=7). All parents who gave a response, kept in touch with their children (Table 21). Contact was maintained by letter in over three-quarters (78%) of the relationships, and by phone in 89% of relationships.

Respondents with children living abroad were asked whether they sent regular remittances to at least one child. Just under half of the Sylhetis with children abroad (45%) were sending remittances, which averaged £40 a month. The remittances were more commonly sent to daughters (N=8) rather than sons (N=1). No one received money from children overseas.

Siblings

We were also interested in relationships with siblings. A substantial minority had no living siblings (44%) and over one-third (34%) had one or two siblings (Table 22). Excluding those respondents without siblings, the modal number of siblings was 1.

The siblings of Sylhetis tended to live at a distance. For over one-fifth of the Sylhetis (22%) the nearest sibling was over 50 miles away (Table 23). In addition, for one-quarter (25%) of the sample their nearest sibling was in another country. The frequency of contact with siblings is substantially lower than with children. This would be expected given that most siblings live further away than children. Only 6% of the Sylhetis saw a sibling daily, however, nearly one-third (32%) saw a sibling at least weekly (Table 24). A further three tenths (30%) saw a sibling less than once a month, but more frequently than once a year.

Sylheti respondents were more likely to have siblings than children living abroad. Thirty-six percent had siblings overseas (Table 25). Most siblings living abroad were residing in South Asia (N=51) (Table 26). There were also siblings in Southeast Asia (N=22), the Middle East (N=3) and North America (N=2).

Nearly three-tenths (58%) of Sylhetis with siblings abroad kept in contact (Table 27). Almost a third of relationships between Sylheti siblings were maintained by letter (31%) and nearly one-third by telephone (32%). Over one-tenth (13%) of relationships were maintained by sending gifts to siblings. Three-tenths (30%) of Sylhetis with siblings abroad sent remittances to their brothers or sisters, half of which were said to be for community charities and half were for 'other' uses. Some of the Sylheti remittances were going to their communities of origin in Bangladesh (N=15) whereas the remainder was going to South East Asia (N=8). The average amount was £26 a month. No Sylhetis received remittances from siblings abroad.

Relatives

A large majority of Sylhetis saw a relative daily (88%) and a further one-tenth (10%) saw a relative at least weekly (Table 28). Only 2% of the sample saw a relative less often than weekly.

Other than children or siblings, 22% of Sylheti respondents had other relatives living abroad (Table 29). Most relatives living abroad were residing in South Asia (N=34) (Table 30). There were also relatives in South East Asia (N=8), the Middle East (N=8) and North America (N=2). Over nine-tenths (92%) of Sylhetis with relatives abroad kept in contact (Table 31). Nearly one-half (47%) of relationships were maintained through letter writing, but nearly two-thirds (63%) of relationships between relatives were maintained through telephone calls. A further third (35%) sent gifts to relatives abroad. Of the 24 Sylhetis who had other relatives abroad, 9 (38%) were sending remittances. Most of the money went on household expenditure and upkeep, and was

most likely to be going to South East Asia (N=7) or South Asia (N=6). The average amount sent was £20 per month. This money was being sent to stepchildren (N=6), parents (fathers N=2 and mothers N=4) and cousins (N=2). Interestingly, the six step-children receiving remittances (in Bangladesh) belong to one respondent. The interviewer's report states that the respondent noted that her husband has two other wives in Bangladesh. She told the interviewer that the village would have been deserted if her husband hadn't remarried and procreated. His wives and six children in Bangladesh look after his house and land aided through the receipt of remittances. No respondents received remittances from 'other' relatives.

When these data reported above are collapsed to look at remittances sent to and received from any relative (i.e. child, sibling or other relative), of those with any relative living abroad, 43% were sending remittances. This was substantially higher than for the Indians in the study. The average amounts sent to all relatives were less than £24 a month. Elsewhere, studies have shown that remittances are vital to the Bangladeshi economy. In 1991 remittances accounted for 4.1% of the Gross Domestic Product (GDP) in Bangladesh (source: IMF Balance of Payments Statistics (2001) and World Bank World Development Report (2000) cited by Stalker 2003). Stalker (2003) notes that, "Bangladesh exports workers. Remittances, some $2 billion in 2001, now make labour exports second only to garment exports."

Friends, neighbours and community integration

In addition to maintaining relationships between kin, Sylhetis kept in contact with friends. 90% of the sample saw friends at least weekly, with one-fifth (21%) noting that they saw friends daily (Table 32). Only 5% of the sample never saw any friends, or did not have any friends.

Respondents were asked to give the names of up to five friends. Only 7% of Sylhetis did not name a friend, which is a similar proportion of the sample who said they never saw any or did not have any friends (Table 33). The modal number of friends named was 2 (31%). Nearly half of the Sylhetis (49%) named one or two friends, and over one-fifth (23%) could name three or four friends. One further fifth of Sylhetis (21%) named five friends. One quarter (25%) of Sylhetis said that there was someone who was dependent on their friendship.

Contact with neighbours was similar to contact with friends (Table 34). Eighty-two percent saw neighbours at least weekly, and only over one-fifth (21%) saw neighbours daily. However, proportionally twice as many Sylhetis had no contact with neighbours compared with no contact with friends (10% vs. 5%) Just under one-tenth (8%) saw neighbours less than weekly.

Over half of the Sylheti sample attended social or community meetings (Table 35). One-fifth of the respondents (21%) said that they attended such meetings regularly, that is at least once a month. A further one-third (36%) attended meetings occasionally.

A majority of Sylhetis in our sample said that they were rarely alone (Table 36). Three quarters (75%) said they were in the house alone for less than three hours a day. Only 13% were alone for between three and six hours and 12% were alone for over six hours (this included 8% who were alone for over nine hours).

A majority of Sylhetis who said they were never or rarely lonely spent less than three hours alone in the house (level of significance for Pearson Chi Square test p<.01) (Table 37). However, this did not mean that Sylhetis who were alone for over nine hours were necessarily lonely. Half of the people who were alone for over nine hours (50%) said that they were never or rarely lonely, whereas only one-third (37%) of this groups said they were lonely often or most of the time. These findings should be treated with caution as very few Sylhetis (N=8) were alone for more than nine hours.

Religion

The Sylhetis in Birmingham are mostly Muslims (98%) (Table 38). Other religions followed by Sylhetis were Jainism and Sikhism. Elsewhere it is noted that Bangladeshis are predominantly Muslims with estimates of the proportion of the Bangladeshi population practising Islam ranging from 83% to 95% (Carey & Shukur 1985, Modood et al. 1997). As Sylhetis are predominantly Muslim access to mosques in Birmingham is important.

Figure 11. Birmingham Central Mosque

The recent Leverhulme survey of Hindu, Muslim and Sikh officially recognised places of worship in England and Wales, lists 73 mosques in Birmingham.

The survey covers only those places which are officially registered with the Registrar General, so that smaller locations may not be included (Peach 2000). Salaam (Muslim Information Resources) lists 107 mosques in Birmingham (Salaam 2002). From the former data, Peach (2000) calculated that there were about 1,600 Muslims per mosque, however these Muslims would also be Pakistani and Indian Muslims. Muslims form just under half of the South Asian population, it is therefore not surprising the mosques out number both *gurdwaras* (Sikh) and *mandirs* (Hindu) in Birmingham (Peach 2000).

Sylhetis are relatively well off in terms of places to worship in Birmingham. Despite this, only just over one-third (37%) of the Sylhetis interviewed said that they attended religious meetings regularly, that is once a month or more (Table 39). However, a further 45% said that they attended such meetings occasionally. Nearly one-fifth (18%) of Sylhetis said that they never attended religious meetings.

Sylhetis tended to visit places of worship on their own (79%) rather than with family members (28%) or members of the community (37%) (Table 40). More of the sample engaged in personal prayer, rather than visiting a place of worship. Ninety three percent of Sylhetis said that they pray on their own, three-quarters (75%) prayed with family members and two-thirds (67%) prayed with other members of the community.

As would be expected, fewer Sylhetis went on pilgrimages than prayed or visited mosques. The data suggest that this activity is one that is engaged in with other family members. Nearly two thirds of the sample said that they did not go on pilgrimages alone (61%) or with member of the community (66%) whereas only one-third (34%) said they never went on pilgrimages with family members. It has been estimated that around 20,000 British Muslims travel to Mecca for Hajj (pilgrimage). This is such an important event for British Muslims that the Foreign and Commonwealth Office and the Muslim Council of Great Britain have produced information and regulations for Hajj and *Umra*,

to help pilgrims to keep safe and well (Foreign and Commonwealth Office 2002).

Eid-ul-Fitr is a celebration at the end of the month of *Ramadan* to mark a successful completion of the period of fasting. The morning of *Eid-ul-Fitr* is usually spent praying at a mosque followed by a meal with members of the family at home. Muslims are also expected to give charitably (Birmingham City Council 2002b). The findings from this study show that Sylhetis in Birmingham follow this pattern of festivities. Over half of the sample (58%) said that they never participated in festivals individually, which would be expected as this is primarily a time for family festivities. Accordingly, three quarters of older Sylhetis (75%) said that they participated in festivals with their family. It is also worth pointing out that although a quarter (25%) of the sample did not respond to this question, none of the Sylhetis said that they never participated in festivals with their family.

Education and Language

Education is important in terms of social inequalities (Evandrou 2000b). Educational attainment is linked to income, health and well-being (Blane et al. 1996). In this respect it is important to note that over one half (57%) of older Sylhetis had not had any full time education (Table 41). A further one-fifth (22%) had less than five years education, and 14% between 6 and ten years education. Only 7% of Sylhetis had been in full time education for over eleven years. Very few had been engaged in part time education (9%) (Table 42). The overall level of education is reflected in educational attainment. The 1991 Census showed that only 1.6% of Bangladeshis of pensionable age held the equivalent of an A level (or better) which is approximately one quarter of the proportion of the white population of the same age (6.6%) (Owen 1994).

Unsurprisingly a vast majority of the respondents considered that Sylheti was their first language (83%) (Table 44). Most Sylhetis who went to school were educated in Bangla (82%) rather that Sylheti (which is a local dialect of Bangla) (Table 43). Only 2% (N=1) of those who were schooled were taught

in English. Over one-half (55%) could not speak English (Table 45). Of those who could, only one-fifth (18%) considered that their proficiency at spoken English was good. Four times as many men as women could speak English (69% vs. 17%) (level of significance for Pearson Chi Square test p<.001).

Fewer Bangladeshis could write English (30%) than could speak the language (Table 46). Only one quarter (27%) of these respondents considered that their standard of written English was good. Once again, there were significant differences between genders in the ability to write English with fewer women than men able to do so (9% vs. 48%) (level of significance for Pearson Chi Square test p<.001). Only one quarter of Sylhetis could read English (24%) (Table 47). Fewer than one third (29%) of this group considered that they were good at reading the language. Significantly more men than women said that they had the ability to read English (37% vs. 9%) (level of significance for Pearson Chi Square test p=.001).

Sources of Support and Help

This section explores the sources of informal help and support available to older Sylhetis in Birmingham. In many cases, responses refer to what *would* happen if the need arose, in others the need has already arisen and responses refer to what happened. Before moving on to look at sources of help with particular needs or tasks, the informal support networks available to the members of the sample are discussed.

Support Networks

Support networks were measured using the Wenger Support Network Typology and support network type identified using the assessment of network type instrument (Wenger 1991). The typology, based on qualitative and quantitative research conducted in the UK and subsequently tested in Bangladesh (Burholt et. al 2000) and China (Wenger & Liu 1999, 2000), as well as other developed countries, identifies five types of support networks. The different types are based on: the availability of local kin, frequency of

face-to-face interaction with family, friends and neighbours and community integration (Wenger 1989).

The Local Family Dependent Network – the older person relies for most help and support on relatives living in the same community.

The Locally Integrated Network – associated with helping relationships with local family, friends and neighbours.

The Local Self-contained Network – reflects a more privatised household-centred life style with reliance on neighbours if essential.

The Wider Community Focused Network – is associated with an absence of local kin, primary focus on friends and involvement in community groups.

The Private Restricted Network – is associated with an absence of local kin and low levels of contact with neighbours and the community.

Support network type has been found to be correlated at high levels of statistical significance with demographic variables, social support variables, sources of informal help and support for a range of needs and tasks (such as advice, companionship, household chores, personal care), outcome variables (such as health, morale, isolation, loneliness) and various aspects of formal service use (such as presenting problems, length of time on case loads and reaction to interventions). Research has shown that some network types are better able than others to provide help and support of various sorts, including personal care.

Local family dependent and locally integrated networks were found to be better able to support older people in the community in the face of physical or mental impairment. Nearly all of the aforementioned variables were correlated with network type at the highest level of statistical significance (Wenger & Shahtahmasebi 1990). Network type has been demonstrated to have high predictive value for outcomes in the context of illness or other crises (Wenger 1994, Wenger & Tucker 2002)

In this study, 86% of respondents had either family dependent (52%) or locally integrated support networks (34%) (Table 48). These are the two network types that have been identified as providing the highest levels of informal care. It would be expected, therefore, that high proportions of Sylhetis would receive most informal help and support from family members. A few Sylhetis (6%) had wider community focused support networks, which are based on friendship and community integration. Two-fifths (40%) of Sylhetis therefore, had types of support networks indicating community integration with friends and neighbours (i.e. wider community focused or locally integrated).

Confidants

Respondents were asked 'Is there someone in whom you can confide or talk to about yourself or your problems?' Responses were coded by the relationship of the confidant to the respondent. (Table 49). More than a quarter (27%) of the older Sylhetis did not have a confidant or did not confide. This could be interpreted in one of two ways: either there was no one to whom they were close enough to confide, or it was not in their nature or culture to confide.

Among those who named a confidant it was possible to identify the most frequently mentioned relationship category as 'friend or neighbour' (48%). This means that nearly three-quarters of those who named a confidant named a friend or neighbour. Very small numbers named a son, spouse or daughter and no one said that they had more than one person in whom they could confide. This finding is surprising given that 90% live in multi-generational households.

Nearly four times as many men as women did not name a confidant (41% vs. 11%). Although men and women were almost equally likely to confide in a friend or neighbour (46% vs. 51%), more women than men noted that they would confide in a child (20% vs. 6%) or a daughter-in-law (7% vs. 0%). These gender differences were statistically significant and denote that men are more limited in their choice of confidants, tending to rely on friends or

neighbours or no-one (level of significance for Pearson Chi Square test p<.005).

Person to talk to when Unhappy

Respondents were also asked to whom they talked if they felt unhappy. Again, a substantial minority of Sylhetis (22%) said they talked to no one (Table 50). This mirrors the findings on the availability or use of confidants. Of those who did mention someone that they would talk to, the most likely person was again a friend or neighbour (57%) with very few other relationships mentioned. However, when the analysis takes into account gender it becomes apparent that one-tenth (11%) of women would talk to daughters if they are unhappy and men are more likely than women not to have someone they can turn to for a chat when they are unhappy (33% vs. 9%). If Sylheti men do talk to someone when they are unhappy they are nearly as likely as women to talk to a friend or neighbour (52% vs. 64%) (level of significance for Pearson Chi Square test p<.05).

Respondents were also asked if anyone came to them to talk when they were unhappy. One-quarter (24%) of the Sylhetis said that no-one came to talk to them when they were unhappy (Table 51). However, nearly one-half (49%) said that friends and neighbours came to talk to them if they were unhappy. Once again, there were statistically significant differences between the genders. Women were more likely than men to say that more than one person would talk to them if they were unhappy (24% vs. 0%). Conversely, men were more likely than women to say that no-one came to talk to them when they were unhappy (37% vs. 9%). However, if Sylheti men did have someone come to talk to them when they are unhappy this is just as likely as for women to be a friend or neighbour (54% vs. 46%). Unlike men, women have a range of other relatives such as sons, daughters, daughter-in-laws who also approach them when they are unhappy (women 22% vs. men 9%) (level of significance for Pearson Chi Square test p<.001).

Personal Problems

Respondents were asked to whom they would talk to if they had personal problems. Sylhetis were most likely to talk to their spouse (25%) or their son (19%) or to more than one person (12%) (Table 52). A substantial minority would talk to no one (19%). Again there were significant differences between men and women. Eight times as many men as women had no-one to talk to (32% vs. 4%). Men were more likely than women to talk to friends and neighbours (13% vs. 4%), whereas women were more likely than men to talk to daughters about a personal problem (9% vs. 0%) (level of significance for Pearson Chi Square test p=.005).

Respondents were also asked if people came to talk to them about personal problems. One-quarter (24%) of Sylhetis said that no one talked to them about these issues (Table 53). Half (50%) said that friends or neighbours would come to talk about personal problems. Here too there were statistically significant differences between the genders. Over one-third of men said no one who would come to talk to them about personal problems (37%), whereas less than one-tenth (9%) of women were in the same position. Women were more likely than men to have daughters come to talk to them about personal problems (11% vs. 0%) (level of significance for Pearson Chi Square test p<.005).

Informal Health Care

Before discussing the sources of help for respondents when they were ill, it is necessary to discuss the health status of the sample. Self-assessed health is a difficult variable to compare. While in the US and UK self-assessed health has been shown to be highly predictive of mortality (Mossey & Shapiro 1982, Kaplan & Camacho 1983, Kaplan et al. 1988, Idler et al. 1990, Lee & Markides 1990, Idler & Kasl 1991, Rakowski et al. 1991, Roos & Haven 1991, Wolinsky & Johnson 1992), self-assessed health is culturally affected. Bangladeshis view youth and health as virtually synonymous. Likewise old age is expected to be accompanied by poor health and physical degeneration (Greenhalgh et al. 1998).

However, this does not seem to be the case among the Sylhetis living in the UK. More than half the Sylhetis feel that their health is at least all right for their age (Table 54). One-third (33%) reported that their health was only fair or poor. This level of self-assessed poor health is much lower than the levels reported in the GHS which shows that 48% of *Pakistanis and* Bangladeshis over the age of 60 consider that their health is 'not good' (Evandrou 2000a). It has also been demonstrated elsewhere that age-adjusted prevalence of bad or very bad health for Bangladeshi men and women were significantly higher than those of the general population (Erens et al. 2001).

Our findings suggest that self-assessed health may be based on people's perceptions about the health conditions that they have. For example, 62% of the sample said that they had a serious health problem, however only approximately half of this group (33%) reported fair or poor health (Table 55). There were significant associations between those with a serious health condition and levels of self-assessed health (level of significance for Pearson Chi Square test $p<.001$). Over nine-tenths (91%) of respondents who reported fair or poor health had a serious health problem, compared to only 48% of people reporting good or excellent health. In addition, significantly more women than men reported a serious health problem (74% vs. 52%) (level of significance for Pearson Chi Square test $p<.05$).

One-quarter (26%) of Sylhetis said that they had a health condition which limited their activities in some way. There were significant relationships between those with a limiting health condition and levels of self-assessed health (level of significance for Pearson Chi Square test $p<.001$). Over three fifths (61%) of respondents who reported fair or poor health had a limiting health condition, whereas 91% of people reporting good or excellent health did not have a limiting health condition. In this instance, there were no differences between men and women in reporting limiting conditions. In addition to the lower level of reported self-assessed poor health it should be noted that the level of limiting illness reported in this study for Sylhetis, is lower than reported in the GHS for *Pakistanis and Bangladeshis* (39%) (Evandrou 2000a). The discrepancy between this finding and the former lower

levels of poor self-assessed health probably reflects the difficulty of comparing self-assessed health of Sylhetis with a combined category of Pakistanis and Bangladeshis.

Research has shown differences in health (morbidity and mortality) between ethnic groups in the USA (Department of Health and Human Services 1990, Rogers 1992, Sorlie et al. 1992, Krieger et al. 1993, Rogot et al. 1993, Davey Smith et al. 1998, Pamuk et al. 1998) and the UK (Marmot et al. 1984, Rudat 1994, Harding & Maxwell 1997, Nazroo 1997a, 1997b). However, there are debates as to the underlying factors related to these differences (Nazroo & Davey Smith 2001). Although the levels of impairment in this study go some way to explaining the high levels of self-assessed poor health, they do not explain enough, which leads us to believe that there may be other important intervening factors.

The most frequently reported health conditions were diabetes (N=35), hypertension (N=18), coronary heart disease (N=11) arthritis (N=9) and stomach ulcer or gastric problems (N=6) (Table 56). In an earlier study, the most prevalent conditions suffered by *Asians* in Birmingham were arthritis, hypertension and back pain (Tinsley et al. 1991).

Other studies have looked at the prevalence and severity of the conditions mentioned in our study for minority ethnic groups. Diabetes affects 1-3% of the adult population but is known to be markedly higher in South Asian populations (Williams 1994, Ritch et al. 1996, Raleigh 1997). Pakistani and Bangladeshis have the highest rates of diabetes among all ethnic groups (Harding & Maxwell 1997, Erens et al. 2001). It has been found that for men of all ages, the highest observed prevalence was among Bangladeshis (11%). Death rates from diabetes for people born in Bangladesh may be 3-6 times higher than national averages (Bardsley et al. 2000).

Hypertension is more prevalent among the Asian population in the UK than among the white population (Primatesta et al. 2000, Raleigh 1997). Studies have shown that mortality rates from coronary heart disease are around 40%

higher for South Asians (Balarajan 1991, 1995). Similar findings have been found for South Asian communities living in different parts of the world (Bardsley et al. 2000). Studies have suggested that the risk factors for coronary heart disease in South Asians are diet, obesity, high blood pressure (18 Sylhetis in this study report hypertension), deprivation in childhood, and insulin resistance (McKeigue & Sevak 1994, McKeigue 1989, McKeigue et al. 1989, Nath & Murphy 1988, Gupta et al. 1995, Pais et al. 1996, Bhopal et al. 1999).

A study conducted in Birmingham found that arthritis was more common in Asian groups than in the UK population (Ritch et al. 1996). Although the levels of impairment in do not explain the levels of self-assessed poor health, there was a relationship between the two variables. This relationship is also seen when limiting conditions are examined. The most frequently reported limiting conditions or the activities they limited were[3]: inability to walk or difficulty with walking (N=16), arthritis (N=3) and breathlessness or asthma (N=3) (Table 57). A lack of functional ability is considered to be severely limiting by one-fifth (20%)of the sample that reported either restrictions in mobility[4], or arthritis.

In a study conducted in Birmingham in 1991, 58% of Asians aged 65+ were independent, 32% needed help with household tasks (shopping, cooking and housework) and 10% needed help with personal care (dressing, washing and/or feeding) (Tinsley et al. 1991). Those aged 65-74 were more dependent that either UK respondents or West Indian respondents. However, those aged 75+ were less dependent than other groups.

In this current study, respondents were asked who they needed to look after them. The modal response was no one (80%) (Table 58). Of those who did

[3] There was some confusion over the responses to this question. The question stated, "Do you have any condition which limits your activities in some way?" If so, what is it? In some instances the condition was listed, in others the activity that was limited was listed.

[4] Mobility restriction was a collapsed category that included: cannot walk/difficulty walking, cannot go out alone, getting up stairs/steps, housework, in/out of bed and picking things up.

name someone, the most commonly mentioned person was a spouse (9%) and this was partially reflected in terms of the person they would expect to care for them if they were ill. Interviewees were also asked if someone needed *the respondent* to look after them. The modal response was that they were not needed to look after anyone (90%) (Table 60). Of those few who did name someone, the most common person was more than one person (4%) or a spouse (3%). Although substantially lower, this is reflected in terms of the person who would expect the respondent to care for them *if they were ill*.

The incidence of ill health is higher amongst older people e.g. coronary heart disease, cerebrovascular disease and stroke, arthritis, osteoporosis (Charles 2000), dementia (Hofman et al. 1991, Lobo et al. 1990, Rocca et al. 1990, Rocca et al. 1991) and depression (Audit Commission 2000). Therefore, having someone to care for one at home if one is ill can be very important. Very few Sylhetis said that there was no one to take care of them when they were ill (5%) (Table 59). Most frequently mentioned were: spouse (30%), daughter-in-law (29%) and daughter (11%). However, there were significant differences between genders.

None of the Sylheti women said that there was no-one to look after them, whereas 9% of the Sylheti men had no-one to take care of them when they were ill. The majority of Sylheti men would be looked after by a spouse (53%). This was not the case for Sylheti women; only 4% said that a spouse would look after them if they were ill. Sylheti men were also more likely than women to be looked after by a son (13% vs. 0%). On the other hand women were more likely than men to be looked after by a daughter (20% vs. 4%) or a daughter-in-law (57% vs. 6%) (level of significance for Pearson Chi Square test $p<.001$). It can be seen that with the exception of sons looking after fathers, that caring for a sick person is primarily undertaken by women.

Over half (51%) of the sample were not responsible for looking after anyone who was ill. However, 15% mentioned more than one person they would look after if they were ill, and one-fifth (20%) stated that they looked after their spouse if they were ill (Table 61). However, there were differences between

the genders in who respondents would look after when they were ill. Men were far more likely than women not to look after anyone (67% vs. 30%) whereas women were more likely than men to look after 'other' relatives (20% vs. 0%) (level of significance for Pearson Chi Square test p=.001).

Earlier research conducted in Birmingham found that members of South Asian groups made less use than other groups of health care professionals (other than general practitioners) than the indigenous population and concern was voiced about this. However, Asians were more likely to visit their doctor than all other ethnic groups or whites. The research indicated that when offered the opportunity to consult with a member of their own ethnic group who spoke their first language; take up of services was much increased (Tinsley et al. 1991). Birmingham is well served with health professionals of South Asian origins, but some patients still face difficulties related to language or gender.

One UK study showed that communication is still a challenge because the provision of interpreting services is limited. Only 3% of Indians, 1% of Pakistanis and 7% of Bangladeshis said their GP provided interpreting services when required (Rehman 1999). In Birmingham it has been noted that communicating with English-speaking health personnel is a barrier to effective heath care (Ritch et al. 1996). The former chairman of Birmingham Health Authority noted that investment in translation services was inadequate,

> "only £373,000 a year for a population of a quarter of a million ethnic minority people, of whom it is estimated that one hundred and twenty thousand have poor English."
>
> (Birmingham City Council 2001a).

Respondents were asked who would accompany them to see the doctor or to the hospital (Table 62). Only 12 percent said that they would go alone. A quarter (25%) named more than one person who would be available to escort them. The most frequently mentioned escorts were: son (34%) and spouse (13%). What is interesting here is the high proportions who would not go to

the doctor alone. It is not possible to know from the data whether the people that accompany older Bangladeshis provide transport or translation services.

It is important to note that again there were significant differences between genders (level of significance for Pearson Chi Square test p<.005). Although over one-fifth (22%) of men would go to the doctors or hospital alone, none of the Sylheti women would go unaccompanied. Women were more likely than men to have more than one person who could accompany them to the doctors (37% vs. 15%). When men were accompanied, they were more likely than women to go to the hospital or doctor with a son (41% vs. 26%).

Respondents were also asked if they accompanied anyone to the doctors or hospital. One-quarter of the sample did not accompany anyone (26%) (Table 63). Two-fifths (42%) of Sylhetis accompanied their spouse to the doctors or hospital and a further 14% accompanied more than one person. One-tenth of Sylhetis would accompany a daughter-in-law. There were significant differences between men and women in accompanying someone to medical facilities (level of significance for Pearson Chi Square test p<.001). Men were more likely than women to accompany a spouse (63% vs. 17%). Sylheti women were more likely than men to accompany more than one person to the doctors (26% vs. 4%). Women accompanied daughters (9%), daughters-in-law (24%) or other relatives (7%) to medical facilities whereas none of the Sylheti men accompanied these relatives.

Domestic Help

Respondents were asked about a range of common domestic tasks or situations with which they might be likely to receive help. These included: borrowing small items (such as food, tools or small sums of money), food preparation, shopping, cooking, donations of food, laundry and other household chores.

Borrowing is clearly not undertaken lightly by Sylhetis. More than half (52%) said they would not borrow from anyone (Table 64). Among those who would borrow things, the most common person to ask would be a friend or neighbour

(13%) or a daughter-in-law (11%). There were significant differences between genders in borrowing (level of significance for Pearson Chi Square test P=.001). Women were more likely than men to borrow, whereas only 31% of women would not borrow from anyone, over two-thirds (71%) of Sylheti men would not borrow. When borrowing took place, women were most likely to borrow from friends or neighbours (27%).

Respondents were asked if anyone borrows from them. Again the findings demonstrate that borrowing is not commonplace for Sylhetis. Sixty-two percent said that no-one borrowed from them (Table 65). Only friends or neighbours were mentioned frequently enough (14%) to indicate that they borrowed from respondents. There were significant differences between genders in people borrowing from Sylheti respondents (level of significance for Pearson Chi Square test p<.005). Women were more likely than men to have people borrowing from them, whereas 44% of women said the no-one borrowed from them, this was the case for over three-quarters (78%) of Sylheti men. When borrowing took place, daughters-in-law were most likely to borrow from Sylheti women (11%).

As far as **shopping for food** is concerned, only one-quarter of Sylhetis (25%) shopped for themselves (Table 66). Most help came from sons (43%) with a small amount from another relative (12%). There were significant differences between genders (level of significance for Pearson Chi Square test P<.001). Men were far more likely than women to shop for themselves (44% vs. 2%). On the other hand, whereas similar proportions of men and women had sons shopping for them (39% vs. 48%), women were more likely than men to have another relative undertake shopping (22% vs. 4%).

A vast majority of respondents did not go shopping for anyone else (82%) (Table 67). However, when shopping was undertaken it was spouses who would undertake this duty (10%). There were significant differences between genders for either someone shopping for the respondent or the respondent buying food for someone else. Women were more likely than men to shop for no-one (96% vs. 70%). Men were more likely than women to shop for their

Figure 12. Sylheti man shopping alone in Birmingham

spouses (17% vs. 2%) (level of significance for Pearson Chi Square test p<.05). Shopping for Sylhetis is primarily a male activity.

Almost all Sylhetis received **help with cooking**. Help came mainly from a daughter-in-law (32%), a spouse (30%) or more than one person (14%) (Table 63). Comparing genders it is apparent that significantly more men than women receive help with cooking from their spouses (54% vs. 2%) and more women than men get help with cooking from a daughter (17% vs. 2%) or a daughter-in-law (54% vs. 13%) (level of significance for Pearson Chi Square test p<.001). Cooking is primarily a female activity.

Just over one-half of Sylheti elders do not help anyone else with their cooking (58%) (Table 69). If they do help with cooking it is most likely to be helping a daughter-in-law (18%). There were statistically significant differences between the genders. Men are more likely than women not to help anyone with cooking (85% vs. 26%). Women are more likely than men to help daughters-in-law with cooking (39% vs. 0%) (level of significance for Pearson Chi Square test

p<.001). These data show that cooking is mainly undertaken by Sylheti women, and within this group it is most likely to be carried out by daughter-in-laws with help from their mother-in-laws.

Respondents were also asked about **people who might bring them food** that they had grown or cooked. Sixteen percent of Sylhetis received food from friends or neighbours. Similar proportions received food from friends and neighbours (14%). Examining differences between genders it could be seen that taking food to and receiving food from friends and neighbours was more common for women than men (29% vs. 2% took food to friends and 33% vs. 2% received food from friends). Friends and neighbours clearly play an important role in food exchange for older Sylheti women.

Laundry is much easier in Birmingham than in the sending communities in Sylhet as most of the respondents in the UK (97%) have washing machines. More than a quarter (28%) of Sylhetis did their own washing as they received help from no-one (Table 70). The most common sources of help were a daughter-in-law (31%), a spouse (13%) or a daughter (11%). There were gender differences in the source of help for women and men (level of significance for Pearson Chi Square test p<.001). Men were more likely than women to get help from a spouse (24% vs. 0%), however, they were also more likely than women to say that they did not receive any help with laundry (41% vs. 13%). Sylheti women were more likely than men to receive help with laundry from daughters (22% vs. 2%) or daughters-in-law (48% vs. 17%).

An overwhelming majority of the Sylheti sample did not do laundry for anyone else (85%) (Table 71). Where help was given this was to more than one person or a spouse. Looking at gender differences we can see that all of this help was from women helping others and not from men (level of significance for Pearson Chi Square test p<.001). Laundry is clearly in the female domain.

The findings for help with **other household chores** were similar to laundry, although fewer say that there is no one to help (18%) (Table 72). Most help came from spouses (23%), daughters (16%), daughters-in-law (14%) or other

relatives (12%). These sources of help were sharply differentiated by gender (level of significance for Pearson Chi Square test p<.001). Men were more likely than women to receive help with household chores from a spouse (32% vs. 13%), however as with laundry they were also more likely than women to say that they do not receive help with household chores (30% vs. 4%). Sylheti women were more likely than men to receive help with household chores from a daughter-in-law (24% vs. 6%) or from another relative (24% vs. 2%). Neither men nor women received help with domestic tasks from a paid helper.

Less than half of the Sylheti respondents did not help anyone else with household chores (45%) (Table 73). A majority of help was for spouses (20%) and daughters-in-law (17%). Once again there were gender differences (level of significance for Pearson Chi Square test p<.001). Whereas over three quarters (78%) of men said that they didn't help anyone with household chores, only one-fifth (22%) of women reported this. Significantly more women than men said that they helped their daughters-in-law (33% vs. 4%) or other relatives (17% vs. 0%) with household chores.

Work and Income

The levels of unemployment among Bangladeshis are twice as high as among white people. Only half (50%) of Bangladeshi men and 15% of women are in employment (Berthoud 1993). In addition, Bangladeshi employees tend to earn around 30% less than the national average (Berthoud 1993). These factors naturally have an impact on economic situations in old age.

Income in later life may be determined by the employment history, pension contributions and to a lesser extent contributions from relatives. From this perspective the prior employment of immigrants to the UK is of prime importance. There is very little data that looks at South Asians in groups other than 'Indian', 'Pakistani' or 'Bangladeshi'. However, one of the rare sources of data is the National Survey of Ethnic Minorities (Modood et al. 1997). These data have been analysed by religious categories: Hindu, Sikh, Muslim, 'Other'

(mainly Christian) and no religion (Brown 2000). We know that Sylhetis are predominantly Muslim therefore data considering the economic position of Muslims in the UK are of particular interest. Analysis of these data shows that 39% of Bangladeshi Muslim men between the ages of 40 and 64 are likely to be economically inactive (Brown 2000). This would undoubtedly affect income in later life. The reasons that are given for inactivity in these age groups are 'sickness, disability and retirement' (Brown 2000). It has been suggested that this reasoning actually masks pre-retirement due to perceived disadvantage in the workforce (Modood 1997).

Respondents were asked if they currently work for money. Only 11% of the Sylheti respondents were working at the time of the study (Table 74). To a certain extent this may be affected by the enforcement of a compulsory retirement age in the UK. For those who still worked, the average working week was 29 hours.

The occupation of respondents is classified using the International Standard Classification of Occupations (ISCO-88) (International Labour Office 1990). ISCO-88 provides a hierarchical framework of occupations that are classified according to the degree of similarity in tasks and duties performed in each job. ISCO-88 identifies occupations in 10 major groups (Table 75). In our analyses housewives have been included in elementary occupations. ISCO-88 also delineates four broad skill levels. These are defined in terms of the educational levels and job-related formal training which may be required for people who carry out such jobs. Skill level is not defined for two of the major groups (Legislators, senior official and managers; and armed forces), as there are aspects of the work that are important as similarity criteria but may represent significant differences in skill levels within each group. Tables 76 and 77 report the highest classification of the married couple (i.e. spouses' occupational classification is used if higher than the respondents) addition, the tables report the respondent's own classification displayed for men and women.

Sylhetis in Birmingham were most likely to have Group 8 employment (more than two-fifths); around one fifth of the sample had group 5 employment and a further one-fifth were classified in Group 9 occupations. Those in Group 8 jobs typically worked in factories or as machine operators. Respondents with Group 5 occupations tended to be chefs, waiters and kitchen assistants in restaurants, demonstrating the importance of the catering industry for Sylhetis in the UK. There were significant differences in the types of occupation that were undertaken by Sylheti men and women (Table 76) (level of significance for Pearson Chi Square test $p<.001$). Men were more likely than women to have been employed in Group 1, 5 or 7 occupations, whereas women were more likely to be classified in Group 9 occupations. This reflects the greater proportion of women who were housewives.

Looking at the skill levels associated with occupations, around three-quarters (76%) of Sylhetis in the UK have level 2 skills and around one-quarter (24%) have level 1 skills (Table 77). Once again, there are significant differences in the skill levels of men and women. A vast majority (98%) of women have skills at level one compared with around three-tenths (31%) of men. Conversely, over two-thirds (69%) of men have skills at level two compared with 2% of women with skills at this level.

Pensioners' incomes are based on combinations of occupational/private pensions and means tested benefits. White pensioners, many of whom have spent a full career building up various entitlements, have relatively high levels of non-state income and low dependence on means-tested benefits. Bangladeshi pensioners are at the opposite extreme with few non-state sources of income and high receipts of means-tested benefits. Indians come somewhere in between (Berthoud 1998).

Unlike many other surveys, the response rate for the income question for Bangladeshis was very good, only 1% of the sample refused or were unable to answer the question (Table 78). Analysis shows that the most likely source of income was the state old age pension which was received by nearly two-thirds of the sample (63%) . The figures for receipt of state pension in this

study were very similar to those noted elsewhere for Bangladeshis (63% vs. 68%) (Evandrou 2000b). Just over two-fifths (44%) of the sample also received state supplementary pension. Fewer Sylhetis received income from other sources. Over one-third (37%) received income categorised as other, which tended to be income support . Over one-quarter (26%) of the Bangladeshi sample also received income from an agency (which did not include retirement benefits). The data show that 54% of the sample received an income from either of these two sources (which could be income support) which would explain why the proportion of Bangladeshis in receipt of income support is lower than noted elsewhere (54% vs. 76%) (Evandrou 2000b). Nearly equal proportions received housing benefit (26%) or rent or council tax reductions (24%).

The mean level of income for Bangladeshis in this study was £358 per week and the median income was £313 per week (N=91). Elsewhere analysis of income data for Bangladeshis (& Pakistanis) has found that over half (56%) of the population aged 60 years and over fall in the lowest quintile of income distribution compared with a fifth (21%) of white households (Evandrou 2000b).

When asked to whom they would turn for **financial advice**, a substantial minority of Sylhetis said no-one gave them financial advice (18%) (Table 79). Most of those who would ask for financial advice said that sons gave them guidance regarding money (48%). Likewise, when respondents were asked if they gave financial advice to anyone, nearly one half (48%) replied that they did not. However, two-fifths (40%) gave advice to their sons.

There were gender differences in the sources of financial help for women and men (level of significance for Pearson Chi Square test $p<.001$). Whereas men were more likely than women to say that no-one gave them advice (26% vs. 9%), women were more likely than men to get advice from their spouse (17% vs. 0%). There were no significant gender differences in giving financial advice: both men and women were most likely to give advice to sons.

Dying in the United Kingdom

Unfortunately, it proved difficult to collect data on death and funeral practices and about half the sample did not respond to these questions which asked about recent deaths in the UK. It is likely that for some or most of these people, no family deaths had occurred in Birmingham or none had occurred recently. Whether it is a reluctance to confront the inevitability of death or a cultural difference, only just over one-third of respondents (35%) had made a will (Table 80).

All but two of the Sylheti respondents are Muslims. The Muslim preference is for a conscious death at home surrounded by members of the family. This is often difficult in the UK. Respondents were asked about a recent death of someone near to them, not necessarily a relative, and where that person had died. Of those for whom there was a valid response, more than half (54%) had died in hospital (Table 81). Only two Sylhetis had died in a nursing home. Fewer than one third (29%) had died at their own home, but another tenth (10%) had died at someone else's home.

In half the cases for which valid data exist, a son of the deceased arranged the funeral (50%) (Table 82). Other help was received from other relatives (23%), spouse (10%) and in 15% of cases more than one person was involved in making the arrangements. In none of the cases were funerals arranged by female relatives.

Although the Muslim community in Birmingham is well served by undertakers familiar with Muslim funeral practices, 45% (of the valid data) said that the rituals were different from the way they had been practised in the past (Table 83). Qualitative data on these differences will be analysed subsequently.

Figure 13. Muslim funeral directors in Birmingham

SUMMARY AND CONCLUSIONS

Immigration of Sylhetis to the UK has been well established for decades and was given additional impetus following the First and Second World Wars. Most of the Sylhetis immigrants in this study came to the UK in the 1960s. They have been in the UK for over 35 years. The average age (55+) is 64.4. Over half are under 65 and only 6% are over 75. Ninety percent live in multi-generational households, 38% in 5-6 person households, and 38% with seven or more people. All Sylhetis in this sample have married and two-fifths married between the ages of 20 and 29. A majority are still married.

Sylhetis have larger families than the indigenous population, with most having four or more children. Most have a child living in the same household or within one mile and see a child every day. Fewer have living brothers or sisters and most of these live at a distance, many in South Asia. Contact with siblings is not frequent. However, most see a relative daily. Most also have frequent contact with friends and neighbours. Over half of the Sylhetis interviewed attend meetings of community groups (at least occasionally). Most Sylhetis are rarely alone and are not lonely.

None of the Sylhetis live alone, and only 1% do not see a child every week. Family cohesion appears to be strong for Sylhetis in the UK. In contrast, there are a few Sylhetis who do not have strong community ties. Around one-twentieth (5%) never see friends, and nearly twice as many never see neighbours (10%). Two-fifths never attend community meetings (43%). Further analyses will identify whether these Sylhetis represent a group who are isolated from other members of the community.

A vast majority of the Sylhetis in Birmingham are Muslims and a majority of them attend religious meetings regularly or occasionally. Over half of the Sylhetis interviewed have received no formal education and over half do not speak English. Fewer than one-third of the sample of Sylhetis are able to write English and fewer than one-quarter can read English.

Most Sylhetis are typically well supported by their family and community, and in turn play an important role in supporting other family members and friends. The analyses show gender differences in responsibility for domestic work. Mothers-in-law and daughters-in-law are more likely than men to undertake cooking and household chores as joint activities. Women undertake the laundry for spouses, with help form both daughters and daughters-in-law. There is a small minority of Sylhetis who are without support: 27% do not confide in anyone, 22% have no one to talk to when unhappy, and 19% have no one to whom they can talk about personal problems.

Average incomes do not appear to be low, although if household incomes have been given, one would have to bear in mind that this income would most likely have to be used to support between 5-6 people or over 7 household members. In addition, it is important to note that remittance sending is typical for Sylhetis, with 43% of the sample sending money to relatives abroad. Remittances are vital to the economy in Bangladesh and where remittances are sent they average £24 a month.

Overall, the majority of Sylhetis are well supported by their families and friends, but do not appear to be well integrated into the host community. Over half speak no English. On the other hand, the Sylhetis appear to be well integrated into the Muslim community in Birmingham. It has been estimated that there are 1.5 million Muslims in the UK (National Statistics Online 2003). There are somewhere between 70 and 110 Mosques in Birmingham. Mosques are important hubs for the gathering of Muslims and provide a wide array of political and social services, in addition to functioning as a place of worship (Farahati 1995). Muslims in Birmingham may be said to form an ethnic enclave with its own religion, culture, traditions and customs.

The study did identify some differences in the findings compared with earlier research that aggregated all South Asian groups together. The study has been conducted with a small sample but it raises questions about differences between different Asian ethnic groups that have not always been seen as

important distinctions. The Sylhetis in Birmingham do not appear to be disadvantaged by family dispersal as a result of emigration. Most of them have children living nearby and are well supported by family, friends and neighbours. However, low levels of education and a high proportion that do not speak English are likely to continue to lead to disadvantage in the labour market and a low level of integration into UK society.

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Families and Migration: Older People from South Asia
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UNITED KINGDOM REGIONAL REPORT NO. 3

Older Sylheti Immigrants in Birmingham: Appendix – Data Tables for UK Sylheti Sample

October 2002

By Vanessa Burholt, G. Clare Wenger and Zahida Shah

TABLE OF CONTENTS

Demographic Characteristics

Table 1. Gender distribution

Gender	**Sylhetis (UK) (N=100) %**
Male	54
Female	46

Table 2. Age distribution

Age bands	**Sylhetis (UK) (N=100) %**
55-59	21
60-64	31
65-69	26
70-74	16
75+	6

Table 3. Marital status distribution

Marital status:	**Sylhetis (UK) (N=100) %**
Never married	0
Married	82
Widowed	16
Divorced/separated	2

Table 4: Age at current (or last) marriage

Age:	**Sylhetis (UK) (N=100) %**
<10	0
10-15	2
16-19	20
20-29	42
30-39	30
40-49	4
50-59	1
Missing	1

Table 5: Number of years married for current (or last) marriage

Number of years:	Sylhetis (UK) (N=100) %
<10	1
10-19	2
20-29	16
30-39	38
40-49	37
50-50	4
60+	1
Missing	1

Migration history

Table 6. Age at move to the UK

	Sylhetis		
Ageband:	***All***	***Male***	***Female***
10-19	13	17	9
20-29	47	63	28
30-39	27	20	35
40-49	8	0	17
50-59	3	0	7
60-69	2	0	4
70+	0		
Missing	0		
Level of significance for Pearson Chi Square test2		p<.001	

Table 7. Decade of move to the UK

Decade	Sylhetis (UK) (N=100) %
1940s	1
1950s	25
1960s	44
1970s	21
1980s	5
1990-present	4

Table 8. Length of stay in the UK

Length of stay:	All (N=100) %
Less than 10 years	2
11-20 years	6
21-30 years	17
31-40 years	42
40+ years	33

Table 9. Reasons for emigrating to the UK

Reasons:	All (N=99)	Men (N=53) %	Women (N=46) %
Economic/for work	43	81	0
To join spouse	39	0	89
Live with or near relative	4	0	9
As a child with parents	4	8	0
Other	10	11	7
Level of significance for Pearson Chi Square test		P<.001	

* 1 cell had expected frequencies <5.

Table 10. First county of residence in the UK

County:	Sylhetis (UK) (N=100) %
West Midlands	66
Greater London	17
Middlesex	0
Warwickshire	0
Leicestershire	0
West Yorkshire	15
Greater Manchester	1

Table 11. Number of moves made after moving to the UK.

Number of moves:	Sylhetis (UK) (N=100) %
0	50
1	32
2	6
3+	12

Living Arrangements

Table 12. Household composition

Household composition:	Sylhetis (UK) (N=100) %
Lives alone	0
Lives with spouse/ partner only	9
Lives with younger (2) generation	44
Lives in 3 or 4 generation household	47

Table 13. Length of time living in current house

Number of years:	Sylhetis (UK) (N=100) %
< 1	1
1-5	2
6-10	14
11-20	27
21-30	31
30+	24
Missing	1

Table 14. Age came to live in current house

Age:	Sylhetis (UK) (N=100) %
Under 20	7
20-39	48
40-59	35
60-69	10
70+	0

Table 15. House tenure

Owned by:	Sylhetis (UK) (N=100) %
More than ond	2
Self or spouse	43
Child	16
Landlord	23
Other	16

Children

Table 16. Number of living children

	Sylhetis (UK) (N=100) %		
Number of living:	**Children**	**Sons**	**Daughters**
0	2	6	29
1	8	32	26
2	24	37	22
3	19	16	14
4	23	3	4
5	10	5	1
6+	14	1	4

Table 17. Distance from nearest child

Distance from nearest child:	**Sylhetis (UK) (N=100) %**
No children	2
In the same household/ within 1 mile	86
1-5 miles	5
6-15 miles	1
16-50 miles	1
50+ miles	4
In another country	1

Table 18. Most frequent contact with any child

Frequency of contact:	**Sylhetis (UK) (N=98) %**
Daily	89
More than once a week	9
Once a week	1
2-3 times a month	1

Table 19. Number of children living abroad

Number of children living abroad:	Sylhetis (UK) (N=100) %
0	88
1	6
2	4
3	2
4	0

Table 20. Where children abroad live

Child living in:	Sylhetis (UK) N
North America	5
Latin America	1
South Asia	10
South East Asia	4

Table 21. Keeping in touch with children abroad

Keep in touch :	Sylhetis (UK) (N=19) %
Yes	100
By:	
Letter	78
Phone	89
Sending gifts	35
Receiving gifts	26

Siblings

Table 22. Number of living siblings

Number of living siblings:	**Sylhetis (UK) (N=100) %**
0	44
1	18
2	16
3	9
4	4
5	4
6+	3
Missing	2

Table 23. Distance of nearest sibling

Distance of nearest sibling:	**Sylhetis (UK) (N=100) %**
No siblings	44
In the same household/ within 1 mile	0
1-5 miles	3
6-15 miles	1
16-50 miles	3
50+ miles	22
In another country	25
Missing	2

Table 24. Most frequent contact with any sibling

Frequency of contact:	**Sylhetis (UK) (N=69) %**
Daily	6
More than once a week	14
Once a week	18
2-3 times a month	14
Once a month	4
3-11 times a year	12
Twice a year	18
Once a year	8
Less than once a year	4
Never	2

Table 25. Number of siblings living abroad

Number of siblings living abroad:	Sylhetis (UK) (N=100) %
0	63
1	12
2	12
3	4
4	3
5	2
6+	2
Missing	2

Table 26. Where siblings abroad live (N).

Sibling living in:	Sylhetis (UK) N
North America	2
Middle East	3
South Asia	51
South East Asia	22

Table 27. Keeping in touch with siblings abroad

Keep in touch :	Sylhetis (UK) (N=36 %
Yes	58
By:	
Letter	31
Phone	32
Sending gifts	13
Receiving gifts	2
Other means	1

Relatives

Table 28. Frequency of contact with any relative

Frequency of contact:	**Sylhetis (UK) (N=100) %**
Daily	88
2-3 times a week	5
At least once a week	5
< weekly, but > monthly	1
Less Often	1
Never/no relatives	0

Table 29. Number of relatives (other than children or siblings) living abroad

Number of relatives living abroad:	**Sylhetis (UK) (N=100) %**
0	76
1	11
2	5
3+	8
Missing	2

Table 30. Where other relatives abroad live (N)

Relative living in:	**Sylhetis (UK) N**
North America	2
Middle East	8
South Asia	34
South East Asia	8

Table 31. Keeping in touch with relatives abroad

Keep in touch :	**Sylhetis (UK) (N=24) %**
Yes	92
By:	
Letter	47
Phone	64
Sending gifts	35
Receiving gifts	16
Other means	0

Friends, Neighbours and Community Integration

Table 32. Frequency of contact with friends

Frequency of contact:	**Sylhetis (UK) (N=100) %**
Every day	21
2-3 times a week	37
At least once a week	32
< weekly, but > monthly	4
Less Often	0
Never/no friends	5
Missing	1

Table 33. Number of friends named (up to five)

Number:	**Sylhetis (UK) (N=100) %**
0	7
1	18
2	31
3	18
4	5
5	21

Table 34. Frequency of contact with neighbours

Frequency of contact:	**Sylhetis (UK) (N=100) %**
Every day	21
2-3 times a week	30
At least once a week	31
< weekly, but > monthly	5
Less Often	3
Never/no neighbours	10

Table 35. Attendance at social or community meetings

Attend:	**Sylhetis (UK) (N=100) %**
Never	43
Regularly[1]	21
Occasionally[2]	36

Table 36. Hours per day at home alone

Number of hours:	**Sylhetis (UK) (N=100) %**
<3	75
3-5hrs 59mins	13
6-8hrs 59mins	4
>9	8

Table 37. Feels lonely

Frequency:	**Sylhetis (UK) (N=100) %**
Never	51
Rarely	15
Sometimes	28
Often	2
Most of the time	4

[1] More than or equal to once a month
[2] Less than once a month

Religion

Table 38. Religion

Religion:	**Sylhetis (UK) (N=100) %**
Jain	1
Muslim	98
Sikh	1

Table 39. Attendance at religious meetings

Attend:	**Sylhetis (UK) (N=100) %**
Never	18
Regularly	37
Occasionally	45

Table 40. Participation in religious events

Religious activity & frequency:	**Sylhetis (UK) (N=100) %**		
	Individually	**With family**	**With community**
Prayer:			
Never	5	15	43
Regularly	47	16	17
Occasionally	46	43	18
Missing	2	26	22
Festival:			
Never	58	0	12
Regularly	23	26	35
Occasionally	8	49	32
Missing	11	25	21
Going to place of worship:			
Never	48	55	42
Regularly	35	14	20
Occasionally	14	4	17
Missing	3	27	21
Pilgrimage:			
Never	61	34	66
Regularly	9	19	3
Occasionally	27	18	2
Missing	3	29	29

Education and Language

Table 41. Length of time in full time education

Number of years:	**Sylhetis (UK) (N=100) %**
None	57
1-5	22
6-10	14
11-15	6
16+	1

Table 42. Length of time in part time education

Number of years:	**Sylhetis (UK) (N=100) %**
None	91
1-5	8
6-10	1
11-15	0
16+	0

Table 43. Language of schooling (for those who went to school)

Language:	**Sylhetis (UK) (N=49) %**
More than one	12
English	2
Bangla	82
Sylheti	4

Table 44. First language

Language:	**Sylhetis (UK) (N=100) %**
More than one	8
Bangla	6
Punjabi	1
Sylheti	83
Urdu	2

Table 45. Spoken English

	Sylhetis (UK) (N=100) %
Yes	45
Proficiency:	**(N=45) %**
Good	18
Fair	47
Poor	36

Table 46. Written English

	Sylhetis (UK) (N=100) %
Yes	30
Proficiency:	**(N=30) %**
Good	27
Fair	23
Poor	50

Table 47. Reading English

	Sylhetis (UK) (N=100) %
Yes	24
Proficiency:	**(N=24) %**
Good	29
Fair	29
Poor	42

Sources of Support and Help

Table 48. Support network distribution

Support network type:	Sylhetis (UK) (N=100) %
Family dependent	52
Locally integrated	34
Local self-contained	0
Wider community focused	6
Private restricted	4
Inconclusive	4

Table 49. Relationship of confidant

Relationship:	Sylhetis (UK) (N=100) %
No-one	27
More than one	0
Spouse	6
Son	7
Daughter	5
Daughter in law	3
Other relative	3
Friend or neighbour	48
Professional	0
Missing	1

Table 50. Relationship of person to whom respondent talks when unhappy

Relationship:	Sylhetis (UK) (N=100) %
No-one	22
More than one	0
Spouse	1
Son	2
Daughter	6
Daughter in law	4
Other relative	6
Friend or neighbour	57
Professional	1
Missing	1

Table 51. Relationship of person who talks to respondent when they are unhappy

Relationship:	Sylhetis (UK) (N=100) %
No-one	24
More than one	11
Spouse	1
Son	2
Daughter	5
Daughter in law	2
Other relative	6
Friend or neighbour	49

Table 52. Relationship of person who respondent talks to about personal problems

Relationship:	Sylhetis (UK) (N=100) %
No-one	19
More than one	12
Spouse	25
Son	19
Daughter	4
Daughter in law	2
Other relative	9
Friend or neighbour	9
Professional	1

Table 53. Relationship of person who talks to respondent about personal problems

Relationship:	Sylhetis (UK) (N=100) %
No-one	24
More than one	3
Spouse	1
Son	8
Daughter	5
Daughter in law	1
Other relative	7
Friend or neighbour	50
Missing	1

Table 54. Self assessed health

	Sylhetis (UK) (N=100) %
Good or excellent	18
All right for age	49
Only fair	19
Poor	14

Table 55. Health problems

	Sylhetis (UK) (N=100) %
Serious health problems:	
Yes	62
Limiting condition	
Yes	26

Table 56. Reported serious health conditions

Condition:	**Sylhetis (UK) (N)**
Diabetes	35
Hypertension	18
Coronary Heart Disease	11
Arthritis	9
Stomach ulcer/gastric poblems	6
Asthma/breathing problems	4
Impaired vision	3
Back pain/sciatica	3
Migraine	3
Depression	2
Gout/foot problems	2
Swollen legs	2
Angina	2
Stroke	1
Kidney problems	1
Hip problems	1

Table 57. Reported limiting condition (or activity)

Condition:	Sylhetis (UK) (N)
Cannot walk/difficulty walking	16
Arthritis	3
Asthma/breathlessness	3
Back pain/sciatica	1
Loss of memory	1
Diabetes	1
Picking things up	1
Housework	1
Cannot go out alone	1

Table 58. Relationship of person who respondent needs to look after them

Relationship:	Sylhetis (UK) (N=100) %
No-one	80
More than one	5
Spouse	9
Son	1
Daughter	3
Daughter in law	2

Table 59. Relationship of person who would look after respondent if ill

Relationship:	Sylhetis (UK) (N=100) %
No-one	5
More than one	9
Spouse	30
Son	7
Daughter	11
Daughter in law	29
Other relative	7
Friend or neighbour	1

Table 60. Relationship of person who needs respondent to look after them

Relationship:	Sylhetis (UK) (N=100) %
No-one	90
More than one	4
Spouse	3
Son	1
Daughter	1
Daughter in law	0
Other relative	1

Table 61. Relationship of person who needs respondent to look after them when they are ill.

Relationship:	Sylhetis (UK) (N=100) %
No-one	51
More than one	15
Spouse	20
Son	3
Daughter	2
Daughter in law	0
Other relative	9

Table 62. Relationship of person who would accompany respondent to the doctors or hospital

Relationship:	Sylhetis (UK) (N=100) %
No-one	12
More than one	25
Spouse	13
Son	34
Daughter	5
Daughter in law	2
Other relative	8
Friend or neighbour	1

Table 63. Relationship of person who respondent accompanies to doctors or hospital

Relationship:	Sylhetis (UK) (N=100) %
No-one	26
More than one	14
Spouse	42
Son	0
Daughter	4
Daughter in law	11
Other relative	3

Table 64. Relationship of person respondent would borrow from

Relationship:	Sylhetis (UK) (N=100) %
No-one	52
More than one	3
Spouse	2
Son	7
Daughter	6
Daughter in law	11
Other relative	5
Friend or neighbour	13
Missing	1

Table 65. Relationship of person who borrows from respondent

Relationship:	Sylhetis (UK) (N=100) %
No-one	62
More than one	4
Spouse	2
Son	5
Daughter	5
Daughter in law	5
Other relative	2
Friend or neighbour	14
Missing	1

Table 66. Relationship of person who goes shopping for respondent

Relationship:	Sylhetis (UK) (N=100) %
No-one	25
More than one	9
Spouse	9
Son	43
Daughter	1
Daughter in law	1
Other relative	12
Friend or neighbour	0

Table 67. Relationship of person who respondent shops for

Relationship:	Sylhetis (UK) (N=100) %
No-one	82
More than one	7
Spouse	10
Son	0
Daughter	1
Daughter in law	0
Other relative	0
Friend or neighbour	0

Table 68. Relationship of person who cooks for respondent

Relationship:	Sylhetis (UK) (N=100) %
No-one	6
More than one	14
Spouse	30
Son	0
Daughter	9
Daughter in law	32
Other relative	8
Friend or neighbour	1

Table 69. Relationship of person who respondent cooks for

Relationship:	Sylhetis (UK) (N=100) %
No-one	58
More than one	5
Spouse	9
Son	0
Daughter	6
Daughter in law	18
Other relative	3
Friend or neighbour	1

Table 70. Relationship of person who does laundry for respondent

Relationship:	Sylhetis (UK) (N=100) %
No-one	28
More than one	8
Spouse	13
Son	1
Daughter	11
Daughter in law	31
Other relative	8
Friend or neighbour	0
Professional	0

Table 71. Relationship of person who respondent does laundry for

Relationship:	Sylhetis (UK) (N=100) %
No-one	85
More than one	9
Spouse	5
Son	0
Daughter	0
Daughter in law	1
Other relative	0
Friend or neighbour	0

Table 72. Relationship of person who helps respondent with household chores

Relationship:	Sylhetis (UK) (N=100) %
No-one	18
More than one	16
Spouse	23
Son	1
Daughter	16
Daughter in law	14
Other relative	12
Friend or neighbour	0
Professional	0

Table 73. Relationship of person who respondent helps with household chores

Relationship:	Sylhetis (UK) (N=100) %
No-one	45
More than one	4
Spouse	20
Son	1
Daughter	5
Daughter in law	17
Other relative	8
Friend or neighbour	0

Work and Income

Table 74. Currently working for money and average hours worked per week (for those still working)

Relationship:	**Sylhetis (UK) (N=100) %**
Yes	11
	N=11
Mean number of hours per week	29 (s.d.12.8)

Table 75. ISCO-88 major occupational groups and skill levels

	Major group	**ISCO skill level**
1	Legislators, senior official and managers	
2	Professionals	4th
3	Technicians and associate professionals	3rd
4	Clerks	2nd
5	Service workers and shop and market sales workers	2nd
6	Skilled agricultural and fishery workers	2nd
7	Craft and related workers	2nd
8	Plant and machine operators and assemblers	2nd
9	Elementary occupations	1st
0	Armed forces	

Table 76. Major occupational groups

ISCO major group:	**Sylhetis (UK) household (N=100) %**	**Sylheti men (N=49)**	**Sylheti women (N=51)**
1	12	17	0
2	0	-	-
3	0	-	-
4	1	2	0
5	18	13	0
6	0	-	-
7	4	4	0
8	44	39	4
9	21	26	98
0	0	-	-
Significance level of Pearson Chi Square		P<.001	

Table 77. Skill levels

ISCO major group:	Sylhetis (UK) household (N=84) %	Punjabi men (N=43)	Punjabi women (N=48)
1	24	31	98
2	76	69	2
3	0	-	-
4	0	-	-
Significance level of Pearson Chi Square		P<.001	

Table 78. Sources of income

	Sylhetis (UK) (N=100)	
Source of income:	**% Yes**	**% Missing**
Work	10	0
Spouse's work	3	0
Business	10	0
Children residing in home	16	0
Children elsewhere	0	0
Other relatives	7	0
Other agency[3]	26	0
Former (spouses) employer	19	0
Savings, investments etc.	1	0
State old age pension	63	0
State supplementary pension	44	0
Attendance allowance	10	0
Housing benefit	26	1
Rent or council tax reductions	24	1
Other source	37	1

[3] Not including retirement benefits

Table 79. Relationship of person who respondent would ask for financial advice for all ethnic groups in the UK.

Relationship:	Sylhetis (UK) (N=100) %
No-one	18
More than one	3
Spouse	8
Son	48
Daughter	1
Daughter in law	0
Other relative	9
Friend or neighbour	6
Professional	7

Dying in the UK

Table 80. Written a will

	Sylhetis (UK) (N=100) %
No	65
Yes	35

Table 81. Place of death for the last (or recent) death of someone in family living in Birmingham

	Sylhetis (UK) (N=100) %
In their home	15
At the home of a family member	3
At someone else's home	2
Hospital	29
Nursing home	2
Somewhere else	2
Missing	47

Table 82. Relationship and gender of person who arranged the funeral

Relationship:	**Sylhetis (UK) (N=100) %**
More than one	8
Spouse	5
Son	26
Daughter	0
Other relative	12
Professional	1
Missing	48
Gender:	
Male	50
Female	0
More than one	3
Missing	47

Table 83. Difference in funeral ritual from childhood

	Sylhetis (UK) (N=100) %
No	29
Yes	22
Missing	49