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

ESA315

FINAL REPORT

June 2003

By Vanessa Burholt and G. Clare Wenger
University of Wales, Bangor, UK

With

Abdul Awwal Biswas, Shahjahal University, Sylhet, Bangladesh
Parul Dave and Indira Mallya, Maharajah's University, Vadodara, Gujarat,
N.S. Sodhi, Punjabi University, Patiala, Punjab, India
Zahida Shah, University of Wales, Bangor, UK,
Shubha Soneja, HelpAge India, Delhi

Centre for Social Policy Research and Development
Institute for Medical and Social Care Research
University of Wales, Bangor, LL57 2PX, Gwynedd, UK
Telephone: (44) (0)1745 382225
FAX: (44) (0)1745 382229
E-mail: v.burholt@bangor.ac.uk

TABLE OF CONTENTS

Page

Page

Page

LIST OF FIGURES

Page

APPENDIX

Page

Page

ACKNOWLEDGEMENTS

The research team wishes to acknowledge the assistance of the following people in the preparation of this report. Thanks are extended to:

Dr. Mohammed Ehtisham, formerly of City Hospital, Birmingham.

Dr. A. Ritch, City Hospital, Birmingham

Dr. Margaret Boneham, Bolton Institute, Bolton

Major General S. S. Sandhu, former Director General of HelpAge India

Mr. Mark Gorman, Research and Development Director and Deputy Chief Executive HelpAge International

The UK Department for International Development

FAMILIES AND MIGRATION:
OLDER PEOPLE FROM SOUTH ASIA

FIRST FINAL REPORT

I. BACKGROUND

INTRODUCTION

Globalisation is having an increasing effect on the life of the individual. In the context of gerontology, globalisation has been recognised to impact on: theory and methodology, transnational communities and personal communities (Phillipson 2003). The research project reported here is concerned primarily with the second of these areas – transnational communities. Those who leave a country to start a new life elsewhere and those who remain in the country of their birth remain linked by ties of kinship and friendship, which may be maintained over more than one generation (Faust 2000). The findings reported here will show that these links are part of the daily life of the families involved.

It has been argued that an agenda exists for gerontology to develop theories and methods for understanding "the mobile and network-based societies upon which transnational communities are based" (Phillipson 2003, p.32). The dispersal of families around the globe has raised a range of questions about the impact on older people. Migrants who moved for economic or political reasons as younger people – some fully expecting to return to the country of their birth – grow old in other countries (Blakemore & Boneham 1994). People move in old age to live with adult children who migrated earlier. Other older people move back to their natal communities or migrate to new countries on retirement. Migrants may continue to visit their natal countries and communities regularly until constrained by impairments associated with advancing age.

It is recognised that in South Asia gerontology is still a developing discipline and that there is a need for more empirical research (Raju 1998). Data is needed on which to base policies and programmes for an ageing population and to increase public awareness of ageing issues. This is particularly important in rural areas where most older people live (Soneja 1999). Few empirical studies have addressed the needs and problems of older people particularly in rural areas (Sudhir 2000). The need for socio-cultural studies in this area has been described as urgent by at least one Indian author (Bagchi 1996).

Cross-national research represents a growth area in the social sciences, reflecting the significance of findings which draw comparisons between different cultures and societies (Scharf & Wenger 2000). The research reported here compares three South Asian ethnic groups in their home

communities in India and Bangladesh and in the UK. As far as we know, this is the first study which compares people ageing in place in South Asia and immigrants ageing in the United Kingdom. The study was conducted in Gujarat and Punjab in India and in Sylhet in Bangladesh. These are the states from which the majority of immigrants from India and Bangladesh came to the UK. We had also hoped to include Pakistan, another important South Asian sending area, but due to situations outside our control this was not possible.

Rationale, aims and hypotheses

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. Global world ageing however is taking place at an unprecedented rate. Whereas in the developed world population ageing took place in the context of strong economies, populations in the developing countries are ageing rapidly before those countries become rich (Mehta 2002). The developing countries are also ageing at a much faster rate than that which occurred in the developed world. In the first part of the twenty-first century these countries will have many challenges to meet.

The research project ***Families and Migration: Older People from South Asia,*** took place in this context. It 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. In particular, we were interested in the effects of migration and demographic changes on the availability of informal support for older people.

The United Kingdom (UK) is a multi-cultural society and over the next decade, the immigrant population that came to the UK from South Asia (including Bangladesh and India) will age rapidly. Older people in ethnic minority groups in the UK have received relatively low levels of research attention (for exceptions, see Bhalla & Blakemore 1981, Farrah 1986, Manthorpe & Hettiaratchy 1993, Blakemore & Boneham 1994, Boneham et al. 1997, Alibhai-Brown 1998, Silveira & Ebrahim 1998, Qureshi 1998, Phillipson et al. 2000). This is partly because the numbers of older immigrants have been small.

At the time of the 1991 Census, 4% of the Indian population and 1% if the Bangladeshi population living in the UK were aged 65 and over, compared with 17 percent of people born in the United Kingdom (Owen 1993, p. 3). Over the last ten years the proportion of elders in the population has changed for South Asians, but not for those born in the United Kingdom. According to the 2001 Census data, 6.6% of the Indian population and 3.2% of the Bangladeshi population were aged 65 and over. In the 1990s it was predicted that the proportion of Asian elders in the population would increase three to seven times as older immigrants moved into the retirement age group (Patel 1993, p. 115), suggesting that there will be further growth.

Two-thirds of older Indians live below or just above the poverty line (Soneja 2002). From the 1950s onwards it was thought that immigration would solve problems in both sending and receiving countries. In the sending immigration would relieve over-population, provide economic benefits through remittances and increase the skills of the work force. In the receiving country immigrants were needed to overcome labour shortages and to fill jobs that native-born residents did not want (Piore 1979, Dusenbery 1986).

Emigration from South Asia to the UK has been particularly predominant in the selected areas: Sylhet in Bangladesh, Punjab and Gujarat in India. The following brief accounts of migration from each area demonstrate the diversity of the cultures from the distinct geographical locations from which the immigrants have come. Typically, the immigrants come from rural communities and settle in urban areas.

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 (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 a small population of Sylhetis was 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).

Migration from the Punjab followed a different pattern. The first Punjabi settlers in the UK were probably members of the trading castes (especially the Khatris) and Sikh soldiers (Jats) who remained in Britain after fighting in France during the First World War (Ballard 1986). Many Punjabi migrants to the UK came from Jalandhar, a densely populated area of the Punjab. Inhabitants suffered shortages of land and therefore the means of self-support (Marsh 1967). Partition in 1947 meant that some Indian villages' resources were severely taxed due to the influx of Hindu and Sikh refugees from Muslim Pakistan (Helweg 1986). Whilst in military service the option to migrate to Britain presented itself to many young Sikhs (Ballard 1986).

The immigrants from the Punjab in the 1950s were predominantly males who lived at high densities in inner city areas. During the late 1960s and the 1970s migration to the UK was primarily due to family reunion (Ballard 1986). Although there is some variation, the reunion of Asian family members in the UK during the 1960s and 1970s has been seen "as an indicator of social and cultural reorientation away from the sending society and towards British society" which has resulted in the expectation that the UK is a permanent home (Robinson 1981). However, during the 1970s there was another influx of Asians originally from the Punjab and Gujarat, who came to Britain via East Africa (Bhachu 1986).

Indians had a history of two-thousand years of trading in Africa (Morris 1968, Coupland 1939). The African population of Indians was supplemented between 1896 and 1901 when the British recruited Indian labourers to build a railway in Uganda and Kenya. The Asian community in Africa expanded due to the natural growth of the original traders' families and the migration of friends and relatives to the same area to fill the gap in the African labour market for certain trades and skills (Morris 1968).

The economic success of the Asians in East Africa prompted government restrictions on trading for immigrants. The 'Africanisation' of labour in these countries drove many Asians to leave. Many Gujaratis, who constituted 70 percent of the Asian population in East Africa, sought to settle in the UK (Kalka 1990). The exodus from East Africa escalated in 1968 pre-empting the Commonwealth Immigrants Bill (Kalka 1990). A further wave of emigration ensued in 1972 when President Amin's government expelled Asians from Uganda (Kalka 1990).

The Asians from East Africa, in many cases, had been absent from their homeland for over sixty years and had fewer ties with their country of origin than other Asian immigrants had. Unlike Sylhetis and Punjabis they visited home less frequently and were more inclined to view the UK as a permanent residence (Aurora 1967, Bhachu 1986). The East African migrants were also different, inasmuch as they often arrived in Britain in family units often consisting of three generations, and in many cases had substantial capital (Bhachu 1986). They have remained cultural traditionalists (Bhachu 1986). These migrants have geographically dispersed settlement patterns, and unlike earlier migrants have tended to be employed in administrative work and professional occupations as well as in factories (Bhachu 1986).

The original countries from which these immigrants came are also facing demographic changes. In India it is projected that the numbers of people aged sixty or over will increase by 55.4 million persons between 1991 and 2016, and will constitute nine percent of the Indian population (Government of India 1999). In Bangladesh, the situation is slightly different. The share of population aged 60 years and over (5%) is expected to change little between 1961 and 2010 (Bangladesh Bureau of Statistics 1993, Sattar & Rahman 1993, Mahmood 1995). However, by 2025 it is expected to account for nearly eight percent of the population (Sattar & Rahman 1993). In both India and Bangladesh emerging policy focuses on the impact that changes in the joint family system will have on support for older people.

Previous research has shown that levels of need, demand and use of services are predictable on the basis of support network type (Wenger 1994). In order for social policy to respond appropriately to needs, greater understanding is required of the patterns of informal support for older people, associated with these ethnic groups. Although there has been research on the financial impact of emigration from Asia, there is less empirical evidence about the social impact of migration on these societies (Guest 1999). Of equal importance is the study of the reassembly of social networks after emigration (Rogler 1994).

In the Asian countries, the importance of remittances from immigrants in the west is significant not only for families but also for national economies. At the same time, the loss of family members through migration can have significant emotional effects on those left behind to age in place. Migration from villages can lead to an increase in the dependency ratio and changes in inter-family reciprocity (van Willigen & Chadha 1999). The low level of formal social insurance and pension systems means that remittances, and the accumulated assets of returning migrants, are key resources for ageing rural dwellers. This aspect of emigration has not been widely explored and yet it is part of the overall picture of post-war migration from Gujarat, Punjab and Sylhet.

In India, women's life expectancy at birth is 64 years compared with 63 years for men (Leete & Alam 1999). Although the gap between the life expectancy of men and women is lower than in western countries it is likely to have an impact on the well-being of older women (Ewing 1999) since women are typically younger than their husbands. An excess of older women over older men in the population is often viewed as problematic as it represents high levels of widowhood and is associated with vulnerability (Knodel 1999). Gender is likely to affect the ageing process, as Asian women are more likely to be subjected to social and economic marginalisation (Hartmann & Boyce 1998, van Willigen & Chadha 1999). Female poverty is a phenomenon that becomes more pronounced with age and with the increased probability of widowhood. This means that older women are more likely to be dependent on families or social support or live in deprivation (Shankardass & Kumar 1996, United Nations 1996, Ewing 1999).

In the White Paper on International Development (Eliminating World Poverty: A challenge for the 21st Century, 1997) it was pointed out that one of the main constraints to effective development assistance is an imperfect understanding of social, economic political and physical environments. Little is known about the characteristics of informal support networks of older people in the countries of origin or of ethnic minority immigrants to Britain nor of variations in support networks associated with inter-country migration. It is only by studying support networks in both the sending and receiving countries that we will begin to determine the effects that immigration has on the provision of support and how this may differ from the norms of support that exist in the country of origin and/or the host country. Therefore, the purposes of this study are:

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

2. To examine the social support systems of older family members in migrant families in the West Midlands (UK) and in the sending communities in Gujarat and Punjab (India) and Sylhet (Bangladesh) with reference to:
   - The caring needs of older women and men
   - The care-giving activities of older women and men
   - The role of family, community and the formal sector in the provision of care to older people

3. To explore the nature of intergenerational relationships in the sending and receiving communities, in terms of mode and frequency of communication, types of exchanges and frequency and length of visits.

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

5. To compare the ageing experience of those who age in place with emigrants to the UK.

6. To inform social policy-makers for the ageing population on the international, national, regional and local levels.

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

The hypotheses tested by the findings from the study were:

i) The impact of globalisation through the intercontinental migration of family members affects the sources and availability of help and support to older members of families, including help with household chores, personal care, sources of advice and funeral arrangements.

ii) Immigration and migration of family members affects intergenerational relationships.

iii) In the absence of family members, a majority of older people adapt and rely on other people for help in a specific range of situations.

iv) Women and men engage in different care giving activities

v) Women and men have different care needs which are responded to in different ways

vi) Women without husbands or sons are likely to face economic and social difficulties.

vii) Systematic examination of support network types will identify older people who may require input from formal services for help in a specific range of situations and facilitate more appropriate and effective interventions.

The project was funded by the Department for International Development. However, the component of the project that looked at the migration of Punjabi elders has been funded by the Centre for Social Policy Research and Development, Institute of Medical and Social Care Research, University of Wales Bangor. Earlier research, which focused on minority immigrant ethnic groups or ‘Asians’, did not identify the specific factors associated with different

ethnic groups within that category. This study aims to move in the direction of differentiation between South Asian ethnic groups within the United Kingdom. We believed that the diversity of South Asians from Sylhet, Punjab and Gujarat would have different implications for the provision of health and social services in old age and felt that it would be important to highlight differences between sub-groups of South Asians. The findings from the report show that this assumption was well-founded and that the report has added value through the inclusion of Punjabis in the study design.

Review of the Literature

For many years, it was accepted that modernisation and industrialisation would disadvantage older people and this theory persisted despite the weight of evidence to the contrary (Tornstam 1992). Alternative theories of social change have subsequently been developed, which focus on the impact of modernisation on the family and the individual (Keasberry 2002). It has been suggested that the impact of migration may have negative effects on both those who remain in the country of their birth and those who emigrate. In the first case, it has been suggested that in families from which emigration takes place, older people may be left without adequate support in the face of growing dependency. In the other case, it has been suggested that older people who emigrate may also have few family members on whom to depend (Fenton 1987). Immigration legislation and the administration of immigration policy have been seen as exacerbating family separation (Atkin & Rollings 1996).

Family

The family is of central importance in the literature on older people. In South Asia, as in other developing countries, the family has been the mainstay of social life, meeting the social, economic and emotional needs of its members. But the family has been affected by social change. In the traditional joint family system, it was believed that with age a person acquired knowledge and experience and that their role was to guide the younger generations.

A typical South Asian household is patrilocal and usually multigenerational (Das Gupta 1999, Cain 1986, Kumar 1996a). When daughters marry they relocate to their spouse's parents' household and become a member of that household (Das Gupta 1999, Cain 1986). A marriage does not therefore necessarily create a new household, rather it imports another woman into the household "to bear children and carry out the other tasks assigned to females" (Das Gupta 1999). It has been noted that it is commonplace for married brothers also to share a household during some part of the household lifecycle. However, separate households may form as siblings' children grow (Das Gupta 1999). Therefore, households may consist of parents and son(s), unmarried daughters, with brothers and their families, sharing both property and income (Vatuk 1982 p. 60, Gore 1992, Das Gupta 1999, Gangrade 1999, Bhat & Dhruvarajan 2001). Sons typically inherit their parents' property and women are deprived of major property rights (Ross 1961, Kapadia 1966, Basu 1992, Miller 1981, Chen 1998, Jejeebhoy & Sathar 2001, Dyson & Moore 1983, Mason 1992, Agarwal 1994, Sengupta & Agree 2002). However, it is

the responsibility of fathers (and their brothers) to use household resources to arrange marriages for daughters (Cain 1986).

It has been suggested that traditional values are being eroded. In India, it is claimed, there is a move towards greater individualism, materialism and personal independence creating differences between the older and younger generations (Wadhera 1995). It has been argued that as a result of the rapid transformations in Indian society (industrialisation, urbanisation, and increases in technology, education and globalisation) family structure is changing (Dandekar 1996, Bhat & Dhruvarajan 2001, Rajan & Kumar 2003). Industrialisation has increased the participation of women in the labour force so that fewer women are at home during the day to care for older family members. Increasing geographic mobility threatens the security of older persons who are more likely to live alone (Dave et al. 2003).

Rather than dwelling in an intra- and intergenerational household (mentioned above), more frequently, parents live with one son, while other sons live in adjacent but separate households (DeSouza 1982, Cain 1986, Rajan et al. 1999, Mason 1992, Sengupta & Agree 2002). The gerontological literature stresses changes in Indian living arrangements that are moving towards nuclear household formation (Guha 1992, Bambawale 1993, Cohen 1995, Bhat & Dhruvarajan 2001), although recent findings in Asia suggest that there is only a modest trend towards a reduction in cohabitation with children (Knodel & Debavalya 1997, Martin 1990). There are various factors which increase or decrease the probability of older people living with children: married couples are less likely to live with children (Rajan & Kumar 2003), people with a greater number of children are more likely to co-habit (Kumar 1996a, Rajan & Kumar 2003), and the likelihood of living with a child increases for both men and women after the death of a spouse (Lamb 1999, Sengupta & Agree 2002).

In former years, parents had claims to support from their sons (Das Gupta 1999) and all sons (regardless of living arrangements) were likely to contribute to the support of dependent parents (Cain 1986). Less frequently, parents might circulate around sons' households for support from each in turn (Cain 1986). After the death of a spouse, in most instances most of the daily household chores would be undertaken by a daughter-in-law (Lamb 1999, Sengupta & Agree 2002). However, widowed men in need of physical care are unlikely to receive as much help from a daughter-in-law as they would have received from their spouse (Rajan et al. 1999, van Willigen & Chadha 1999, Sengupta & Agree 2002).

It is argued by many academics, that the changes in Indian society mean that older people can no longer expect care to be provided by their children (Bagchi 1998, Kumar 1995). Others emphasise the 'burden' of older people on their families (Kaur et al. 1987, Sharma & Dak 1987). Despite these assertions, the Government of India states that most children are still concerned with filial obligations (Government of India 1999). Surveys have shown that older people prefer to live with family members than to enter residential care (Nanda et al. 1987, Prakash 1999, Rajan et al. 1999, Bhat &

Dhruvarajan 2001, Bali 2003), although other studies have indicated that residential care is seen as preferable to living with a son where the older person was not welcome (Subrahmanya 2000) or when care was not forthcoming at home (Shah 1993).

In the context of Bangladesh, kinship is an important social institution interlocking people through *atmyo, swajan* and *atmyo-swajan* (Sarker 1998, Inden & Nicholas 1977, Aziz 1979). Friendships, or affinal bonds and relationships are described as *atmyo,* whereas blood or consanguinal relationships are described as *swajan.* The term *atmyo-swajan* describes relationships that overlap (Sarker 1998). It has been noted that within Bangladesh the convention is to also form fictive relationships (Sarker 1980, 1998). Ritual fictive relationships may include *dharma-bap* (godfather) or *dharma-ma* (godmother) or through the development of links such as the tie between the marriage pleader (*ukil*) and the bride and bridegroom in a Muslim wedding (Khan 1984). It has also been noted that fictive kinship may be established between neighbours, where the same terms of endearment would be used as within consanguinal and affinal relationships (Vatuk 1972, Sarker 1998).

As in India, the majority of older people in Bangladesh still live in extended families, multigenerational households or the same *bari*[1] as at least one child (Martin 1990, Cain 1991, Amin 1998, Kabir 2001). Comparable with India, the cultural expectation in Bangladesh is that the eldest son lives with and looks after his older parents. Kabir et al. (1998) note that "daughters are considered to be temporary guests to the family, who will be married off when they reach the appropriate age". Daughters are not expected to have any responsibility for looking after or co-residing with their parents.

Similar factors as in India have been suggested in Bangladesh that may force changes in family structures, such as poverty leading to the weakening of family ties (Adnan 1993), landless sons leaving households to form households of their own (Cain 1978, Khuda 1988) and the changing position of women (Kabeer 1994). Despite these predictions, it is unlikely that poverty will change family structure, given that it has been a defining characteristic of Bangladesh household economy for decades (Amin 1998). In addition, studies have shown that there is little evidence to suggest that families in Bangladesh are undergoing structural change (Amin 1998), or that women's work or levels of autonomy have changed substantially (Amin 1995).

Older Bangladeshi people continue to live in multigenerational households and to depend on sons (Martin 1990, Sen et al. 1993, Amin 1998, Kabir et al. 1998). However, there are signs of a shift away from traditional norms in urban areas, where some older people are co-residing with both sons and daughters, or living with a daughter only (Kabir et al. 1998).

[1] **A number of household, normally of the same family, sharing a common courtyard (Kabir 2001)**

Traditionally, care and support of older people in South Asia was provided by the family, particularly by sons (Chang 1992). Parents shared housing, received food and other necessities and less often money. Some older people do not receive such social support from the family and are left to manage alone (Mahajan 1992). Such situations, however, are more common in urban than rural areas. In rural areas most people still rely on the traditional support of their families where few or no formal services have been developed (Ramnath 2000).

In the UK, earlier research showed that most immigrants from South Asia lived in joint households, although 26% had no family outside the household (Bhalla & Blakemore 1981). While one study found that the extended family household was common (Barker 1984), another study found that significant minorities of elderly South Asians were living alone and had few relatives in the UK (Atkin et al. 1989). It has been claimed that traditional patterns of care for older people are not as strong in the UK as in South Asia as a result of influences from the host culture (Cameron et al. 1989).

Research has shown that the levels and types of family support that older people receive depend on the structure of their support network type (Wenger 1997). In the context of emigration, the social and support networks need to be reconstituted following migration (Rogler 1994). Some research in the UK has suggested stronger kin ties among older people from South Asia than for the indigenous population (Blakemore & Boneham 1994), but there has been little systematic research on the nature of the informal support networks of older immigrants in the UK and none looking at different types of support networks, so far as we know, in South Asia. In all cultures, social change can affect the informal and formal care that older people receive (Holmes & Holmes 1995).

Health

While health is usually the most important consideration for a good old age in developed countries, at least one comparative study has found that in developing countries concerns about having enough to eat, material security and the presence of kin who work together to take care of one another are more important than health (Fry et al. 1997). It is, therefore, important to take account of the economic context and culture of older people in drawing conclusions about their situations.

The social norm in South Asia is for older people to be taken care of by their adult sons, which is reinforced by religious teachings and by social pressures. However, it is said that this pattern is being eroded as a result of economic hardship and the greater proportion of nuclear households (Bagchi 1996). It has been claimed that "Even with the cultural practice favourable to them, there are numerous instances of neglect, abuse and abandonment of elderly parents and relatives," (Bagchi 1996, p.155).

Older people in rural India suffer more ill-health than those in urban areas; they experience more chronic health conditions, greater impairment and more functional limitations (Prakash 1990, Kumar 1996b, Kumar et al. 2001). More

than 50% of rural people have a vision problem and 45% have difficulty walking (Prakash 1998, 1999). Older people in India also suffer from memory problems and loneliness (Ramnath 2000). A high proportion suffers from hearing loss (60%) (Kumar et al. 2001). Loneliness is due mostly to the death of a spouse, feeling neglected by children or not being able to live with children (Vijayakumar 1995). In rural India, there are many physical and emotional problems among older people (Rao 1992) and living in a joint household does not guarantee positive mental health, nor does living alone mean social isolation (Misra 1987). It is possible to live in a joint household and be unhappy or to live alone and be content.

Approximately 50% of older people in rural India and 54% in urban India are economically dependent on others (Kohli & Chopra 1995). Those who retire from government service and working for private companies receive pensions and other retirement benefits. The majority who work in the unorganised sector do not. There is a social assistance scheme provided by the government, but many who might eligible do not receive any social assistance (Khan & Kaushlik 1999).

The establishment old people's homes is a recent development in India but this trend has progressed quickly in urban areas (Bagchi 1996, Rao 2000). Similarly, homes have been founded in wealthier rural communities. On the death of one spouse, it has been observed that adult children either leave their surviving parent to cope alone or admit them to an old age home (Premalatha 2000), although this is likely to be common only for those who live at a distance. Socio-economic and demographic factors have a substantial influence on whether or not an older person will seek admittance to a home (Rao 2000). Older persons living institutionalised care have been found to suffer more from loneliness and depression, which has been attributed to reduced social relations and alienation (Kanwar & Chada 1998).

Social integration and emotional well-being

Leisure activities of older people in India include visits to places of worship, visiting relatives, friends and neighbours, attending local community events, taking morning and evening walks, household chores, games, caring for grandchildren, volunteering, listening to the radio, writing letters and taking short naps during the day (Kanwar & Chadha 1997, Chadha & Easwarramoorthy 2001). Older people mostly engage in solitary activities (Raju 2000, Chadha & Easwaramoorthy 2001). Attendance at places of religious observance serves as the context for social interaction, increasing contacts and reducing social isolation. With increasing age, visiting and other activities which demand mobility decrease in frequency (Kasthoori 1996).

Contacts with family, friends and neighbours are important for well-being of older people (Kanwar & Chadha 1998). The roles that older people retain in the family such as caring for grandchildren and cooking, for example, help to maintain morale (Kasthoori 1996).

The bonds with children, spouse, relatives, neighbours and friends are said to become stronger with age. These ties have been thought to contribute to fear

of death as the person does not want to sever firm ties (Bhatnagar 2001). In Indian culture, particularly for Hindus, death in old age is more acceptable than at earlier ages. It is not a matter of taboo or avoidance. It is important for a dying person to receive visits from relatives and friends who will not be seen again (Dhillion 1996).

Preparation for death is a gradual process throughout life involving observation of *dharma* (religious, social and ethnical behaviour), *karma* (good deeds) and *moksa* (detachment from the world and turning to inner liberation) (Firth 1997). A good death, *su-mryta*, according to the Hindu Vedas, is the death which occurs in old age, having seen grandchildren and great-grandchildren, leaving behind a reputation of good deeds, saying goodbye to family, relatives and friends, giving up land and money and taking the name of God (Ravindran 2000). Death rituals continue for 12-13 days.

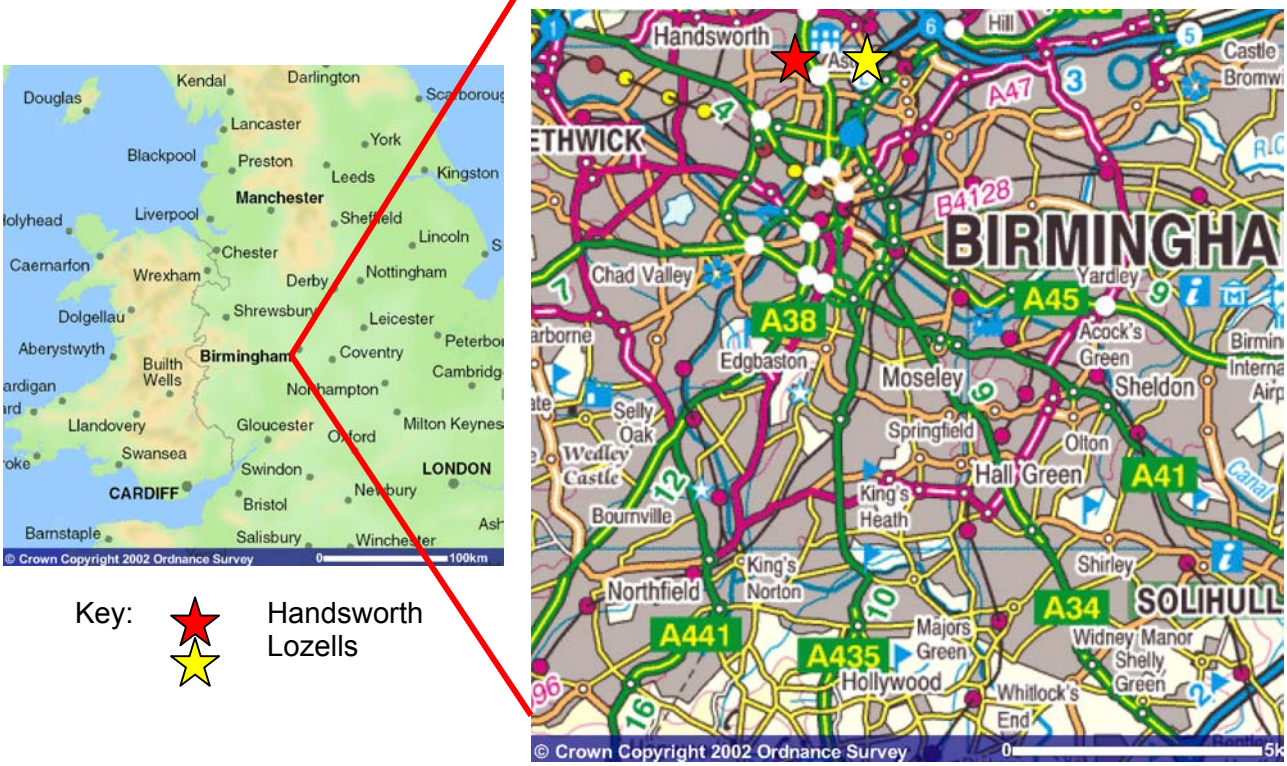
METHODOLOGY

The Study Areas

The UK

The UK sample was drawn from Gujarati, Punjabi and Sylheti elders Birmingham in the West Midlands, which has high concentrations of South Asians. Punjabi respondents were selected from Handsworth and Lozells (Figure 1), Sylheti respondents were drawn from Aston and Alum Rock (Figure 2), and Gujarati respondents were selected from Sparkhill and Highgate (Figure 3).

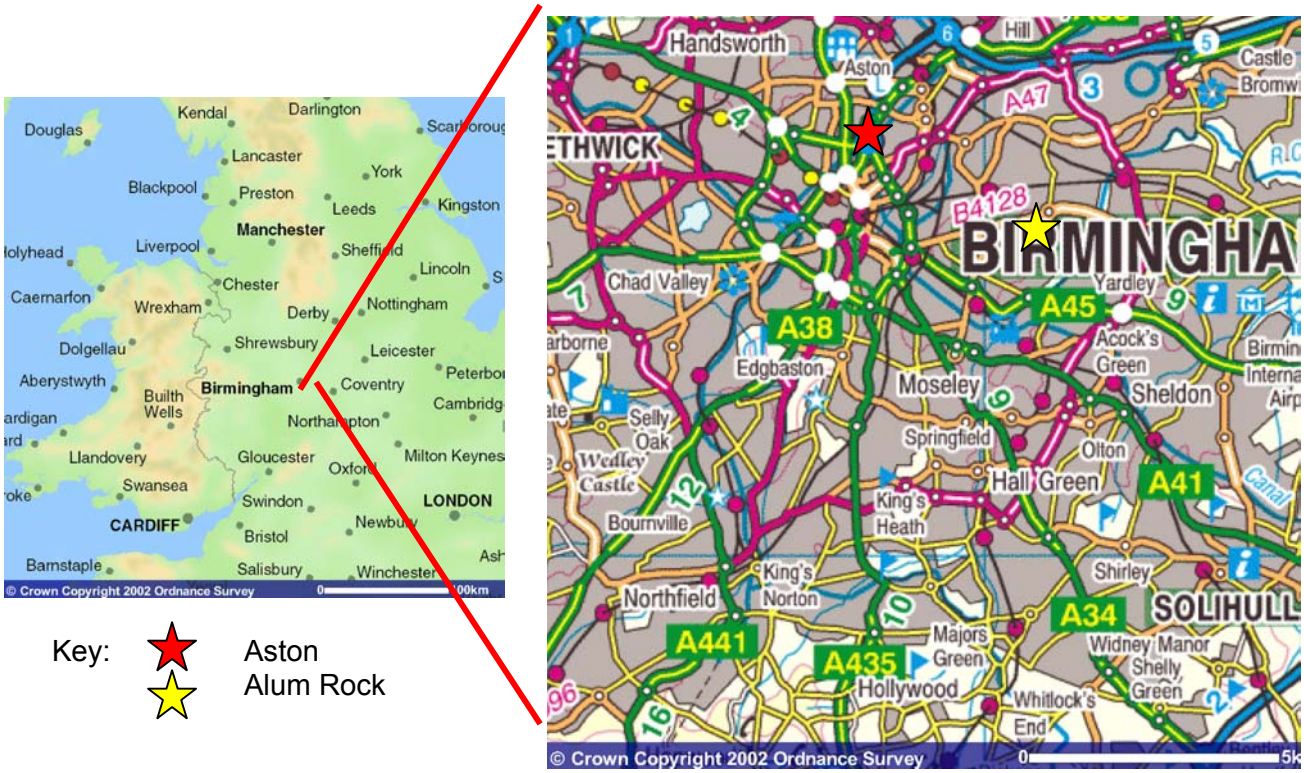
Figure 1. Map of Birmingham showing areas of Punjabi Settlement



Key: Handsworth
Lozells

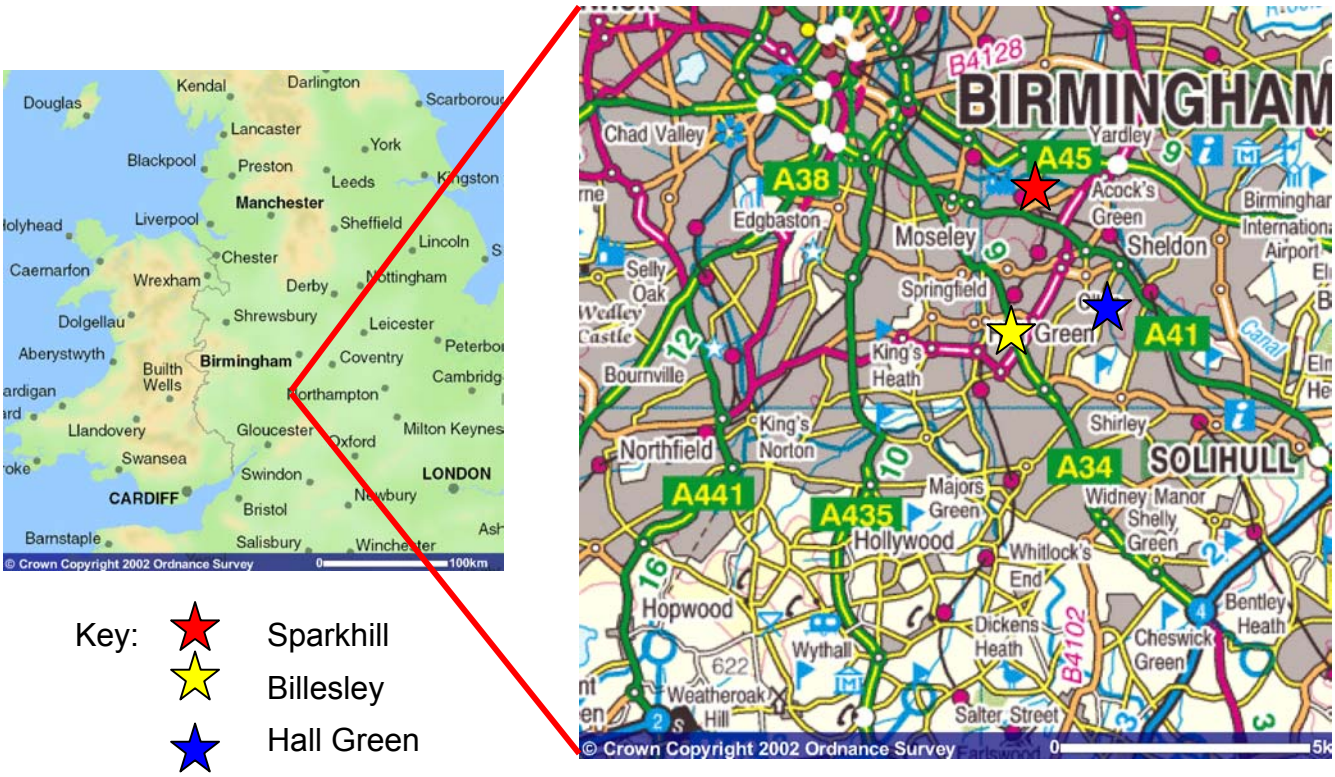
Reproduced from Ordnance Survey map data by permission of Ordnance Survey, © Crown copyright.

Figure 2. Map of Birmingham showing areas of Sylheti Settlement



Reproduced from Ordnance Survey map data by permission of Ordnance Survey, © Crown copyright.

Figure 3. Map of Birmingham showing areas of Gujarati Settlement



Reproduced from Ordnance Survey map data by permission of Ordnance Survey, © Crown copyright.

South Asia

In the sub-continent the samples were drawn from villages in Gujarat and Punjab in India and Sylhet in Bangladesh identified by our Asian colleagues as primary sources of migration to the UK. Gujarat is the most western state in India. Situated on the coast, it covers 196,000 square kilometres and has a population of approximately 42 million. Two-thirds of the population is engaged in agriculture but it is also the most industrialised state in India. Within Gujarat, our respondents came from the Kheda district. The State of Punjab is in northwest India, covering 50,000 square kilometres, with a population of more than 20 million. Agriculture is the main occupation and forms the backbone of the state economy. In Punjab, the studies communities were from Jalandhar district. Sylhet is situated in the northeast of Bangladesh and is the hilliest and the richest part of the country. It is a major tea producing area. It covers a total area of 144,000 square kilometres, with a population of approximately 2 million. The study community is in Golapganj Upazilla in Sylhet Sadar District.

Figure 4. Maps of India showing areas of Gujarati and Punjabi samples

Figure 5. Map of Bangladesh showing area of Sylheti sample

The UK Study Communities

All the UK study communities are in the City of Birmingham.

Handsworth is approximately 4 kilometres north of the City Centre. It is an inner city ward of mainly pre-1919 owner occupied and privately rented dwellings but with significant pockets of post-war council redevelopment and housing association accommodation. Over half the residents belong to ethnic minority groups

Handsworth has been the focus of racial tensions and discontent. In September 1985 this escalated. Blanket raids on black and Asian meeting places were conducted and a "stop and search" policy increased tension between the police and ethnic minority groups, which spiralled into full-scale riots. However, after the Handsworth riots members of the community worked together with local authorities to rebuild community relations (Birmingham City Council 2002).

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 included 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 6. Housing Association accommodation for Bangladeshi widows in Birmingham.

Sparkhill is situated approximately 4 kilometres south-east of the City Centre and is a typical inner city area (Birmingham City Council 2002). It is a ward of mainly older owner occupier and privately rented terraced housing and a significant amount of housing association accommodation. The population consists mainly of minority ethnic groups, who live in a deprived district which is characterised by high unemployment and a poor quality environment. The area has been granted £30 million of UK and EU funds for urban regeneration (Birmingham City Council 2002). The resident population of Sparkhill in mid-1998 was 29,800 people. Over one-tenth (12%) were aged 60 and over (National Statistics Online 2002a).

Hall Green is situated on the southeast boundary of the City approximately 7 kilometres south-east of the City Centre. It is a suburban ward of mainly inter-war owner-occupied family housing. It has a predominantly white population with a slightly older age profile than the City as a whole. The resident population of Hall Green in mid 1998 was 26,200 people. Over one-fifth (21%) were aged 60 and over (National Statistics Online 2002b).

Billesley is also situated on the southern boundary of the City, approximately 7 kilometres south of the City Centre. It has a similar profile to Hall Green, in that is a suburban ward of mainly inter-war and post-war family housing with a predominantly white population. The resident population of Billesley in mid 1998 was 27,600 people. Over a fifth (21%) were aged 60 and over (National Statistics Online 2002c).

Figure 7. Typical private residences of Gujaratis in Birmingham.

The South Asian Study Communities

Communities in South Asia are defined as rural villages if the main occupation of the people is agriculture. In India 75% of the population (Kumar et al. 2001) and in Bangladesh 90% (Hartmann & Boyce 1998) of the population live in villages. Some of these villages can be quite large. All the study communities fall into this rural village definition.

Figure 8. Migrant house in India

The **Gujarat** study communities were selected in the Kheda district. Four study communities were selected.
Alindra (population 3,750), ***Dharmaj*** (population 10,800), ***Mahlav*** (population 10,500) and ***Sojitra*** (population 16,750). Housing, built in traditional architectural styles, ranges from substantial stucco houses built of concrete blocks to, in poorer villages, small huts built of dung, dry grass and mud, depending on the socio-economic status of the residents. The houses of the wealthy have bathrooms and kitchens. All the villages have some paved roads, public transport by bus and for two villages railway and electricity for those who can afford to pay. Water supplies differ between villages.

In Alindra, the smallest village, water comes from a large well; Dharmaj has piped water to all households; Mehlav has piped water to some households and the rest rely on ponds and wells; and, in Sojitra, the largest village, piped water is rationed with sweet drinking water available in the mornings and salty water available in the evenings. All the villages have educational facilities and some medical services.

Figure 9. Non-migrant household in India

In **Punjab**, the study communities consist of two villages, ***Bilga*** (population ca. 20,000) and ***Bhanoke*** (population ca. 6,000). The houses are made of bricks and cement mortar with roofs of reinforced concrete. Most of the roads are paved and there is a public transport system of buses. In Bilga, most of the houses have their own supply of drinking water and in Bhanoke drinking water is available from pumps or a communal tap. The villages are joined to the state electricity system and use bottled gas for cooking. Both villages have health care facilities and schools.

Figure 10. A typical house in Sylhet

In ***Sylhet, the study area*** was comprised of one village, Bhadeswar. This is a migrant village in Golapganj Upazilla in Sylhet Sadar District. The village is situated near the Kura River. It is a traditional village in a clustered settlement. Houses are built on *tillas* (small hills). Most of the residents have lived in the village since their childhood.

The village has a paved road, electricity and other civic facilities such as a community centre. There is a primary school, secondary school and college. The village also has a health centre. There is a tube well which provides drinking water, but there is no sewage or drainage system. The surrounding area is covered with tillas, hills and forest.

Figure 11. A poor household in Sylhet

Sampling

It was intended that the samples for this project would include people aged 55 and over. The age limit was set lower than has been used in previous studies of older people in the United Kingdom, because of the shorter life expectancy in South Asia (in 1998: 63 in India; 59 in Bangladesh) and the relative youth of the immigrant population in the United Kingdom (World Bank Group 2001). We interviewed comparable samples of 303 elders in the UK and 300 in Asia. The UK sample included 103 Gujaratis, 100 Punjabis and 100 Sylhetis. In South Asia, 100 each of Gujaratis, Indian Punjabis and Sylhetis were interviewed. The Sylheti sample included a few respondents below the target age (between 42 and 54 years of age). These respondents are included in the analyses as the life expectancy in Bangladesh is lower than in India. The total sample of 603 was stratified 50:50 by gender.

In the UK, the sample of elders was drawn via local ethnic 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 lists from the ethnic associations a 'snowball' technique was also used. This technique has been successfully used to identify an ethnic minority sample in the *Health and Ethnicity* project previously undertaken in Liverpool (Boneham et al. 1997). In the past, the use of General Practitioner patient lists as a sampling frame has resulted in an under-representation of minority ethnic groups in a population sample (Saunders et al. 1993). Therefore, access to minority groups via ethnic associations and in conjunction with the 'snowball' technique was likely to be more successful than using GP patient lists.

In South Asia, the entry point to the villages was decided by the Principal Investigators with local knowledge of the areas. This was generally through village leaders e.g. *Sarpunch* in Gujarat, *Mehatba*r in Punjab and *Matbor* in Sylhet.

A household census was taken in the selected areas in South Asia from which a random population sample was drawn from ***all*** households containing an older person in the selected communities (regardless of class, caste or migration status of household). This was to ensure that the sample was representative of the social structure in the area and would include older people whose children have emigrated overseas or migrated within the region. Unfortunately, the Sylheti sample included only members of migrating families.

Previously studies in South Asia and of immigrants from some of these countries have had difficulties in achieving adequate representation of women (Burholt et al. 2000). This is because of cultural constraints arising from the seclusion of women and the role of men as head of household in some groups. In order to overcome this problem gender-matched interviewing was undertaken in Sylhet.

The Questionnaires

The interview schedule was written in English by the Project Co-ordinator and the UK Principal Investigator based on a schedule that 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 Punjabi, Gujarati and Sylheti by one translator (for each language) and then translated back into English by a second translator (for each language). Disagreements were then discussed and best forms negotiated and agreed. The interview schedules used were printed in the appropriate language and script. Although questionnaires were available in the various languages, none of the UK interviewers could read the scripts. In order to overcome this difficulty, interviewers translated the questionnaire from English into the appropriate language 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.

Interviews and interviewers

In the UK, interviewers were recruited from within the target ethnic groups in Birmingham and were native speakers of the necessary languages. They were trained by the UK 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 the 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 and were using the same form in translation.

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

In the UK, 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, interviews were conducted in a private room.

Interviews were conducted in the respondent's first language (Gujarati, Hindi, Punjabi, Urdu or Bangla) between Jan 2001 and May 2002.

In South Asia, colleagues from local universities trained interviewers in accordance with the guidelines issued by the UK research team.

Intervening problems

In the UK, at first there was widespread reluctance by service-providers to allow access to clients. It emerged that much of this was to do with the workers' dissatisfaction with their employers and employment. To circumnavigate these barriers, time was spent listening to employees and providing them with free 'counselling' sessions so that they would reciprocate by allowing access to elders.

Building a rapport is a crucial part of undertaking research. Although the interviewers belonged to the minority groups under investigation, this did not always facilitate the process. Some elders expected the interviewers to understand their *specific* cultural and religious traditions. In instances where the interviewers were not aware of particular cultural traditions, some interviewees would become irritated. Strategies were adopted by interviewers to prevent confrontations. Discussions were held with the interviewers that covered the main issues of potential contention. Despite this precaution, interviewers and researchers were occasionally subject to inter-ethnic hostilities.

The project was also affected by events in South Asia. On 26th January 2002 an earthquake measuring 7.9 on the Richter scale struck Kutchchh in the North-West of Gujarat. The epicentre of the earthquake was located thirteen miles North-East of Bhuj in Gujarat. The tremors of the earthquake were felt as far a field as Pakistan, Nepal and Bangladesh. The earthquake was the largest registered earthquake in India since August 1950. It was estimated that as many as 100,000 people were killed and 200,000 injured and reports suggested that 500,000 people were made homeless. The official reports from the Government of India placed the death toll at 6,444 and the number of injured at 16,767. Colleagues in Baroda, Gujarat, were safe, and the areas where we were conducting research escaped relatively unscathed.

Figure 12. Destruction cause by earthquake in Gujarat

Although the areas in which we had interviewing had not been directly affected by the earthquake, the psychological status of older people had been affected. It was difficult for the interviewers to approach older people who were worried about relatives in other areas. In the UK, many Gujarati elders were also worried about their relatives living in India. Interviewing had to be temporarily suspended in both countries.

In Sylhet, delays at the start of the project led to interviewing carrying over into the rainy season and interviewing had to be suspended for a while because the study area was not accessible to the interviewers.

Data Analyses

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

In this report, comparisons are made between South Asians living in the UK and South Asia (e.g. the situation of Gujaratis in Birmingham is compared with the situation of Gujaratis in South Asia). In addition, some of the analyses compare genders within each sample (e.g. the situation of male Gujaratis in Birmingham is compared with the situation of female Gujaratis in Birmingham). For some of the variables, the differences between the three ethnic groups in South Asia and in the UK are compared. Pearson chi-square test is used to determine whether there are significant differences between the samples. McNemar's test (chi-square test of related samples) is used to compare the intercontinental contacts between relatives. Respondents with missing data for each variable were filtered out of the analyses.

The samples in this study cannot be treated as representative of *population distribution* due the gender stratification. Despite the stratification of the sample, however, we believe that the data presented here are representative of the situation of older Gujaratis, Punjabis and Sylhetis in Birmingham and South Asia. In this report, the data are discussed in the text and tables giving all figures are presented in the Appendix.

FINDINGS

I. DEMOGRAPHIC CHARACTERISTICS

It is important to look at the characteristics of the samples and to compare the different groups in both the UK and in the sending communities. Research in the USA has noted that there is diversity within each ethnic group as well as between ethnic groups and notes that such diversity increases over the course of residence in the host country (Yee 1990).

Age Distribution

Table 1 shows the age distribution of the samples. In the UK, the mean age for Gujaratis was 66.5 (standard deviation (s.d.) 8.1), for Punjabis 68.4 (s.d. 8.5) and for Sylhetis 64.5 (s.d. 6.2). The mean ages respectively in South Asia were 68.9 (s.d. 8.1) for Gujaratis, 68.7 (s.d. 6.4) for Punjabis, and 67.4 (s.d. 13.0) for Sylhetis. There are significant differences between the distribution in age groups between the UK and South Asia for Punjabis and Sylhetis, but not for Gujaratis.

There are significantly more Punjabi immigrants in the youngest age group (55-59) than in the South Asian sample. The Sylheti situation is somewhat different as the Asian Sylheti sample includes some respondents below the target age (between 42 and 54 years of age). However, there are also other differences between the UK and Asian samples: there are more Sylheti immigrants in the 60-64 age group, than in the South Asian sample, and conversely more South Asian Sylhetis than UK Sylhetis in the oldest age group (75+). The age distribution of the UK Sylheti sample 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

Table 2 shows marital status for each of the ethnic groups. Compared with the indigenous population of the United Kingdom, very few South Asians in the UK never married, separated or divorced. However, separation and divorce are most marked among Gujaratis in the UK (10%). There are no significant differences in marital status between countries for Gujaratis or Punjabis. In both countries almost all have been married: over half are still married and approximately one-third are widowed. Very few Gujaratis or Punjabis, in South Asia or the UK have remained unmarried or are divorced or separated. Most men are still married and more women are widowed.

There are significant differences in marital status between Sylhetis living in the UK and South Asia. Although almost all have been married, a greater proportion of Sylhetis in the UK are currently married (82% vs. 56%), and conversely a greater proportion of Sylhetis in South Asia are widowed (42% vs. 16%). The differences in marital status reflect the greater proportion of the South Asian Sylheti sample aged 75 or more.

Table 3 shows the mean age of marriage (for first marriages) and the length of marriage (for the last or current marriage) for all ethnic groups. In the UK, the Punjabis married at younger ages and as a result have marriages of longer duration than the other two groups. However, in South Asia although Gujaratis married at younger ages than the other groups, the average length of marriage is not longer than Punjabis or Sylhetis. This probably reflects the greater proportion of South Asian Gujaratis in the 55-59 age group compared with the other two South Asian groups. It is worth noting that the average age of marriage for Gujaratis and Sylhetis in South Asia is lower than in the UK. On the other hand, the average age of marriage for Punjabis in the UK is two years lower than their South Asian counterparts.

Household Composition

When we come to consider household composition, there are significant differences between Gujaratis and Punjabis living in the UK and those living in India but no difference between Sylhetis in the two countries (Table 4).

Around one-half (49%) of Gujaratis and two-thirds (67%) of Punjabis in India live in a 3 or 4 generation household. Nearly one-quarter of both groups (24% and 23% respectively) live in 2-generation households. Nearly equal proportions of Sylhetis in Bangladesh live in 2-generation or 3-4 generation households (49% and 45% respectively). In South Asia, nearly three-quarters (73%) of Gujaratis, 90% of Punjabis and 94% of Sylhetis live in households of more than one generation.

Although Gujaratis and Punjabis in South Asia are most likely to live in a 3-4 generation household, this is not the case in the UK. For both Gujaratis and Punjabis in the UK the modal type of household is a married couple only. The proportion of respondents living with spouses or partners only was significantly higher in the UK than in South Asia (Gujaratis 30% vs. 14%; Punjabis 37% vs. 6%).

Although similar proportions of both ethnic groups in India and the UK live in 2-generation households, nearly three times as many respondents in the UK live alone. Twenty-six percent of Gujaratis in the UK lived alone, compared with only 9% in India, and 14% of Punjabis in the UK lived alone compared with only 4% in India. More than half (56%) of the Gujaratis in the UK live either alone or with a spouse only, compared with less than one quarter (23%) in India. A similar, though more marked pattern is observed for the Punjabis. In the UK, more than half (51%) of the Punjabis also live alone or with a spouse only, compared with 10% in India.

For the Sylhetis, there is no significant difference between those in Bangladesh and those in the UK. Most Sylhetis live in households of more than one generation; 94% live in such households in Bangladesh and 91% in the UK. In Sylhet only one person lived alone and three with a spouse only. None lived alone in the UK and only nine lived with a spouse only.

In South Asia, Gujaratis are more likely to live alone or with a spouse only than the other two groups. Punjabis are more likely to live in a 3-4 generation

household than other groups, and Sylhetis are more likely to live in a 2-generation household than other groups. In the UK, Gujaratis are more likely to live alone than other groups. Punjabis are more likely to live with a spouse than the other groups and Sylhetis are more likely to live in a multi-generation household than other groups.

The data demonstrate a wide range of household sizes. Table 5 shows that, in both India and the UK, Gujaratis have the smallest households (in terms of number of residents) and Sylhetis have the largest. For all groups, mean household size is larger in South Asia than in the UK. Although there are significant differences between the sizes of household for Gujaratis and Punjabis in the UK and South Asia, there are no significant differences between the household sizes of Sylhetis. Reflecting the household composition noted above, Gujaratis and Punjabis in the UK are more likely to live in one or two person households than respondents in India, and conversely, Gujaratis and Punjabis in India are more likely to live in households of five or more people than those in the UK.

In both the UK and Bangladesh, three-quarters (75% vs. 74%) of the Sylheti respondents live in households of more than five people. However, collapsing the categorical data does mean that the differences between the size of households of Sylhetis living in the UK and Bangladesh are hidden. The mean household size in Bangladesh is 7.4 compared to 5.9 in the UK. The largest household size in the Sylheti sample in the UK is 10, whereas 27% of the sample in Bangladesh lived in households with more than ten members (maximum 26).

Home Ownership and Duration of Residence

Table 6 shows the tenure of the home occupied by the respondents. A majority of each group in South Asia and the UK own their own houses. There are significant differences in tenure between Gujaratis in South Asia and the UK and between Sylhetis in Bangladesh and the UK. On the other hand, similar proportions of Punjabis in the UK and India are living in their own homes (72% vs. 85%), in their child's home (20% vs. 10%); in rented accommodation or other living arrangement (7% vs. 5%).

Gujaratis in the UK are more likely than those in India to live in rented accommodation (22% vs. 4%). Conversely, more Gujaratis in India have 'other' living arrangements (26% vs. 6%). A majority of these living arrangements are living with relatives (other than children or children-in-law).

Nearly twice as many Sylhetis in Bangladesh than in the UK are home-owners (85% vs. 44%). The lower levels of home-ownership for Sylhetis in the UK are reflected in other styles of tenure that are not apparent in Bangladesh. Whereas nearly one-quarter of Sylhetis in the UK live in rented accommodation (24%) and 14% live in other tenures (mainly with relatives other than children) none of those living in Bangladesh have these living arrangements.

A majority of all groups have lived in their current homes for longer than 11 years (Table 7). However there are significant differences in length of residence for Gujaratis and Punjabis. Whereas only one-tenth (11%) of Gujaratis in India have lived in their houses for less than 11 years, nearly two-fifths (39%) of Gujaratis in the UK have been living in their current properties for this length of time. Likewise, only 4% of Punjabis in India have lived in their houses for less than 11 years compared with over one-third (36%) of Punjabis in the UK.

Religion

Each ethnic group belongs predominantly to one religion (Table 8). The Gujaratis are mostly Hindu, Punjabis are mostly Sikh and Sylhetis are mostly Muslim. However, there are significant differences between the religions of Punjabis living in India and the UK. More Punjabis in India than in the UK are Hindus (31% vs. 9%), and conversely, more Punjabis in the UK than India are Sikhs (88% vs. 65%).

Education and Language

Education is important in terms of social inequalities (Evandrou 2000). Educational attainment is linked to income, health and well-being (Blane et al. 1996). In this respect, it is important to note the differences between the groups in the levels of full-time education.

In the UK Sylhetis are the least likely to have had any full-time education, Gujaratis are more likely than other groups to have had 1-5 years of full-time education, and Punjabis are more likely than the other groups to have had more than 16 years of full time education. However, in South Asia the Punjabi respondents are the least likely to have had any full-time education, Sylhetis are more likely to have had 1-5 years of full time education and Gujaratis are more likely than the other groups to have 6-15 years of education. We can see from these data that Gujaratis in South Asia have had more years of full time education than the other groups, whereas in the UK although there are similar proportions of Punjabis and Gujaratis with more than 6 years of education, Punjabis are more likely to have spent over 16 years in full time education.

Table 9 shows a comparison of the level of full time education between countries for each group. There are significant differences in the level of education for Gujaratis and Punjabis in India and the UK, but Sylhetis have similar levels of education in both countries.

Overall, Gujaratis in the UK have fewer years of education than those in India. Two-fifths of the UK Gujarati sample have 1-5 years of education compared to one-fifth of the Indian sample, however, 70% of the Indian sample have over 6 years of education compared with around half (54%) of the UK Gujarati sample. Significant differences are also observed for Punjabis, however in this instance the UK Punjabi sample have had a longer education than those in India. A larger proportion of Punjabis in India, than in the UK, did not have any full-time education (69% vs. 39%). Conversely, a greater proportion of Punjabis in the UK than in India have had more than 6 years of education

(50% vs. 19%). Nearly one-quarter (23%) of Punjabis in the UK had over 16 years of education compared with only 5% of Punjabis in India.

The language that respondents had been taught in was compared between countries for each group (Table 10). A majority of Gujaratis were taught in Gujarati, however there were significant differences in the language of tuition between countries. More Gujaratis living in India than in the UK had been taught in Gujarati (87% vs. 55%). On the other hand, a greater proportion of Gujaratis living in the UK had been taught in more than one language (24% vs. 7%). In addition, one-fifth of the Gujaratis living in the UK had been taught in English, compared with only 6% of Gujaratis living in India.

Although 18% of the Punjabis in the UK had been taught in English, compared with 3% in India, the differences between the countries in the language of tuition was not significant. Two-fifths of Punjabis in India, and one half of those in the UK had been taught in Punjabi. However, there were significant differences in the language of tuition for Sylhetis living in the UK and those living in Bangladesh. All of the respondents in Bangladesh had been taught in Bangla, whereas 12% of the Sylhetis in the UK had been taught in more than one language.

There are very few respondents in all groups who had undertaken part time education, therefore the variable was collapsed to represent participation in part time education versus no part time education. Table 11 shows that there are significant differences between countries for all groups. A greater proportion of UK respondents than South Asian respondents in each group have undertaken part-time education.

Table 12 shows the proportion of each group that speaks English. Not surprisingly, more of each group living in the UK speak English than those living in South Asia. There are significant differences between the groups living in South Asia: three times as many Gujaratis are able to speak English as Punjabis or Sylhetis ($P<.001$). Likewise, there are significant differences between the groups living in the UK in ability to speak English. Whereas 68% of Gujaratis speak English, only 46% of Punjabis and 55% of Sylhetis are able to speak the language ($P<.005$). An examination of the difference between genders in the ability to speak English for each of the groups living in the UK is discussed in Chapter II.

Occupation

Respondents were asked if they currently work for money. Significant differences are observed between countries for Gujaratis and Punjabis but not for Sylhetis. More Gujaratis and Punjabis in India are working for money than their UK counterparts (Table 13). To a certain extent this may be affected by the enforcement of a compulsory retirement age in the UK or by the availability of state pensions in the UK. For those who still work, the longest average working week is undertaken by Gujaratis in India and Punjabis in the UK.

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 14). In these 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. For analyses between countries, the highest classification of the married couple is used (i.e. spouses' occupational classification is used if higher than the respondents). Analyses of differences in occupation and skill level between men and women use the classification of the respondent.

There are significant differences in the types of occupation that were or are currently undertaken in each country (Table 15). For Gujaratis, more of those living in India had jobs in Group 1 and were typically farm managers. In addition, more Gujaratis in India had Group 9 occupations and were typically housewives or small-scale subsistence farmers or farm labourers. This represents the extreme in status differentiation. Gujaratis in the UK are more likely than those in India to have jobs classified as Group 7 or Group 8 occupations. UK Gujaratis in these groups typically worked as carpenters, tailors, mechanics, drivers (Group 7), machine operators or assemblers in a factory (Group 8). The modal occupational status in Punjab is Group 9, unskilled labourers and for Punjabis in the UK 7 and 8. The modal occupational group for Sylhetis in Bangladesh is Group 9 and in the UK Group 8.

The differences between occupations in the countries are reflected in the significant differences observed in skill levels (Table 16). Over one-third (36%) of Gujaratis in India have low skill levels (Level 1) compared with only 7% in the UK. On the other hand, over two-thirds in the UK have level 2 skills (represented by the greater proportion of respondents in Group 7 and 8 occupations) and a further 25% have skills classified at levels 3 and 4.

Given the high proportion of women who are housewives, there are significant differences between the skill levels of men and women. In India and the UK women are more likely than men to have level 1 skills (India: 86% vs. 24%; UK: 63% vs. 13%). Although differences are observed between men and women, there are no significant differences between the skill levels of Gujarati women in India and the UK.

The largest proportion of Punjabis in India had jobs classified in Group 9 and these were typically housewives and farm or day labourers. In the UK, Punjabis are more likely than those in India to have had Group 1 or 2 occupations (typically teachers) and Group 7 or 8 occupations. Those in Group 7 jobs typically worked as carpenters or mechanics and those in Group

8 worked in foundries, in factories as machine operators or as sewing machinists. The higher proportion of Group 1 or 2 occupations in the UK probably reflects the higher level of education (see above) for UK Punjabis. Once again, the differences in occupation are reflected in the significant differences in skill levels between the countries. Nearly two-thirds of Punjabis in India have skills classified at level 1, whereas 71% of Punjabis in the UK have level 2 skills and over one-fifth (21%) have level 4 skills.

As with Gujaratis, there are significant differences in the skill levels of men and women. In India, nearly all (98%) of the women have level 1 skills compared with only half (54%) of the men. In the UK, nearly two-thirds (63%) of women have skills at level 1 compared with under one-tenth (9%) of men. There are significant differences between skill levels of Punjabi women in India and the UK. More women in India have level 1 skills and more women in the UK have level 2 skills that reflect the higher proportion of women in the UK engaged in employment outside of the home.

Figure 13. Fishermen's boats in Bangladesh.

Sylhetis in Bangladesh are more likely to have had Group 9 occupations. These were typically housewives, farm labourers or fishermen. However, those in Bangladesh are also more likely that those in the UK to have had Group 3 occupations which were typically inspectors and engineers in the agricultural and health sectors. Sylhetis in the UK are more likely than those in Bangladesh to have had Group 5 and Group 8 occupations. Although Group 8 occupations in the UK were similar to the others noted above, that is factory workers and machine operators. Respondents with Group 5 occupations tended to be chefs, waiters and kitchen assistants in restaurants. These findings demonstrate the importance of the catering industry for Sylhetis in the UK. The distribution of skill levels of Sylhetis shows that nearly three-quarters of those in Bangladesh have low-level skills (Level 1) and nearly the same proportion in the UK had occupations demanding skills at level 2. Interestingly, none of the UK respondents were classified with skills higher than level 2, whereas a significant proportion of South Asian Sylhetis had occupations requiring a higher level of skill.

Differences are also observed between the skill levels of Sylheti men and women. More Sylheti women in Bangladesh and the UK have level 1 skills (Bangladesh: 10% vs. 73%; UK: 98% vs. 31%). There are no significant differences between the skill levels of Sylheti women in South Asia and the

UK as the figures show that nearly all of them are housewives who do not work outside the home.

There are significant differences in skill levels between the groups in South Asia, a greater proportion of Sylhetis have low-level skills (Level 1), whereas Gujaratis are more likely than other groups to have skills classified as level 2 or 4. In the UK too, there are differences between the groups. Sylhetis are more likely to have level 1 skills, Gujaratis are more likely to have level 3 skills and Punjabis tend to be more skilled than the other groups, as over one-fifth (21%) have level 4 skills.

Overall, South Asian groups have proportionally more people with lower skill levels, representing the higher proportion of people that are or have been engaged in rudimentary occupations, such as farm labouring. However, Sylhetis in Bangladesh are more skilled than those in the UK. Overall, the greater proportion of UK respondents with class 2 skill levels demonstrates the high proportions of South Asians engaged in factory work and skilled trades occupations. More Punjabi women in the UK have level 2 skills, reflecting the greater likelihood of engagement in labour outside the home than their South Asian counterparts. It should be borne in mind that the analyses of skill levels exclude people in major Group 1, i.e. managers and senior officials. The findings show that Gujaratis in India are more likely that those in the UK to have Group 1 occupations.

Figure 14. Elementary occupation in Bangladesh: Planting paddy fields

Health

Table 17 shows the distribution of self-assessed health between countries for each of the groups. There are significant differences in self assessed health between countries for each of the groups. Gujaratis living in the UK are less likely to report good or excellent health than those living in India (7% vs. 33%). Conversely, over one-quarter (28%) of Gujaratis in the UK report poor health compared with only one-tenth (10%) living in India. Similarly, Punjabis living in India also report better health than those living in the UK. Nearly three-fifths of Punjabis in India say that their health is all right compared with two-fifths (41%) of those in the UK. On the other hand, nearly one-half (49%) of Sylhetis in the UK say that their health is all right compared with only one-third in Bangladesh. Accordingly, nearly one-third of Sylhetis in South Asia report poor health compared with only 14% in the UK.

These findings are easier to understand when one considers the reports of limiting illnesses (Table 18). Gujaratis living in India are less likely to report a limiting illness than those living in the UK (43% vs. 62%), which helps to explain why Gujaratis in India are more likely to assess their own health as good or excellent. Around one-quarter (25%) of Sylhetis in the UK report a limiting illness compared with over one–half in Bangladesh. Again, this explains the differences in self-assessed health between Sylhetis in both countries. There are no significant differences between the incidence of limiting illness for Punjabis in the UK and India, less than one-third of both groups report a limiting illness (32% vs. 24%).

Support networks

Support networks are made up of different configurations of relationships and represent the matrix of sources of social, emotional and instrumental support and help available. Support networks were measured and support network type identified using the Wenger Support Network Typology (Wenger 1991). This 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 European countries, identifies five types of support networks based on: the availability of local kin, frequency of face-to-face interaction with family, friends and neighbours and community integration (Wenger 1989). The network types are briefly described in Figure 15.

Figure 15. The Support Network Typology

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.

More than three-quarters of all respondents have either family dependent or locally integrated networks. These are the two network types that have been identified as providing the highest levels of informal care. We would expect, therefore, that high proportions will be found to receive most informal help and support from family members. The distributions of network types for each of the ethnic groups in this study are only significantly different in the UK and

South Asia for the Punjabis (Table 19). Punjabis in the UK are four times more likely to have wider community focused support networks than those in the Punjab.

Summary

It can be seen that there are significant differences and similarities between older immigrants in the UK and older people in South Asia. Figure 16 shows the differences between the UK and South Asian samples for each of the three ethnic groups. It can be seen that there are statistically significant differences between Gujaratis in the UK and in Gujarat on ten demographic variables. Punjabis in the two continents differ on twelve variables. The Sylheti immigrants in the UK are more similar to their counterparts in Sylhet showing differences on only seven out of fourteen variables.

Figure 16. Summary of demographic characteristics for all groups showing statistically significant differences between UK and South Asia

	Gujaratis	Punjabis	Sylhetis
Age groups	ns	*	*
Marital status	ns	ns	*
Household composition	*	*	ns
Household size	*	*	ns[2]
Tenure	*	ns	*
Duration of residence	*	*	ns
Religion	ns	*	ns
Full time education	*	*	ns
Speak English	*	*	*
Working	*	*	ns
Occupational skill level	*	*	*
Self Assessed health	*	*	*
Limiting illness	*	*	*
Support network type	ns	*	ns

[2] Collapsing the categorical data means that the differences between the size of households of Sylhetis living in the UK and Bangladesh are hidden (see note in text.).

II: MIGRATION

INTRODUCTION

This chapter is divided into three sections. The first section examines the migration histories of Gujaratis, Punjabis and Sylhetis in the UK. The second section examines the migration of South Asians ageing in place. The final section of the chapter looks at the impact that migration has on rural areas of South Asia. Summaries of the findings are presented at the end of each section.

MIGRATION HISTORIES OF SOUTH ASIAN MIGRANTS

This section of the report examines the migration histories of the three groups of older South Asian migrants living in the West Midlands: Gujaratis, Punjabis and Sylhetis. We hypothesise that results from the survey will be consistent with the literature and show that:

1. Within each ethnic group older people experience similar migration histories

2. Between ethnic groups the experience of migration differs

The literature also leads us to believe that we will find differences in the migration histories of men and women from Punjab and Sylhet but not from Gujarat. A review of immigration literature suggests that the largest wave of South Asian immigrants to the UK was comprised of single, young males, between 20 and 29 (Carey & Shukur 1985, Dusenbery 1986, Helweg 1986, Gardner 1993). We therefore expect to find that women came to the UK for different reasons, for example to marry, or to be reunited with their husbands. However, we expect the migration experiences of Gujarati men and women to be similar as a majority of this group came to the UK via East Africa as family units (Bhachu 1986). Therefore, we also hypothesise that:

3. There are differences in migration histories between men and women from Punjab and Sylhet.

In order to test the hypotheses, the data are examined to see if there are differences between ethnic groups and between genders in migration histories. The migration history is examined with reference to country of residence prior to moving, the age of respondent when they moved to the UK, the decade of move and the reasons given for moving. Finally the moves that were undertaken in the UK are examined by looking at the county where the migrants first lived, the length of stay in the UK, and the number of subsequent moves within the UK.

Country of residence prior to move

A majority of Punjabis and Sylhetis lived in South Asia prior to moving. 95% of Sylhetis lived in Bangladesh prior to moving to the UK and 77% of Punjabis lived in India before emigration. However, only 37% of Gujaratis were living in India before moving to the UK. Over half (55%) of the Gujaratis lived in Africa prior to the move, with over one-quarter (28%) coming from Kenya and one-tenth (10%) from Uganda. Over one-fifth (21%) of Punjabis also lived in Africa prior to moving to the UK. As with Gujaratis the African countries from which Punjabis emigrated were Kenya (14%) and Uganda (5%).

There are no significant differences between men and women in the country of residence before emigration to the UK. Although not statistically significant, it is probably worth noting that 17% of Gujarati men, but no women, moved to the UK from South Africa.

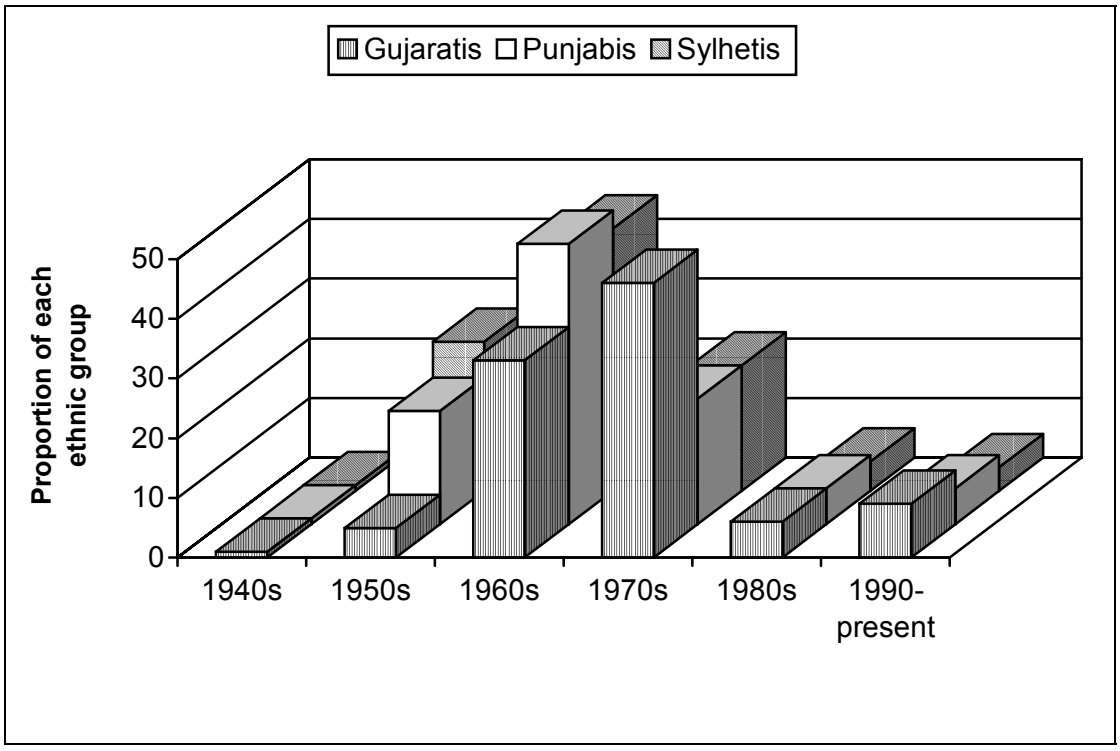
Timing of migration

There are significant differences between ethnic groups regarding the age of the respondent at the time of the move to the UK (P<.001). A majority of Punjabis (63%) and Sylhetis (74%) moved to the UK between the ages of 20 and 39, however, fewer Gujaratis were between these age ranges (42%). Nearly one-quarter (24%) of Gujaratis were aged between 40 and 49 when they moved to the UK compared with one-tenth (10%) of Punjabis and 8% of Sylhetis who moved at this age. On the other hand 13% of Sylhetis moved when they were less than 20 years of age compared with only 8% of Punjabis and 2% of Gujaratis. A greater proportion of Punjabis migrated to the UK when they were over 70 years of age (4%) compared with the other ethnic groups (1% Gujaratis and 0% Sylhetis).

There are no significant gender differences in the age of move to the UK for either Gujaratis or Punjabis (Table 20). However, differences between the age at move for Sylheti men and women are observed (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 of 40 (0% vs. 28%). This would seem to suggest that Sylheti women were coming to join husbands already established in the UK. Subsequently, the average length of time that Sylheti women have lived in the UK is 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.

Figure 17 shows the decade of move for each ethnic group. There are significant differences between the ethnic groups in terms of timing of the move to the UK (P=.001). The major differences between the groups are found in the larger proportion of Sylhetis compared with other groups who moved to the UK in the 1950s (25% compared with 9% Punjabis and 5% of Gujaratis) and the larger proportion of Gujaratis who moved to the UK in the 1970s (44% compared with 21% each of Punjabis and Sylhetis).

Figure17. Decade of move to the UK



There are no difference between men and women in the decade of move to the UK for either Gujaratis or Punjabis. However, significant differences were found between Sylheti men and women (P<.001). Significantly more men than women came to the UK before 1969 (91% vs. 46%). This again corresponds with the notion that Sylheti women came to join husbands who were already established in the UK.

Reasons for migration

The analyses have already shown that the different ethnic groups moved from different areas of the world in different decades. We now examine the reasons given for moving to the UK. Table 21 shows a summary of the top four reasons for moving to the UK given by each group. For both Punjabis and Sylhetis, the most frequently stated reason for moving to the UK was economic motivation or for work (39% and 43% respectively). However, less than one-fifth (19%) of the Gujarati sample give an economic motive for migrating.

The most frequently cited reason for moving to the UK given by one-quarter (24%) of the Gujarati sample was the political Africanisation of labour. A further one-fifth (21%) of Gujaratis note that they moved to the UK to resettle, or that they needed a change. Seventeen of the twenty Gujaratis who responded that they moved to resettle, or because they needed a change were living in an African country prior to coming to the UK[3]. It appears that for

[3] **In one instance this was 2 years prior to coming to UK (via India).**

Gujaratis 'need a change' or 'resettle' may be a euphemism for being compelled to leave Africa. This is also borne out in the language used in the literature describing the exodus of Indians from Africa, which suggests that "for many Asians the major tie to Britain was merely a formal one: the passport which gave them the right to settle" (Kalka 1990). Taking this into account, 42% of the older Gujaratis in this sample may have come to the UK because of political pressures in African countries. In addition, one-tenth of the Punjabi respondents also came to the UK for this reason.

The second most frequently cited reason for moving to the UK for Punjabis and Sylhetis was to join a spouse (22% and 39% respectively). This reason is only given by 2% of Gujaratis. Interestingly, very few respondents moved to the UK to marry (5% Gujaratis; 3% Punjabis; 1% Sylhetis). Most marriages appear to take place in the home country.

Respondents also moved to live with or near a relative. However, a greater proportion of Gujaratis and Punjabis than Sylhetis moved for this reason (18% vs. 12% vs. 4%). This probably reflects the smaller proportion of Sylheti migrants in the 75+ age group compared with the other groups.

There are significant differences between genders in the reasons given for moving to the UK for Gujaratis ($P<.05$). Gujarati men are more likely than women to give political motives for moving (32% vs. 17%). As noted above, 'need a change' or 'resettle' may be euphemisms for being compelled to leave Africa, but this terminology also seems to have a gender dimension as Gujarati women are more likely than men to give this reason (29% vs. 11%). More Gujarati men than women state that they came to the UK for economic reasons (30% vs. 10%) and more women than men came to live with or near a relative (23% vs. 11%). Noticeably, over two-thirds of the women who moved to the UK to live in the proximity of family members are widowed. As more Gujarati women than men are widowed (49% vs. 16%) one could assume that fewer Gujarati men outlived their wives and needed to move to the UK to the proximity of their family for support. Gujarati men are therefore less likely to give this as a reason for relocation.

There are also significant differences in the reasons for moving to the UK for Punjabi men and women ($P<.001$). As for Gujaratis, Punjabi men are more likely than women to say that they moved to the UK for economic reasons (66% vs. 12%). Only Punjabi women say that they came to the UK to join a spouse (43%) and more Punjabi women than men give other[4] reasons for migrating to the UK (27% vs. 11%). Examining the data in more detail the 'other' reasons that women give for moving to the UK are related to marital relationships. Nearly one-fifth (19%) of Punjabi women moved to the UK *with* their spouse and a further 6% moved to the UK to marry.

Male and female Sylheti respondents also give significantly different reasons for moving to the UK ($P<.001$). Only Sylheti men say that they came to the

[4] The category 'Other' comprised of all reasons excluding economic/for work, to join spouse, to live with or near relative and political Africanisation of labour.

UK for work (81%) or as a child with parents (8%). On the other hand, only Sylheti women say that they came to the UK 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 are widowed. As noted above for Gujaratis, more Sylheti women than men are widowed (33% vs. 2%), therefore one could assume that fewer Sylheti men outlive their wives and need to move to the UK in the proximity of their family for support. Therefore, Sylheti men are less likely to give this as a reason for relocation.

Relocation within the UK

Over nine-tenths of Gujaratis and Punjabis in this sample settled in the West Midlands when they arrived in the UK (90% and 91%); but only two-thirds (66%) of the Sylheti sample settled in the West Midlands on arrival. Approximately one-sixth (17%) of Sylhetis 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. 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 and were generally associated with specific types of employment (such as textiles) (Phillips 1998). Although fewer Punjabis and Gujaratis originally settled outside of the West Midlands, it can be seen that Bangladeshis originally settled in other areas of the UK associated with established, concentrated Bangladeshi communities (Phillips 1998).

As noted above, Sylhetis were younger that Gujaratis and Punjabis when they came to the UK. Consequently when the length of stay in the UK is examined for each group, it is not surprising to find that on average the Sylheti population have lived in the UK for longer (35.4 years) than either Gujaratis (29.1 years) or Punjabis (34.2 years). Looking at length of stay in 10-year bands shows significant differences between the ethnic groups ($P<.001$). Gujaratis are more likely than other groups to have lived in the UK for 21-30 years and less likely to have lived in the UK for longer than 40 years. Whereas only 7% of Gujaratis have lived in the UK for over 40 years, 30% of Punjabis and 33% of Sylhetis have lived in the UK for this length of time. Approximately two-fifths of each of these groups have lived in the UK between 31 and 40 years.

The settlement patterns of Sylhetis (outside of the West Midlands) and their younger age at migration may, to a certain extent, explain their patterns of relocation within the UK. The data show that only 14% of Gujaratis and 14% of Punjabis made one or more moves after coming to the UK which is in stark contrast to the Sylheti population. One half of the Sylheti respondents (50%) made one or more moves after coming to the UK, and 18% made 2 or more moves.

It is possible to examine the moves of the 18 Sylheti respondents who had made two or more moves to see if patterns of relocation emerge. The analyses show very clear patterns of relocation, dependent on where the respondent had initially settled and the gender of the respondent. The 18 frequent movers are made up of 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 shows 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) tend to have different patterns of relocation. These men (N=3) all state that moves (within the West Midlands) were for better housing.

The moves that are associated with 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 that is based on cultural and religious ties.

Sylheti women who had moved two or more times give different reasons for relocating from men. This would be expected as a majority of Bangladeshi women in this age group have not have worked outside the home. With the exception of one woman, the women say that they moved into rented accommodation. The repeated moves into rented accommodation culminate in a move in with or near to children. The Sylheti woman who is 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.

This section has examined the migration histories of three groups of older South Asian migrants living in the West Midlands: Gujaratis, Punjabis and Sylhetis (UK). In order to see if the findings support the hypotheses, summaries of the migration histories of Gujaratis, Punjabis and Sylhetis are presented next.

Summary of migration histories of Gujaratis

Over half of Gujaratis lived in Africa prior to moving to the UK (Kenya or less frequently Uganda). Just over one-third lived in South Asia before emigration. There are no gender differences in the country from which they immigrated to the UK.

Although two-fifths of the Gujarati sample moved to the UK between the ages of 20 and 39 nearly one-quarter were aged between 40 and 49. Both men and women tended to have moved to the UK in the 1970s. There are no gender differences in age at move or the decade of move to the UK.

The Gujarati sample showed a tendency to say that they moved to the UK because of the political Africanisation of labour. Over one-fifth moved to resettle or needed a change. Men are more likely than women to give Africanisation of labour as a reason for moving whereas women are more likely to say that they came to the UK to resettle or that they needed a change. It is likely that the latter reasons were euphemisms for being compelled to leave Africa. This type of move is essentially a 'reactive' move and as such is different than the pro-active moves for work and reflects the degree of autonomy that the migrant had in the migration decision-making (Richmond 1988). More Gujarati men than women came for work, on the other hand more women came to live with or near a relative.

A majority of the Gujarati sample settled in the West Midlands when they arrived in the UK. Very few (14%) made one or more moves after arriving in the UK.

Summary of migration histories of Punjabis

A majority of Punjabis lived in South Asia prior to moving, however one-fifth also lived in Africa (Kenya or less frequently Uganda). There are no gender differences in the country from which the Punjabis immigrated to the UK.

A majority of Punjabis (63%) were aged between 20 and 39 when they moved to the UK. More Punjabis (than other groups) moved to the UK when they were over 70, although this only represented 4% of the Punjabi sample. On the whole, Punjabis moved to the UK in the 1960s. There are no differences between Punjabi men and women in the age at move or the decade of move to the UK.

Most Punjabis say they moved to the UK for economic reasons or for work. One-tenth moved because of the Africanisation of labour and over one- fifth moved to join a spouse. The reasons for moving given by Punjabis are gender specific. More men moved for work, whereas only women say they came to join a spouse. A further one-fifth of Punjabi women moved to the UK with their spouse or to marry. It has been noted elsewhere that a majority of women who migrate from less developed to more developed countries do not do so for work purposes (Zlotnik 1995).

A majority of the Punjabi sample settled in the West Midlands when they arrived. Very few (14%) made one or more moves after arriving in the UK.

Summary of migration histories of Sylhetis

An overwhelming majority of Sylheti men and women lived in South Asia prior to moving to the UK.

A majority of Sylhetis moved to the UK between the ages of 20 and 39. However, over one-tenth (13%) moved when they were less than 20. However, there are different patterns of migration for men and women. More men than women arrived in the UK between ages of 20 and 29 and more women arrived over the age of 40. Consequently Sylheti men in this sample have lived in the UK longer than Sylheti women (an average of 40 years vs. 30 years).

A majority of Sylhetis moved to the UK in the 1960s, however, nearly one-quarter of Sylhetis moved in the 1950s. There are differences in the decade of move for men and women. More men than women moved before 1969.

A majority of Sylhetis say that they moved to the UK for economic reasons or for work. However, nearly two-fifths moved to join a spouse. When the data for men and women are examined separately it can be seen that only Sylheti men came to the UK for work, whereas Sylheti women say they came to join their spouse. As noted above a majority of women who migrate from less developed to more developed countries do not do so for work purposes (Zlotnik 1995).

Two-thirds of Sylhetis settled in West Midlands when they arrived with the remainder living in Greater London or West Yorkshire on arrival. One half of Sylhetis (50%) made one or more moves and nearly one-fifth made two or more moves after arriving in the UK. Men who had arrived in other areas of the UK (other than West Midlands) moved in search of work, whilst those who had settled in West Midlands moved for better housing.

The summaries indicate that there are distinct migration patterns for each South Asian group. The data therefore support our first hypothesis

1. Within each ethnic group older people experience similar migration histories

Our second hypothesis is only partially supported.

2. Between ethnic groups the experience of migration differs.

Although each group has a distinct migration pattern there are some similarities. A majority of Sylhetis and Punjabis lived in South Asia prior to migration, whereas Gujaratis emigrated from African countries. A small proportion of the Punjabi sample also shares a similar migration pattern to

Gujaratis and came to the UK from Africa. The age of migration is similar for Punjabis and Sylhetis (20-39 years of age) but Gujaratis tended to be older on arrival in the UK. This is linked to the reasons for migration. Overall, Punjabis and Sylhetis came to the UK in search of work whereas Gujaratis came to escape the political regime in Africa. However, the few Punjabis who also came to the UK from Africa, left the continent for the same reason as Gujaratis. Consequently, the timing of moves to the UK varies between ethnic groups.

A larger proportion of Sylhetis than other groups arrived in the UK in the 1950s, however, a majority of Sylhetis and Punjabis came to the UK in the 1960s. On the other hand a majority of Gujaratis arrived in the 1970s, which coincided with expulsion from Africa. Finally, Gujaratis and Punjabis tended to settle in the West Midlands on arrival in the UK whereas Sylhetis were more likely to live elsewhere and move around the UK in search of work. We can see that there are more similarities between Sylhetis and Punjabis than other groups, but this does not cover all domains used to explain the migration histories. There are also similarities in the pattern of migrations for Gujaratis and a few Punjabis who had previously lived in Africa.

On the whole, our findings reflect the pattern of migration noted in the introduction. However, there are two noticeable differences between these data and literature referring to Sylheti emigration. Firstly, nearly one-quarter of the Sylheti population in this study moved to the UK in the 1950s. Census data show that only around one thousand Bangladeshi people arrived in the UK each year until the mid 1970s (Owen 1995). In total the Labour Force Survey estimated that 10,000 Bangladeshis entered the UK between 1954 and 1964. During the 1980s around four thousand Bangladeshis arrived each year, thereby more than doubling the population (Owen 1995). We may therefore have expected to find fewer Sylhetis arriving in the 1950s. However, one may consider that the early Sylheti settlers (in the 1950s) are now ageing in the UK and that a large proportion of the later arrivals to the UK in the 1980s are younger, and would not necessarily be eligible to be included in this sample.

Secondly, a sizable proportion of Sylhetis in this study appear to have been a highly mobile work force, moving around the UK in search of work and finally settling in Birmingham. Previous research with older Bangladeshis in London suggests that Bangladeshi immigrants living in London were not as mobile as those living in the West Midlands, as only 7% of the respondents residing in Tower Hamlets had lived elsewhere (Burholt et al. 2000).

The literature also led us to form our third hypothesis

3. There are differences in migration histories between men and women from Punjab and Sylhet.

The hypothesis is only partially supported. We expected to find few differences in the migration histories of Gujarati men and women. Although the data show that a majority of both men and women moved from Africa to

the UK in the 1970s at the same ages, the reasons stated for their moves are different. Men are more likely than women to give Africanisation of labour as a reason for the move whereas women are more likely to say that they came to the UK to resettle or that they needed a change. Although it is noted above that it is likely that the latter reasons are euphemisms for being compelled to leave Africa, this is an assumption made by the researchers. This may be an important area to conduct further research. The different reasons given for moving to the UK by Gujarati women, may reflect semantic differences between the language of men and women, but equally may reflect a lack of involvement or knowledge of politics, or differences between men and women in the subsequent psychological adjustment to a forced move or a 'reactive' move.

We expected to find gender differences in migration patterns for men and women from Punjab and Sylhet. This was based on the notion that men were more likely to be moving to the UK for work, whereas women would move later to join their spouses or other relatives. However, the findings show more similarities than differences between Punjabi men and women. Both men and women tended to emigrate from the same country of origin, in the same decade and at the same age. The only differences found between genders are in the reasons given for emigration. Men state that they moved for work, on the other hand women tended to move for marital reasons, that is they moved with their spouse, to join a spouse or to marry.

The migration histories of Sylheti men and women are more dissimilar than the migration histories of male and female Punjabis and Gujaratis. Although both Sylheti men and women are likely to have lived in Bangladesh before migration, this is where the similarities end. Men were more likely to arrive in the UK at an earlier age and in earlier decades than women. In addition, Sylheti men were likely to have moved to the UK for work, whereas women came to join a spouse.

In recent years there has been a move to correct what has been considered an over-emphasis on migration as a male phenomenon (Phizacklea 1983). Evidence shows that there have been female economic labour streams to the UK from other areas of the world (e.g. Phizacklea 1982, Castles 1998), however, these are not evident for older Punjabi or Sylheti women living in Birmingham. The largest proportion of Punjabis and Sylhetis came to join a spouse. However it is anticipated that the 'feminisation of labour' will continue to play an important part in the study of transnational movement and we could expect to find that future studies will not show that Asian women migrants 'follow men' around the world (Skeldon 1999, DeLaet 1999).

The finding that Sylheti women moved to the UK in later decades than Sylheti men may be important in terms of acculturation for Sylheti women in the UK. Significantly more Sylheti women gave birth to children prior to coming to the UK than either Punjabi or Gujarati women (P=.001). Forty-six percent of children born to Sylheti women were born outside of the UK compared with one-third (33%) of the children of Gujarati women and one-quarter (26%) of the Punjabi children. In addition, Sylheti women who had borne children

outside the UK have spent longer rearing their children in Bangladesh (average 10.7 years) than either Gujarati or Punjabi women whose children were born overseas (9.9 and 8.4 years respectively). This may be important in terms of familial support and strength of ties in UK. Although there are no data collected on previous life histories of health and social care service access, it might be expected that more Punjabi and Gujarati women have accessed either ante-natal or post-natal care in UK than Sylheti women. Familiarity with accessing services in the UK may pre-dispose women to accessing future services. However, we do not know whether Punjabi and Gujarati women took advantage of these services or whether they had a negative or positive experience with them. Therefore, we cannot draw conclusions regarding the history of service use and its affect in later life. This could be an important area for future research.

Another issue related to the differences in migration histories for Sylheti women is that of the acquisition of English language. In each group men are more likely to speak English than women. Although fewer Gujarati women than men speak English (56% vs. 76%) the differences are not statistically significant. However, half as many Punjabi women as men speak English (35% vs. 74%) ($P<.001$) and four times as many Sylheti men as women speak English (69% vs. 17%) ($P<.001$). Although the data show that on average Gujarati women have lived in the UK for the shortest length of time, they are more likely to speak English than either Punjabi or Sylheti women (56%, 35% and 17% respectively). It is likely that this finding is related to both the migration histories of the different groups (i.e. timing of move and child-rearing in different countries) and to the practice of *purdah*.

> The institution of purdah literally, 'curtain' or 'veil' plays a significant part in sustaining separate spheres imagery. In purdah, the gender division of labour is grounded in values of honour (*issat*) and modesty or shame (*lojja*) expressed in the ideal of female seclusion.
>
> White (1992)

Given that a majority of the Sylheti women in this sample are Muslim, we would expect the practice of *purdah* to play some part in excluding Muslim women from working outside of the home, or socialising outside of the Bangladeshi community, thereby restricting the social sphere in which they may learn to communicate in English. Although it has been noted elsewhere that there has been a relaxation in the *purdah* system in London since the 1980s, movement outside of the home or outside of the Sylheti community, may also be restricted by the fear of racial abuse (Carey & Shukur 1985). In Birmingham incidents of racial harassment have been noted in leisure and community centres, and other racist incidents have been reported in the workplace, in people's homes and on the streets (Birmingham City Council 2001a).

The finding that fewer South Asian women than men speak English, is important in terms of access to health and social care services. Birmingham is well served with health professionals of South Asian origins, but some patients still face difficulties related to language or gender. A study conducted

by the West Birmingham Health Authority of Geriatric Medicine in 1991 showed that nearly 25% of their minority ethnic groups sample spoke no English (Luck et al. 1991). One UK study showed that communication is still a challenge because the use of interpreting services is limited, only 3 per cent of Indians and 7 per cent 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 minority ethnic people, of who it is estimated that one hundred and twenty thousand have poor English." (Birmingham City Council 2001a).

It can be seen that the life histories and experience of immigration for Gujaratis, Punjabis and Sylhetis and for men and women are associated with particular outcomes in the host country. In particular, the timing of migration with respect to childbirth and child-rearing, *may* indicate that Sylheti women are particularly disadvantaged in accessing health and social care services (through lack of prior experience in the UK). In addition, the cultural norms for each ethnic group appear to impact on the acquisition of language for women. Gujarati, Punjabi and Sylheti women are less likely to have learned to speak English during the period of residence in the UK. The provision of adequate translation services within health and social care organisations is therefore paramount to ensure that older South Asian women can access them.

MOVEMENT OF SOUTH ASIANS AGEING IN PLACE

Previous research has shown that levels of need, demand and use of services are predictable on the basis of support network type (Wenger 1994). Migration within countries has been shown to impact on support network type formation, and consequently the type of help that may be available to an older person. Network type is related to length of residence in community and proximity to birthplace and therefore is related to migration history (Wenger & St. Leger 1992). For instance, locally integrated support networks are associated with long-term residence in a community, whereas wider community focused networks are associated with retirement migration (Wenger & St Leger 1992). Elsewhere analysis has shown that shifts in network type may occur from stronger to less independent network types and vice versa after residential relocation (Wenger 1990). It is therefore important to study the migration patterns of Asians growing old in India and Bangladesh. This section examines the birth-place and subsequent moves of Gujaratis, Punjabis and Sylhetis living in South Asia. The distance of moves and the reasons given for moving are scrutinised for each group. Data are appraised to see if there are different patterns of migration for South Asian men and women.

Place of birth

The sizes of large town/city; small town; and village/rural area have been defined in previous studies in South Asia using the number of inhabitants

(Premi 1991). Cities contain 100,000 inhabitants or more (Class I). Towns have been defined as Class II-Class IV (20,000 - 99,999 inhabitants) and villages/rural areas as Class V and Class VI (less than 20,000 inhabitants). This definition has been used to identify the type of area in which respondents were born.

The study areas selected in India and Bangladesh were rural communities with established histories of emigration. There are significant differences between the South Asian groups in the type of area in which they were born (Table 22). Nearly three-quarters of Sylhetis were born in the place where they were interviewed, compared with around a third of Gujaratis and Punjabis. A larger proportion of Gujaratis compared with others were born in a large town or city, probably in East Africa. A majority of both Gujaratis and Punjabis were born in villages or rural areas compared with only around a fifth of Sylhetis.

State and country of birth

The vast majority of South Asians interviewed are living in the same state and country in which they were born. Almost all (95%) Gujaratis were born in Gujarat. Almost all (99%) Punjabis were born in the Punjab, however 5% of the sample was born in the region of the Punjab which in now situated in Pakistan. Almost all (98%) Sylhetis were born in Sylhet.

Number of moves

There are significant differences between South Asian groups in the number of moves they have made (Table 23). A majority of Sylhetis (59%) and Punjabis (92%) have not moved, however this proportion is significantly greater for Punjabis. Similar proportions of Gujaratis and Sylhetis have made one move (30% and 28% respectively). However, 15% of Gujaratis have moved twice and 30% have moved three or more times.

There are also significant differences between the number of moves that have been made by men and women in Gujarat and Sylhet. In Gujarat, over half (52%) of the women have made one move compared with only 8% of the men. Conversely nearly half (48%) of the men have never moved compared with only 2% of women. Similar proportions of men and women have moved two or more times. Likewise, in Sylhet over two-thirds (68%) of women have moved once compared with only 3% of men. A majority of Sylheti men have never moved. However, more men than women in Sylhet have moved twice (11% vs. 0%). There are no significant differences between men and women in the Punjab. However, this probably indicates that this question was not answered accurately by women in the study. As noted above, a majority of Punjabis are living in the community of birth, however, women move to their husbands' family home on marriage. It is assumed that these moves are for a short distance only and have not been reported.

Distance of moves

Table 24 shows the distances moved by each South Asian group. Due to the small number of moves made by Punjabis, they are not included in these comparative analyses of distance of moves. There are differences between Gujaratis and Sylhetis in the distances that were moved. Proportionally, twice as many moves made by Sylhetis as Gujaratis were between 1 and 5 miles. A majority of the moves made by Gujaratis were between 16 and 50 miles.

Reasons for moves

Table 25 shows the reason most frequently cited for moving by each group. It should be noted that very few moves have been made by Punjabis (only 7 reasons for moves were given). Each group mentions relocating for economic reasons and to marry. Gujaratis more frequently cite economic reasons than Punjabis or Sylhetis (37%, 29% and 17% respectively). Marriage is the most frequently cited reason for Punjabis and Sylhetis. In addition to the aforementioned reasons, around one-tenth (12%) of moves made by Gujaratis have been for education, three-tenths (29%) of moves by Punjabis have been to return to their place of birth and nearly one-quarter (23%) of moves by Sylhetis were made whilst in Government Service.

Different reasons are given by men and women. Over half (54%) of the moves made by Gujarati men were for economic reasons or work, and 17% for education. Women had also moved for work, however, this only accounted for 23% of the moves. Nearly two-thirds (65%) of the Gujarati women moved to marry. The number of moves made by Punjabis is too small to generalise from, however it is worth reporting that two of the three moves made by Punjabi men were for work, and four of the five moves made by women were to marry. Nearly half (46%) of the moves made by Sylheti men were because they were in Government service and nearly two-fifths (38%) were for work. A vast majority (93%) of moves made by Sylheti women were to marry.

Length of residence

Table 26 shows that a majority of South Asians in all groups have lived in their current communities for over 30 years. Therefore, it is assumed that moves were undertaken earlier in the life course. Consequently, we would expect there to be little effect on support network type.

As there are no significant differences between the groups in length of residence, the total South Asian sample is examined with regard to the number of moves made and network type. There are significant differences in support network types between frequent and non-frequent movers. Two-thirds of respondents who have moved only once have family dependent support networks. A large proportion (43%) of people with private restricted network types has moved twice.

Locally integrated networks are associated with helping relationships with local family, friends and neighbours and it would be expected that frequent

moving would hamper the formation of these network s. However, nearly two-thirds (64%) of those who have moved three or more times have locally integrated support networks. It would probably be safe to assume that the frequent movers had undertaken all of the moves earlier in their life and have subsequently formed close relationships with neighbours and friends.

MIGRATION AND IMPACT ON SOUTH ASIAN RURAL SENDING COMMUNITIES

This next section of the report focuses on the rural sending communities in Gujarat, Punjab and Sylhet and compares members of families associated with emigration and families not associated with emigration. For ease of reference, these two groups are referred to as migrating families (MF) and resident families (RF). Unfortunately, the Sylheti sample included only migrating families.

Three hypotheses are raised:

1. Older people from emigrating families, who remain in their own countries, enjoy a better standard of living than those from resident families.
2. Older people from emigrating families, who remain in their country of origin, have fewer potential sources of informal support than those from resident families.
3. Communities as well as individuals benefit from emigration.

Family Dispersal

Similar proportions of Gujaratis and Punjabis have children in another country (40% and 37% respectively) (Table 27). Gujaratis, however, are more likely to have siblings and other relatives living abroad (28% vs. 17% and 42% vs. 8% respectively). The Sylheti figures reflect only MF, 86% of which had children, 24% had siblings and 51% had other relatives living abroad.

Housing

There are obvious differences in the villages between the economic situations of families with relatives living abroad and others. There is a clear visible difference in house type depending on the economic strata. Those owning land are the wealthiest.

In all the study areas the best houses are described as *Pucca*. *Pucca* houses are better constructed and have more modern facilities. In the Indian villages, house types range from *Pucca* houses made of concrete through *Kucha* (or semi-*pucca*) houses made of bricks to huts made of dung and wood, thatched with grass. The houses belonging to MF are *Pucca,* larger and more spacious than others. Most of the houses of MF have a big courtyard and a garden. The houses of non-resident and affluent Indians have separate worship areas, while residents of other houses worship in one of the ordinary rooms of the house. Non-resident Indians are also more likely than others to

have electric or electronic household appliances. Amongst the Gujarati study villages, Dharmaj and Karamsad have more *Pucca* houses than the other villages.

In Sylhet also the better off people live in P*ucca* houses that are constructed of masonry, have lavatories and electricity and are more likely to be on paved roads. The less well-off have *semi-pucca* houses constructed of tin sheet. The poorest people live in *jupri* (huts) made of local materials, such as wood and *patkhori* (dried jute stalks), with no facilities such as lavatories or electricity. Those who own most agricultural land have the best houses and are most likely to be receiving remittances from relatives living abroad. Non-resident Sylhetis invest money in the purchase of land and building elegant houses which indicate high status. Emigration is also often associated with upward mobility for relatives remaining in Sylhet.

Traditional living arrangements in all three study regions are for daughters to leave home on marriage and to become members of their husband's household. Sons tend to remain at home with their parents and their wives move in. The joint household of two or three generations is valued but starting to become less common, particularly in urban areas. Sons are increasingly more likely to move away and to set up their own separate households. Emigration may be associated with sons leaving parents behind or parents may accompany their sons to another country or join them later. In this section, data are presented from respondents who have remained in their own villages.

There are no statistically significant differences in household composition between those with relatives abroad and those without (Table 28). The modal living arrangement in all study areas is the 3 or 4 generation household. The large majority in each area live in 2, 3 or 4 generation households.

Children

Family size of RF and MF is comparable in Gujarat and in Punjab. Given the size of families in the study areas, migration of children is likely to have less impact on parents if other children remain at home. There are no significant differences between MFs and RFs in the proximity of the nearest child. In both areas, and in both types of families, over three-quarters of the respondents have a child living in the same household or within 1 mile. The proportion of families with their nearest child in another country is negligible (9% in Gujarat and 2% in Punjab).

Visiting Patterns

Most parents with children living abroad do not keep in touch by visiting in the destination country. However, 38% of respondents with children abroad do keep in touch by visiting them. Older people visit their children living abroad for many reasons. Some visits are just to see their children but others are to provide help to their non-resident children. They may go to take care of young grandchildren to fulfil their responsibilities of caring for grandchildren. These visits are typically for a period of 6 months to 2 years. Many parents,

especially mothers or mothers-in-law, go abroad when their daughters or daughters-in-law are expecting a baby. These visits are typically for 3-6 months. In India young women are more likely to go to their mother's home for delivery, especially for a first baby.

Emigrants visit their native villages for a number of reasons. Sometimes they return to visit family and friends. Older people often return to their village during the winter if the climate is severe in the receiving country. Many visit to participate in special occasions such as religious ceremonies, weddings, or funerals, organised by their relatives or extended family. Some Hindus come to merge the ashes of a loved one with a designated river such as the Ganges.

Anecdotal evidence suggests that many older Indian people return on retirement and settle in their native place and return to their roots. Hindus believe that those who die in their hometown amidst their relatives and close friends will have a peaceful death and their soul will rest in peace. Despite the better standard of living abroad, they want to be back where they will have people around who will have time to sit and chat and share their feelings and emotions. However, others who had earlier planned to return to their village remain in the receiving country.

Young non-resident men and women often return to their native village with marriage prospects. Non-resident spouses, particularly bridegrooms, are preferred by both parents and young people from the villages. Among non-resident Indians a preference exists for a marriage partner from India. Non-resident Indians believe that this reinforces Indian culture and tradition in their adopted country. This trait is particularly marked among the Patels, who prefer their sons and daughters to marry a partner from one of six designated Gujarati villages known as the 'six settlements circle.'

Health Status

Health has been shown to be related to standard of living and self-assessed health has proved to be an indicator of mortality. Table 31 shows self-assessed health for the study areas.

There are significant differences in self assessed health between Gujarati resident families and migrating families. Overall amongst the older Gujaratis, those in emigrating families report better health than those in resident families. Amongst older Punjabis, there are no significant differences in self-reported health.

Education and Language

The levels of education received by older people in rural areas in India and Bangladesh are low. Literacy rates are also low – 61% in Gujarat, 59% in Punjab, 21% in Sylhet – and lower in rural areas (Kabir 2001). There are significant differences in levels of education between RFs and MFs in Gujarat but not in Punjab (Table 32). Over one-fifth (22%) of Gujaratis respondents from RFs had no education compared with only 2% of respondents in MFs.

Conversely, nearly two fifths (39%) of MFs had 11-15 years of education compared with only 8% of respondents from RFs. Whether these differences reflect the benefits of emigration or the generally higher socio-economic status of emigrating families over the course of history, it is not possible to say from the data.

The principal languages in the study regions are Gujarati, Punjabi and Sylheti. However, some people speak more than one language. Language skills such as this may be seen as an economic advantage. We had hypothesized that those from migrating families may have a broader range of linguistic skills than those from resident families.

There are significant differences between RF and MF in Gujarat in the number of languages spoken (Table 33). However, there are no significant differences between families in Punjab. In Gujarat, over half (53%) of the respondents from MFs speak two or more additional languages compared with around one-fifth (19%) of respondents from RFs. The patterns for younger people in the communities are different and more of the younger generations speak additional languages.

Socio-economic Status

Finally, we look at income and, as an indicator of standard of living, possession of various household appliances. Regional differences in employment patterns are reflected in sources of income. The differences between South Asian groups in sources of income are discussed in Chapter V: Material well-being. Because the patterns of income are different in the different regions, the 3 main sources of income for resident and migrating families in each region are examined separately (Table 34).

Overall the three main sources of income for Gujaratis are from employment (41%), from children residing in the same household (27%) and from savings or investments (26%). Migrating families are significantly more likely to receive income from savings than resident families are.

Punjabis are most likely to obtain an income from children residing in the same household (36%), employment (34%), and a state pension (27%). RFs are significantly more likely to receive an income from a child residing in the same household, or a state pension than MFs. Although children residing elsewhere only provide an income for 14% of the Punjabis it is worth noting that MFs are significantly more likely to receive an income from this source, than RFs.

Mean incomes are markedly different in Gujarat (Table 35). Those from RF have a mean weekly income of 947 Rs (€22), compared with 1,789 Rs (€40) for those in MF. In other words, MFs have incomes almost double those of resident families. This is not so in Punjab where both RFs and MFs have weekly mean incomes of 1074 and 1067 Rs (€23), respectively. Comparable data were unavailable for Sylhet, but older people in MFs there had mean incomes of €51 per week. This is almost certainly higher than older people in

non-migrating villages, but cannot be compared with the Indian incomes because of the different national economies.

As an indicator of standard of living, respondents were asked whether a range of electrical appliances are present in their homes (Table 36). This turned out to be the most significant indicator of differences in standard of living between resident and emigrating families. Comparisons can only be made in Gujarat and Punjab. Gujaratis with relatives abroad are significantly more likely to have every one of the appliances asked about (with the exception of a washing machine) than RFs. Punjabis with relatives abroad are significantly more likely than RFs to have a video, telephone and a refrigerator.

Comparing older people from MFs in all three study areas there are significant difference between the groups in the following areas: radios are most common in Sylhet (91%) and televisions are least common in Sylhet (75%); telephones are more common in Gujarat (77%); refrigerators in Gujarat (86%) and Punjab (84%); and, washing machines in Punjab (22%).

Contributions to rural communities by family members abroad

In India, migrants from rural villages and small towns have contributed significantly towards the development of their communities. They contribute towards civic amenities, landscaping and the building of temples or other places of worship. They often continue to make contributions to such amenities. Funds from non-resident Indians have helped beautify villages. For example, roads are paved, drainage systems are enclosed and trees are planted along the side of the roads.

Non-resident Indians have also contributed to education. Often funds from non-resident Indians are directed towards setting up specialist facilities such as providing computers or providing laboratories in schools or colleges. When they visit they distribute sweets or gifts to the school children and the *Brahmins* (the caste of priests and educators) to appease the souls of their departed near ones.

Funds are also directed towards overall development of villages. In the study village of Alindra in Gujarat, one non-resident Indian is trying to dramatically change the village. He has gathered money from an Indian organisation abroad to set up a sophisticated computer room in the existing primary school. He has installed computers and hired trained teachers for the students. He has also set up a play group (with modern educational toys) and a youth group in the village, which works towards beautifying the village. The youth group also tries to maintain the cleanliness of the village and provides volunteers to help people in the village as needed.

In the study village of Dharmaj in Gujarat, non-residents have given money to build rooms in the residential care home, in memory of deceased relatives. Similarly they donate money for rooms in the *Dharmashala* (lodging and boarding facility associated with the temple).

In the Punjabi village of Bilga, a general hospital is under construction. It is expected to provide specialist services such as general medicine, orthopaedics, ophthalmology, dentistry. It is being administered through a Trust fund set up by a local man who now lives in the UK.

In Sylhet, contributions are made towards building mosques, schools, community centres and health centres in the native communities of non-resident members of the rural villages and towns associated with migration. They also help relatives to set up and run businesses in Sylhet.

Figure 18. Summary of characteristics for migrating and resident families.

	Gujaratis	Punjabis
Number of children	ns	ns
Proximity of nearest child	ns	ns
Self-assessed health	*	ns
Years of education	*	ns
> 1 language spoken	*	ns
Income:		
Own income	ns	ns
Spouse's work	ns	ns
Income from a business	ns	ns
Children residing in home	ns	*
Children residing elsewhere	ns	*
Other relatives	ns	ns
Other agency		
Pension from former (spouse) employer	ns	ns
Income from savings	*	ns
State pension	ns	*
Other source	ns	ns
Household appliances:		
Radio	*	ns
TV	*	ns
Video	*	*
Telephone	*	*
Refrigerator	*	*
Washing machine	ns	*

Summary

To return to the hypotheses raised in this section:

1. Older people from emigrating families, who remain in their own countries, enjoy a better standard of living than those from resident families.

The absence of resident families in the Sylhet sample makes full comparison impossible. However, older people from emigrating families have better housing in all the study areas. In Gujarat, those from emigrating families report better health have received more education and higher incomes than those in resident families. The evidence suggests that the hypothesis is valid, for Gujarat but indicates that further research is needed in Sylhet to ascertain whether there are differences in standard of living association with migration.

2. Older people from emigrating families, who remain in their country of origin, have fewer potential sources of informal support than those from resident families.

The findings show that family size is similar for both types of families. The majority of older people in all the study areas live in traditional multi-generational households. Fewer respondents from MFs live in joint households in Gujarat, but the majority still live with children. In Sylhet, despite the fact that 86% have children living abroad almost all live in the same household as a child. So the second hypothesis is not proved.

3. Communities as well as individuals benefit from emigration.

The Indian study communities benefit substantially from non-resident Indians, giving the whole community a better overall standard of living. It is possible that this is the result of the Hindu and Sikh beliefs that as one gets older there is a responsibility to make repayment for the blessings received in life. Philanthropic and voluntary contributions, therefore, are expected from those who can afford to do so. We have insufficient data from Sylhet, but the indications from the data are that most contributions are to families rather than communities. Personal communication from our research partner in Sylhet suggests that contributions are regularly made to mosques in the sending communities and qualitative data indicate that emigrants build houses and establish businesses in their natal communities, which are controlled *pro tem* by members of the family. The hypothesis appears to be proven but further research in this area is indicated.

III: FAMILY AND COMMUNITY

INTRODUCTION

In this chapter, we consider the social contexts in which the study populations live. In terms of the increasing frailty of old age, social networks including family, friends, neighbours and other members of the community are critical in the provision of emotional support and instrumental help. The availability and proximity of these relationships and the degree of community integration are therefore crucial for well-being of older people.

An early study conducted in Birmingham indicated that older Asian immigrants had higher levels of contact with relatives and friends than members of the host population (Bhalla & Blakemore 1981). Conventional wisdom in the UK suggests that members of large Asian families take care of one another. In India, concern is frequently voiced in terms of the decline of the traditional joint family household and the implications of this for the care of older people (Janakiraman 2000). On the other hand, the joint family household is still seen as the main support of older people (Kumar 1995). The availability of friends and neighbours is also important. In Bangladesh too the welfare of older people remains the responsibility of the family (Kabir et al. 1998). Recent studies show high levels of contact with family, friends and neighbours in both urban and rural areas of Bangladesh (Kabir et al. 1998). In the first section of this chapter we examine integration with members of the family.

In the second section of the chapter we explore the nature of intergenerational relationships in the sending and receiving communities, in terms of mode and frequency of communication, types of exchanges and frequency and length of visits. As noted in the introduction, from the 1950s onwards it was thought that immigration would solve problems in both sending and receiving countries. In the sending country it was believed that immigration would relieve over-population, provide economic benefits through remittances, and increase the skills of the work force (Piore 1979, Dusenbery 1986). As Chapter II indicates, the economic benefits of emigration were visible in Asia in the form of stone houses built in the sending areas, compared with usual mud and thatch huts elsewhere (Gardner 1993, Kessinger 1979, Watson 1975). However, some literature suggests that international remittances may worsen rural inequality as they are earned mainly by upper-income villagers, that is the families that could afford to send a member abroad (Gilani et al. 1981, Adams 1989, 1991, Gardner 1993). Elsewhere it is reported that remittances may have an egalitarian or neutral effect (Stark et al. 1986, Adams 1992). Regardless of the impact on the sending area, it is apparent that in some cultures there are clear expectations that remittances will be dispatched to the sending community. The sponsorship of a family member, which is through supporting them to emigrate, may be seen by the family unit as an investment, where economic benefit will be gained through the receipt of remittances. The first hypothesis for the second section of this chapter is built on this premise, that is,

1. In each ethnic group a larger proportion of respondents would send remittances to relatives abroad rather than receive remittances from relatives overseas.

More recently the literature on immigration has shifted the focus from the significance of remittances for the economy in for both the sending communities and countries, and has moved towards an emphasis on 'transnationalism'. Transnationalism is defined as 'the process by which immigrants forge and sustain multi-stranded social relations that link together their societies of origin and settlement' through the creation of cross-border, and intercontinental networks (Basch et. al 1994, Portes 1997, Vertovec 1999). It has been argued that 'transnationalism' is a new phenomenon that is facilitated by 'space- and time-compressing technology', that is an infrastructure which encompasses new communication technology, and relatively easy long-distance travel across borders (Portes et al. 1999). Recently in the UK, and across Europe airlines have been engaged in a cost-cutting battle, which has forced down the prices of many flights. The cheaper air flights are likely to have an impact on the amount of travel undertaken by residents in the UK. Therefore the second hypothesis in this section is that:

2. In each ethnic group in the UK the frequency of visits to relatives abroad would be greater than the frequency of visits to the UK.

As noted above 'transnationalism' encompasses new communication technology as well as international travel. The next hypothesis takes into account the different forms of communication, which are used to maintain contact between members of intercontinental extended families.

Families are guided by cultural beliefs or ideologies that can prescribe which family forms are preferred and which relationships are most important. Some research shows stronger kin ties among old people in minority groups than among whites in the UK (Blakemore & Boneham 1994) but there has been little systematic research on the nature of their informal networks. Studies which have looked at informal support for older people in south Asia tend to focus on support from adult children and little attention is given to the salience of other relatives, friends and neighbours, or community involvement (for example see Cain 1986, Dharmalingham 1994). Little is known about the characteristics of informal support networks of older people in the countries of origin of ethnic minority immigrants to Britain or about the maintenance of transnational family ties. Strong filial obligation to the elderly has been noted in developing Asian countries and as such we may expect the ties between parents and children (especially sons) to be stronger than ties with other relatives. Therefore we hypothesise that:

3. In each ethnic group and for all types of contact that is by letter, phone, sending and receiving gifts, and visiting, the interaction would be greater between children and parents than between siblings, and between other relatives.

The final section of this chapter looks at community integration of each group comparing the situation of Gujaratis, Punjabis and Sylhetis in the UK and South Asia. Overall, this chapter explores the social environment of the older people in this study. We interested to see whether, on the one hand, immigrants had less access to family, friends and neighbours in a new culture, and on the other hand, whether the families of immigrants in the sending communities suffered from reduced levels of potential support as a result of emigration. In addition, we explore how relationships are maintained between the cultures in different countries.

FAMILY INTEGRATION

Children

The numbers of living children of the respondents' families of procreation, show no significant statistical difference between migrants and those ageing in India (Table 37). Most respondents have at least 3 children. Mean family size for Gujaratis in the UK is 3.3 and in India 3.2 and for Punjabis 3.6 in the UK and 4.2 in India (Table 38). For the Sylhetis on the other hand, there is a significant difference between family size in the UK and in Bangladesh. Families are smaller in the UK. Mean family sizes are 3.6 in the UK and 5.2 in Bangladesh.

All three ethnic groups have larger families of procreation than the indigenous UK 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 UK post-war TFR (with the exception of 1977) (Williams 1999). More than half of Punjabis and Sylhetis in the UK and in Asia have four or more children, with Sylhetis having the largest families. However, families in both these groups are larger in Asia.

Childlessness is low overall, but is highest for Gujaratis both in the UK (13%) and in India (8%). In contrast with the other two groups, these figures are considerably higher than those who never married.

For all ethnic groups, the nearest child is most likely to live in the same household or within a mile: 49% of Gujaratis, 57% of Punjabis and 86% of Sylhetis in the UK and 67%, 87% and 88% respectively in South Asia (Table 39). For both Indian groups, more have a child in the household or within a mile in India. Differences are only significant for the Indian groups. If we increase the radius similar proportions have a child within 5 miles, 76% of Gujaratis, 71% of Punjabis and 91% Sylhetis in the UK, compared with 71%, 88% and 90% in South Asia. With this wider radius, there is little difference in proximity to the nearest child and travel times and transport in the UK would minimise the differences in proximity.

The numbers of children in the household differ (Table 41). For both Indian groups fewer respondents live with children and grandchildren in the UK than in India. However, the differences for the Sylhetis are not statistically significant. 63% of Gujaratis in India and 42% in the UK live with children. For the Punjabis, 76% in India and 47% in the UK live with children. For the Sylhetis, 87% live with a child in Bangladesh and 85% in the UK. While the modal household includes only one adult child, substantial minorities in India live with two adult children. 36% of Sylhetis in the UK and 62% in Bangladesh live with from 2 to 4 adult children.

Fewer respondents have grandchildren in the household (Table 42). Living with grandchildren is more common in South Asia than in the UK. Those with grandchildren in the household include 44% of Gujaratis in India and 17% in the UK; 67% of Punjabis in India and 26% in the UK; and, 50% of Sylhetis in Bangladesh and 45% in the UK. Excluding those with no grandchildren in the household, the modal number of grandchildren in the household is 2 for the Indian samples and for Gujaratis in the UK, and 1 for Punjabis and Sylhetis in the UK. However, for Sylhetis in Bangladesh, the modal number of grandchildren in the household is 6 or more.

Daily contact with at least one child is common for all parents in both countries, ranging from 64% of UK Punjabis to 89% of all Sylhetis. There are significant differences between the UK and South Asia. Gujaratis in the UK are more likely to see a child weekly than in India. Although the majority of Punjabis in both countries see a child daily, they are more likely to see children daily in India and more likely to see them weekly in the UK. In general, children not seen daily tend to be seen weekly in the UK, whereas in India when children are not seen daily they tend to be seen less frequently than weekly.

Siblings

We were also interested in relationships with siblings (Table 43). Most respondents had 1-3 living siblings, but substantial minorities have no living siblings. The numbers without any living siblings are higher in the UK than in South Asia, but the difference is only significant for Sylhetis. In the UK, 45% of Sylhetis have no living sibling, compared with only 17% in Sylhet. Sylhetis in South Asia are also more likely to have more than six living siblings.

Nearly one-third of the Gujaratis (30% in India and 31% in the UK) have a sibling living within 5 miles, for those who have living siblings the rest tend to live more than 50 miles away (Table 44). Gujaratis in India are more likely than those in the UK to live in the same household as a sibling (23% vs. 3%). Punjabis are more likely to live within 5 miles of a sibling in India (38%) than in the UK (12%). Most Punjabi siblings in the UK tend to live more than 50 miles away and those in India live 6-50 miles away. Differences are even more marked for Sylhetis, 55% in Bangladesh have a sibling within 5 miles but only 3% in the UK do so. Almost all others in the UK who have siblings live more than 50 miles from them. In the UK, for 21% of Gujaratis, 29% Punjabis and 26% of Sylhetis their nearest sibling is in another country, the majority in

South Asia. These figures are much lower for those living in South Asia, where for 7%, 3% and 5% respectively their nearest sibling is in another country.

Frequency of contact with siblings is substantially lower than with children (Table 45). This would be expected given that most siblings live further a field. In the UK, only 11% of the Gujaratis, 5% of the Punjabis and 6% of the Sylhetis see a sibling daily. However, 34%, 16% and 32% respectively see a sibling at least weekly. Differences in contact with siblings between the UK and South Asia are only significant for the Indians: Gujaratis are twice as likely to see a sibling daily in India and almost three times as likely to see siblings at least weekly in the UK as in India. Punjabis are more than three times as likely to see a sibling daily in India and twice as likely to see a sibling at least weekly in the UK.

Nearest Relative

Proximity of family members is an important consideration in the context of help and support available. Even if relatives are not living in the same household, they may be living nearby. In these analyses, we include children, grandchildren, siblings and all other relatives.

All Punjabis and Sylhetis have living relatives (Table 46). However, 5% of Gujaratis in the UK and 2% in India have no living relatives. Most respondents live either in the same household or within one mile of their nearest relative. The distance to the nearest relative is only significant between Gujaratis and Punjabis in the two countries. Fewer Gujaratis and Punjabis in the UK live in the same household as relatives, and more live at a distance. Sylhetis relatives were equally close by in both countries.

Respondents in all samples are most likely to have daily contact with a relative (Table 47). There is no difference between the UK and Bangladesh in frequency of contact with the nearest relative, but there are significant differences for the Indians. Those in India see their nearest relative more frequently than those in the UK. Indians in the UK are more likely than those in India to see relatives at least weekly.

INTERCONTINENTAL CONTACTS OF OLDER GUJARATIS, PUNJABIS AND SYLHETIS IN BIRMINGHAM WITH FAMILIES ABROAD.

For all groups living in the UK, the number of children living abroad varies significantly between the groups (Table 48). A majority of Gujaratis, Punjabis and Sylhetis in the UK do not have any children living abroad. Over one-quarter of Gujaratis (26%) have one or two children living abroad compared with approximately one-tenth of Punjabis (9%) and Sylhetis (10%).

Although many of the respondents' children are living in the UK, a significant minority have children living outside the UK. Nearly one-third (31%) of Gujaratis have children living in another country, representing 51 children. For two respondents their nearest child lives abroad. Most children living abroad reside in North America (N=16). There are also children in Australia or New Zealand (N=11) and Africa (N=9). Fewer children live in South Asia (N=6) or other areas of Europe (N=6). Although it might be expected that the children residing in South Asia would be daughters who had married, analysis shows that nearly all of the children living in South Asia are sons (N=5).

Seventeen percent of the Punjabis have children living outside the UK (40 children), and for three respondents this is their nearest child. Most children living abroad reside in South Asia (N=19). There are also children in North America (N=11) and Southeast Asia (N=9). Two thirds of the children living in South Asia are daughters (N=12), which would suggest that they have moved for marriage or were married before their parents left India.

Only 12% of Sylhetis have children abroad (20 children) and only one respondent has their nearest child living abroad. Most children living abroad reside in South Asia (N=10). There are also children in North America (N=5) and Southeast Asia (N=4). Over two-thirds (70%) of the children living in South Asia are daughters (N=7) that would suggest that they have moved for marriage.

There are no significant differences between groups in the UK in the number of siblings and other relatives living abroad. However, it should be noted that more respondents have siblings living abroad than either children or other relatives. Over two-fifths of Gujaratis (41%) and Punjabis (44%) have siblings abroad, as do 37% of Sylhetis. For each group the siblings mainly reside in South Asia. (N=55; 70; and 51 respectively). However, all groups also have siblings in Southeast Asia. (N=11; and 13 respectively). Whereas Gujaratis and Punjabis have siblings in Africa (N=19; and 7 respectively), and North America (N=11; and 14 respectively) these are not countries of residence for Sylheti siblings.

Other than children or siblings, respondents also have other relatives living abroad. Twenty-seven percent of Gujarati respondents have other relatives living abroad, mostly in South Asia (N=15), Africa (N=10), the Middle East

(N=8) and North America (N=8). Twenty-eight percent of Punjabi respondents also have other relatives living abroad. Most Punjabi relatives reside in South Asia (N=38). Other than children or siblings, 24% of Sylheti respondents have other relatives living abroad. Most relatives living abroad reside in South Asia (N=34). There are also relatives in Southeast Asia (N=8), and the Middle East (N=8).

Intercontinental contacts: remittances

The data were examined to see if respondents send remittances to relatives abroad, or receive remittances. We had hypothesised that more remittances would be sent to relatives abroad (rather than received from relatives abroad) due to the expectations for a financial return from the sponsoring household.

Children

Respondents with children living abroad were asked whether they send regular remittances to at least one child or receive remittances from children. No Gujaratis send remittances to children abroad. However, 3 receive remittances averaging £200 a month, which are spent on household maintenance. Two remittances are sent from sons and one from a daughter.

A third of Punjabis (N=6) with children abroad send monthly remittances, which are used for home maintenance and household expenditure. The remittances are more commonly sent to sons (N=5) rather than daughters (N=1) living in South Asia or Southeast Asia. Only one Punjabi receives remittances from a child living abroad.

The findings for Sylhetis provide a contrast to those for Gujaratis and Punjabis. Nearly half of the Sylhetis with children abroad (45%) send remittances, which average £40 a month. The remittances are more commonly sent to daughters (N=8) rather than sons (N=1). One-third of the remittances are used for charity for the community and one half is used for other purposes. None of the Sylhetis receive money from children overseas.

Siblings

Remittance sending and receiving is less likely to take place between Gujarati and Punjabi siblings than between parents and children. For Gujaratis, only one person sends remittances to a sibling and one receives remittances from a sibling. None of the Punjabis send remittances to siblings abroad but two receive remittances from siblings: one from a brother in South Asia and one from a brother in Southeast Asia. On the other hand more remittances are sent to Sylheti siblings than children living abroad. Thirty percent (N=10) of Sylhetis with siblings abroad send remittances to a brother or sister, one-third of which are said to be for household upkeep and one-fifth for community charities. Some of the Sylheti remittances go to their communities of origin in Bangladesh (N=15) whereas the remainder go to South East Asia (N=8). The average amount is £26 a month. No Sylhetis receive remittances from siblings abroad.

Other relatives

Respondents with relatives (other than children or siblings) living abroad were asked whether they send regular remittances to or receive remittances from relatives. Among Gujaratis with relatives abroad, only one sends remittances. No respondents receive remittances from 'other' relatives. Only one Punjabi with relatives abroad sends a remittance. The average amount sent is £20 per month. No Punjabi respondents receive remittances from 'other' relatives.

The picture is different for Sylheti respondents. Of the 24 Sylhetis who have other relatives abroad, nine (38%) are sending remittances. Most of the money goes on household expenditure and upkeep, and is most likely to be going to Southeast Asia (N=7) or South Asia (N=6). The average amount sent is £20 per month. This money is being sent to stepchildren (N=6), parents (fathers N=2 and mothers N=4) and cousins (N=2). Interestingly, the six stepchildren 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. The respondent told the interviewer that the village would have been deserted if her husband had not remarried and procreated. His wives and six children in Bangladesh look after his house and land aided through the receipt of remittances. No Sylheti respondents receive remittances from 'other' relatives.

Any relatives

Data were examined to see whether Gujaratis, Punjabis and Sylhetis are more likely to send remittances to any relatives abroad (rather than receive remittances from any relatives abroad). For the purpose of this analysis any relative is defined as a child, sibling or other relative and represents the collapsing of data in the sections above.

Of Gujarati respondents with *any* relative living abroad, only 3% are sending remittances, which average £60 a month. Remittances are received by only those 3 parents mentioned above who receive an average of £200 a month from children. The sending and receiving of remittances is clearly not typical among Gujaratis in Birmingham.

Just over one-tenth (11%) of Punjabis with *any* relative living abroad send remittances to family members overseas, averaging £68 a month. All the money is said to be for home maintenance and household expenditure. Only five receive remittances. The sending and receiving of remittances is clearly not very common amongst Punjabis

The sending of remittances is more common for Sylhetis. Of those Sylhetis with *any* relative living abroad, 43% send remittances. This is substantially higher than for the Indians in the study. The average amount sent to all relatives is less than £24 a month. Although Sylhetis send remittances to relatives abroad, none receive remittances. The data clearly show that sending remittances is common for over two-fifths of the older Sylheti population.

Qualitative data suggests that in some instances pressure is put on members of migrating families living in Sylhet by members of the community or government officials for cash payments in order to secure favours. It is possible that some of the remittances described as contributions to the community or for charity may reflect this practice. We were also told that family members in Sylhet were often reluctant to give up or return businesses or property that they had been managing for relatives in the UK, when the relatives returned to Sylhet on retirement or when they died. In some cases, we were told, this results in violence. We have not been able to verify these accounts.

Intercontinental contacts: visits

Children

The data regarding visits are examined for all respondents with children residing abroad, to see whether UK residents visit children more frequently than the children visit their parents. Data are paired and only those respondents for whom data were collected for visits to and from children are included in the analyses.

There are no significant differences between the visiting habits of Gujarati parents and children: nearly two-fifths (39%) of children are visited by their parents at least every three years and the same proportion of children visit their parents with the same frequency (Table 49). Visiting is not very common between Gujarati parents and their offspring.

Unlike the children of Gujarati parents, the children of Punjabi parents are significantly more likely to be visited at least every three years, than the children are likely to visit their parents (37% vs. 3%). This type of intergenerational contact is not very common for Punjabis.

There are fewer children of Sylheti respondents living abroad compared with the other migrant groups. Even though the statistical test cannot be used on the sample, the data show that children of Sylheti parents are visited more frequently by their parents than the children visit the parents (50% vs. 0%).

Siblings

For these analyses data are paired and only those respondents for whom data were collected for visits to and from siblings are included in the analyses. There are significant differences in visiting patterns between siblings for Gujaratis, Punjabis and Sylhetis (Table 50). In all groups, siblings living in the UK are more likely to visit siblings living abroad than to receive a visit. The proportion of siblings visited is particularly high for Gujaratis and Punjabis where over half of siblings residing abroad are visited at least every three years (54% and 63% respectively). In addition one-third (33%) of Sylheti siblings living abroad receive visits from Sylhetis in the UK.

Relatives

There are no significant differences between the visiting habits of Gujarati relatives (other than children and siblings) living in the UK and those living abroad (Table 51). Three-fifths of the relatives abroad receive a visit from Gujaratis in the UK (60%) and visit their UK relatives (60%) at least every three years. Visiting between relatives appears to be fairly common for Gujaratis.

There are statistically significant differences between the visiting habits of Punjabi and Sylheti relatives living in the UK and those living abroad. Relatives of Punjabis in the UK are more likely to receive a visit (43%) than to visit kin in the UK (15%). Likewise, relatives of Sylhetis in the UK are far more likely to receive a visit (60%) at least every three years, than to visit relations in the UK (2%). As over half of the relatives in Sylhet receive a visit from their overseas kin we can assume that this is a fairly common practice for Sylhetis in the UK.

Intercontinental contacts: other types of communication

Data were examined for contacts between respondents and children, siblings and relatives. The types of contact that were considered are letters, phone calls, the sending and receiving of gifts, and visits. Analyses were performed to see if contact is more prolific between children and parents than for siblings and other relatives (Table 52).

Keep in touch

The respondents were asked if they maintained contact with children, siblings and relatives living abroad. An overwhelming majority of respondents keep in contact with all of their kin. There are no statistical differences for contact between the different kin groups for Gujaratis and Sylhetis, however, Punjabis are significantly more likely to maintain contact with children (100%) than siblings (94%) or other relatives (83%).

Respondents were asked further questions about the methods they used to maintain contact with their relations. Once again the data for children, siblings and relatives were compared to see if respondents are more likely to use each form of interaction with children rather that other relations.

Keeping in touch by letter

Respondents were asked if they kept in touch by writing letters to their kin. There are no significant differences between kin groups in contact through letter writing, for any of the groups in the UK. However, it is worth noting that this is the second most frequently used form of communication for each ethnic group. With the exception of Sylhetis contacting siblings, respondents are more likely to telephone their relations, than to write a letter.

Keeping in touch by telephone

The use of the telephone to contact relations is the most popular form of communication for each ethnic group. The analyses show that there are significant differences between the kin groups in the proportion of relatives who keep in contact by telephone. Gujaratis, Punjabis and Sylhetis are more likely to phone children than siblings or other relatives. Approximately 90% of children living abroad communicate with their parents by phone. Although fewer siblings and relatives talk with respondents living in the UK on the phone it is still the primary source of contact (with the exception of Sylheti siblings). Telecommunications are therefore very important for all South Asian groups studied.

Keeping in touch by sending gifts

Sending gifts to relations is clearly not an important means of contact for Punjabis. Only one-tenth (10%) of children and 6% of siblings receive gifts from their parents/siblings. Gift sending is apparently more important for Sylhetis and Gujaratis. Gujaratis are significantly more likely to send gifts to children than siblings or relatives. Just over one-third of Gujaratis (34%) and Sylhetis (35%) despatched presents to their offspring. Although not statistically significant, it is interesting to note that Sylhetis are more likely to send gifts to other relatives than to children or siblings.

Keeping in touch by receiving gifts

As noted above sending gifts is not an important means of contact for Punjabis. As would be expected, Punjabis are also not likely to receive gifts. Around 5% of the children and siblings of UK Punjabis sent them gifts. The receipt of gifts is more important for Gujaratis and Sylhetis. In both instances, children are significantly more likely than siblings or relatives to send presents to the UK respondents.

Keeping in touch by visiting

The data for visits to children, siblings and relatives were compared to determine whether parents are more likely to visit children than other kin groups. Surprisingly, neither Gujaratis, Punjabis nor Sylhetis visit children more than other members of their family. However, the differences in visiting are only significant for Gujaratis and Punjabis. Half (50%) of Gujarati siblings and nearly three-fifths (58%) of relatives are visited at least every three years, compared with only one-third (34%) of the children of Gujaratis. Over half (58%) of Punjabi siblings are visited compared with around one-third of children (33%) and other relatives (35%). Although not statistically significant, it is interesting to note that Sylhetis are more likely to visit other relatives than children or siblings. Over half (53%) of Sylheti relatives are visited at least every three years. Many of the visits to siblings and other relatives are to the home community in South Asia. These are often occasioned by a family wedding or funeral.

COMMUNITY INTEGRATION

Friends

In addition to members of their families, respondents in all groups keep in contact with friends. For all groups in the UK approximately one-fifth see friends daily (Table 53). In India, nearly two-thirds (65%) of Gujaratis and nearly three-tenths of Punjabis and Sylhetis see a friend daily. For Gujaratis and Sylhetis in both countries the frequency of contact with friends is significantly different. Gujaratis in India are more likely to see friends daily whereas Gujaratis in the UK are more likely to see a friend at least weekly. Sylhetis in the UK are also more likely to see a friend at least weekly, than those in Bangladesh.

Respondents were asked to give the names of up to five friends (Table 54). More Gujaratis in India than the UK named one friend, however in both countries the mean number of friends are 2. The mean number of friends named by Punjabis in both countries is also 2. Sylhetis in the UK are significantly more likely than those in Bangladesh to name 1 friend whereas those in Bangladesh are more likely to name 4 or 5 friends. However, the mean number of named friends in both countries is 3.

There are no significant differences between UK and India for Gujaratis and Punjabis in the proportion of respondents who have a friend depending on their friendship (Table 55). In contrast, significantly more Sylhetis in the UK feel that someone depends on their friendship (25%) than in Bangladesh (6%). There are no significant differences between men and women in the numbers of friends, mentioned nor having a person dependent on their friendship.

Neighbours

The proximity of neighbours makes them important sources of support and cooperation. In villages in South Asia where more of life takes place outside in clear view of neighbours the relationship is likely to be more intimate than in the UK where households close their front door on the outside world. This is reflected in the fact that significantly more Indians in the UK say that they have no contact with their neighbours. For both the Gujaratis and the Punjabis, daily contact with neighbours in India (71% and 75% respectively) is more frequent than in the UK (34% and 13% respectively). Those in the UK are more likely to see neighbours less frequently than daily but at least weekly (28% of each group, compared with 9% of Gujaratis and 17% of Punjabis). More Gujaratis and Punjabis in the UK than in India say they have less than monthly contact with neighbours (9% and 24% respectively). There is no significant difference in the frequency of contact with neighbours for Sylhetis in the UK and Bangladesh, with the majority having weekly contact with neighbours (61% and 59%) or daily contact (21% and 33%).

Confidants

Respondents were asked 'Is there someone in whom you can confide or talk to about yourself or your problems?' Responses are coded by the relationship of the confidant to the respondent (Table 57). At one extreme, respondents say that there is no confidant and at the other extreme they mention more than one person to whom they can talk.

For each ethnic group sizeable minorities claim that there is no one in whom they can confide or that they do not confide, ranging from 18% to 33%. There are statistically significant differences in the relationships of confidents between the UK and South Asia.

The main categories of confidant for Gujaratis are spouses, sons and daughters in the UK and spouses and friends or neighbours in Gujarat. Four times as many Gujaratis in the UK confide in daughters (13% vs. 3%), while in India more than twice as many as in the UK confide in friends or neighbours (28% vs. 11%). Amongst the Punjabis the important categories of confidants are spouse, son and friend or neighbour in both the UK and India. However, in the UK Punjabis are three times more likely to confide in daughters (12% vs. 4%). The Sylhetis demonstrate totally different patterns of relationships with confidants in Bangladesh and the UK. In the UK more than a quarter (27% vs. 18%) confide in no one, but half (49% vs. 14%) confide in a friend or neighbour. In contrast in Sylhet, more than four times as many confide in a spouse (26% vs. 6%) or a son (20% vs. 7%).

Overall, in the UK, spouses and children are more important as confidants for the Indians than for the Sylhetis. This is an interesting finding since, the Sylhetis are more likely to be married and more likely to be living in the same household as children. Friends and neighbours are most important for UK Sylhetis. They are mentioned less often by Indian respondents in the UK, but are cited almost twice as frequently by Punjabis than Gujaratis. In South Asia, spouses and sons are important confidants in all groups, however, both Indian groups are more likely to confide in a friend or neighbour.

For Gujaratis and Punjabis in the UK and India there are no significant differences in confidants between men and women. For Sylhetis in the UK nearly four times as many men than women did not name a confidant (41% vs. 11%). Although men and women are 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 Sylheti men in the UK are more limited in their choice of confidants, tending to rely on friends or neighbours or no one ($P<.005$). There were also statistically significant differences between Sylheti men and women in Bangladesh. In this instance, more men than women say that they confide in their spouses (40% vs. 3%).

Community Activity

In addition to relationships with relatives, friends and neighbours, older people maintain relationships with and through secular and religious groups in their communities.

Secular Community and Social Groups

Respondents were asked about their involvement in secular voluntary organisations in the community in terms of whether or not they attended meetings of groups and whether they attended regularly (at least once a month) or occasionally (less than once a month). In all groups, more than half attend such meetings at least occasionally (Table 58). Differences between the UK and South Asia are only significant for the Gujaratis, among whom twice as many are involved in social groups in India as in the UK.

Religious Activity

As described above, most of the Gujaratis are Hindus, most of the Punjabis are Sikhs and most of the Sylhetis are Muslims. Small numbers in each ethnic belong to other religions. Religious activity is an important integrating aspect of communities, particularly at this level of homogeneity. Respondents were asked whether or not they engage in religious activities and if so whether this involvement is regularly or occasionally. The numbers who say that they never engage in religious activity are higher in South Asia than in the UK, but differences are not significant for either of the Indian groups (Table 59). However, there is a significant difference for Sylhetis who are more likely to attend religious meetings regularly in the UK (37% vs. 21%).

Data were also collected for participation in a range of specific religious activities: prayer, attendance at a place of worship, festivals and pilgrimage. While prayer may be a private individual activity, all of the other activities connote some community involvement. Respondents were asked whether they engaged in these activities individually, with their family or with the community. These response categories are not mutually exclusive so that it is possible to respond affirmatively to all three. Respondents were asked whether they engaged in these activities regularly (at least once a month), occasionally (less than once a month) or never. Significant differences between those in the UK and those in South Asia are observed (Tables 60-62).

Figure19. Central Mosque in Birmingham

There are statistically significant differences between the UK and South Asia in terms of individual, family and community prayer. The majority of Gujaratis in the UK say that they engage in each of these types of prayer. Among Gujaratis in India,

however, only personal prayer is practiced by the majority. Individual prayer is engaged in more regularly in India, while family and community prayers are more common in the UK. The majority of Punjabis in both the UK and India engage in each of these types of prayer. Individual prayer is practised more regularly in the UK and family and community prayer more regularly in India. The majority of Sylhetis in the UK and Bangladesh engage in personal and family prayer, but more than half of Sylhetis in the UK do not engage in prayers with the community. In addition, two-fifths of Sylhetis in Bangladesh do not engage in community prayer. This may reflect the fact that Muslim women are less likely to attend the mosque. Private and family prayer is more common in both Sylhet and the UK, but in the UK this is more likely to be regular.

Figure 20. Mosque in East Bhadeswar, Sylhet

Figure 21. Mandir in Birmingham

In terms of attendance at a temple, gurdwara or mosque, higher proportions of Gujaratis are likely to go in the UK than in India. In terms of individual attendance, there is no significant difference between the UK and India. However, in India most of those who do attend a place of worship do so individually, while in the UK, most attend with the family. Regular attendance with family and community by Gujaratis is more common in the UK than in India. The majority of Punjabis in the UK and India are likely to visit the gurdwara individually, with the family and members of the community. However, the number of responses from India for attendance with family or community is too small for meaningful interpretation. Approximately, half of the Sylhetis never attend a place of worship, probably reflecting the fact that women do not typically attend. Of those who attend, more in the UK attend regularly. Those in Bangladesh attend with family and community less regularly.

We also asked about attendance at festivals. For the Gujaratis there are significant differences in all three categories between the UK and India. Those in the UK are more likely attend festivals than those in India, but are more likely to go alone than those in India. For those in the UK and India, attendance at festivals is clearly a family outing, with 82% attending regularly in India and 59% attending regularly and 32% occasionally with the family in the UK. There are no significant differences between the UK and India for Punjabis. The large majority attend festivals regularly or occasionally. There are significant differences between Bangladesh and the UK for the Sylhetis in terms of attendance at festivals individually and with family. In the UK two-thirds never attend festivals alone, whereas 91% in Sylhet attend alone. All responding Sylhetis in the UK and four-fifths in Sylhet attend with the family. However, Sylhetis in the UK are more likely to attend festival occasionally rather than regularly. There is no difference between the UK and Sylhet with respect to community festivals, with the majority attending either regularly or occasionally.

Respondents were also asked about pilgrimages. The majority of Gujaratis in the UK never go on pilgrimages individually, with family members or with members of the community and the majority of Gujaratis in India never go on pilgrimages with members of the community. Predictably, those who do undertake pilgrimages do so occasionally. Most in India go alone and most in the UK with the family. Among Punjabis in the UK, approximately one-third never go on a pilgrimage. Half of those in India never go alone. All Punjabis in India go on pilgrimages at least occasionally predominantly with family and/or members of the community. About half of those in the UK go on pilgrimages with family or community members occasionally. Most of the Sylhetis are Muslims, for whom the Haj pilgrimage to Mecca is a religious obligation. However, the large majority of those in Sylhet have never been on pilgrimage. Those most likely to go on pilgrimage live in the UK. Approximately a third makes pilgrimages alone occasionally and half make pilgrimages with the family.

Loneliness

It might be expected that immigrants would be more likely to feel lonely in their adopted country than in their homeland, despite the high levels of contact with relatives, friends and neighbours that have been found in this study. Differences in levels of loneliness between the UK and South Asia are significant for all groups (Table 63). Respondents in both the Indian groups are more likely to be lonely in the UK than in India (51% vs. 31% of Gujaratis and 88% vs. 44% of Punjabis). However, most Gujaratis and Punjabis in the UK are lonely only rarely (15% and 43% respectively) or sometimes (27% and 35% respectively). The pattern for Sylhetis is different. Fewer than half (49%) are lonely in the UK compared with 82% in Bangladesh. Most of those who are lonely in the UK are lonely sometimes (28%), while most of those lonely in Bangladesh are lonely rarely (41%). In summary, the Indians are less lonely in India and the Sylhetis are less lonely in the UK.

The levels of loneliness are to some extent explained in the numbers of hours that the older people are alone at home during the day. There are significant differences between the UK and South Asia for all three groups (Table 64). With the exception of the Sylhetis in Bangladesh, fewer than half are alone for more than three hours a day. The majority of the others are alone for 0-3 hours a day and many of these are likely to not be alone at all given the large household sizes. For both Indian groups, more older people are alone for more than three hours a day in the UK than in India. The opposite is true for the Bangladeshis, where 75% are alone for three hours or less in the UK compared with 9% in Sylhet.

Summary

Figure 22 summarises the significant differences between the UK and South Asia, in terms of family and community relationships. It can be seen that there are most differences in family and community integration for Punjabis and least for Sylhetis.

Figure 22. Family and Community, Significant differences between South Asia and the UK

	Gujaratis	Punjabis	Sylhetis
Children:			
Number of living children	ns	ns	*
Number of children living abroad	ns	*	*
Number of children in household	*	*	ns
Number of grandchildren in the HH	*	*	*
Proximity to family members:			
Nearest child	*	*	ns
Nearest brother or sister	*	*	*
Nearest relative	*	*	ns
Frequency of contact			
With child	*	*	*
With sibling	*	*	ns
With relative	*	*	ns
Religion:			
Attends religious meetings	ns	ns	*
Community integration:			
Number of friends named	*	ns	*
Contact with friends	*	ns	*
Contact with neighbours	*	*	ns
Attends social group meetings	*	ns	ns
Loneliness and social isolation:			
Feeling lonely	*	*	*
Number of hours alone/day	*	*	*

IV: SOCIAL SUPPORT

INTRODUCTION

In this section we are interested in the sources of informal help and support available to the older people in the study. Respondents were asked to whom they would turn for help with a wide range of needs which can be anticipated to occur for older people. 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 happens/ed.

In the section on demographic characteristics, it was noted that support network type reflects the matrix of support available to the older person embedded in that type of support network. Five types of networks were identified: local family dependent support networks, locally integrated support networks, local self-contained support networks, wider community focused support networks and private restricted networks. The family dependent and locally integrated support networks have been identified as the types which provide the highest levels of informal support.

Support Networks

There are no significant differences in the distribution of support network types for Gujaratis and Sylhetis, although, Punjabis are more likely to have wider community focused support networks in the UK. However, more than three-quarters of respondents in all sub-samples have either family dependent or locally integrated support networks – those types which provide the highest levels of support.

There are, however, significant differences in the *size* of support networks between the UK and South Asia for all three groups. Networks tend to be larger in South Asia (Table 65). All groups have proportionally greater number of networks of 10 or more members in South Asia: more than twice as many Gujaratis (32% vs. 14%), more than four times as many Punjabis (28% vs. 6%) and two-thirds more Sylhetis (55% vs. 33%). Gujaratis and Punjabis have significantly fewer networks of 5 or less members in India. Almost three times as many Gujaratis have these smaller networks in the UK (50% vs. 18%) and more than two and half times as many Punjabis (57% vs. 22%).

Sylhetis have the largest average support networks and Punjabis the smallest, both in the UK and in South Asia (Table 66). The average size of the support networks of Gujaratis in the UK is 6, and in India is 8.6. For Gujaratis, those in India have, on average, two more network members than in the UK. For Punjabis in the UK, the average network consists of 5.3 members and in India 7.8 members. Punjabis in India have on average 3 more members in their support networks than in the UK. Sylhetis in the UK have average networks of 8.4, while those in Bangladesh have networks with an average membership of 10.4. Sylhetis on average have two more network members in Bangladesh than in the UK. The average older person in South Asia, therefore, has 2 or 3 more network members than in the UK.

INFORMAL SUPPORT

Help with personal services and household tasks

All three groups in the UK have access to more help with financial advice, when feeling unhappy or with personal problems, however levels are only significantly higher in the latter two instances for Punjabis and Sylhetis (Table 67). Sylhetis in the UK are also more likely than those in Bangladesh to receive help with household chores and Punjabis in the UK are more likely to have help with food shopping. All groups in South Asia are more likely to get help with washing clothes. Gujaratis and Punjabis in India are also more likely to have help with cooking. Gujaratis in India are more likely to have someone to take care of them when ill. In the next section we look at *sources* of help.

Financial Advice

Differences between India and the UK in sources of financial advice are found for all three groups (Table 68). The modal response in all samples is "no one" (except for Sylhetis in the UK who mention sons). Among those who would ask for advice, sons are most frequently mentioned in all samples, more so in the UK. Spouses are also mentioned by Punjabis in both India (12%) and the UK (10%). Significantly more Gujaratis in India use friends or neighbours for financial advice (15% vs. 6%) and Gujaratis in the UK are more likely to make use of professional advice UK (7% vs. 0). Significantly more Punjabis in India have no one to seek financial advice from (60% vs. 38%), whereas Punjabis in the UK are more likely than those in India to get advice from daughters (11% vs. 2%). Sylhetis in the UK are more likely than those in Bangladesh to use professional financial advice (7% vs. 0%).

Emotional Support

Two questions were asked about emotional support. Respondents were asked (1) to whom they would talk if they were feeling unhappy, and (2) to whom they would talk about a personal problem. Responses to the first question, show no difference between India and the UK for Gujaratis, but significant differences for the Punjabis and Sylhetis (Table 69). Responses to the second question, show significant differences for all groups (Table 70).

For the person *talked to when feeling unhappy*, there is no statistically significant difference between India and the UK for Gujaratis. Of those who would talk to someone the most likely choice in India would be a son (13%) or a friend/neighbour (13%). In the UK, friend/neighbour is the most frequently mentioned source of support (22%), followed by those who would talk to more than one person, representing combinations of relationships (16%).

Among Punjabis differences between India and the UK are statistically significant. Respondents in India are most likely to talk to a friend/neighbour (19%) or a relative outside the immediate family (17%). Friend/neighbour is the most important category in the UK too (31%), but in this case spouses (28%) are the other important category. Punjabis in the UK are significantly

more likely to talk to spouses (28% vs.12%), daughters (13% vs. 4%) and friends or neighbours (31% vs. 19%) that their South Asian counterparts.

The differences between countries are also significant for the Sylhetis. In Bangladesh spouse and friend or neighbour are both mentioned by 22% of the respondents, whereas in the UK the most significant category is friend or neighbour (58%). More Sylhetis in Bangladesh have no one to talk to (43% vs. 22%) however, they are significantly more likely to mention a spouse than those in the UK (22% vs. 1%). Sylhetis in the UK are more than twice as likely to talk to friends and neighbours than those in Bangladesh (58% vs. 22%).

The people respondents would *talk to about a personal problem* also show statistically significant differences between the UK and South Asia for all three groups. For Gujaratis in India spouses are named most often (20%) followed by friend or neighbour (10%), while in the UK sons are mentioned most frequently (18%) followed by spouse (14%) and daughter (13%). Significant differences are observed for daughters, as four times as many Gujaratis in the UK talk to daughters as in India (13% vs. 3%).

Punjabis in India also mention spouses most often (20%) followed by friends or neighbours (19%) and sons (13%). In the UK, Punjabis mention the same categories in the same order (spouse 29%, friend/neighbour 25% and sons 10%). There significant difference between the countries is in the proportion of respondents with no one to talk too, which is higher in India (35% vs. 16%).

Spouses are the most frequently mentioned category in Sylhet (31%) followed by 'other' relatives (13%). Sylhetis in the UK mention spouses most often (25%) followed by sons (19%). There are significant differences between the countries in sources of help. Sylhetis in the UK are more likely to have more than one person to talk to (12% vs. 1%) or talk to sons (19% vs. 3%). Sons are six times more likely to be talked to about personal problems in the UK as in Bangladesh.

Care when ill

Respondents were asked who looked after them if they were ill (Table 71). As a reflection of household composition there is no significant difference for the Sylhetis. In both countries most help comes from spouses, daughters-in-law or daughters. Although sons are more likely to provide care when parents are ill in Bangladesh than in the UK (17% and 7%) this is not statistically significant.

There are significant differences between those in India and those in the UK. In India, among the Gujaratis, the most common sources of home care are spouse (20%), an 'other' relative (20%) or a son (18%). Spouses are more important in the UK (33%), followed equally by sons (13%) or daughters (13%). Statistically more Gujaratis in India mention 'other' relatives than in the UK (20% vs. 2%). Punjabis name sons most frequently (35%), followed by spouse (20%) or daughters-in-law (19%). In the UK, spouses are named most frequently (35%), followed by sons (23%), daughters (14%) and daughters-in-law (14%).

The support discussed so far in this section has been what might be called personal services. The next part of this section on informal help focuses on household help.

Shopping for Food

Respondents were asked who went to buy food for them. There are no significant differences between India and the UK for the Gujaratis, but significant differences are observed for the Punjabis and the Sylhetis (Table 72). Among the Gujaratis in India and in the UK, most help comes from sons. In the UK, Gujaratis also receive help from spouses (10%) and daughters (10%). Among the Punjabis in India most help also comes from sons (26%), but this is over three times higher than the proportion of sons helping Punjabis in the UK (8%). The next most frequently mentioned category by Punjabis in India is spouse (10%) but in the UK twice as many spouses go to buy food (24%). In the UK, Punjabis are also more likely to receive help from daughters (15%) and daughters-in-law (14%) than is found in India (0% for either). The majority of help in Sylhet and the UK comes from sons (54% and 43% respectively) and the next most frequent category in Bangladesh is paid help (8%). In the UK, 'other' relatives (12%) and spouses (9%) also help with shopping. Sylhetis in the UK are more likely to receive help from more than

one person (9% vs. 1%) whereas those in Bangladesh are more likely than those in the UK to receive help from professionals (8% vs. 0%).

Figure23. Three generations of Indian women shopping in Birmingham.

Figure 24. Shopping in India.

Cooking

There are significant differences between South Asia and the UK for all groups in terms of help with cooking (Table 73). Among the Gujaratis, those in India receive most help from daughters-in-law (33%) or spouses (21%), which we can confidently assume are wives. The main source of help in the UK is from spouses (28%) followed by daughters-in-law (14%). This is a significant difference between the countries, over twice as many mention daughters-in-law in India (33% vs. 14%). In addition, Gujaratis in India are also more likely to mention 'other' relatives as sources of help with cooking (9% vs. 1%) Among Punjabis, in India the most frequent source of help again is daughters-in-law (66%) followed by spouses (13%). Most help in the UK also comes from spouses (33%) or daughters-in-law (17%). However significantly more Punjabis in India mention daughters-in-law and more Punjabis in UK mention spouses. In Sylhet, most help comes from daughters-in-law (47%), followed by spouse (28%). In the UK, also more help comes from daughters-in-law (32%), followed by spouse (30%).

Cooking is clearly in the woman's domain and we can assume that most of those who receive no help are women cooking for themselves and others. This is most marked for Punjabis in the UK, among whom 71% of women have no one to cook for them compared with 2% of men. Among Punjabis in India, 13% women and 2% of men have no one to cook for them. For Gujaratis, the differences are less pronounced in the UK, with 50% of women having no one to cook for them compared with 33% of men. However, the difference in India is more pronounced, with 44% of women compared with 8% of men having no one to cook for them. Fewer of the Sylhetis overall have

no one to cook for them but again, it is primarily women (11%) who are without help compared with men (3%).

Washing clothes

There are significant differences between South Asia and the UK with respect to washing clothes. Washing clothes in South Asia can be an arduous occupation, performed squatting at the water source, either in or adjacent to the home, at a communal washing place or other available water. Clothes are pounded perhaps with a piece of wood and then spread or hung to dry. Washing clothes is predominantly women's work.

Among the Gujaratis in India the main sources of help are daughters-in-law (24%), spouses (19%), and hired help (18%) (Table 74). In the UK, most help comes from spouses (wives) (24%) with some from daughters-in-law (9%). The level of help from daughters-in-law is significantly higher for Gujaratis in India. Among the Punjabis, the pattern is similar. In India, most help comes from daughters-in-law (55%) and spouses (wives) (12%). In the UK, the pattern is reversed with most help coming from spouses (28%) and some from daughters-in-law (11%). Proportionally five times as many daughters-in-law help Punjabis in India and twice as many spouses help Punjabis in the UK. Among the Sylhetis in Bangladesh and the UK, most help comes from daughters-in-law (31% in each country). In Sylhet, the next most important category is paid help (19%), followed by spouse (17%) and daughter (13%). In the UK, the other important categories are spouse (13%) and daughter (11%). The significant differences between the countries are that a substantial minority receive paid help in Bangladesh and that five times more Sylhetis in the UK receive no help.

Other Household Chores

Differences between South Asia and the UK with help with other household chores are significant for Punjabis and Sylhetis but not for Gujaratis (Table 75). Gujaratis in India receive most help from daughters-in-law (16%), followed by hired help (9%). In the UK help comes from spouses (16%) and daughters-in-law (11%) with some also from daughters (8%). The Punjabis in India receive significantly more help from daughters-in-law with no other significant source, than those in the UK (26% vs. 9%). In the UK, Punjabis receive more help from spouses (17% vs. 5%). The pattern for Sylhetis in Bangladesh is similar to that for Gujaratis in India, most help comes from

Figure 25. An 83-year-old woman washing dishes in India.

daughters-in-law (11%) and paid help (11%). Both of these sources of help are significantly higher in Bangladesh than in the UK. In the UK, significantly more Sylhetis receive help, from more than one source (16% vs. 1%) and from spouses (23% vs. 6%).

Summary

In this section, sources of advice, emotional support and instrumental help have been considered. Figure 26 shows the statistical significance of differences between South Asia and the UK in sources of: size of support networks, financial advice, person respondents talk to when they feel unhappy, person they talk to when they have a personal problem, person who takes care of them when they are ill, and people who shop for food, cook, do laundry or household chores. There are statistically significant differences on six items for the Gujaratis, eight for the Sylhetis and on all nine for the Punjabis.

There are significant differences for all ethnic groups in terms of sources of network size, financial advice, the people they talk to about personal problems, help with cooking and help with washing clothes. There are significant differences for Gujaratis and Punjabis in terms of who takes care of them when they are ill. There are significant differences for Punjabis and Sylhetis in terms of who they talk to when they are unhappy and sources of help with food shopping and household chores.

Figure 26. Sources of advice, emotional support and instrumental help: statistically significant differences between India and the UK

Type of support:	Gujaratis	Punjabis	Sylhetis
Size of support network	*	*	*
Financial advice	*	*	*
Talk to when unhappy	ns	*	*
Talk to about personal problem	*	*	*
Takes care when ill	*	*	ns
Buying food	ns	*	*
Cooking	*	*	*
Washing clothes	*	*	*
Household chores	ns	*	*

V: MATERIAL WELL-BEING

Sources of income

Income in later life may be determined by the employment history, pension contributions and contributions from relatives. In this section, we look at the differences in sources of income for each of the groups in UK and South Asia. The most important sources of income (in terms of the most frequently reported) are also discussed for each group.

A greater proportion of respondents in Gujarat and Punjab India (than in the UK), rely on income from employment, and in the Punjab from spouses employment (Table 76). In all three South Asian groups, a greater proportion of respondents receive an income from children residing in the same household, and more Punjabis and Sylhetis receive an income from children residing elsewhere. Over one-quarter (26%) of Sylhetis in the UK receive an income from other agencies compared with only 3% in Bangladesh. More Punjabis and Sylhetis in the UK receive a pension from a former employer, than their counterparts in South Asia. In all three groups, a greater proportion of respondents in the UK receive a pension. However, fewer Gujaratis than other groups in the UK are in receipt of a pension. The figures for receipt of state pension for Gujaratis are considerably lower than noted elsewhere for Indians as a whole (19% vs. 88%) (Evandrou 2000). However, in order to receive a full entitlement for state pension men have to have paid national insurance contributions for 44 year and women for 39 years. As noted earlier most Gujaratis arrived in the UK in the 1970s, and other evidence suggests that many Asian men would have experienced periods of unemployment (Jones 1993, Brown 1984, Drew 1995). Consequently, Gujaratis are not likely to have full entitlement to a state pension. Punjabis and Sylhetis in the UK are more likely to receive an income from other sources, however, Gujaratis in India are more likely than those in the UK to receive an income from elsewhere.

The most important sources of income for Gujaratis and Punjabis living in India are from employment, spouses employment or children residing in the home. This is partly reflected in the proportion of Gujaratis and Punjabis in South Asia who are still working. Around one-quarter of Gujaratis also receive an income from savings. Income from relatives are most important for Sylhetis, that is, income from children residing in the home, children residing elsewhere and other relatives. The greatest proportion of Sylhetis (84%) receive income (remittances) from children living elsewhere.

The receipt of remittances by UK South Asian groups has already been covered in *Chapter III: Family and community*. However, given the large proportion of Sylhetis relying on money from children resident elsewhere, the receipt of remittance by all Gujaratis, Punjabis and Sylhetis in South Asia is examined.

A minority of Gujarati and Punjabi South Asian samples have children living abroad (40% and 37%). In Bangladesh, 85% of the Sylhetis in the sample have children abroad. Therefore, it is expected that remittances from children abroad are more important for Sylhetis. The data show that only eighteen children send Gujaratis a remittance and 34 children send remittances to Punjabis. As expected, more Bangladeshi children (126) living abroad send remittances to their parents. The numbers of Gujaratis and Punjabis who were willing to relate the amount sent in remittances is small, however, on average Gujaratis receive 1143 Rs (€27) per month (N=4) and Punjabis receive 919 Rs (€ 21) per month. More Sylhetis were prepared to mention the amount of remittances sent by children. On average, Sylhetis receive 1329 Takas (€ 27) from each child living abroad, every month. The receipt of remittances is clearly a very important source of income for Sylhetis in Bangladesh.

The most important sources of income for migrant groups living in the UK are state pensions, supplementary state pension and other sources of income. For Sylhetis in the UK, other agencies, housing benefit and council tax reductions are also important sources of income. Over one-quarter (26%) of Sylhetis in the UK received income categorised as other, which tended to be income support. A further quarter (26%) of the sample also said that they received income from an agency (which did not include retirement benefits). The data shows that 54% of the sample received an income from either of these two sources (which could be income support) however, the proportion of Bangladeshis in receipt of income support is lower than noted elsewhere (54% vs. 76%) (Evandrou 2000). Although it appears that migrants in the UK are reliant on state benefits, over one-quarter of Punjabis in the UK have an income from pensions from former employers and savings.

As with many other surveys, the response rate for the income question in the UK was poor, with over half of the Gujarati sample refusing or unable to answer to question (Brown 2000, Modood 1997). Elsewhere it has been suggested that 'missing' data are more likely to be high earners and consequently mean income may fall short of actual levels (Modood 1997).

The mean level of income for Gujaratis in the UK is £143.17 per week (N=29). The mean level of income for Punjabis in the UK is £147.27 per week (N=70). These findings should be treated with caution, given the large proportion of missing data. Elsewhere analysis of data for Indians has found that there is a bi-modal distribution of income amongst older Indians. Half of the Indian population are in the bottom quintile of income distribution and one-tenth in the top quintile (Evandrou 2000). The mean level of income for Bangladeshis in this study is £358 per week and the median income is £313 per week (N=91). It seems likely that Sylheti respondents have stated the household income, rather than personal income, as 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 bottom quintile of income distribution compared to a fifth (21%) of white households (Evandrou 2000).

The mean level of income for Gujaratis in India is 1408 Rs (€ 33) per week and for Punjabis is 1071 Rs (€ 25) per week. The mean level of income for

Sylhetis in Bangladesh is 2477 Taka (€ 51). These figures cannot be directly compared with the income in the UK due to the different costs of living in South Asia and the UK.

Household appliances

For all groups (with the exception of Sylhetis and the possession of radios) significantly more of the UK respondents own household appliances (Table 77). This reflects the higher standard of living for migrants in the UK compared with the sending areas.

Comparing the South Asian groups we also find significant differences in ownership of household appliances. Fewer Gujaratis than Punjabis or Sylhetis own a radio. A significantly greater proportion of Punjabis have a television in the household. More Gujaratis have a telephone in the household. Over two-thirds of Gujaratis and Punjabis have a refrigerator compared with just over one-quarter of Sylhetis. Fewer Sylhetis own a washing machine. There are no significant differences between the groups in ownership of video recorder.

Summary

Overall, Sylhetis in Bangladesh seem to be financially better off than the other South Asian groups. This appears to be due to income received from children living abroad. However, in terms of material possession, with the exception of radios, lower proportions of Sylhetis have household appliances at their disposal. Although the Sylhetis in the UK appear to have larger incomes than Gujaratis or Punjabis, this is misleading, as there is a high proportion of missing data for Gujaratis and Punjabis. In addition, other evidence suggests that Sylhetis have stated household income rather than personal income. In this case, it should be noted that Sylhetis have larger households in the UK than the other immigrant groups and the income would be shared amongst more members. In addition, Sylhetis are more likely to send remittances (a proportion of the household income) to relatives abroad.

VI: DEATH AND DYING

Religion and religious activity have been discussed in *Chapter III: Family and Community*. In planning this study, we were particularly interested in the impact of migration on the experience of death and dying. The immigrants in the UK face death in a foreign country and those left behind in South Asia may face death without their children present. Much of what has been published on migration in the past has focused on the migration experience for immigrants. Less emphasis has been given to the way in which living in the UK affects the culture and experience of those who come from different parts of the world to settle here. The rites and rituals surrounding death are deeply embedded in solemn religious rites and secular culture and are likely to be those aspects which might be the most resistance to change. Evidence of change in these most solemn rites indicates acculturation.

Interest in this aspect had been prompted by earlier research in the UK which had suggested that ignorance of the religious beliefs, practices and values of non-Christian ethnic groups had resulted in failures in sensitivity and understanding by service providers (Firth 1993). A more detailed report is planned looking in more depth at the differences between adherents of Hinduism, Sikhism and Islam. In this section, however, data are presented looking at the overall differences in experience between the immigrants and those in South Asia. Each group belongs predominantly to one religion. Some of the responses to questions in this section are likely to be influenced by the religious background of the respondents. In most instances, the findings are reported for the whole ethnic group but in others they are reported only for those belonging to the dominant religion. This difference is indicated in the text.

Making a will

Respondents were asked whether or not they had made a will (Table 78). In all groups only a minority have done this. Significant differences between those in the UK and South Asia exist only for Gujaratis and Sylhetis. Approximately one quarter of Punjabis have made a will in both countries. Approximately one-third of Gujaratis and Sylhetis in the UK have made a will, compared with 9% and 2% respectively in South Asia. For Hindus, it is specifically expected that an older person or one who is aware that death is imminent, executes his own will, distributing assets and responsibilities to his heirs and not leaving the task to others. The figures certainly indicate that making a will is not common for Gujaratis and Sylhetis in South Asia. The higher figures for these two ethnic groups in the UK suggest that making a will is an adaptation to the host culture.

Attitudes to Death of Hindus, Sikhs and Muslims

In the following paragraphs, we concentrate only on the members of the main religion for each of the ethnic groups. We limit our discussion to the main religion only because it is likely that religious differences affect attitudes to death. We use the term Hindus to refer only to Gujarati Hindus, Sikhs only to refer to Punjabi Sikhs and Muslims only to refer to Sylheti Muslims. We asked the respondents what they thought was a good and a bad death and their opinion on why some people fear death.

A Good Death

Adherents of all three main religions aspire to a conscious death, at home, surrounded by one's family. The presence of sons at the time of death is particularly important. Since death and funeral rituals are embedded in religious observance and symbolism, it had been anticipated that respondent's images of a good death would be described in religious terms. However, this was not true for all the ethnic groups. Similar responses are made by members of all three ethnic groups, although there are some differences in emphasis.

The Hindus both in the UK and in Gujarat emphasise death without suffering, pain or long illness. In addition, despite the emphasis in Hinduism on preparation for death, quick or sudden death is felt to be a good death. The majority of Hindus in Gujarat think that a heart attack is a good death (which seems to be seen as painless) and this is the most frequently mentioned description. More in the UK mention death in the presence of their spouse and family members, while more in India mention death while still not dependent on help from others.

Sikhs in the UK also emphasise that a good death is without physical or mental suffering. Sikhs in both countries put emphasis on having fulfilled all duties, obligations and responsibilities, particularly to the family. Although not stated in these terms this is one of the religious duties of Sikhs. Those in the Punjab and in the UK mention the importance of the presence of the family at the time of death and in Punjab this is stated in contrast to dying alone. Those in the UK often comment on a good death being one that takes place at home or in hospital. In the Punjab, where premature death is more common, it is said that it is a good death if it takes place after "completing his or her age", in other words, in old age. Several Punjabis also say that a good death is one, which comes after having enjoyed a happy life.

Dying with the family around one appears to be the most important aspect of a good death for the UK Sylheti Muslims. More than twice as many mention this than any other aspect with the exception of dying without any debts. Half as many mention death without suffering. Various religious aspects are mentioned by significant minorities of UK Muslims, for example, Islamic last rites being read, believing in the Faith, and death while praying are all associated with a good death. For Muslims in Sylhet the religious aspects that are mentioned most frequently included dying: with Iman, in Islam, on a

holy day and with *kalmia* (or kalma) the prayer for the dead. A natural or normal death is also seen as good.

For the Indian groups, the main aspects of a good death are absence of suffering and the presence of the family. However, a very large number of other aspects were also mentioned. A primary concern for the Sikhs is having fulfilled one's lifetime responsibilities by the time on one's death. A good death for the Muslims is a death within the observance of their faith, although for the immigrants in the UK having the family around them has more salience.

A Bad Death

As might be anticipated in many cases the aspects of a bad death that are mentioned most frequently are often the opposite of those of a good death. The Hindus in both countries mention suffering and pain more than three times as frequently as any other factor of a bad death. Accidents and suicide are also seen as bad deaths, as is being dependent on other members of the family for help. Some Hindus in the UK mention dying alone or lonely as a bad death. Those in Gujarat see death in hospital as a bad death.

The two factors which Sikhs stress as associated with a bad death are suffering and untimely (or accidental) death or death at a young age, which is the opposite of "completing his/her age" mentioned above. In the UK, in addition to accidents, specific mention is made of murder, suicide and death away from home. One gains the impression that accidental or unnatural death is omnipresent in Punjab in India. In addition to "accident" the following forms of unnatural deaths were mentioned as bad: murder (N=7), snake bite (N=6), drowning (N=10), poisoning or intoxication (N=10), falling from a height (N=4), burning (N=3), drug overdose (N=4), electric shock (N=2) and natural calamity (N=6). Even if each of these examples represented several people commenting on a recent misfortune, accidental death appears to be frequent and various in rural Punjab. UK Sikhs mention bad deaths as those with no relatives to mourn the passing or to perform the death rituals, dying alone or lonely, or without proper medical treatment.

Despite the emphasis on religious aspects in considering the good death, the Sylheti Muslims do not mention the absence of religious observances as contributing to a bad death. There are clear differences between the UK Muslims and the Sylheti Muslims. In the UK, the opposite of good deaths are mentioned most often – suffering and debt. Deaths in hospital and deaths without the family round or with no family to take care of the burial are bad deaths, as are deaths without proper medical support or with a lack of care. This presumably refers to medical care at home as hospital deaths are seen as bad. For the Muslims in Sylhet, it is again the uncertainties of continued life that are most salient. Bad deaths are those that occur in accidents, by suicide, suddenly or unexpectedly. Suffering is less salient than premature death.

Images of the bad death are obviously partially connected with images of a good death. Deaths involving suffering and the absence of family are seen as

bad by all three ethnic groups. Accidents and deaths away from home are also bad deaths. However, accidents and other forms of unnatural deaths are most salient for Punjabis and Sylhetis in South Asia, reflecting the higher death rates in younger age groups. Despite the importance of religious rituals surrounding dying and funeral practices, as demonstrated in respondents' accounts of funerals (not discussed in this report), religious factors are not the most important aspects of good and bad deaths (apart from for Muslims in Sylhet).

Fear of death

Because it had been felt that it might be inappropriate to ask older people if they feared death, the question was posed as follows: "Some people are afraid of death. What could be the reasons?"

The most frequent response from UK Hindus is that there is no reason to fear death, that it is natural and inevitable. Fear is explained primarily as a fear of the unknown. UK Hindus mention worries about what life might be like after death and about going to hell. Reincarnation, which is a basic tenet of Hinduism, can be a solace that death is not the end, or a worry if sins have been committed in this life. Hindus in Gujarat see fear of death as primarily a desire to live longer; not to leave their family, property, friends and money. They cite worries about how children and other close relatives will manage without the deceased and also mention unfulfilled desires and work. The differences between the UK and India again seem to reflect concerns about untimely deaths in India.

UK Sikhs most commonly mention that only non-religious people fear death. They say that death should not be feared. They see fear of death as fear of punishment for misdeeds and the recognition by the dying person that they have not prayed and remembered God. Sikhs in the Punjab also explain fear of death as fear of the consequences of misdeeds in this life. However, far more commonly expressed in India is that those who fear death are tied to their family or children and fear to lose them, their business, property, money and wealth. These sentiments are similar to those of the Hindus and reflect the religious admonishment that preparation for death involves withdrawal from the ties and earthly attachments.

UK Muslims also say that one should not be afraid of death, but a large proportion feel that everyone is afraid of death. A common expression is that everyone is afraid "for their own reasons," which appear to refer to anxiety about the consequences of sin and the judgement day. Fear of the unknown is also mentioned. A significant number also say that leaving the family behind is painful. For Muslims in Sylhet too, fear of death is associated with fear of punishment and suffering for one's sins and they too say that no one wants to die.

Explanations of fear of death are couched far more commonly in religious beliefs than concepts of a good or bad death. Immigrants from all ethnic groups commonly say that one should not fear death but acknowledge that many people do. Fear of the unknown is commonly seen as a reason for

fearing death. Both groups in India associate fear of death with ties to the living and with the advantages of this life, all of which by the tenets of their religion need to be relinquished before death. All groups mention fear of punishment for bad deeds but this is more salient for the Muslims and the Sikhs.

Reports on recent deaths

All respondents were also asked for information regarding a recent death in their family or of someone close to the family. Not all respondents were able to do this primarily because there had been no recent death in their immediate circle or that they did not want to talk about death.

Place of death

For the Gujaratis and the Sylhetis again there are significant differences between the UK and South Asia in terms of the place of death (Table 79). This is not significantly different for the Punjabis. Most deaths took place either in the home of the deceased person or in hospital. Small proportions of deaths took place in the home of a family member. A very small number took place in a nursing home or somewhere else, usually as a result of an accident. More died at home in Gujarat and Sylhet and more died in hospital in the UK. These differences were quite marked. Only 31% of Gujaratis died at home (their own or somebody else's) in the UK compared with 80% in India. For the Sylhetis the figures were 38% and 82% respectively. More Punjabis died at home in India and more died in hospital in the UK but these differences were not statistically significant with the small sample.

Making funeral arrangements

Arrangements for funerals are made predominantly by male members of the family, ranging from 74% to 98% of funerals mentioned (Table 80). The only significant difference between countries is for Punjabis, where it is more common for women to arrange funerals in the UK (9% vs. 4%).

The relationship of the person who arranged the funeral is not significant for Gujaratis. Women Gujaratis (wives and daughters) in both countries are more likely to arrange funerals than in the other ethnic groups, but this is still a minority. Less than half of the Gujarati funerals reported had been arranged by a son or sons, although this accounted for the most frequently mentioned category. Around one-fifth of Gujarati funerals were arranged by "others" which included daughter, children-in-law, sister, nephew.

There were significant differences in terms of who arranged funerals between the UK and South Asia for Punjabis and Sylhetis. In Punjab 81% of funerals had been arranged by a son or sons of the deceased, however, in the UK only 10% of funerals had been arranged by a son, 26% by a spouse and 21% by 'other' relatives. In Sylhet, 77% of funerals had been arranged by a son or sons and the rest by 'other' male relatives; in the UK, 50% had been arranged by a son and 17% by 'other' male relatives. No Sylheti funerals had been arranged by a woman.

Changes in funerals over time

In order to look at whether funeral rituals had changed as a result of migration, it was necessary to ask both those living in the UK and those living in South Asia whether they were aware of changes in funeral rituals in their life-times. We needed to know whether changes had taken place in both countries or only one country, what changes respondents are aware of and whether changes in the UK were similar or different from those in the home country.

A minority of respondents recognised change (Table 82). In Punjab and Sylhet only one person in each country said that there had been changes. In contrast, two-fifths in the UK recognised changes (44% in Punjab; 43% in Sylhet). However, differences are not significant for Gujaratis; comparable numbers in both countries identified changes.

Changes can possibly be religion specific so in analysing these data changes, only those mentioned by members of the dominant religion for the group are discussed. The most frequent changes mentioned by Punjabi Sikhs are: (1) the fact that cremation used to take place on the day of death or the following day and now in the UK it may be longer; (2) that in India cremation is done in the open with a pyre of wood but in the UK it is done in a crematorium; (3) there is not so much weeping at funerals as there used to be; (4) that in the UK professional funeral directors take care of the arrangements; and, (5) that in the UK there are facilities so that the body can be kept for longer without decomposition. There was a general sense that arrangements are better in the UK.

The most frequent changes mentioned by Sylheti Muslims in the UK were: (1) that women and girls were not allowed to attend in the past (some felt that they can attend now but others were not so sure) and (2) that coffins have to be used in the UK and that Muslims prefer to bury in a shroud. This is apparently a local authority ruling that is not the same across all local government areas.

Comparable proportions of Gujarati Hindus in both the UK and India mention changes, but the most frequently mentioned changes are different in both countries. The differences mentioned most frequently by the Gujarati Hindus in the UK are comparable with those mentioned by the Sikh Punjabis. Changes, in order of frequency, are: (1) the use of crematoria instead of a funeral pyre; (2) the use of coffins instead of shrouds; (3) delays in completing formalities so that cremation does not take place immediately, and (4) that women do not attend. The changes respondents mention in India are quite different: (1) that it is no longer compulsory to give treats or lunch to the whole village; (2) that things are less conservative; (3) that rites are less elaborate; and (4) that the extent of gift giving and expense of the funeral is now more in line with what families can afford. Apparently, in the past it was common for families to incur large debts in order to complete all expected ritual behaviours. One or two Hindus in the UK also refer to changes similar to those experienced in India, such as rituals being less elaborate or shorter now.

All UK ethnic groups mention similar aspects of funerals as being different from earlier times. All these changes are the result of adaptations to UK custom and practice with respect to funerals. A few also mention other aspects that are different from the experience of respondents when they lived in South Asia which reflect UK customs. These include: moving the body by car rather than on a litter carried by male members of the family; sending the ashes or body back to India; and, the body being kept in a mortuary rather than in the home.

Disposal of the body

For the Hindus and Sikhs, who practice cremation, the arrangements available for the disposal of the body are compatible with those in India. It is also comparatively easier to return the ashes to India. Although, the impression was gained that the ashes of more than half of those who had died had been returned to India, this information was typically given in passing or as part of the description of the death and funeral. Once cremation had taken place, there was no hurry to return the ashes to India and this appeared to be done at any time up to a year after death.

For Muslims, who bury their dead, the return of the body to Bangladesh for burial was more problematic. The Muslim Sylhetis were more anxious than the other groups to complete the funeral rituals as soon as possible after death. It is thought that the body continues to suffer pain until it is buried. Among older people there is a preference to return the body to Bangladesh for it to be buried in a shroud and not in a coffin, in the burial ground of the native place. This inevitably leads to delay in burial taking place and is a source of stress for family members.

There is a Muslim cemetery in Birmingham and burial in the UK is gaining favour, particularly among younger people. Older people also recognise that it will be easier for their children in the UK to perform the anniversary rituals if the body remains in the UK. The disadvantage is that in Birmingham the body must be buried in a coffin. Sylhetis like to be able to bury their dead in a raised position facing Mecca, which is not possible in the narrow graves that are customary in the UK.

The Hindu and Sikh religions, therefore, adapt more easily to death in the UK than Islam does. We estimate that in approximately half of Sylheti Muslim deaths that were reported the body was returned to the natal community. The cost of a grave plot in the UK can be more expensive than the cost of returning a body to Bangladesh. Local Muslim undertakers send bodies home routinely.

Waiting for relatives to assemble for the funeral

All of the ethnic groups stress the importance of the presence of relatives, particularly those closest to the dying or deceased person, at the time of death and at the funeral. Clearly, this is more difficult to achieve when families are separated by migration and the long distances involved. For all

the groups, the presence of sons is particularly important as they play ascribed roles in the death of a parent.

Respondents were asked whether they thought that the family should wait for family members living abroad to come for the funeral. Because of religious differences these qualitative data are presented for the dominant religions for each ethnic group. This was an open-ended question and some respondents did not answer the question directly, however, in all groups more UK respondents than those living in the sending communities favoured waiting for relatives living abroad to come before conducting the funeral.

Some suggest how long a wait might be acceptable. Equal numbers of Gujarati Hindus in the UK who gave an opinion suggest 2-3 days or up to a week. Most of the Hindus in Gujarat suggest 2-3 days. A week was also the most frequently suggested waiting time for UK Punjabi Sikhs and 1-2 days for Sikhs in Punjab. Most Sylheti Muslims in the UK and Bangladesh say that the body should be buried the same day as death or the next day, which is in conflict with 80% in the UK and 69% in Sylhet who feel that relatives living abroad should be waited for.

Different reasons are given for waiting and for not waiting. Respondents in both the UK and South Asia were concerned about delays in both the UK and in Asia, since relatives may be travelling in either direction. UK Gujarati Hindus most frequently say that close or immediate family should be waited for. They note that relatives need to pay their respects. They also say that the funeral should be delayed if it was the last wish of the deceased that someone particular should be there. However, the problem of keeping the body is acknowledged and some mention that cremation should be delayed only if cold storage is available or can be afforded. The Hindus in Gujarat also comment most frequently on the need for the relatives to see the deceased one more time and again feel that the closest relatives should be waited for. Many more commented on the difficulties associated with keeping the body in Gujarat, noting that it “stinks” after one day, and say that cremation should only be delayed if cold storage is available and can be afforded. Also mentioned by a few is the fact that according to custom, people living in the same house cannot cook or eat while the body is there. In summary, Gujarati Hindus in the UK and Gujarat, suggest delaying funerals so that relatives can see the deceased person before cremation but acknowledge the difficulty in keeping the body without cold storage.

UK Punjabi Sikhs most frequently note that waiting for relatives is necessary, otherwise they will be upset; think that you are ignoring them; or feel left out. On the other hand Punjabi Sikhs in the UK also say that the body should be disposed of as quickly as possible. The UK Sikhs feel that close relatives, such as children and siblings should be waited for. Several say that if the relatives want to come they should be waited for. On the other hand, they recognise the difficulties associated in India with keeping the body and a few comment that delaying the funeral is upsetting and as a result bereavement may be prolonged. A few comment that it is not necessary to wait for relatives to come from India because most people take the ashes to India soon after.

Sikhs in Punjab say most often that it is possible to wait for relatives to come only if they can come quickly because the body cannot be kept for more than 1-2 days. They too say that relatives should have the opportunity to see the body one last time, but acknowledge that sometimes it takes too long to come. Where relatives cannot come, a minority suggest that relatives should keep in touch with each other by telephone and support one another. Some suggest that the Government and airlines should help relatives to travel to family funerals by giving them priority and making special arrangements for the bereaved.

Most of the UK Sylheti Muslims feel that relatives should be waited for, but many more comment on why the funeral should be conducted as soon as possible. They say that the body suffers pain until it is buried and that prompt burial is part of Islam. Some acknowledge that waiting 24 hours for the children of the deceased may be permissible, but others say that 12 hours is the maximum time allowed for delay. Several expressed regrets about funerals of close relatives to which they had not been able to get to in time. Muslims in Sylhet made few comments about waiting for relatives apart from saying that waiting should be only up to 24 hours.

For all the ethnic groups, it is clear that getting to the funerals of close relatives has high salience and emigration presents problems for relatives in both countries. Most attitudes expressed have to do with the feelings of relatives who need to see the deceased before they are cremated or with the problem of preventing decomposition of the body, especially in South Asia. Only some Muslims saw delaying burial as a religious concern.

Summary

While practice of their own religious traditions forms an ethnic marker and a tie between immigrants in the UK, it may further set them apart from the indigenous population in what is primarily a secular society. While changes in customs and practices surrounding death and the disposal can be observed as adaptation to the host culture, these changes are primarily to the non-religious cultural aspects of death and the disposal of the body.

Concepts of what is a good death and a bad death are for the most part to do with a desire to avoid suffering and to have the family around one. These are likely to be the same for any ethnic group including the host culture. Religious aspects of good and bad deaths appear to be centrally important only for the Muslims. Ideas about fear of death have to do primarily with fear of the unknown, fear of judgement and separation from the family and advantages of this world. These too are likely to be similar for most other ethnic groups.

However, some of the ideas expressed in terms of what are good and bad deaths indicate that there is a greater concern in Punjab and Sylhet with premature death. The pre-occupation with accidents, particularly in Punjab, seems indicative of this. As for the host population, death of South Asians in

the UK is more commonly associated with ageing than in the sending communities.

Differences between the immigrants and those in India and Bangladesh suggest death is much more a family and community event than it is the UK. More die in hospital in the UK than in South Asia and for some death in hospital is unwelcome. The preparation of the body in the UK is more likely to be handled by professionals (mortuaries, funeral directors, mosque burial committees) and to be transported by motor vehicle in a coffin rather than carried on a litter by members of the family to the cemetery or cremation site. Indians are more likely to be cremated in a crematorium in the UK, rather than on a pyre in India (although crematoria are becoming more common in rural India now).

The body is usually returned to the home for a brief visit before disposal for family to pay their last respects. However, for many Hindu and Muslim women, who have no role in the formal funeral rituals this means that their role has been attenuated. In India and Bangladesh, where death takes place in the home the women are involved in much more of the event. The body is prepared at home and taken directly from the home by the family to be cremated or buried. The women are, therefore, there from before death until the body leaves on its last journey. In the UK women appear to have less contact with the deceased and less involvement in the rituals than in South Asia.

There are also more bureaucratic procedures to negotiate in the UK than in Asia. Pressures for post-mortems or autopsies are anathema to most South Asian faiths. Death certificates have to be issued and where time is of the essence this can cause delays. In other words, the deceased and the funeral are much more distant from the family and the family has less control over what happens in the UK than in the home countries. Approximately half the Sylhetis appear to be returned to Sylhet for burial and many Indians return the ashes of their family members to India. Symbolically this may represent one way of reclaiming their dead from the host culture.

The cultural emphasis on prompt disposal of the body which developed in response to the heat in both Asian countries, and the need/pressure for relatives to attend funerals represents a conflict for many families separated by migration. It is not surprising to find that the immigrants feel more strongly about delaying funerals so that relatives can attend. On the one hand they are likely to have more relatives dying in South Asia and are in a position for the body to be held until relatives arrive in the UK from South Asia. Waiting for relatives to come to funerals appears to be a problem area that is unresolved. In this respect, Hinduism and Sikhism are more adaptable to export than Islam if a presumption exists for bodies to be sent home.

We did not find, as we had anticipated, any evidence that older South Asians are unhappy at the prospect of dying in a place other than their natal area. What appears to be far more important is that the family, particularly sons, are there at the time of death. As the data show, more funerals are arranged in

the UK by relatives other than the preferred son/s. There is evidence from the qualitative data that those in the UK are more likely to express concern about – not usually themselves but others - dying without family around them or without a son to take charge of the funeral arrangements. The major difference for South Asians in the UK is that the family has less control and death and funerals are less personal and private affair than they were traditionally.

VII: OVERVIEW

This section revisits the aims of the study and discusses the hypotheses raised in terms of the evidence. In addition, it identifies some of the implications of the findings and makes some recommendations for social policy in the UK, India and Bangladesh.

The over-arching purpose of the whole study was to **understand how intercontinental migration affected older people who had immigrated to the United Kingdom and those who remained behind in sending communities** in India and Bangladesh. All the other aims and objectives stem from this primary objective. The preceding sections of this report have presented comparative findings looking at the experiences of older Gujaratis, Punjabis and Sylhetis who live in Birmingham in the UK and those who live in communities identified as sending communities in Gujarat and Punjab in India and Sylhet in Bangladesh.

Statistically significant differences were observed in terms of a range of demographic variables, migration histories, the availability and proximity of family members and the frequency of contact with them, community integration, social support, income and standard of living and the experience of death and dying. Observed differences were not always applicable to all ethnic groups and even where differences were observed in all ethnic groups, the type of difference often varied from one ethnic group to another. In general, there were more differences between the Indians living in India and in the UK than there were for Sylhetis in the two countries, whose lives in the UK more closely replicate in many ways their lives in Bangladesh. On the other hand, some of the differences observed for Sylhetis were not apparent for the Indians in the study.

In terms of the **demographic variables** of the samples, the Gujaratis and the Punjabis showed the more difference between the two countries. On fourteen variables, significant differences were observed for twelve variables among Punjabis and ten variables among Gujaratis, compared with seven differences among Sylhetis. Differences across all ethnic groups were observed on only four variables: the ability to speak English (predictably); occupational skill levels; self-assessed health and the presence of limiting illness.

Those living in the UK were more likely to live alone or with a spouse only than in Asia. They were better educated and more likely to speak English than those left in the sending communities. They were more likely to have been in skilled employment than those in Asia. In terms of health, older people in India considered themselves better off than their counterparts in the UK, but the opposite was found for the Sylhetis. Those living in South Asia were more likely to have daily contact with children, siblings and other relatives.

In other words, the immigrants could be described as more privileged in terms of education and employment opportunities. Those in the sending communities had higher levels of daily contact with kin but the majority of

those in the UK had at least weekly contact with a range of relatives, so the impact of differences in terms of frequency of contact is not likely to be too different. Despite lower standards of sanitation and life expectancy in Asia, the Indians are more likely to assess their own health as good than those in the UK. The opposite is true for Sylhetis.

This research was triggered by expectations about the **impact of the migration experience on older people.** The migration experience is the major difference between respondents in the UK and those in India and Bangladesh. In looking at the migration histories of the three groups of older South Asian migrants living in the West Midlands, it was anticipated that the results from the study would be consistent with the literature and hypotheses were raised to demonstrate that within each ethnic group older people experience similar migration histories.

The existing literature and the summaries of the **migration histories** of the three different ethnic groups described above confirm that within each ethnic group the experience of emigration had been similar.

Although each ethnic group has a distinct migration history there are some similarities. The majority of Sylhetis and Punjabis lived in South Asia (in Sylhet and Punjab respectively), whereas the Gujaratis mostly emigrated from East African countries. A small proportion of Punjabis also came to the UK from Africa. The age at migration was similar for the Punjabis and Sylhetis but the Gujaratis tended to be older. Punjabis and Sylhetis emigrated to find work or for other economic reasons, whereas the Gujaratis came to escape a repressive political regime. The migration of the Gujaratis could be called forced migration. However, a few Punjabis were also affected by the same political events in Africa. The different groups arrived in the UK predominantly at different times. Most of the Gujaratis came in the 1970s, most Punjabis and Sylhetis in the 1960s. However, more Sylhetis than the other two groups arrived in the 1950s. Almost all of the Gujaratis and Punjabis settled in the West Midlands on arrival, while significant minorities of Sylhetis had lived elsewhere in the UK before moving to the West Midlands.

There were no significant gender differences in the age of migration or decade of move to the UK for the Indian immigrants. However, Sylheti women were older than Sylheti men when they arrived in the UK and had been in the UK on average for shorter periods than the men they joined and significantly more Sylheti men than women arrived before 1969. The women tended to give different reasons for migration from the men. The primary reason Sylheti and Punjabi women gave for coming to the UK was to join their husbands or marriage. The main reason Gujarati women gave was to live near a relative. Fewer differences between Punjabi men and women were found than anticipated; the only difference was in the reasons given for migration. The differences between Sylheti men and women were most marked.

Sylheti women were more likely to have borne children before coming to the UK than either the Gujarati or Punjabi women. It is felt that this factor may contribute to different patterns of acculturation in the UK. The Sylheti women

are the group least likely to speak English. Women who have borne children in the UK are likely to have used either ante-natal or post-natal care in the UK than those who have not. Sylheti women may, therefore, have had fewer opportunities to access health and social services in the UK. The lower levels of English speaking among Asian women generally are also likely to affect their access to health and social care.

The study also aims to explore **the social support systems of older family members in migrant families in the West Midlands (UK) and in the sending communities in Gujarat and Punjab (India) and Sylhet (Bangladesh).** In terms of the support systems of older people in the study, several hypotheses were raised:

1. The impact of globalisation through the intercontinental migration of family members affects the sources and availability of help and support in a specific range of situations to older members of families including help with household chores, personal care, sources of advice and funeral arrangements.

and

2. Systematic examination of support network types will identify older people who may require input from formal services for help in a specific range of situations and facilitate more appropriate and effective interventions.

The findings only partially support these hypotheses. Older people living in South Asia are more likely to be living in multi-generational households and to have relatives living within a mile than the immigrants in the UK. However, despite claims in the literature, there is no indication that those who remain in South Asia or those in the UK were without **family support.** Hardly anyone reported that their nearest child lived abroad. Multi-generational households are the most common form of living arrangements for older South Asian people in both continents, although this is more common among Indians living in Gujarat and Punjab than in the UK.

However, despite the fact that those who live in South Asia are more likely to have people available in the same household and within one mile, it is sometimes those in South Asia who report that they do not receive help or do not need help with a variety of tasks. It is not possible to say whether this reflects cultural norms retained in South Asia and social change in the UK. The sources of help are very similar. In all groups most help comes from spouses, sons or daughters-in-law

Immigrants in the UK are more likely to receive support and advice with private and personal issues than those in South Asia. On the other hand, the Indians are less likely to receive help with cooking, perhaps as a reflection of household composition. All three ethnic groups are less likely to receive help with washing clothes in the UK, perhaps because of the greater access to washing machines. There are no indications that the immigrants are

disadvantaged in terms of social support due to their immigrant status or that those ageing in place suffer as a result of the out-migration of younger generations.

Those ageing in place in South Asia, are less likely to receive support and advice with more personal matters than those in the UK. The lower levels of advice and emotional support are clearly not due to the absence of close, proximate family members and are more likely to reflect cultural norms of disclosure or the nature of family relationships. Whether this difference results from the immigrant experience or from acculturation it is not possible to say on the basis of the data from this study.

Sources of help also differ between the two countries. Daughters-in-law and other relatives are generally more important as sources of support in South Asia than in the UK; and, spouses and daughters are more important in the UK than in South Asia as they are to the indigenous population of the UK. Again it is not possible to say if these differences reflect immigrant status or acculturation.

3. In the absence of family members a majority of older people adapt and rely on other people for help in a specific range of situations.

We expected a majority of help for older people to be given by family and this is proven by the study. **Non-family help** was, however, important as a source of comfort when unhappy in all sub-groups. Additionally, it was important to Gujaratis in India for financial advice and for Punjabis in both locations for help with personal problems. Very small proportions used any **paid help**. The most frequent use of paid help was by Gujaratis and Sylhetis in South Asia for laundry (18%) and household chores (9%). However, it was not possible to prove whether in the absence of family members older people adapt and rely on other people for help in a specific range of situations

The large majority of South Asians in both countries have family members available. There are only seven Gujaratis in the study who have no children or other relatives. Four of these rely on a spouse, only three had no one. The indication is that when there is no help available, older people rely on themselves rather than turn to extra-familial sources of help.

In summary, the **impact of migration on day-to-day social support** in the sending communities appears to be minimal. Both emigrants to the UK and those ageing in place in South Asia receive the majority of help and support from family members, although friends and neighbours can play an important role in emotional support. However, as a reflection of the different patterns of living arrangements in the UK more support comes from spouses and daughters in the UK and more from daughters-in-law and other relatives in India.

In this report, findings have not been presented on the reciprocal support activities of older men and women in the two countries. Only help received

has been covered here. A comparative analysis of help and support received compared with that provided will be included in a subsequent report.

This study aimed to **explore the nature of intergenerational relationships in the sending and receiving communities, in terms of mode and frequency of communication, types of exchanges and frequency and length of visits.** The research under this heading included siblings and other relatives as well as relationships with children. Our hypothesis stated:

4. Immigration and migration of family members will affect **intergenerational relationships**.

This hypothesis is partially proven, but the resulting differences are less striking than expected.

Older people in India are more likely to have daily contact with children than in the UK. However, the majority of Indians in the UK have at least weekly contacts with at least one child. Levels of contact are not significantly different between the two countries for Sylhetis. Within all the countries, most older people have frequent contact with children.

However, it is **relationships between the continents** that are of greater interest here. Several hypotheses were raised referring primarily to immigrants in the UK and their relationships with children in South Asia or elsewhere in the world. The analyses show that none of the hypotheses are supported in full, and highlight important distinctions between the South Asian groups in the study. The first hypothesis proposed that:

5. In each ethnic group a larger proportion of respondents would send remittances to relatives abroad rather than receive remittances from relatives overseas.

The data show that although each group are more likely to send **remittances** than receive them, there are very few Gujaratis and Punjabis in the UK who send money to relatives abroad. Only 3% of Gujaratis and just over one-tenth (11%) of Punjabis with kin overseas send remittances. On the other hand the data indicate that this is an activity that is undertaken by many Sylhetis. 43% of Sylhetis send remittances to relatives, and none receive money from kin abroad. Gardner (1993) has noted that in Bangladesh, poverty has been explained in terms of whether a member of the household has emigrated or not. Remittances are clearly very important to the sending communities in Sylhet. Although the first hypothesis appears to be supported, that is more respondents send remittances than receive them, there are too few Gujaratis and Punjabis sending or receiving remittances for any meaningful conclusion to be drawn about these two groups.

The second and third hypotheses shift the focus from intercontinental economic contacts towards an emphasis on **'transnationalism'**. These hypotheses concentrated on the means by which social relations and contacts

are maintained through communication and travel. The second hypothesis stated that :

6. In each group in the UK the **frequency of visits to relatives** abroad would be greater than the frequency of visits to the UK.

This hypothesis is not supported by the data from the groups in the UK. For Gujaratis there are no significant differences between the proportion of children who receive visits from their parents, and the proportion of children who visit their parents. Likewise there are no significant differences in the proportion of visits to siblings or relatives living abroad and vice versa. Thus the hypothesis is not supported by the Gujarati data.

On the other hand, the children of both Punjabis and Sylhetis are more likely to be visited by their parents than they are to visit their parents in the UK. Siblings are also more likely to receive a visit from Punjabi and Sylheti brothers and sisters living in the UK. In addition, the relatives of Punjabis and Sylhetis are also more likely to receive a visit than to visit their relatives overseas. The data for Punjabis and Sylhetis support the hypothesis and show that respondents living in the UK are more likely to travel abroad to see relatives, than receive a visit from overseas relatives.

As the premise for this hypothesis was built on the notion that there are lower airfares in the UK than elsewhere it is important to refer to the countries of residence for the relatives of each ethnic group. The largest proportion of siblings and relatives of each ethnic group live in South Asia, however, children of Gujaratis are more likely to live in North America, Australia or New Zealand than Punjabis and Sylheti children (the largest proportion lived in South Asia). Although Gujarati children may have access to cheap flights in their countries of residence, this does not account for the lack of difference between the frequency of visits to and from siblings and relatives living in South Asia. This is an area that requires further exploration, to identify whether these patterns are linked to income, previous travel experience or other factors.

The next hypothesis focused on the **types of communication that are maintained between intercontinental families**. Although little is known about the strength of cross-national ties in the extended Asian family, we drew on the literature regarding the strength of the parent-child bond and hypothesised that:

7. In each ethnic group and for all types of contact that is by letter, telephone, sending and receiving gifts, and visiting, the interaction would be greater between children and parents than between siblings, and between other relatives.

This hypothesis is not supported by the data as it did not hold true for all types of contact. The type of contacts most frequently undertaken by Gujaratis, Punjabis and Sylhetis were telephone calls, letter writing and visits. However, sending gifts was also important for Sylhetis, and Gujaratis. The only form of

contact, for which all groups demonstrate a greater propensity to interact with children, is through telephone communication.

Once again this finding highlights the differences between the South Asian groups. Overall, Punjabis are more likely to keep in contact with children than other relatives. Gujaratis are more likely to send gifts to children than other relatives and Sylhetis are more likely to receive gifts from children than other relatives. Gift exchange has been used to explain the reproduction of immigrants' cultural identity in Britain, whilst also maintaining links between the sending and receiving countries (Werbner 1990). Gardner (1993) also notes that the exchange of gifts is vital for Sylhetis and is central to the 'culture of migration'. Gifts from the UK highlight economic differences between families and mark social status (Douglas & Isherwood 1980, Appardurai 1986). She further notes that the goods that are exchanged have social and political meaning and are 'part of the discourse of power between places' (Gardner 1993).

Perhaps the most surprising finding regarding intercontinental contact, is that all groups are more likely to visit siblings or relatives than children. These data demonstrate that the contacts between extended family members in different countries are maintained, in many instances on a par with those of more immediate family members. These findings increase our knowledge regarding the maintenance of transnational family ties and suggest that in many instances the relationships between siblings and other relatives are as strong as the parent-child bond.

This study also aims to **provide a cross-cultural comparison of rural ageing in Gujarat and Punjab (India) and Sylhet (Bangladesh).** To date, it has already been possible to look at the **impact of migration on the rural study sending communities,** looking at differences between those families associated with migrants and those families, referred to as resident families, living in the sending communities but which are not involved in migration. The following hypotheses have been tested:

8. Older people from emigrating families, who remain in their own countries, enjoy a better standard of living than those from resident families.

The evidence supports this hypothesis. The absence of resident families in the Sylhet sample made full comparison for that region impossible. However, on the basis of qualitative data from Asian colleagues, older people from emigrating families have better housing in all the study areas. In Gujarat, those from emigrating families report better health and have received more education.

As an indication of income and standard living, those in emigrating families possess more electrical household appliances than those in resident families. While the data on income are not wholly reliable, in Gujarat and Sylhet, it seems safe to say that emigrating families have higher incomes than those in resident families. The literature on Sylhet and rural Bangladesh (Kabir 2001)

supports this and that the higher standard of living is the result of remittances from abroad. However, it is likely that the migrants from Gujarat come from wealthier families.

9. Older people from emigrating families, who remain in their country of origin, have fewer potential sources of informal support than those from resident families.

This hypothesis is not proven. The findings show that family size is similar for both types of families. The majority of older people in all the study areas live in traditional multi-generational households. Fewer from migrating families live in joint households in Gujarat, but the majority still live with children. In Sylhet, despite the fact that 86% have children living abroad almost all live in the same household as a child.

10. Communities as well as individuals benefit from emigration.

The hypothesis appears to be proven but further research in this area is indicated. The Indian study communities benefited substantially from non-resident Indians, giving the whole community a better overall standard of living. It is possible that this is the result of the Hindu belief that as one gets older there is a responsibility to make repayment for the blessings received in life and Sikh religious commitment to socialist principals of equality, symbolised by the *langar.* Philanthropic and voluntary contributions, therefore, are expected from those who can afford to do so. There are insufficient data from Sylhet, but the indications from the data are that most contributions are to families rather than communities. Personal communication from our research partner in Sylhet suggests that contributions are regularly made to mosques in the sending communities. However, personal communications in the UK have suggested that financial donations to communities may be the result of extortion.

The study also aims to explore **the ageing experience of those who age in place compared with emigrants to the UK**. The availability, proximity and frequency of contact with kin have already been dealt with as have patterns of social support. While differences have been found in these areas, there are other aspects of life that differ between the UK and South Asia. Some of these reflect data collected in the study and others are the result of the different national contexts.

Older immigrants living in Birmingham enjoy all the basic amenities of a modern city, which are not available to all or not reliable in the sending communities. Immigrants enjoy in house supplies of clean water, electricity and gas, paved roads and lighted streets. While the cold climate is a disadvantage not faced by their counterparts in South Asia, they are likely to have central heating in their homes and everyone over the age of 60 receives £200 from the government towards the costs of winter heating. However, some older people go back to their own communities in South Asia over the coldest months. Others rely on children or other relatives to do outside chores such as shopping during cold weather.

Most of those living in the sending communities are faced with charges for medical care if it is available. The immigrants have free access to day-to-day medical care through local general practitioners, which includes immunisation against influenza every winter and necessary medical tests. They have access to specialist medical care at the nearest district general hospital, including the services of geriatricians and psycho-geriatricians specialising in the health problems of older people. Prescriptions for drugs and other medical supplies are written by doctors and are filled at pharmacies free of charge for women aged 60 or more and men aged 65 or more. People below these ages pay a basic statutory charge for each item.

South Asians in the UK are also eligible for social care from the local authority social services department if required. These services include home helps who provide basic personal care and some household help to those in need of these services who live alone or with an impaired spouse. Such help is free to those on the lowest incomes and charged on a sliding scale for those with higher incomes. For those who are more physically impaired or socially isolated, there are day centres, which may be attended usually two days a week. These provide a midday meal, company and activities and are usually free.

Birmingham has a comparatively large immigrant population and many of the health care professionals come from South Asia. The West Midlands area has a good reputation for providing services that are sensitive to cultural and religious differences, some of which are provided by ethnic minority organisations. The provision of Asian food is accepted as standard procedure in most facilities, but difficulties with language can persist.

Difficulties still arise and are more common in areas of the country where the proportion of immigrants is smaller and diverse. Even in Birmingham, language difficulties can affect access to medical care, where doctors, nurses and social services employees do not speak the language of the user. The fact that most doctors are men creates difficulties for some Asian women, especially Muslims. Sometimes even where the accepted policy is based on respect for differences, ignorance on the part of specific workers can lead to hurt and offence. Access to those services that are available may therefore be more difficult for immigrants than for those ageing in place.

One of the advantages of the high concentration of Asian immigrants in Birmingham has been the development of services provided by specific ethnic groups, which provide services in collaboration with the local authority. Day care and drop-in centres for older people from specific ethnic groups provide traditional services as well as traditional food.

The incomes of immigrants and perhaps even more importantly (given the fact that high proportions live in joint households) of their children are considerably higher than in the sending communities. Those who are still working are in receipt of higher incomes in the UK. Amongst Gujaratis and Punjabis, while most women in the older age groups do not work, more women do work in the

UK. In addition, older people may be eligible for a wide range of financial benefits in the form of pensions, supplementary pensions (paid if the income falls below certain minima), or home care allowances, for instance. Few in the sending countries are eligible for local pensions or any form of benefit, although a substantial number receive pensions in Punjab.

Those who live alone are more likely to become homesick. In the UK climate most activity takes place in the home and there is little going on in the street. It was surprising to find, however, that despite the greater average numbers of available relatives and larger support networks in the Asian communities, those living in the sending communities were more likely to report loneliness and less likely to receive emotional support than their counterparts in the UK.

For older people facing **old age and death** in the UK, there can be regrets at being separated from their home community. Usually this is mitigated by the proximity of sons and/daughters. The practice of their own religious traditions forms an ethnic marker and a tie between immigrants in the UK. While changes in customs and practices surrounding death and the disposal of the body can be observed as adaptations to the host culture, these changes are primarily to non-religious cultural aspects.

Differences between the immigrants and those in India and Bangladesh suggest death is much more a family and community event than it is the UK, where most die in hospital. The preparation of the body in the UK is more likely to be handled by professionals (mortuaries, funeral directors, mosque burial committees) and the body is transported by motor vehicle in a coffin rather than carried on a litter by members of the family to the cemetery or cremation site. In the UK women appear to have less contact with the deceased and less involvement in the rituals than in South Asia. There are also more bureaucratic procedures to negotiate in the UK. The major difference for South Asians in the UK is that the family has less control and death and funerals are less personal and family affairs than they were traditionally.

The data have supported hypotheses to make it possible to say those who grow old in South Asia differ from those growing old in the UK on a wide range of variables. Members of particular ethnic groups of immigrants have similar migration histories and among Punjabis and Sylhetis the migration histories of men and women are distinctive. Most help in all of the countries studied comes from members of the family.

Several hypotheses were only partially supported. Although, particular ethnic groups of immigrants from South Asia to the UK have similar migration histories, there is some overlap in the experiences between ethnic groups. While the sources of help and support differ for immigrants and resident older people, there is no evidence to say that one group is more or less disadvantaged in terms of family support with household chores and personal care. Migration does affect the proximity and frequency of contact with kin but the differences were less marked than expected. The sending of remittances is only important among Sylhetis. Older people in the UK do enjoy a higher

standard of living and better social policy provision than those in South Asia. Sending communities benefit from the migration of their members to wealthier countries through commitment of emigrants to their home community.

On the basis of unproven hypotheses, it is clear that immigrants do not visit their children more often than other relatives abroad. It seems that many visits to South Asia are to the home community where they are more likely to visit siblings and other relatives. So few older people were without family support in any of the communities that it was impossible to say with any confidence how those without kin manage. However, the indication is that they try to be self-reliant rather than relying on non-kin.

This study aims to provide **implications and recommendations for social policy-makers for the ageing population on the international, national, regional and local levels.**

In the UK, Since the Second World War, **social policy for older people** developed rapidly under successive labour governments to provide a national health service free at the point of access, old people's homes (now largely privatised), social care services, pensions and a range of monetary benefits. Over the last few years, global ageing has resulted in developing countries also moving towards providing support for older people.

In India, The National Policy on Older Persons was initiated in 1999. This policy aims to strengthen the legitimate place of older people in society and to help older people to live the last phase of their lives with purpose, dignity and in peace. "The State will support older persons, provide protection against abuse and exploitation, seek their participation and provide care services to improve the quality of their lives" (HelpAge International 2002). In Bangladesh, similar legislation is pending. "A new draft national policy, prepared by the re-organised National Committee on Ageing was submitted to the government for approval in 2001. The previous policy introduced an old age allowance, providing financial assistance to 400,000 of the poorest people over 57 years old" (HelpAge International 2002). It is hoped that this report will help to inform the development of social policies for older people in both India and Bangladesh.

The Second World Assembly on Ageing was held in Madrid in 2002. The draft **International Plan of Action** resulting from that Assembly includes the following recommendations:

- The concept of 'secure ageing' – that is, ensuring all older people's basic rights are met
- The eradication of old age poverty
- The presence and participation of older people in policy processes that affect them as citizens
- The removal of age-based barriers to economic and political participation
- Recognition of gender issues

- The need for intergenerational responses to poverty and social development
- The urgency of health and material provision in old age
- The need for more research and data gathering on dimensions of old age in developing countries.

This project contributes to the last of the recommendations.

On the international level, the World Assembly on Ageing has set the agenda for the immediate future. However, there are actions that national governments can take to enable the implementation of these aims.

While **emigration legislation** in the UK acknowledges the importance of family unification, this is sometimes difficult to achieve for older people. South Asian families in the UK can find it difficult to get visas to allow elderly parents to stay with them in the UK and parents may come on a visitor's visa instead. This means that at regular intervals they have to return to South Asia and remain there for a specified minimum time, after which they can be granted another visitor's visa. During the time they are in Asia, their families are concerned about their lack of support. It is hoped that in response to the recommendations above, and with a better understanding of the culturally defined family obligations of different South Asian ethnic groups, that policy-makers will help the 'secure ageing' of such old people by reducing economic barriers and granting them visas to live with their children permanently at the end of their lives.

We have seen that communities with high levels of emigration benefit from the improved economic status of their members living abroad. In this way, emigration may be seen as a mechanism towards greater equality between the developed and developing countries. In Bangladesh remittances sent back from relatives abroad is the main source of hard currency.

India and Bangladesh are in the first stages in the development of social policy for older people. The **recommendations of the World Assembly** provide clear goals. The need for pensions is recognised and some moves towards providing minimal monetary support are being made. This is difficult for countries with growing proportions of older people and may in the first instance have to be limited to those with impairments. However, in the context of frequently expressed concerns about the breakdown of the joint family and decreasing respect for older people, the provision of small pensions will give social capital to older people and reinforce family support. It should be stressed, however, that most of the older people interviewed in this study were living in joint families even in the UK. If the joint family household is to be maintained, pensions are one way to encourage that.

Incomes are comparatively and proportionately higher in the UK. Yet it is more likely that older people in India and Bangladesh will need to find money to pay for health care. In the UK most health care is free. Access to free basic health care (for older people) in the South Asian countries would not only

meet some of the recommendations of the World Assembly but would also reinforce family care.

At the national level in the UK, India and Bangladesh, efforts need to be made to ensure that **religious differences** from the majority population do not result in barriers being raised in terms of access to needed help and services. While there are indications that the West Midlands health authority now has a good record for cultural sensitivity this cannot be guaranteed and other parts of the country where there are fewer members of ethnic groups from other cultural and religious groups may need to be given more information about the implications for service provision. Registrars and undertakers also need to be included in education. In Asia, recent religious conflicts have received international publicity and steps need to be taken to ensure that religious barriers against older people are seen as unacceptable.

In the UK, there are obvious needs for better **interpretation facilities** for patients and clients of social services. High proportions of Gujaratis, Punjabis and Sylhetis do not speak English. The proportions are higher among women, and larger numbers of older people are older women. Language teaching, particularly for immigrant women in younger age groups provided by local education authorities and providing childcare by others from the same ethnic group might be promoted.

In the UK, reference is often made to the strong familism in the Asian ethnic groups. However, even in Birmingham, where cultural sensitivity is probably better than many other areas, most Asians die in hospital. The study of **death and dying** as part of this project, demonstrated that loss of control over the dying patient has occurred as a side-effect of emigration. It is felt that families and the dying should have the choice of returning home to die. This may also be preferred by the indigenous population. Certainly, availability of choice and community nursing support would help to meet the recommendations of the World Assembly.

Practitioners and policy-makers in the UK also need to consistently differentiate between ethnic groups from South Asia. In Parliament, in government reports, in the media and in other contexts, immigrants from South Asia are frequently referred to as “the Asians.” Originally, the DFID had suggested that this study only need to include one Indian group. Because the researchers felt it was important to demonstrate differences between ethnic and religious groupings among the Indian immigrants, the study of Punjabis was funded by the Centre for Social Policy Research and Development. The resulting identification of differences between Gujaratis and Punjabis vindicated this decision. We believed that the diversity of South Asians from Sylhet, Punjab and Gujarat would have different implications for the provision of health and social services in old age and felt that it would be important to highlight differences between sub-groups of South Asians. The findings from the report show that this assumption was well founded, and that the report has added value through the inclusion of Punjabis in the study design. Differentiating between different Asian groups in the UK has important policy

and practice implications and papers on this topic will be prepared for publication in the UK practitioner press.

The UK has many Asian doctors both at the general practitioner and at the hospital level. Asian proprietors and managers also provide private residential care homes for older people. There are some Asian nurses and care workers. However, the need still exists to recruit nurses and carers who belong to the same ethnic or language group as those they are caring for.

This study aims to **develop a cross-cultural aspect of gerontology and other social and applied sciences through the use of the findings in teaching on Higher Education programmes.** The postgraduate courses in gerontology at the University of Wales Bangor have always taken a cross-cultural perspective to the study of ageing. Data from this project have been fed into the course modules. More Asian students are making enquiries about these courses. This year we have a Nepalese student undertaking a Masters course in gerontology and a sociologist from Tamil Nadu doing independent study on a British Commonwealth Scholarship.

CSPRD is also involved in another large multi-national study of ageing well. This study was initiated by the University of Indiana in the USA. Researchers on this study are working closely with colleagues in Indiana to develop **web-based gerontology courses** that will have a multi-cultural perspective and will be available on line to and appropriate for students all over the world.

The UK researchers on this study participated in a **British Council Higher Education Link** with the Medical Institute at the Bharati Vidyapeeth Deemed University (BVDU) in Pune. The object of the link was to develop gerontology courses for students in the Medical School at BVDU as well as for practitioners working with older people in the community.

A Centre for Gerontology and Geriatric Medicine has been established at BVDU and faculty members from Pune have spent periods at the University of Wales in Bangor working with UK colleagues on the development of modules for their courses. The Indian Government, through the Medical Council of India, is now making it mandatory for universities and medical institutes to establish Departments of Geriatric Medicine and to initiate postgraduate programmes.

As a result of our BC HE Link, some of our Pune colleagues have been actively involved in the development of the programme through meetings in New Delhi. They have participated in work with The National Council for Educational Research and Training (NCERT) to develop a core module and 8 special modules. This was made possible by workshops conducted by Bangor colleagues in Pune in 2001.

Papers based on this study were presented in a number of international conferences during 2002 and 2003. These have been well received and have stimulated a lot of interest from Asians and others.

Endnote

Much that has been written about ageing in South Asia has not been based on empirical data. This study provides good baseline data on older people in rural communities in three different areas. In many ways it is a pioneering study in comparing immigrants with those in communities in sending areas. Like all baseline studies, it raises more questions than it answers and this is a positive outcome. The knowledge and understanding of Gujaratis, Punjabis and Sylhetis in the UK and in their own areas of origin, which this study provides, will allow further research to build on these findings and to produce more focused findings which will enhance the development of social policy to support older people and their families in the future.

APPENDIX

Table 1. Age distribution for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
Age bands:	UK N=103	India N=100	UK N=100	India N=100	UK N=100	B'desh N=100
42-54	0	0	0	0	0	13
55-59	22	16	14	2	21	13
60-64	23	15	19	23	31	15
65-69	18	16	25	28	26	16
70-74	18	24	17	27	16	13
75+	18	29	25	20	6	30
Significance level of Pearson Chi Square	P=.166		P=.015		P<.001	

Table 2. Marital status for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
Marital status:	UK N=103	India N=100	UK N=100	India N=100	UK N=100	B'desh N=100
Never Married	3	1	0	2	0	2
Married	54	57	71	56	82	56
Widowed	33	39	27	39	16	42
Divorced/ separated	10	3	2	3	2	0
Significance level of Pearson Chi Square	P=.158		P=.104		P<.001	

Table 3. Mean age at marriage (for first marriage) and mean length of marriage (for last or current marriage) for all groups

	Gujaratis		Punjabis		Sylhetis	
	UK N=98	India N=99	UK N=99	India N=98	UK N=100	B'desh N=98
Age at marriage	20.3 s.d. 4.2	19.4 s.d. 5.3	18.9 s.d. 5.2	20.9 s.d. 6.5	25.6 s.d. 7.0	23.4 s.d. 7.5
Length of marriage	39.7 s.d. 14.2	42.7 s.d. 14.0	44.7 s.d.13.6	42.3 s.d. 10.9	36.3 s.d. 10.0	41.4 s.d. 15.5

Table 4. Household composition for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
	UK N=103	India N=100	UK N=100	India N=100	UK N=100	B'desh N=100
Lives alone	26	9	14	4	0	1
Lives with spouse/ partner only	30	14	37	6	9	3
Lives with younger (2) generation	23	24	24	23	44	45
Lives in 3 or 4 generation house	19	49	25	67	47	49
Other	1	4	-	-	0	2
Significance level of Pearson Chi Square	P<.001		P<.001		P=.195	

Table 5. Household size for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
	UK N=103	India N=100	UK N=100	India N=100	UK N=100	B'desh N=100
1	26	9	14	4	0	1
2	37	20	38	7	9	4
3-4	20	23	17	21	16	21
5+	17	48	31	68	75	74
Significance level of Pearson Chi Square	P<.001		P<.001		P=.307	
Mean number in household	2.7 s.d. 1.8	4.6 s.d.2.8	3.5 s.d. 2.3	5.5 s.d. 2.3	5.9 s.d. 2.1	7.4 s.d. 4.2

Table 6. Tenure for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
	UK N=102	India N=100	UK N=98	India N=100	UK N=98	B'desh N=94
Owned by self or spouse	50	55	72	85	44	85
Childs house	23	15	20	10	19	15
Rented	22	4	5	2	24	0
Other	6	26	2	3	14	0
Significance level of Pearson Chi Square	P<.001		P=.109		P<.001	

Table 7. Length of residence in house for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
	UK N=101	India N=100	UK N=99	India N=99	UK N=99	B'desh N=99
< 11 years	39	11	36	4	17	9
> 11 years	61	89	64	96	83	91
Significance level of Pearson Chi Square	P<.001		P<.001		P=.092	

Table 8. Religion for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
	UK N=103	India N=100	UK N=99	India N=99	UK N=100	B'desh N=100
Christian	1	3	1	1	-	-
Hindu	91	82	9	31	0	1
Jain	3	5	-	-	1	1
Muslim	3	10	2	1	98	95
Sikh	2	0	88	65	1	3
Other	-	-	0	2	-	-
Significance level of Pearson Chi Square	P=.090		P=.001		P=.563	

Table 9. Full-time education for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
	UK N=103	India N=100	UK N=100	India N=100	UK N=100	B'desh N=100
None	7	9	39	69	57	51
1-5 years	40	21	11	12	22	28
6-10 years	22	34	19	14	14	12
11-15 years	15	28	8	0	6	6
16+ years	17	8	23	5	1	2
Significance level of Pearson Chi Square	P=.003		P<.001		P=.840	

Table 10. Language of education for all groups (for those educated only)

	Gujaratis %		Punjabis %		Sylhetis %	
	UK N=96	India N=90	UK N=62	India N=30	UK N=49	B'desh N=47
More than one	24	7	23	43	12	0
Bangla	-	-	-	-	82	100
English	20	6	18	3	-	-
Gujarati	55	87	-	-	-	-
Punjabi	-	-	52	40	-	-
Other[1]	1	1	8	13	6	0
Significance level of Pearson Chi Square	P<.001		P=.062		P=.009	

Table 11. Part-time education for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
	UK N=103	India N=100	UK N=100	India N=100	UK N=100	B'desh N=100
No	86	98	88	99	91	99
Yes	14	2	12	1	9	1
Significance level of Pearson Chi Square	P=.002		P=.002		P=.009	

Table 12. Ability to speak English for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
	UK N=103	India N=100	UK N=100	India N=100	UK N=100	B'desh N=100
Yes	32	63	46	89	55	88
No	68	37	54	11	45	12
Significance level of Pearson Chi Square	P<.001		P<.001		P<.001	

[1] Other is defined differently for each group. 0ther includes Hindu and Urdu for Gujaratis; Gujarati, Hindi and Urdu for Punjabis; and English and Sylheti for Sylhetis.

Table 13. Currently working for money and average hours worked per week (for those still working) for all groups

	Gujaratis		Punjabis		Sylhetis	
	UK N=103	India N=100	UK N=100	India N=100	UK N=100	B'desh N=100
Yes	11	43	12	39	11	9
Significance level of Pearson Chi Square	P<.001		P<.001		n.s.	
	N=10	N=36	N=11	N=19	N=11	N=7
Mean number hours/week	37 s.d. 15.2	42 s.d. 23.1	37 s.d. 11.8	31 s.d.14.0	29 s.d. 12.8	35 s.d. 17.9

Table 14. 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 15. Major occupational groups for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
ISCO major group:	UK N=102	India N=100	UK N=100	India N=93	UK N=100	B'desh N=100
0	-	-	2	3	0	1
1	11	30	14	4	12	13
2	12	16	18	7	0	4
3	11	1	0	2	0	6
4	5	6	0	3	1	4
5	8	17	6	7	18	2
6	-	-	-	-	-	-
7	28	2	24	9	4	3
8	21	13	30	5	44	3
9	6	25	6	60	21	64
Significance level of Pearson Chi Square	P<.001		P<.001		P<.001	

Table 16. Skill levels for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
ISCO major group:	UK N=91	India N=70	UK N=84	India N=86	UK N=88	B'desh N=86
1	7	36	7	65	24	74
2	68	40	71	26	76	14
3	12	1	0	2	0	7
4	13	23	21	7	0	5
Significance level of Pearson Chi Square	P<.001		P<.001		P<.001	

Table 17. Self-assessed health for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
	UK N=103	India N=100	UK N=100	India N=100	UK N=100	B'desh N=100
Good/excellent	7	33	17	15	18	10
All right	32	28	41	59	49	32
Fair	33	29	30	22	19	26
Poor	28	10	14	4	14	32
Significance level of Pearson Chi Square	P<.001		P=.035		P=.003	

Table 18. Limiting illness for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
	UK N=103	India N=100	UK N=100	India N=100	UK N=100	B'desh N=100
No	38	57	68	76	74	41
Yes	62	43	32	24	26	59
Significance level of Pearson Chi Square	P=.006		P=.208		P<.001	

Table 19. Support network type for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
	UK N=103	India N=100	UK N=100	India N=100	UK N=100	B'desh N=100
Family dependent	38	36	39	55	52	61
Locally integrated	38	45	30	30	34	32
Local self-contained	3	2	8	2	0	3
Wider community focussed	9	9	17	4	6	1
Private restricted	9	4	4	2	4	1
Inconclusive	4	4	2	7	4	2
Significance level of Pearson Chi Square	n.s.		P<.005		n.s.	

Table 20. Age at move to the UK

	Gujaratis			Punjabis			Sylhetis		
Ageband:	**All** N 103 %	**M** N 46 %	**F** N 53 %	**All** N 100 %	**M** N 48 %	**F** N 48 %	**All** N 100 %	**M** N 54 %	**F** N 46 %
10-19	2	4	0	8	6	10	13	17	9
20-29	30	35	28	41	46	40	47	63	28
30-39	12	20	28	22	21	25	27	20	35
40-49	24	26	25	10	10	10	8	0	17
50-59	5	4	6	6	8	4	3	0	7
60-69	11	11	11	5	6	4	2	0	4
70+	1	0	2	4	2	6	0		
Missing	4			4			0		
Significance level of Pearson Chi Square		ns.			n.s.			P<.001	

Table 21. Ranked top four reasons for moving to the UK

Gujaratis (UK)	Punjabis (UK)	Sylhetis (UK)
Political Africanisation of labour (24%)	Economic/for work (39%)	Economic/for work (43%)
Resettle, need a change (21%)	To join spouse (22%)	To join spouse (39%)
Economic/for work (19%)	Live with or near relative (12%)	Live with or near relative (4%)
Live with or near relative (18%)	Political Africanisation of labour (10%)	As a child with parents (4%)

Table 22. Place of birth for South Asians

	Gujaratis %	Punjabis %	Sylhetis %
	N=100	N=99	N=99
Born here	37	31	74
Large town/city	14	7	1
Small town	3	6	3
Village or rural area	46	56	22
Significance level of Pearson Chi Square	P<.001		

Table 23. Number of moves made by South Asians

	Gujaratis %	Punjabis %	Sylhetis %
	N=100	N=100	N=100
0	25	92	59
1	30	4	28
2	15	4	7
3+	30	0	6
Significance level of Pearson Chi Square	P<.001		

Table 24. Distance of moves made by South Asians (as a proportion of total moves)

	Gujaratis %	Punjabis %	Sylhetis %
	N=175	N=10	N=61
1-5 miles	6	10	15
6-14 miles	6	0	13
15-50 miles	43	0	26
50+ miles	28	0	18
Another country	17	90	28
Significance level of Pearson Chi Square	P=.005*		

* The p-value relates to a comparison between Gujaratis and Sylhetis only.

Table 25. Top three reasons for moving given by South Asians

Gujaratis (UK)	Punjabis (UK)	Sylhetis (UK)
Economic/for work (37%)	To marry (43%)	To marry (50%)
To marry (26%)	Economic/for work (29%)	Government service (23%)
Education (12%)	Return to place of birth (29%)	Economic/for work (17%)

Table 26. Length of residence in community for South Asians

	Gujaratis %	Punjabis %	Sylhetis %
	N=100	N=100	N=100
< 10 years	2	1	0
11-30 years	13	11	6
30+ years	85	88	94
Significance level of Pearson Chi Square	n.s.		

Table 27. Proportions of each group in South Asia with relatives living abroad

	Gujaratis N=100 (%)	Punjabis N=100 (%)	Sylhetis N=100 (%)
Children in another country	40	37	86
Sibling(s) in another country	28	17	24
Other relative(s) in another country	42	8	51

Table 28. Household composition of migrating and resident families

	Gujaratis %		Punjabis %		Sylhetis %	
	RF N=36	MF N=64	RF N=49	MF N=51	RF N=0	MF N=100
Lives alone	8	9	4	4	-	1
Lives with spouse/ partner only	11	16	8	4	-	3
Lives with younger (2) generation	22	25	14	31	-	45
Lives in 3 or 4 generation house	58	44	74	61	-	49
Other	0	6	-	-	-	2
Significance level of Pearson Chi Square	P=.450		P=.210			

Table 29. Number of living children for migrating and resident families

	Gujaratis %		Punjabis %		Sylhetis %	
	RF N=36	MF N=64	RF N=49	MF N=51	RF N=0	MF N=100
0	11	6	2	4	-	3
1-2	25	22	18	8	-	8
3-4	42	48	33	55	-	26
5-6	22	17	41	18	-	34
7+	0	6	6	16	-	29
Significance level of Pearson Chi Square	P=.450		P=.210			

Table 30. Proximity of nearest child for migrating and resident families

	Gujaratis %		Punjabis %		Sylhetis %	
	RF N=36	MF N=64	RF N=49	MF N=51	RF N=0	MF N=100
None	11	6	2	4	-	3
Same h'hold, less than 1 mile	75	63	94	80	-	88
1-5 miles	6	3	2	0	-	2
6-50 miles	8	14	2	10	-	6
50+ miles	0	14	0	6	-	1
Significance level of Pearson Chi Square	P=.123		P=.123			

Table 31. Self-assessed health for migrating and resident families

	Gujaratis %		Punjabis %		Sylhetis %	
	RF N=36	MF N=64	RF N=49	MF N=51	RF N=0	MF N=100
Good/excellent	22	39	12	18	-	10
All right	19	33	57	61	-	32
Fair	39	23	25	20	-	26
Poor	19	5	6	2	-	32
Significance level of Pearson Chi Square	P=.016		P=.594			

Table 32. Full-time education for migrating and resident families

	Gujaratis %		Punjabis %		Sylhetis %	
	RF N=36	MF N=64	RF N=49	MF N=51	RF N=0	MF N=100
None	22	2	78	61	-	51
1-5 years	33	14	10	14	-	28
6-10 years	31	36	8	20	-	13
11-15 years	8	39	-	-	-	6
16+ years	6	9	4	6	-	2
Significance level of Pearson Chi Square	P<.001		P=.287			

Table 33. Number of languages spoken (other than 1st language) for migrating and resident families

	Gujaratis %		Punjabis %		Sylhetis %	
	RF N=36	MF N=64	RF N=49	MF N=51	RF N=0	MF N=100
None	53	31	92	75	-	87
One	28	16	4	8	-	9
Two or more	19	53	4	18	-	4
Significance level of Pearson Chi Square	P=.004		P=.059			

Table 34. Sources of income for migrating and resident families

	Gujaratis %		Punjabis %		Sylhetis %	
	RF N=36	MF N=64	RF N=49	MF N=51	RF N=0	MF N=100
Own income	42	41	30	38	-	9
Significance level of Pearson Chi Square	P=.919		P=.394			
Spouse's work	25	22	17	18	-	3
Significance level of Pearson Chi Square	P=.722		P=.899			
Income from a business	3	6	-	-	-	4
Significance level of Pearson Chi Square	P=.444					
Children residing in home	31	25	53	20	-	42
Significance level of Pearson Chi Square	P=.548		P<.001			
Children residing elsewhere	6	14	4	24	-	84
Significance level of Pearson Chi Square	P=.192		P=.006			
Other relatives	3	0	0	4	-	14
Significance level of Pearson Chi Square	P=.180		P=.166			
Other agency	0	6	2	4	-	3
Significance level of Pearson Chi Square	P=.126		P=.594			
Pension from former (spouse) employer	14	16	2	10	-	3
Significance level of Pearson Chi Square	P=.815		P=.108			
Income from savings etc.	14	33	2	6	-	1
Significance level of Pearson Chi Square	P=.038		P=.338			
State pension	6	8	36	18	-	4
Significance level of Pearson Chi Square	P=.671		P=.043			
Other source	3	2	2	4	-	22
Significance level of Pearson Chi Square	P=.677		P=.594			

Table 35. Mean weekly income in local currency for migrating and resident families

	Gujaratis %		Punjabis %		Sylhetis %	
	RF N=35	MF N=62	RF N=49	MF N=46	RF N=0	MF N=100
Mean weekly income:	947 Rs	1789 Rs	1074 Rs	1067 Rs	-	2477 Taka

Table 36. Possession of Household Appliances for migrating and resident families

	Gujaratis %		Punjabis %		Sylhetis %	
	RF N=36	MF N=64	RF N=49	MF N=51	RF N=0	MF N=100
Radio	25	63	80	88	-	91
Significance level of Pearson Chi Square	P<.001		P=.239			
TV	42	91	84	94	-	75
Significance level of Pearson Chi Square	P<.001		P=.095			
Video	3	28	4	26	-	25
Significance level of Pearson Chi Square	P=.002		P=.003			
Telephone	25	77	22	49	-	15
Significance level of Pearson Chi Square	P<.001		P=.006			
Refrigerator	33	86	55	84	-	28
Significance level of Pearson Chi Square	P<.001		P=.001			
Washing machine	6	14	6	22	-	1
Significance level of Pearson Chi Square	P=.192		P=.026			

Table 37. Number of living children (sons and daughters) for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
	UK N=103	India N=100	UK N=100	India N=100	UK N=100	B'desh N=100
0	13	8	2	3	2	3
1	5	11	9	4	8	3
2	18	12	13	9	24	5
3	18	24	26	17	19	13
4	13	22	26	27	23	13
5	21	15	8	19	10	21
6+	12	8	16	21	14	42
Significance level of Pearson Chi Square	P=.125		P=.128		P<.001	

Table 38. Number of children for all groups

	Gujaratis		Punjabis		Sylhetis	
	UK N=103	India N=100	UK N=100	India N=100	UK N=100	B'desh N=100
Mean number of children	3.3 s.d. 2.0	3.2 s.d. 1.8	3.6 s.d. 1.8	4.2 s.d.1.9	3.4 s.d. 1.9	5.2 s.d. 2.4
Modal number of children	5	3	3 or 4	4	4	5

Table 39. Proximity of nearest child for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
	UK N=102	India N=100	UK N=100	India N=100	UK N=100	B'desh N=100
None	13	8	2	3	2	3
Same h'hold, less than 1 mile	49	67	57	87	86	88
1-5 miles	28	4	14	1	5	2
6-50 miles	6	12	12	6	2	6
50+ miles	5	9	15	3	5	1
Significance level of Pearson Chi Square	P<.001		P<.001		P=.186	

Table 40. Number of children living in household for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
	UK N=103	India N=100	UK N=100	India N=100	UK N=100	B'desh N=100
0	58	37	53	24	15	13
1	32	43	31	44	32	25
2	8	17	8	23	17	17
3	2	2	3	6	17	19
4	0	1	5	3	10	12
5	0	0	0	0	7	8
6+	0	0	0	0	2	6
Significance level of Pearson Chi Square	P<.05		P<.001		n.s	

Table 41. Number of grandchildren living in household for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
	UK N=103	India N=100	UK N=100	India N=100	UK N=100	B'desh N=100
0	83	56	74	33	55	50
1	5	13	9	9	15	9
2	7	19	6	23	5	11
3	4	7	8	18	12	8
4	1	3	0	9	7	2
5	1	1	1	6	4	8
6+	0	1	2	2	2	12
Significance level of Pearson Chi Square	P<.01		P<.001		P<.05	

Table 42. Frequency of contact with a child (only for those with children) for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
Frequency of visits:	UK N=89	India N=92	UK N=98	India N=97	UK N=98	B'desh N=97
Daily	71	79	64	88	89	89
At least weekly	20	8	56	4	10	4
At least monthly	6	13	8	5	1	3
< monthly	4	3	2	3	0	4
Significance level of Pearson Chi Square	P=.045		P<.001		P=.056	

Table 43. Numbers of siblings for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
	UK N=102	India N=100	UK N=100	India N=100	UK N=98	B'desh N=100
0	31	24	31	17	45	17
1	12	20	21	15	18	24
2	14	18	13	23	16	16
3	14	11	14	16	9	11
4	5	9	11	11	4	10
5	13	10	5	9	4	7
6+	12	8	5	9	3	15
Significance level of Pearson Chi Square	P=.389		P=.113		P<.001	

Table 44. Proximity to nearest sibling for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
	UK N=100	India N=99	UK N=100	India N=97	UK N=98	B'desh N=100
None	32	24	31	18	45	17
Same h'hold, less than 1 mile	3	23	0	17	0	25
1-5 miles	28	7	12	21	3	30
6-50 miles	7	26	15	30	4	20
50+ miles	30	19	42	12	48	8
Significance level of Pearson Chi Square	P<.001		P<.001		P<.001	

Table 45. Frequency of contact with siblings (only for those with siblings) for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
Frequency of visits:	UK N=64	India N=74	UK N=67	India N=80	UK N=50	B'desh N=83
Daily	11	26	5	18	6	15
At least weekly	34	12	16	8	32	21
At least monthly	27	30	15	20	18	27
< monthly	28	32	64	55	44	39
Significance level of Pearson Chi Square	P=.008		P=.031		P=.184	

Table 46. Proximity of nearest relative for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
	UK N=103	India N=100	UK N=100	India N=100	UK N=100	B'desh N=100
None	5	2	-	-	-	-
Same h'hold, less than 1 mile	52	84	60	94	92	93
1-5 miles	27	5	14	4	5	4
6-50 miles	12	7	17	1	1	3
50+ miles	5	2	9	1	2	0
Significance level of Pearson Chi Square	P<.001		P<.001		P=.374	

Table 47. Frequency of contact with nearest relative for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
Frequency of visits:	UK N=98	India N=98	UK N=100	India N=100	UK N=100	B'desh N=100
Daily	63	81	60	76	88	88
At least weekly	16	5	23	6	10	8
At least monthly	13	12	15	12	2	4
< monthly	7	2	2	6	-	-
Significance level of Pearson Chi Square	P=.014		P=.003		P=.641	

Table 48. Number of children, siblings and relatives living abroad for groups living in the UK

	Gujaratis (UK) (N=103) %	Punjabis (UK) (N=100) %	Sylhetis (UK) (N=100) %
Children living abroad:			
0	70	83	88
1	16	5	6
2	10	4	4
3+	5	8	2
Level of significance for Pearson Chi Square test	p<.01		
Siblings living abroad:			
0	59	56	63
1	10	18	12
2	9	7	12
3+	22	19	13
Level of significance for Pearson Chi Square test	n.s.		
Relatives living abroad:			
0	72	82	76
1	6	3	11
2	5	2	5
3+	18	13	8
Level of significance for Pearson Chi Square test	n.s.		

Table 49. Visits to and from children abroad for groups living in the UK

	Gujaratis (UK) N=41		Punjabis (UK) N=35		Sylhetis (UK) N=14	
Child visits respondent: / **Respondent visits child:**	At least every 3 years	Less frequently or never	At least every 3 years	Less frequently or never	At least every 3 years	Less frequently or never
At least every 3 years	13	3	0	13	0	7
Less frequently or never	3	22	3	22	0	7
Level of significance for McNemar's Test	n.s.		P=.002		*	

* Test cannot be performed as frequency of child visiting is a constant.

Table 50. Visits to and from siblings abroad for groups living in the UK

	Gujaratis (UK) N=80		Punjabis (UK) N=84		Sylhetis (UK) N=40	
Sibling visits respondent: / **Respondent visits sibling:**	At least every 3 years	Less frequently or never	At least every 3 years	Less frequently or never	At least every 3 years	Less frequently or never
At least every 3 years	7	36	14	39	7	6
Less frequently or never	4	33	1	30	0	27
Level of significance for McNemar's Test	P<.001		P<.001		P<.05	

Table 51. Visits to and from relatives abroad for groups living in the UK

	Gujaratis (UK) N=40		Punjabis (UK) N=47		Sylhetis (UK) N=45	
Relative visits respondent: / **Respondent visits relative:**	At least every 3 years	Less frequently or never	At least every 3 years	Less frequently or never	At least every 3 years	Less frequently or never
At least every 3 years	25	4	7	13	0	27
Less frequently or never	4	15	0	27	1	17
Level of significance for McNemar's Test	n.s.		P<.001		P<.001	

Table 52. Forms of contact between respondents living in the UK and children, siblings and relatives living overseas

	Gujaratis (UK) %			Punjabis (UK) %			Sylhetis (UK) %		
Keep in touch with:	**Children**	**Siblings**	**Relatives**	**Children**	**Siblings**	**Relatives**	**Children**	**Siblings**	**Relatives**
	N=51	N=105	N=52	N=40	N=100	N=57	N=19	N=63	N=54
Yes	96	94	96	100	94	83	100	94	89
Level of significance X^2	n.s.			P<.005			n.s.		
By:	N=30	N=77	N=47	N=21	N=66	N=37	N=18	N=45	N=46
Letter	63	61	47	48	55	32	78	58	59
Level of significance X^2	n.s			n.s.			n.s.		
	N=49	N=99	N=50	N=40	N=93	N=47	N=18	N=47	N=45
Phone	92	90	74	95	85	66	89	57	80
Level of significance X^2	P<.05			P=.001			P=.01		
	N=44	N=75	N=52	N=30	N=108	N=47	N=17	N=50	N=48
Sending gifts	34	16	17	10	6	0	35	22	42
Level of significance X^2	P<.05			n.s.			n.s.		
	N=43	N=75	N=50	N=36	N=87	N=47	N=19	N=45	N=47
Receiving gifts	35	19	14	6	5	0	26	4	19
Level of significance X^2	P<.05			n.s.			P<.05		
	N=50	N=96	N=50	N=39	N=92	N=57	N=16	N=45	N=51
Visits to	34	50	58	33	58	35	44	31	53
Level of significance X^2	P<.05			P<.01			n.s.		

Table 53. Frequency of contact with a friend for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
Frequency of visits:	UK N=103	India N=100	UK N=99	India N=94	UK N=99	B'desh N=99
None/never	24	19	22	35	5	11
Daily	20	65	21	28	21	30
At least weekly	41	14	39	30	70	53
At least monthly	8	1	7	4	4	1
< monthly	7	1	10	3	0	5
Significance level of Pearson Chi Square	P<.001		n.s.		P<.05	

Table 54. Number of named friends for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
	UK N=103	India N=100	UK N=100	India N=100	UK N=100	B'desh N=100
0	33	20	33	34	7	14
1	8	21	16	7	18	6
2	10	17	23	25	31	18
3	16	17	16	23	18	31
4	12	12	5	6	5	23
5	25	13	7	5	21	8
Significance level of Pearson Chi Square	P<.01		n.s.		P<.001	

Table 55. Anyone dependent on friendship for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
	UK N=102	India N=100	UK N=100	India N=100	UK N=100	B'desh N=100
Yes	30	30	19	29	25	6
Significance level of Pearson Chi Square	n.s.		n.s.		P<.001	

Table 56. Frequency of contact with a neighbour for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
Frequency of visits:	UK N=102	India N=100	UK N=99	India N=99	UK N=100	B'desh N=100
None/never	28	16	18	7	10	2
Daily	34	71	13	75	21	33
At least weekly	28	9	28	17	61	59
At least monthly	1	3	16	0	5	2
< monthly	9	1	24	1	3	4
Significance level of Pearson Chi Square	P<.001		P<.001		n.s.	

Table 57. Relationships of confidant for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
	UK N=102	India N=100	UK N=99	India N=99	UK N=99	B'desh N=99
No-one	25	33	15	25	27	18
More than one	9	3	5	0	0	2
Spouse	16	14	25	14	6	26
Son	15	11	15	15	7	20
Daughter	13	3	12	4	5	4
Daughter-in-law	5	1	2	7	3	4
Other relative	5	7	4	11	3	11
Friend/ neighbour	11	28	21	23	49	14
Professional	3	0	-	-	-	-
Significance level of Pearson Chi Square	P<.005		P<.005		P<.001	

Table 58. Participation in community or social groups for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
	UK N=102	India N=100	UK N=99	India N=86	UK N=100	B'desh N=100
No/never	21	40	30	22	43	40
Regularly	49	35	39	33	21	23
Occasionally	30	25	30	45	36	37
Significance level of Pearson Chi Square	P=.01		n.s.		n.s.	

Table 59. Participation in religious activities for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
	UK N=100	India N=100	UK N=98	India N=87	UK N=100	B'desh N=97
No/never	9	14	5	12	18	29
Regularly	49	59	48	38	37	21
Occasionally	42	27	47	51	45	51
Significance level of Pearson Chi Square	n.s.		n.s.		P<.05	

Table 60. Participation in religious activities for Gujaratis.

	Individually %		With family %		With community %	
Religious activity & frequency:	UK	India	UK	India	UK	India
Prayer:	N=91	N=91	N=45	N=44	N=33	N=43
Never	16	20	24	71	30	84
Regularly	60	75	42	21	33	14
Occasionally	26	5	33	9	36	2
Significance level of Pearson Chi Square	P<.001		P<.001		P<.001	
Going to place of worship:	N=73	N=96	N=54	N=41	N=26	N=37
Never	19	32	13	63	15	87
Regularly	56	48	67	22	46	8
Occasionally	25	20	20	15	39	5
Significance level of Pearson Chi Square	P=.159		P<.001		P<.001	
Festival:	N=68	N=49	N=54	N=76	N=31	N=60
Never	16	61	9	13	10	37
Regularly	52	33	59	82	48	58
Occasionally	32	6	32	5	42	5
Significance level of Pearson Chi Square	P<.001		P<.001		P<.001	
Pilgrimage:	N=74	N=75	N=54	N=59	N=22	N=46
Never	73	48	52	44	73	83
Regularly	10	20	4	27	5	4
Occasionally	18	32	44	29	23	13
Significance level of Pearson Chi Square	P=.008		P=.003		P=.592	

Table 61. Participation in religious activities for Punjabis.

	Individually %		With family %		With community %	
Religious activity & frequency:	UK	India	UK	India	UK	India
Prayer:	N=91	N=98	N=88	N=19	N=86	N=15
Never	3	19	9	11	8	7
Regularly	50	38	42	74	43	93
Occasionally	47	43	49	16	49	0
Significance level of Pearson Chi Square	P=.003		P=.026		P=.001	
Going to place of worship:	N=92	N=91	N=86	N=17	N=84	N=11
Never	2	13	86	0	4	0
Regularly	47	36	2	71	45	91
Occasionally	51	51	45	29	51	9
Significance level of Pearson Chi Square	P=.015		P=.153		P=.017	
Festival:	N=92	N=69	N=89	N=36	N=86	N=14
Never	4	3	3	3	5	0
Regularly	42	45	43	42	43	50
Occasionally	53	52	54	56	52	50
Significance level of Pearson Chi Square	P=.865		P=.977		P=.671	
Pilgrimage:	N=94	N=84	N=85	N=20	N=85	N=11
Never	35	50	33	0	32	0
Regularly	14	7	13	5	14	9
Occasionally	51	43	54	95	54	91
Significance level of Pearson Chi Square	P=.090		P=.003		P=.051	

Table 62. Participation in religious activities for Sylhetis.

	Individually %		With family %		With community %	
Religious activity & frequency:	UK	India	UK	India	UK	India
Prayer:	N=98	N=98	N=74	N=91	N=78	N=92
Never	5	1	20	20	55	42
Regularly	48	85	22	57	22	42
Occasionally	47	14	58	23	23	15
Significance level of Pearson Chi Square	P<.001		P<.001		P=.010	
Going to place of worship:	N=97	N=88	N=73	N=85	N=79	N=83
Never	50	46	75	53	53	49
Regularly	36	33	19	21	25	23
Occasionally	14	22	6	26	22	28
Significance level of Pearson Chi Square	P=.466		P=.001		P=.657	
Festival:	N=89	N=93	N=75	N=92	N=79	N=89
Never	65	10	0	19	15	26
Regularly	26	55	35	49	44	40
Occasionally	9	36	65	33	41	34
Significance level of Pearson Chi Square	P<.001		P<.001		P=.229	
Pilgrimage:	N=97	N=92	N=71	N=84	N=71	N=83
Never	63	80	48	96	93	93
Regularly	9	3	27	1	4	4
Occasionally	28	16	25	2	3	4
Significance level of Pearson Chi Square	P=.023		P<.001		P=.946	

Table 63. Feeling lonely for all groups

	Gujaratis %		**Punjabis %**		**Sylhetis %**	
	UK N=102	India N=99	UK N=97	India N=100	UK N=100	B'desh N=99
Never	49	69	12	56	51	18
Rarely	15	6	43	12	15	41
Sometimes	27	8	35	16	28	31
Often or most of the time	10	17	9	16	6	9
Significance level of Pearson Chi Square	P<.001		P<.001		P<.001	

Table 64. Hours at home alone for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
	UK N=97	India N=99	UK N=98	India N=98	UK N=100	B'desh N=99
0-3	52	72	60	85	75	9
3-6	21	10	26	3	13	35
6-9	11	4	5	2	4	28
9+	17	14	9	10	8	27
Significance level of Pearson Chi Square	P<.05		P<.001		P<.001	

Table 65. Network size for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
Number of members[2]:	UK N=103	India N=100	UK N=100	India N=100	UK N=100	B'desh N=100
0-5	50	18	57	22	12	7
6-9	37	50	37	50	55	38
10+	14	32	6	28	33	55
Significance level of Pearson Chi Square	p<.001		P<.001		P<.01	

Table 66. Number of network members for all groups

	Gujaratis		Punjabis		Sylhetis	
	UK N=103	India N=100	UK N=100	India N=100	UK N=100	B'desh N=100
Mean	6.0 s.d. 3.4	8.6 s.d. 4.0	5.3 s.d. 2.6	7.8 s.d. 3.2	8.4 s.d. 2.5	10.4 s.d. 3.8
Mode	6	8	5	8	8	10
Min	0	1	1	1	3	1
Max	15	20	13	19	14	20

[2] 0-5 is bottom quartile and 10+ is top quartile for total sample.

Table 67. Help with personal services and household tasks for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
	UK	India	UK	India	UK	B'desh
Financial advice	59	50	**62**	41	**82**	53
Talk to when unhappy	**72**	53	**90**	70	**78**	57
Talk to about personal problem	75	62	**84**	65	**81**	63
Takes care when ill	82	**93**	94	89	95	99
Buying food	49	44	**65**	41	75	72
Cooking	59	**76**	62	**94**	94	94
Washing clothes	44	**71**	50	**83**	72	**95**
Household chores	49	46	48	48	**82**	49

Table 68. Sources of Financial Advice for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
	UK N=102	India N=98	UK N=100	India N=99	UK N=100	B'desh N=100
No-one	41	51	38	60	18	47
More than one	7	1	1	1	3	0
Spouse	7	7	10	12	8	7
Son	23	14	31	14	48	27
Daughter	5	2	11	2	1	1
Daughter-in-law	0	3	1	4	0	1
Other relative	5	6	3	4	9	10
Friend/ neighbour	6	15	5	3	6	7
Professional	7	0	-	-	7	0
Significance level of Pearson Chi Square	P<.005		P<.01		P<.001	

Table 69. Sources to talk to when respondent feels unhappy for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
	UK N=102	India N=98	UK N=100	India N=100	UK N=99	B'desh N=98
No-one	29	48	10	30	22	43
More than one	16	6	2	7	-	-
Spouse	9	13	28	12	1	22
Son	4	3	9	9	2	1
Daughter	6	4	13	4	6	1
Daughter-in-law	1	2	2	2	4	0
Other relative	10	9	5	17	9	10
Friend/ neighbour	22	13	31	19	58	22
Professional	3	1	-	-	1	0
Significance level of Pearson Chi Square	n.s.		P<.001		P<.001	

Table 70. Sources to talk to about personal problem for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
	UK N=98	India N=99	UK N=100	India N=99	UK N=100	B'desh N=99
No-one	26	38	16	35	19	37
More than one	10	5	3	0	12	1
Spouse	14	20	29	20	25	31
Son	18	9	10	13	19	3
Daughter	13	3	11	4	4	4
Daughter-in-law	1	6	2	2	2	3
Other relative	4	8	3	6	9	13
Friend/ neighbour	9	10	25	19	9	7
Professional	4	0	1	0	1	0
Significance level of Pearson Chi Square	P<.005		P<.05		P<.001	

Table 71. Sources to care for respondent when ill for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
	UK N=101	India N=100	UK N=100	India N=99	UK N=100	B'desh N=99
No-one	18	7	6	11	5	1
More than one	10	11	3	0	9	12
Spouse	33	20	35	20	30	32
Son	13	18	23	35	7	17
Daughter	13	8	14	5	11	12
Daughter-in-law	9	9	14	19	29	16
Other relative	2	20	4	7	7	9
Friend/ neighbour	1	6	1	2	1	0
Professional	2	1	-	-	0	1
Significance level of Pearson Chi Square	P<.001		P<.05		n.s.	

Table 72. Sources of help with buying food for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
	UK N=103	India N=98	UK N=100	India N=99	UK N=100	B'desh N=99
No-one	52	57	35	59	25	28
More than one	8	5	1	0	9	1
Spouse	10	6	24	10	9	3
Son	11	13	8	26	43	54
Daughter	10	2	15	0	1	0
Daughter-in-law	6	4	14	0	1	0
Other relative	2	6	0	5	12	6
Friend/ neighbour	2	4	-	-	-	-
Professional	1	2	3	0	0	8
Significance level of Pearson Chi Square	n.s.		P<.001		P<.005	

Table 73. Sources of help with cooking for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
	UK N=100	India N=100	UK N=99	India N=99	UK N=100	B'desh N=99
No-one	42	24	38	6	6	6
More than one	6	5	1	4	14	3
Spouse	28	21	33	13	30	28
Son	0	0	0	1	-	-
Daughter	7	6	7	7	9	4
Daughter-in-law	14	33	17	66	32	47
Other relative	1	9	1	3	8	4
Friend/ neighbour	1	0	-	-	1	0
Professional	1	2	2	0	0	7
Significance level of Pearson Chi Square	P<.005		P<.001		P<.005	

Table 74. Sources of help with washing clothes for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
	UK N=96	India N=100	UK N=100	India N=98	UK N=100	B'desh N=99
No-one	57	29	50	17	28	5
More than one	3	3	0	3	8	10
Spouse	24	19	28	12	13	17
Son	-	-	0	1	1	0
Daughter	5	3	8	7	11	13
Daughter-in-law	9	24	11	55	31	31
Other relative	0	4	2	3	8	5
Friend/ neighbour	-	-	-	-	-	-
Professional	1	18	1	1	0	19
Significance level of Pearson Chi Square	P<.001		P<.001		P<.001	

Table 75. Sources of help with other household chores for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
	UK N=100	India N=100	UK N=100	India N=98	UK N=100	B'desh N=99
No-one	53	54	53	52	18	52
More than one	5	5	5	3	16	1
Spouse	16	7	17	5	23	6
Son	2	1	5	5	1	8
Daughter	8	2	6	6	16	7
Daughter-in-law	11	16	9	26	14	11
Other relative	1	5	1	3	12	4
Friend/ neighbour	0	1	-	-	-	-
Professional	4	9	4	0	0	11
Significance level of Pearson Chi Square	n.s.		P=.005		P<.001	

Table 76. Sources of income for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
	UK	India	UK	India	UK	B'desh
Own income	16	41	11	34	10	9
Significance level of Pearson Chi Square	P<.005		P<.001		n.s.	
Spouse's work	10	23	3	18	3	3
Significance level of Pearson Chi Square	n.s.		P=.001		n.s.	
Income from a business	8	5	-	-	10	4
Significance level of Pearson Chi Square	n.s.		-		n.s.	
Children residing in home	0	27	3	36	16	42
Significance level of Pearson Chi Square	P<.001		P<.001		P<.001	
Children residing elsewhere	2	11	0	14	0	84
Significance level of Pearson Chi Square	n.s.		P<.001		P<.001	
Other relatives	0	1	1	2	7	14
Significance level of Pearson Chi Square	n.s.		n.s.		n.s.	
Other agency	4	4	3	3	26	3
Significance level of Pearson Chi Square	n.s.		n.s.		P<.001	
Pension from former (spouse) employer	18	15	25	6	19	3
Significance level of Pearson Chi Square	n.s.		P<.001		P<.001	
Income from savings etc.	11	26	27	4	1	1
Significance level of Pearson Chi Square	P<.05		P<.001		n.s.	
State pension	39	7	68	27	63	4
Significance level of Pearson Chi Square	P<.001		P<.001		P<.001	
Other source	39	61	21	3	37	22
Significance level of Pearson Chi Square	P<.001		P<.001		P<.05	
UK benefits:						
Supplementary pension	22		18		44	
Attendance allowance	19		3		10	
Housing benefit	15		7		26	
Rent or council tax reduction	8		4		24	

Table 77. Household appliances for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
	UK N=103	India N=100	UK N=100	India N=100	UK N=100	B'desh N=100
Radio	98	49	100	84	82	91
Significance level of Pearson Chi Square	P<.001		P<.001		n.s.	
TV	97	73	99	89	99	75
Significance level of Pearson Chi Square	P<.001		P<.005		P<.001	
Video	89	19	96	15	88	25
Significance level of Pearson Chi Square	P<.001		P<.001		P<.001	
Telephone	98	58	100	36	99	15
Significance level of Pearson Chi Square	P<.001		P<.001		P<.001	
Refrigerator	100	67	100	70	100	28
Significance level of Pearson Chi Square	P<.001		P<.001		P<.001	
Washing machine	88	11	98	14	97	1
Significance level of Pearson Chi Square	P<.001		P<.001		P<.001	

Table 78. Written a will for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
	UK N=103	India N=100	UK N=100	India N=94	UK N=100	B'desh N=97
Yes	35	9	27	27	35	2
Significance level of Pearson Chi Square	P<.001		n.s.		P<.001	

Table 79. Where someone in family died for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
	UK N=62	India N=95	UK N=47	India N=60	UK N=53	B'desh N=98
In their home	29	62	51	62	28	61
At the home of a family member	2	17	2	2	6	19
At someone else's home	0	1	-	-	4	2
Hospital	63	13	43	22	55	11
Nursing home	2	0	0	2	4	0
Somewhere else	5	7	4	13	4	6
Significance level of Pearson Chi Square	P<.001		n.s.		P<.001	

Table 80. Gender of funeral arranger for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
	UK N=57	India N=95	UK N=47	India N=60	UK N=53	B'desh N=98
Male	74	81	87	98	94	94
Female	16	13	9	0	0	1
More than one	11	6	4	2	6	5
Significance level of Pearson Chi Square	n.s.		P<.05		n.s.	

Table 81. Relationship of funeral arranger for all groups

	Gujaratis %		Punjabis %		Sylhetis %	
	UK N=56	India N=95	UK N=47	India N=57	UK N=52	B'desh N=91
More than one	14	13	4	2	15	8
Son	48	37	10	81	50	77
Spouse	9	14	26	5	10	1
Brother	9	14	9	4	8	10
Other	20	23	21	9	17	4
Significance level of Pearson Chi Square	n.s.		P=.001		P<.005	

Table 82. Difference in ritual from childhood

	Gujaratis %		Punjabis %		Sylhetis %	
	UK N=70	India N=98	UK N=59	India N=72	UK N=100	B'desh N=99
Yes	34	41	44	1	43	1
Significance level of Pearson Chi Square	n.s.		P<.001		P<.001	

REFERENCES

Adams, R. H., 1989, Worker remittances and inequality in rural Egypt. *Economic Development and Cultural Change*, **38**, 45-71.

Adams, R. H., 1991, *The effects of international remittances on poverty, inequality and development in rural Egypt*. International Food Policy Research Institute, Washington DC.

Adams, R. H., 1992, The effects of migration and remittance on inequality in rural Pakistan. *The Pakistan Development Review*, **31**(4), 1189-1206.

Adnan, S., 1993, Birds in a cage: Institutional change and women's position in Bangladesh. In, Gederici, N., Mason, K. and Sogner, S., (Eds.), *Women's position and demographic change.* Pp. 285-318. Clarendon Press, Oxford.

Agarwal, B., 1994, Gender and command over property: A critical gap in economic analysis and policy in South Asia. *World Development,* **22**(10), 1455-1478.

Alibhai-Brown, Y., 1998, *Of heritage and homeland.* Counsel and Care, London.

Amin, S., 1995, *The poverty-purdah trap in rural Bangladesh: Implications for women's role in the family.* Policy Research Division Working Paper No. 75. The Population Council, New York.

Amin, S., 1998, Family structure and change in rural Bangladesh. *Population Studies*, **52**(2), 201-13.

Atkin, K., Cameron, E., Badger, F. and Evans, E., 1989, Asian elders knowledge and future use of community social and health services. *New Community*, 15(2), 439-46.

Atkin, K. and Rollings, J., 1996, Looking after their own: Family care-giving among Asian and Afro-Caribbean communities. In, Ahmad, W. and Atking, K., (Eds.), *'Race' and community care.* Open University Press, Buckingham.

Aurora, G. S., 1967, *The new frontiersmen*. Popular Prakashan, Bombay.

Aziz, K. M. A., 1979, *Kinship in Bangladesh*. International Centre for Diarrhoeal Disease Research, Dhaka, Bangladesh.

Ballard, R., 1986, Differentiation and disjunction amongst the Sikhs in Britain. In, Barrier, N. G. and Dusenbery, V., (Eds.), *The Sikh Diaspora: migration and the experience beyond Punjab*. Pp. 200-234. Chanakya Publications, Delhi.

Bagchi, K. 1996, Health care of the elderly is homeward bound. In, Kumar, V., (Ed.), *Aging: Indian Perspective and Global Scenario.* Pp. 155-56. Proceedings of the International Symposium on Gerontology and Seventh Conference of the Association of Gerontology (India), All India Institute of Medical Sciences, New Delhi.

Bagchi, K., 1998, Some important areas of gerontological research in India. *Research and Development Journal (HelpAge India),* **4**(2/3).

Bali, A., 2003, Aging and culture: Exploring the experience of aging. In, Prakash, I. J. (Ed.), *Aging: Emerging issues.* Pp. 10-23. Bangalore University, Bangalore.

Bambawale, U., 1993, *Growing Old in Young India*. Snehavardhan Publishing House, Pune.

Bangladesh Bureau of Statistics, 1993, *Statistical Yearbook of Bangladesh.* Bangladesh Bureau of Statistics, Dhaka.
Barker, J., 1984, *Black and Asian old people in Britain*. Research Perspectives on Ageing. Age Concern, Mitcham.
Basch, L., Glick Schiller, N. and Szanton Blanc, C., 1994, *Nations unbound.* Gordon and Breach, Langhorne, PA.
Basu, A. M., 1992, *Culture, the status of women, and demographic behavior.* Oxford University Press, New York.
Bhachu, P., 1986, The East African Sikh Diaspora. In, Barrier, N. G. and Dusenbery, V., (Eds.), *The Sikh Diaspora: migration and the experience beyond Punjab*. Pp. 235-260. Chanakya Publications, Delhi.
Bhalla, A., and Blakemore, K., 1981, *Elders of the minority ethnic groups.* All Faiths for One Race, Birmingham.
Bhat, A., K. and Dhruvarajan, R., 2001, Ageing in India: Drifting intergenerational relations challenges and option. *Ageing and Society*, **21**(5), 621-40.
Bhatnagar, R. S., 2001, Death, dying and living. In, Modi, I., (Ed.), *Ageing and Human Development : Global Perspectives*. Rawat, New Delhi.
Birmingham City Council, 2001a, *Challenges for the future. Race quality in Birmingham: Report of the Birmingham Stephen Lawrence Inquiry Commission*. Birmingham City Council, Birmingham.
Birmingham City Council, 2001b, *Library services: History of Aston.* http://www.birmingham.gov.uk/GenerateContent?CONTENT_ITEM_ID=2515&CONTENT_ITEM_TYPE=0&MENU_ID=0
Birmingham City Council, 2002, *History of Handsworth.* http://www.birmingham.gov.uk/GenerateContent?CONTENT_ITEM_ID=2516&CONTENT_ITEM_TYPE=0&MENU_ID=0
Blakemore, K. and Boneham, M., 1994, *Age, race and ethnicity.* Open University Press, Milton Keynes.
Blane, D., White, I. and Morris, J., 1996, Education, social circumstances and mortality. In, Blane, D., Brunner, E. and Wilkinson, R., (Eds.), *Health and social organization*. Routledge, London.
Boneham, M. A., Williams, K. E., Copeland, J. R. M., McKibbin, P., Wilson, K., Scott, A., Saunders, P. A., 1997, Elderly people from ethnic minorities in Liverpool: mental illness, unmet need and barriers to service use. *Health and Social Care in the Community*, **5**(3), 173-180.
Brown, C., 1984, *Black and white Britain*. Heinemann, London.
Brown, M . S., 2000, Religion and economic activity in the South Asian population. *Ethnic and Racial Studies*, **23**(6), 1035-61.
Burholt, V., Wenger, G. C., Scott, A., Yahya, B. and Roy, S., 2000, Bangladeshi immigration to the United Kingdom: Older people's support networks in the sending and receiving countries. *Quality in Ageing*, **1**(2), 18-30.
Cain, M., 1978, The household life cycle and economic mobility in rural Bangladesh. *Population and Development Review,* **4**(3), 421-38.
Cain, M. T., 1986, The consequences of reproductive failure: Dependence, mobility and mortality among the elderly of rural South Asia. *Population Studies*, **40**, 375-388.

Cain, M., 1991, Welfare institutions in comparative perspective, the fate of the elderly in contemporary South-Asia and pre-industrial Western Europe. In, Pelling, M. and Smith, R. M., (Eds.) *Life, death and the elderly: Historical perspectives.* Routledge, London.

Cameron, E., Badger, F. and Evans, S., 1989, District nursing, the disabled and the elderly: Who are the black patients? *Journal of Advanced Nursing*, **14**, 376-82.

Carey, S., and Shukur, A., 1985, A profile of the Bangladeshi community in East London. *New Community*, **11**(3), 405-417.

Castles, S., 1998, *New migration, ethnicity and nationalism in Southeast and East Asia.* Paper presented to the Transnational Communities Programme, School of Geography, Oxford University 12 June 1998.

Chadha, N.K. and Easwaramoorthy, A., 2001, Some activities of Indian elderly. In, Modi, I., (Ed.) *Ageing and Human Development Global Perspective.* Rawat Publication, New Delhi.

Chang, P.J., 1992, Implications of changing family structure on old age support in the ESCAP Region. *Asia-Pacific Population Journal,* **17**(2), 49-66.

Chen, M. A., 1998, *Widows in India: Social neglect and public action*. Sage Publications, New Delhi.

Cohen, L., 1995, Toward an anthropology of senility: Anger, weakness and Alzheimer's in Banaras, India. *Medical Anthropology Quarterly*, **9**(3), 314-334.

Coupland, R., 1939, *The exploitation of East Africa, 1856-1890: The slave trade and the scramble*. Faber & Faber, London.

Dandekar, K., 1996, *The elderly in India.* Sage Publications, New Delhi.

Das Gupta, M., 1999, Lifeboat versus corporate ethic: Social and demographic implications of stem and joint families. *Social Science and Medicine*, **49**, 173-84.

Dave, P., Mallya, I. and Bhojak, K., 2003, *Families and Migration: Older People from South Asia, Regional Report from Gujarat.* University of Baroda, Vadodara, India.

DeLaet, D., 1999, Introduction: The invisibility of women in scholarship on international migration. In, Kelson, G. and DeLaet, D., (Eds.), *Gender and immigration*. Macmillan, Basingstoke.

De Souza, A., 1982, *The social organization of aging among the urban poor.* Indian Social Institute, New Delhi.

Dharmalingham, A., 1994, Old age support: Expectations and experiences in a South Indian village. *Population Studies*, **48**, 5-19.

Dhillion, P.K., 1996, Religiosity and death among the aged, *Research and Development Journal: HelpAge India,* **2**(2), 33-40.

Douglas, M. and Isherwood, B., 1980, *The world of goods: Towards an anthropology of consumption.* Penguin, Harmondsworth.

Drew, D., 1995, *Race, education and work: The statistics of inequality.* Avebury, Aldershot.

Dusenbery, V. A., 1986, Introduction: A century of Sikhs beyond Punjab. In, Barrier, N. G. and Dusenbery, V., (Eds.), *The Sikh Diaspora: Migration and the experience beyond Punjab*. Pp. 1-28. Chanakya Publications, Delhi.

Dyson, T. and Moore, M., 1983, On kinship structure, female autonomy and demographic behaviour in India. *Population and Development Review*, **9**(1), 35-60**.**

Evandrou, M., 2000, Social inequalities in later life: The socio-economic position of older people from ethnic minority groups in Britain. *Population Trends*, **101**, 11-18.

Ewing, D., 1999, Gender and Ageing. In, HelpAge International, *The ageing and development report: Poverty, independence and the World's older people.* Earthscan, London.

Farrah, M., 1986, *Black elders in Leicester: An action research report on the needs of black elderly people of African descent from the Caribbean.* Leicester Social Services Department.

Faust, T., 2000, *The Volume and Dynamics of International Migration and Transnational Social Spaces.* Oxford, Oxford University Press.

Fenton, S., 1987, *Ageing minorities: Black people as they grow old in Britain.* Commission for Racil Equality, London.

Firth, S., 1993, Cross-cultural perspectives on bereavement. In, Dickenson, D. and Johnson, M., (Eds.), *Death, Dying and Bereavement.* Pp. 254-261. Sage Publications, London.

Firth, S., 1997, *During Death and Bereavement in a British Hindu Community,* Uitgevergi Peters, Leuver.

Fry, C.L., Dickerson-Putnam, J., Keith, J., Glascock, A.P. and Harpending, H.C., 1997, Culture and the meaning of a good old age. In, Sokolovsky, J., (Ed.), *The Cultural Context of Aging: Worldwide Perspectives.* Pp. 99-123. Bergin and Garvey, London.

Gangrade, K. D., 1999, Emerging conception of ageing in India: A socio-cultural perspective. In Bali, A., (Ed.), *Understanding greying people in India.* Pp. 36-57. Sage Publications, New Delhi.

Gardner, K., 1993, Desh-bidesh: Sylheti images of home and away. *Man* (N.S), **28**, 1-15.

Gardner, K., 1995, *Global migrants, local lives: Travel and transformation in rural Bangladesh*. Clarendon Press, Oxford.

Gilani, I. M., Khan, F. and Iqbal, M., 1981, *Labour migration from Pakistan to the Middle East and its impact on the domestic economy.* Pakistan Institute of Development Economics, Islamabad.

Gore, M. S., 1992, Family support to elderly people: The Indian situation. In, Kendig, H., Hashimoto, A., Coppard, L. C., (Eds.), *Family support for the elderly: The international experience.* Pp. 260-270. Oxford Medical Publications, New York.

Government of India, Ministry of Social Justice and Empowerment, 1999, *National Policy on Older Persons*. Government of India, Mumbai.

Guest, P., 1999, Mobility transitions within a global system: Migration in the ESCAP region. As*ia-Pacific Population Journal*, **14**(4), 57-72.

Guha, S., 1992, Loneliness and isolation in old age. In, Krishan, P. and Mahadevan, K., (Eds.), *The elderly population in developed and developing world: Policies, problems and perspectives.* Pp. 401-413. B. R. Publishing Corporation, New Delhi

Hartmann, B. and Boyce, J.K., 1998, *A Quiet Violence: View from a Bangladesh village.* Zed Books Limited, London.

HelpAge International, 2002, *Tackling older people's poverty: Annual Review 2001-2002.* HelpAge International, London. http://www.helpage.org/images/pdfs/2002reviewEnglish.htm
Helweg, A. W., 1986, Indians in England: A study of the international relationships of sending, receiving and migrant societies. In, Rao, M. S. A., (Ed.), *Studies in migration: Internal and international migration in India.* Pp. 363-400. Nomhar, Delhi.
Holmes, E. R. and Holmes, L. D., 1995, *Other Cultures, Elder years.* Sage Publications, London.
Inden, R. B. and Nicholas, R. W., 1977, *Kinship in Bengali culture.* University of Chicago Press, Chicago.
International Labour Office, 1990, *International Standard Classification of Occupations: ISCO-88.* International Labour Office, Geneva.
Janakiranian, S., 2000, Changing family values and increased problems of the aged. In, Sudhir, M. A., (Ed.), *Ageing in rural India: Perspectives and prospects.* Pp. 84-89. Indian Publishers Distributors, New Delhi.
Jejeebhoy, S. J. and Sathar, Z. A., 2001, Women's autonomy in India and Pakistan: The influence of religion and region. *Population and Development Review*, **27**(4), 687-712.
Jones, T., 1993, *Britain's ethnic minorities*. Policy Studies Institute, London.
Kabeer, N., 1994, Re-examining the 'demand for children' hypothesis in the context of fertility decline in Bangladesh. In, *Poverty reduction and development cooperation*. Report for a conference in Copenhagen 23-25 February, organised by Centre for Development Studies, Sussex University and Danish Ministry of Foreign Affairs.
Kabir, Z. N., 2001, *The emerging elderly population in Bangladesh: Aspects of their health and social situation*. Department of Clinical Neuroscience, Occupational Therapy and Elderly Care Research (NEUROTEC), Division of Geriatric Medicine, Karolinska Institutet, Sweden.
Kabir, Z. N., Szebehely, M., Tishelman, C., Chowdhury, A. M. P., Hojer, B. and Winblad, B., 1998, Ageing trends: Making an invisible population visible - The elderly in Bangladesh. *Journal of Cross-Cultural Gerontology*, **13**(4), 361-78.
Kalka, I., 1990, Attachment to the mother country - image and reality. *Ethnic Groups*, **8**, 249-265.
Kanwar, P. and Chadha, N. K., 1998, Psychological determinant of institutionalized elderly: An empirical study. *Indian Journal of Gerontology,* **12,** 27-39.
Kapadia, K. M., 1996, *Marriage and the family in India.* Oxford University Press, Calcutta.
Kasthoori, R., 1996, *The Problems of the Aged: A Sociological Study.* Uppa Publishing House, New Delhi.
Kaur, M., Gorver, R. P. and Agarwal, K., 1987, Socio-economic profile of the rural aged. In, Sharma, M. L. and Dak, T. M., (Eds.), *Aging in India: Challenge for the Society.* Pp. 67-75. Ajanta Publications, New Delhi.
Keasberry, I. N., 2002, *Elder Care, Old-age Security and Social Change in Rural Yogyakarta, Indonesia.* PhD Thesis Wageningen University, Netherlands.
Kessinger, T., 1979, *Vilyatpur 1948-1968*. Young Asia Publications, New Delhi.

Khan, F. R., 1984, Role of fictive kinship in the network of exchange relationships of the people of Bangladesh. *Bangladesh Journal of Sociology*, **11**(1), 90-95.
Khan, Z.M. and Kaushlik, A., 1999, Where do elderly stand in the changing economic scenario? *Social Welfare,* **46,** 1.
Khuda, B., 1988, *Rural development and change: A study of a Bangladesh village.* University Press, Dhaka.

Knodel, J., 1999, The demography of Asian ageing: Past accomplishments and future challenges. As*ia-Pacific Population Journal*, **14**(4), 39-56.
Knodel, J. and Debavalya, N., 1997, Living arrangements and support among the elderly in South-East Asia: An Introduction. *Asia-Pacific Population Journal*, **12**(4), 5-16.
Kohli, S. A. and Chopra, M. R., 1995, *Trends in social situations of the aged in India.* Ministry of Welfare, New Delhi.
Kumar, S. V., 1995, Growing old in rural India: Problems and prospects. In, Kumar, S. V., (Ed.), *Challenges before the elderly: An Indian scenario*. Publication Pvt. Ltd., New Delhi.
Kumar, S., 1996a, *The aged in India: Comparative study of socio-economic conditions in Kerala and Uttar Pradesh.* PhD Thesis, IIPS, Bombay.
Kumar, S. V., 1996b, Rural elderly: Health status and available health services, *Research and Development Journal (HelpAge India)*, **2**(3), 16-22.
Kumar, V., Acanfora, M., Hennessy, C.H. and Kalache, A., 2001, Health status of the rural aged. *The Journal of Rural Health,* **17**(4), 328-331.
Lamb, S., 1999, Aging, gender and widowhood: Perspective from rural West Bengal. *Contributions to Indian Sociology*, **33**(3), 541-70.
Leete, R., and Alam, I., 1999, Asia's demographic miracle: 50 years of unprecedented change. As*ia-Pacific Population Journal*, **14**(4), 9-38.
Luck, M., Tinsley, R. N., Ehtisham, M., Guthrie, S., Hickling, J., Ritch A. E. S. and Talbot, J., 1991, *Health Needs of Elderly People in the Inner City: Report No. 2.* Department of Geriatric Medicine, West Birmingham Health Authority.
Mahajan, A., 1992, Social dependency and abuse of the elderly. In, Krishna, P. and Mahadevan, K., (Eds.), *The Elderly Population in Developed and Developing World: Policies, Problems and Perspectives.* BR Publishing Corporation, New Delhi.
Mahmood, R. A., 1995, Emigration dynamics in Bangladesh. *International Migration*, **33**(3-4), 699-728.
Manthorpe, J. and Hettiaratchy, P., 1993, Ethnic minority elders in the UK. *International Review of Psychiatry*, **5**(2-3), 171-178.
Marsh, P., 1967, *Anatomy of a strike: Union, employers and Punjabi workers in a Southall factory*. International Race Relations, London.
Martin, L., 1990, The status of South Asia's growing elderly population. *Journal of Cross-Cultural Gerontology*, **5**(2), 93-117.
Mason, K. O., 1992, Family change and support of the elderly in Asia: What do we know? *Asia-Pacific Population Journal*, **7**(3), 13-32.
Mehta, K. K., 2002, *Ageing and development: a four national analysis – Thailand, Taiwan, Philippines and Singapore.* Paper presented at the

31st Annual Conference of the British Society of Gerontology, September 2002.
Miller, B. D., 1981, *The Endangered Sex: Neglect of Female Children in Rural North India.* Cornell University Press, Ithaca.
Misra, S., 1987, *Social Adjustment in Old Age.* BR Publishing Corporation, New Delhi.
Modood, T. 1997, Employment. In, Modood, T., Berthoud, R., Lakey, J., Nazroo, J., Smith, P., Virdee, S. and Beishon, S., (Eds.), *Ethnic minorities in Britain: Diversity and disadvantage*. Policy Studies Institute, London.
Morris, H. S., 1968, *The Indians in Uganda*. Weidenfeld and Nicolson, London.
Nanda, D. S., Khatri, R. S. and Dakian, R. S., 1987, Aging problems in the structural context. In, Sharma, M. L. and Dak, R. M., (Eds.), *Ageing in India: Challenges for the society*. Pp. 106-16. Amanita, New Delhi.
National Statistics Online, 2002a, *Ward Profile for: Spark Hill.* http://www.neighbourhood.statistics.gov.uk/ward_profile.asp?gor=F&la=00CN&ward=GJ&ord=AN
National Statistics Online, 2002b, *Ward Profile for: Hall Green.* http://www.neighbourhood.statistics.gov.uk/ward_profile.asp?gor=F&la=00CN&ward=FK&ord=AN
National Statistics Online, 2002c, *Ward Profile for: Billesley.* http://www.neighbourhood.statistics.gov.uk/ward_profile.asp?gor=F&la=00CN&ward=FD&ord=AN
Owen, D., 1993, *Ethnic minorities in Great Britain: Housing and family characteristics.* Centre for Research in Ethnic Relations, University of Warwick.
Owen, D., 1995, *Ethnic minorities in Great Britain: Patterns of population change, 1981-91.* Centre for Research in Ethnic Relations, University of Warwick.
Patel, N., 1993, Healthy margins: Black elders' care - models, policies and prospects. In, Ahmad, W. I., (Ed.), 1993, *'Race' and health in contemporary Britain.* Pp. 114 - 134. Open University Press, Buckingham.
Peach, C., 1990, Estimating the growth of the Bangladeshi population of Great Britain. *New Community*, **16**(4), 483-491.
Phillips, D., 1998, Black minority ethnic concentration, segregation and dispersal in Britain. *Urban Studies*, **35**(10), 1680-1702.
Phillipson, C., 2003, *Cultural perspectives, globalisation and the reconstruction of ageing communities: Methodological challenges for gerontological research.* Proceedings of the 4th International Symposium on Cultural Gerontology, Finland.
Phillipson, C., Al-Haq, E., Ullah, S. and Ogg, J., 2000, Bangladeshi Families in Bethnal Green: Older people, ethnicity and social exclusion. In, Warnes, T., Warren, L. and Nolan, M. (Eds.) *Care Services for Later Life.* Jessica Kingsley, London.
Phizacklea, A., (Ed.) 1983, *One way ticket: Migration and female labour.* Routledge, London.

Phizacklea, A., 1982, Migrant women and wage labour: The case of West Indian women in Britain. In, West, J., (Ed.), *Work, women and the labour market.* Routledge, London.

Piore, M., 1979, *Birds of passage: Migrant labor and industrial societies*. Cambridge University Press, Cambridge.

Portes, A., 1997, Immigration theory for a New Century: Some problems and opportunities. *International Migration Review*, **31**(4), 463-77.

Portes, A., Guarnizo, L. and Landolt, P., 1999, The study of transnational communities: Pitfalls and promise of an emergent field. *Ethnic and Racial Studies*, **22**(2), 217-37.

Prakash, I. J. (Ed.), 1990, *Quality Ageing,* Varanasi Association of Gerontology.

Prakash, I. J., 1998, Maintenance of care in daily living and well-being of elderly. *Research and Development Journal,* **4**(2&3), 26-34.

Prakash, I. J., 1999, *Ageing in India.* <http//who.int/hpt/ageing/in.India pdf>

Premalatha, M. R., 2000, Third age attitudes: a study of institutionalised aged. In, Sudhir, M. A., (Ed.), *Ageing in Rural India: Perspectives and Prospects.* India Publishers Distributors, New Delhi.

Premi, M. K., 1991, First thoughts on India's urbanisation during the 1980's. In, Premi, M. K., *India's population: Heading towards a billion; an analysis of 1991 census, provisional results.* Pp. 49-64. B. R. Publishing Corporation, Delhi.

Qureshi, T., 1998, *Living in Britain, growing old in Britain: A study of Bangladeshi elders in London*. Centre for Policy on Ageing, London.

Rajan, S. I. and Kumar, S., 2003, Living arrangements among Indian elderly: New evidence form National Family Health Survey. *Economic and Political Weekly,* **38**(1), 75-80.

Rajan, I. S., Mishra, U. S. and Shankara S. P., 1999, *India's elderly burden or challenge?* Sage Publications, New Delhi.

Raju, S. S., 2000, Ageing in India: an overview. In, Desai, M. and Raju, S., (Eds.), *Gerontological Social Work in India: Some Issues and Perspectives.* BR Publishing Company, New Delhi.

Raju, S. S., 1998, *Ageing in India: An overview.* Paper presented at the workshop on Impact of HIV/AIDS on Ageing, 14-18 September, Mumbai.

Ramnath, R., 2000, Problems and strategies for the welfare of the aged in rural India. In, Sudhir, M. A., (Ed.), *Ageing in Rural India: Perspectives and Prospects.* India Publishers Distributors, New Delhi.

Rao, A. V., 1992, Health problems and patterns of service: Utilisation of aged, In, Krishnan, P. and Mahadevan, K., (Eds.), *The Elderly Population in Developed and Developing World: Policies, Problems and Perspectives.* Pp. 387-400. B.R. Publishing Corporation, New Delhi.

Rao, P. A., 2000, Socio-psychological problems of the aged: A study of old age human. In, Sudhir, M. A., (Ed.), *Ageing in Rural India: Perspective and Prospects.* Pp. 159-167. Indian Publishers Distributions, New Delhi.

Ravindran, K., 2000, The thanatological versus the ontological paradigm for counseling the dying. In, Desai, M. and Raju, S., (Eds.), *Gerontological Social Work in India: Some Issues and Perspectives.* Indian Publishers Distributions, New Delhi.

Rehman, H., 1999, *Inequalities in the Health of Black and Minority Ethnic Groups*. Health Education Authority, London.
Richmond, A., 1988, Sociological theories of international migration: The case of refugees. *Current Sociology*, **26**(2), 7-25.
Ritch, A. E., Ehtisham, M. Guthrie, S., Talbot, J. M., Luck, M. and Tinsley, R. N., 1996, Ethnic influence on health and dependency of elderly inner city residents. *Journal of the Royal College of Physicians of London*, **30**(3), 215-20.
Robinson, V., 1981, The development of South Asian settlements in Britain and the myth of return. In, Peach, C., Robinson, V. and Smith, S., (Eds.), *Ethnic segregation in cities.* Croom Helm, London.
Rogler, L. H., 1994, International migrations: A framework for directing research. *American Psychologist*, **49**(8), 701-708.
Ross, A. D., 1961, *The Hindu family in its urban setting.* University of Toronto Press, Toronto.
Runnymede Trust and Radical Statistics Race Group, 1980, *Britain's Black population*. Heinemann Education Books, London.
Sarker, P. C., 1980, Dharmoatmyo: Fictive kin relationships in rural Bangladesh. *The Eastern Anthropologist*, **33**(1), 55-61.
Sarker, P. C., 1998, *Kinship structure and care of the aged in Bangladesh.* Paper presented at the 14th ICAES, Williamsburg, Virginia, USA 26 July – 1 August.
Sattar, M. A., and Rahman, M. M., 1993, The elderly in Bangladesh, 1911-2025. *Asian Profile*, **21**(6), 495-504.
Saunders, P. A., Copeland, J. R., Dewey, M. E., Gilmore, C., Larkin, B. A., Phaterpekar, H. and Scott, A., 1993, The prevalence of dementia, depression and neurosis in later life: The Liverpool MRC-ALPHA Study. *International Journal of Epidemiology,* **22**(5), 838-47.
Scharf, T. and Wenger, G. C., 2000, Cross-national empirical research in gerontology: The OPERA experience. *Education and Ageing*, **15**(3), 379-97.
Sen, K., Kalache, A., and Coombes, Y., 1993, *Ageing health, social change and policy in developing countries. A review.* Public Health Policy Departmental Publication No. 9, London School of Hygiene and Tropical Medicine, London.
Sengupta, M., and Agree, E. M., 2002, Gender and disability among older adults in north and south India; Differences associated with co-residence and marriage. *Journal of Cross-Cultural Gerontology*, **17**, 313-36.
Silveira, E. R. T. and Ebrahim, S., 1998, A comparison of mental health among minority ethnic elders and whites in East and North London. *Age and Ageing*, **27**(3), 375-383.
Shah, V. P., 1993, *The elderly in Gujarat.* Department of Sociology, Gujarat University, Ahmedebad (mimeo).
Shankardass, M.K. and Kumar, V., 1996, A sociological analysis of support networks in old age in India. In, Kumar, V., (Ed.), *Aging: Indian Perspective and Global Scenario.* Pp. 195-197. All India Institute of Medical Sciences, Delhi.
Sharma, M. L. and Dak, T. M., 1987, *Aging in India: Challenge for the Society.* Ajanta Publications, New Delhi.

Skeldon, R., 1999, *Migration of women in the context of globalisation in the Asian and Pacific Region.* Women in Development Discussion Paper Series No. 2. Social Development Division of the ESCAP Secretariat, United Nations.

Soneja, S., 2002, *Policy development for older people in India*. Paper presented at 31st Annual Conference of the British Society of Gerontology, September 2002.

Soneja, S., 1999, The situation of older people in rural and urban India. In, HelpAge International, *The Ageing and Development Report: Poverty, Independence and the World's Older People.* Earthscan, London.

Stark, O. J., Taylor, E., and Yitzhaki, S., 1986, Remittances and inequality. *The Economic Journal,* **96**, 722-740.

Sudhir, M.A., 2000, Psycho-social characteristics, problems and strategies for the welfare of aged in rural India. In, Sudhir, M. A., (Ed.), *Ageing in Rural India: Perspective and Prospects.* Saga, New Delhi.

Subrahmanya, R. K. A., 2000, Social security in the age of ageing. In, Jhabwala, R. and Subrahmanuya, R. K. A., (Eds.), *The unorganised sector: Work, security and social protection.* Pp. 161-71. Sage Publications, New Delhi.

Tornstam, L., 1992, The quo vadis of gerontology: On the scientific paradigm of gerontology. *The Gerontologist,* **32**(3), 318-26.

United Nations, 1996, *Population ageing in Asia and the Pacific. Asian Population Studies Series No. 139.* United Nations, New York.

van Willigen, J. and Chadha, N. K., 1999, *Social Aging in a Delhi Neighborhood.* Bergin & Garvey, Westport, Connecticut.

Vatuk, S., 1972, *Kinship and urbanization.* University of California Press, California.

Vatuk, S., 1982, The family life of older people in a changing society: India. In, Sutlive, V. H., Altshuler, N. and Zamora, M. D., (Eds.), *Ageing and the aged in the Third World: Part II. Regional and ethnographic perspectives.* Pp. 57-82. Department of Anthropology, College of William and Mary, Williamsburg, Virginia.

Vertovec, S., 1999, Conceiving and researching transnationalism. *Ethnic and Racial Studies*, **22**(2), 447-62.

Vijayakumar, S. (Ed.), 1995, *Challenges Before the Elderly: An Indian Scenario.* M.D. Publication Pvt. Ltd., New Delhi.

Wadhera, A., 1995, *Values in the Punjabi Household: a comparative study across gender and generations.* PhD thesis, Maharaja Sayajirao University of Baroda, Vadodara, India.

Watson, J., 1975, *Emigration and the Chinese lineage: The Mans in Hong Kong and London.* University of California Press, Berkeley.

Wenger, G. C., 1989, Support networks in old age – constructing a typology. In, Jefferys, M., (Ed.), *Ageing in the 20th Century.* Pp.166-85. Routledge, London.

Wenger, G. C., 1990, Change and adaptation in informal support networks of elderly people in Wales 1979-1987. *Journal of Aging Studies*, **4**(4), 375-389.

Wenger, G. C., 1991, A network typology: From theory to practice. *Journal of Aging Studies,* **5**(1), 147-62.

Wenger, G. C., 1994, *Understanding support networks in community care*. Avebury, Aldershot.
Wenger, G.C., 1997, Social networks and the prediction of elderly people at risk. *Aging and Mental Health,* **1**(4), 311-20.
Wenger, G. C. and Liu, J. M., 1999, Support networks in Beijing (China) and Liverpool (UK): Differences and similarities. *Hallym International Journal of Aging,* **1**(2), 47-57.
Wenger, G. C. and Liu, J. M., 2000, Family support in Beijing (China) and Liverpool (UK): Differences and similarities. *Hallym International Journal of Aging,* **2**(1), 85-91.
Wenger, G. C. and St. Leger, F., 1992, Community structure and support network variations. *Ageing and Society*, **12**, 213-236
Werbner, P, 1990, *The migration process: Capital, gifts and offerings among British Pakistanis.* Berg, Oxford.
White, S. C., 1992, *Arguing with the crocodile: Gender and class in Bangladesh.* Zed Books, London.
Williams, D, 1999, Population review of 1998: England and Wales. *Population Trends,* Winter 1999.
World Bank Group, 2001, *Life Expectancy.* http://www.worldbank.org/depweb/english/modules/social/life/data.html
Yee, B.W., 1990, Gender and family issues in minority groups. *Generations, (USA),* **14**(3), 39-42.
Zlotnik, H., 1995, The South-to-North migration of women. *International Migration Review*, **29**(1), 229-54.