

Bangladeshi Elderly Immigrants in Southern Ontario: Perspectives on Family Roles and Intergenerational Relations

Abul Hossen
Jagannath University

Anne Westhues
Wilfrid Laurier University

The purpose of this descriptive qualitative study was to examine and understand the elderly immigrant's role within the family following emigration, particularly the nature and quality of intergenerational relations within the family. Applying a social exclusion framework to understand the dynamics of family roles and intergenerational relations of older adult immigrants, we argue that the Bangladeshi elderly immigrants are living on the fringes of both Canadian society and the Bangladeshi society in Canada. The participants experience loss of role and status, as well as poorer social and economic adjustment under conditions of social isolation. The findings of this research suggest that better family relations are likely to decrease elderly immigrants' stress and improve their emotional well-being. Learning English may help elderly to adjust within the new society.

Immigration is now a worldwide phenomenon in the age of globalization. Frequently, highly educated young people from developing countries immigrate to developed countries such as Canada to improve their lives. Occasionally the young immigrants sponsor their parents to join them or their parents move to Canada to be close to their children and grandchildren. When these seniors migrate to a new world such as Canada, they are suddenly disconnected from their familiar way of life, resources and family relations. Coming from a developing world with its own characteristics, and setting foot in an advanced country, is a cultural shock (Bould & Prasad, 2001). Cultural, religious and language differences contribute to making the new community environment different for these elderly. Lack of financial resources and community networks also increase their sense of alienation and isolation.

Late in life immigrants are often at risk of psychological stress and social isolation because of language barriers, small social networks, and cultural differences from their host society (Choudhry, 2001; Emami, Toress, Lipson, & Ekman, 2000). Because of their recent arrival, unfamiliar social environment, poverty, poor health and communication problems, it is difficult for these elderly to participate effectively in the economic, social, political, and cultural life of their new community. As a result they become alienated and isolated from the

mainstream society (Van Hook, 2000). Difficulties in understanding media news reports, reading newspapers and magazines or making use of public transportation to visit friends or shop reinforce their sense of loneliness and social isolation. This is complicated by the fact that these elderly often become economically and socially dependent on their children. The reversal of their traditional role from authority to dependence can erode self-esteem, and result in loneliness and depression (Maiter, 2003).

Because of the cultural norms, financial conditions, and expectations of physical and emotional care, the older adult immigrants tend to live in multigenerational households (Treas & Mazumder, 2002). This living arrangement does not necessarily shield them from feeling lonely; sometimes it exacerbates the situation. Some studies have found that multigenerational households can reduce loneliness and stress levels and facilitate adjustment to a new society (Black, Markides, & Miller, 1998; Cheung, 1989; Mui, 1998). Other studies show that multigenerational living is likely to increase stress and conflict and cause dissatisfaction (Pettys & Balgopal, 1998). Their dependence on kin leads to conflict, particularly with respect to filial expectations from their married sons (Treas & Mazumder, 2002). This dependency can threaten intergenerational solidarity and negatively impact older immigrants if families are not able or willing to provide assistance. Adult offspring may not be able to assist their parents because of their own struggles in adjusting to a new country (Choudhry, 2001). Some offspring may prefer to live in nonethnic neighborhoods and choose not to live with their parents (Ishii-Kuntz, 1997). As mentioned by Walker and Ahmed (1994), "supportive extended families are not universal, nor is family support inevitable something planners and practitioners often fail to recognize (p. 95)." Mui (1998) emphasizes that dissatisfaction with help received from kin is associated with depression among Chinese immigrants. Studies among East Indians and Pakistanis living in Britain reveal that the extended family that unilaterally supports their elders is a myth and that these elders expect to return to their homelands (Baker, 1984; Bhalla & Blakemore, 1981). These elderly also experience insecurity because of the adoption of what they see as alien values by members of their own families (Kalavar & Willigen, 2005).

Most older immigrant adults have been in Canada for many years and are aging here. Only a small number immigrated to Canada when they were already older. For example, about three percent of immigrants who arrived in 1997 (less than 6000) were older adults. About half of these older immigrant adults (43%) were from Asia and four percent were of South Asian descent (McDonough & Walters, 2001, as cited in Chappell, Gee, McDonald, & Stones, 2003).

Bangladeshi immigrants in Canada constitute a part of the South Asian community which is characterized by its recent immigration (Shaha, 2005). Bangladeshi immigrants often get lost in the shadow of other South Asian groups because they comprise a small fraction of the fairly large and varied South Asian community in Canada. According to the 2001 census, the total number of Bangladeshi immigrants in Canada was 107,975 (Statistics Canada, 2001) compared to 917,000 of South Asian origin (Tran, Kaddatz, & Allard, 2005). It is difficult to say how many Bangladeshi older adults are presently living in Canada, but if we assume that three percent immigrated as older adults, then the number

would currently be more than 3,000. This number is expected to increase as Bangladeshis continue to immigrate to Canada. There is, however, limited literature about the effects of immigration on the elderly who were sponsored by their children (Choudhry, 2001; Jackson, 1989; New, Henderson, & Padgett, 1985). The purpose of this study is to address that gap.

Cultural Context

There are significant differences between Canadian and Bangladeshi cultures. The following description of Bangladeshi culture will help the reader understand the participants' experiences in their cultural context.

Cultural Differences: Individualism Versus Collectivism

The elderly Bangladeshi immigrants grew up in a society in which family loyalty was a central value, age was associated with wisdom and was accorded respect, and aging parents maintained the authority as head of household even after their children had married and had children of their own (Pettys & Balgopal, 1998). The father was understood to be the earning member, protector, head, and the judge in deciding family matters. The wife and children saw him as the final authority. He did the work outside the home and the wife, the inside work. The roles of husband and wife were clearly defined and there was no conflict or confusion. Children adjusted in this setting without any difficulty (Pettys & Balgopal, 1998).

When these elderly followed their children to Canada, they found life to be very different than the one they had anticipated (Kalavar & Willigen, 2005). They found a culture in which the elderly are not respected for their wisdom and dismissed as being too old fashioned and out of touch. In Canadian society self-actualization is held as the ultimate goal of healthy psychological development and loyalty to self supersedes loyalty to family (Bhattacharya & Shibusawa, 2009). Triandis (1994) labeled these two cultural values as individualistic and collectivistic depending on the inherent values embedded in the society.

In moving from an interdependent and collectivist society to one in which independence and individualism are emphasized, the elderly immigrants have to confront an entirely new way of life—one for which they do not yet possess the necessary skills to adapt (Bhattacharya & Shibusawa, 2009). Since interdependence is encouraged in Bangladeshi culture rather than personal achievement and self-reliance, Bangladeshi elderly immigrants are often ill-equipped to cope with the new challenges. Hence, the very nature of their interdependent cultural system can serve as a disadvantage for the elderly immigrants when relocating to Western society, which isolates them from the mainstream culture.

Changes in Family Relations and Family Roles

The immigration experience affects the whole family. It changes the interpersonal dynamics of immigrant family life and in the ways these contrast with family dynamics in the countries of origin. Considerable evidence suggests that immigration to America has significantly affected the structure of Korean-

American families and the relations between generations (Min, 1998). In a similar vein, Maiter (2003) noted that “migration can result in a disruption of familiar family patterns and ties, with resultant changes in roles and responsibilities of individual members. In some families, the traditional support role and high value of elderly family members become disrupted, especially if they have joined their children in Canada at a later date (p. 379).” Although many elderly immigrants provide child care assistance to their families, they are no longer able to offer financial support, land or other material goods (Kalavar & Willigen, 2005). Instead, they are increasingly dependent on their children and grandchildren for assistance.

Living Arrangements, Traditional Expectations and Family Conflict

In Bangladesh, it has traditionally been the responsibility of the family to provide food and shelter for its elderly members. More specifically, traditional norms in Bangladesh, as in other South Asian countries (Jefferys, 1996), demand that sons are responsible for financial provision, while the daughters-in-law are responsible for providing day-to-day care. Religious obligations also influence this process (Kabir, Szebehely, Tishelman, Chowdhury, Hojer, & Winblad, 1998).

Even after immigration, this norm has not been changed. Tran, Kaddatz, and Allard (2005) found that South Asian seniors aged 65 and over lived in predominantly family-oriented households: 66% with their spouse, 25% with other family members and just 8% alone. In comparison, 11% of Chinese seniors and 29% of all seniors in Canada lived on their own.

Theoretical Perspective

Social exclusion is a major focus of work on disadvantage among immigrants conducted by policy makers and researchers in Europe (Alba, 2005; Glass, 1999). The concept of social exclusion was developed to capture dimensions of the experience of immigrants that go beyond poverty to issues of lack of access to political, social, and health systems. Exclusion can occur with reference to public institutions, such as government policies and service systems, as well as social institutions, such as social networks or community organizations.

A social exclusion framework may be particularly relevant for older adult immigrants in Canada and provide a theoretical lens through which experiences associated with immigration of this vulnerable group can be studied. Social exclusion can be understood as accumulation of structural processes contributing to social isolation and the stripping of different domains of social participation (Silver, 2007). Kabeer (2006) reflects upon social exclusion as “the multiple and overlapping nature of the disadvantages by certain groups and categories of the population (p. 30).”

Methodology

Qualitative Design

The study received formal approval from the Research Ethics Board at Wilfrid

Laurier University and verbal consent was obtained prior to the interviews that were conducted at the homes of participants in Toronto, Guelph, Brampton, and Windsor in Canada. In-depth interviews (Glaser, 1995) were used in this study to gain new information about the experiences of older Bangladeshi immigrants. Because qualitative research is a valuable approach to studying the complexities of human interactions, it is helpful in describing and analyzing the behavior and culture of individuals and communities (Sediman, 1991). Qualitative methodology allows insight into the complex worlds of the individuals; it provides one of the more promising avenues to understand the needs of the elderly arising from intra-group ethnic differences and to understand “hard-to-reach” minority ethnic seniors (Matsuoka, 1993). Exploring the views and experiences of elderly immigrants requires an intimate, respectful, and reflexive methodology that does not reduce the participants to variables to be studied. Rather, deeply intimate and personal interviews are needed to capture the richness and complexity of the data sought. In this study, the goal was to understand the specific circumstances of the participants (how and why things actually happen in their lives) and to acknowledge that experiences are situational and conditional (Rubin & Rubin, 1995). Therefore, utilizing a qualitative research methodological approach seemed most appropriate to highlight alternative meanings and standpoints of this population.

Participants

Twelve Bangladeshi elderly—six men and six women—participated in this research. They were between the ages of 60 and 72 years. None of the participants had more than a college education. Five rated their English comprehension as poor, seven as fair. Two of the female participants were widowed. All of the women had been primarily homemakers and had never engaged in paid employment in Canada. Participants were sponsored by their families and living with their son’s and daughter’s families.

Data Collection

All interviews were conducted in Bangla and the typical length was two to three hours. A semi-structured interview established a general direction for the interview while offering opportunities for participants to direct the conversation to areas of concern to them. The interviews were transcribed in Bangla then translated into English, taking into consideration the context (Lopez et al., 2008) and nuances of the language and the choice of words used to express certain thoughts and feelings. It was recognized that there are complex issues involved in transcription. Mishler (1986), for instance, alerts us to the inevitable effect of transformation when speech is transcribed into written texts, whereby the texture and flow of speech can only be partially re-presented in written form. Added to the complexity of transcription are some issues related to translation of interview texts from one language into another, such as differences in interpretation of the same text by different translators, and the lack of equivalent words between two languages (Twinn, 1997).

Data Analysis

A thematic approach was used to analyze the data (Ezzy, 2002; van Manen, 1997). The approach was inductive, with transcripts first being read through then reviewed again, line by line, to develop initial codes that conceptualized the meaning in the data. Transcripts were coded openly (Charmaz, 2006), that is, they were read through and coded according to the concepts that were discussed at any point in the interview and without a predefined code book. This was important because the interviews were semi-structured and ideas relevant to any of the four questions addressed in the study might be discussed at any point in the interviews. The analysis then progressed to a second level, focused coding (Charmaz, 2006). The most frequently mentioned codes were collapsed into a smaller number of conceptual categories. These categories were further reduced to become the major themes of the study. In the final level of analysis, we returned to the social exclusion literature to help us organize the themes and conceptualize the essence of the experience that was described to us by the participants in the study.

Findings

The dominant themes that emerged from the analysis of data were loss of status/authority/dignity, loss of decision making authority/power, economic dependence/loss of purchasing power, frustration/stress, lack of mobility/confinement, overworked, social isolation and loneliness. Two positive themes emerged as well: happy to live with children and grandchildren, and feeling needed.

Loss of Status/Authority/Dignity

As noted above, the elderly Bangladeshi immigrants grew up in a society in which family loyalty was a central value, age was associated with wisdom and was accorded respect, and aging parents maintained the authority of head of household even after their children had married and had children of their own. After spending more than half a century fulfilling their obligation to the Confucian system of their native land, and to the elderly who preceded them, they expected that their hard work and devotion would be rewarded in turn by the deference, respect and devotion of their own children. But when they followed their children to Canada, they found a life very different than the one they had anticipated. They found a culture in which the elderly are not looked up to for their wisdom but dismissed as being behind the times and out of touch, in which self-actualization is held up as the ultimate goal of healthy psychological development and loyalty to self supersedes loyalty to family.

As a result, most of the research participants experienced loss of authority, status and dignity within the household. As one participant said, "Where is my dignity if I cannot do anything for myself? Farming is everything I know." Another uttered, "I no longer have the authority to tell them what to do... If they do something wrong I just give them advice. If they listen then it is good... I don't like to talk too much, because the more you talk the less respect they have toward you."

Loss of Decision Making Authority/Power

Loss of decision making authority was a theme that was found in every interview. Traditionally, in Bangladesh older parents live with their eldest son and his family in an extended family system. As a head of the family, they are served, respected and consulted by their children about family matters. When they come to Canada, their role and status are reversed. They are no longer served and consulted by their adult children; rather they themselves have to serve and consult their children. Most of the participants of this study reported that their family roles and authority are diminished in Canada. Their primary role in the family now is more honorary and advisory, lacking real decision making authority and traditional respect. As one participant mentioned, "Sometimes they would tell me some of their decisions. Of course, I have to agree. If not, they will do it their own way anyway." Participants made it clear that they deferred to their children's wishes and respected their offspring's authority. As another participant explained, "I don't have decision making power here."

Parents were quick to define themselves as subordinates in their children's household, without understanding of Canada and Canadian culture. As one participant emphasized, "I don't understand this world. This is Bidesh (foreign country). I know nothing about it. This is the only place where I can live... I don't want to upset my son or my daughter-in-law and lose respect and shelter at this foreign country."

Economic Dependence/Loss of Purchasing Power

In addition to the emotional stress of loss of status and loss of decision making authority, the participants reported experiencing financial hardship. In the absence of any independent source of income, most participants felt they have become a burden to their children. The children may not say "no" to whatever they chose to buy, but they said it was not comfortable spending dollars earned by someone else. In the words of one participant:

Think about a person who was very active in Bangladesh--suddenly becomes jobless. How do you comprehend it? At the same time I don't have income. I am totally dependent on my son for money. If he willingly gives some money then I can spend but still feel uneasy to spend my son's money. Sometimes I want to buy a gift for my grandchildren but when I think I am spending their father's money I don't feel comfortable and satisfied with it. Giving a gift bought from your own resources has a different kind of satisfaction, doesn't it? To be dependent on another person in any age is very painful. This is a mental agony I cannot express by language.

Older immigrants would usually be sponsored by their children rather than independent immigrants. As a condition of sponsorship, immigration policy in Canada requires a 10-year residency period before older immigrants are eligible for social assistance or the Old Age Security. Most reported looking forward to the day they would qualify. As one participant said, "I am dependent on my son for money and transportation. I am happy that my old-age pension might be due in another few months."

Frustration/Stress

Throughout the interviews, participants expressed feelings of hopelessness. They felt powerless in the face of changing life circumstances. One participant expressed tremendous dissatisfaction with her immigrant life, reported a feeling of being “trapped” and experienced strained relationships with her son’s wife. She often experienced stress when her daughter-in-law would interject on how to care for the child, rejecting the participant’s way of upbringing. “I raised up five children and everyone is established but at this age my daughter-in-law shows me how to raise the kids! If I say anything she told me that things have changed a lot.” When asked about her grandchildren’s education, another woman declared, “I cannot interfere so much because that is the decision of my daughter and my son-in-law. I am just a supporting role. I don’t want to be an interfering mother.” Another participant reported:

After immigration the younger generation change themselves quickly to survive, they assimilate themselves with the Canadian lifestyle. So sometimes our expectation and their values are not similar. Sometimes they behave like Canadians. If you don't like it you cannot say anything, because if you say anything you can get an answer which is very hard to digest. So it is better to keep yourself aloof or leave the place or try to avoid it... you have to adjust to it for the sake of peace in the family.

Another source of stress is the hectic lifestyle of their children. Their extremely busy work schedules, household responsibilities, and the extracurricular activities of grandchildren contribute to the elderly’s feeling of being on the sidelines. According to one participant, “My son is so busy most of the times that (he) does not get time to sit with me and talk. He is busy with his job and future... materialistic life makes everybody crazy like a dog.”

Participants also lamented feeling neglected. In the words of one participant, “Everybody is too busy working to make money. They do not have time to talk to me or spend time with me... from nine to five, I am all alone. When the family comes home in the evening, they do not have much time; everyone is busy.”

Lack of Mobility/Confinement

All the research participants reported that they do not know how to drive. They are dependent on their children or on public transportation to get around. Many cannot communicate in English at all, which makes it very difficult for them to use public transportation. Furthermore, their children are not usually available to take them out during the day. As a result, they are often homebound. According to one participant, “You know as a Muslim I should go to mosque five times a day. But here I cannot go even Friday. Sometimes my son drops me off, but it is not possible for him to drop me off every Friday. I cannot walk, it is too far... I feel guilty. I have lost contact with spirituality.”

Another participant underscored the importance of religious activities during the later years. According to this participant when he feels bored, lonely, depressed or stuck with any problem he sits down to pray and seeks God’s assis-

tance to overcome the problem. According to him a strong sense of religious and spiritual belief is important to maintain a healthy and peaceful life. He further mentioned, “Just like food for your body, your soul needs something too. Just as you get nourishment from food you get strength from prayer.” Because of the harsh weather conditions participants became confined in the house. They can not go out due to snow and cold. As another participant mentioned:

This country is cold. Here you stay inside the house and going out is very difficult... (I) walk from living room to bedroom, back and forth. What else can you do here?

Overworked

All female participants expressed that they undergo enormous hardship looking after very old and even incapacitated husbands and taking care of their grandchildren. For most grandmothers, taking care of the young ones is a joy rather than a chore. However, due to cutbacks in easily affordable childcare, many immigrant working families today are unable to pay the large childcare fees required and are relying extensively on grandparents to not merely assist but to even take the main load of caring for the very young and other related household tasks. This load of domestic work is increasingly oppressive for older women due to their age and physical fitness. As one participant described:

I clean the house, taking care of the baby, cook and I will continue my duties as long as my body permits. I am very busy. I don't have time. I don't feel good all the time. But I chose it now this is my destiny. I cannot avoid this work. If I don't work who will do household chores who will look after my grandchildren... It is very hard to manage kids. They don't understand our situation. They fight each other, scream and make a mess. At this age it is a burden, burden... It is time for freedom, pray and relax. At this age it is not appropriate to take another burden.

Another participant mentioned that, “It is difficult to pass whole day with three children. They are shouting, screaming and fighting and I cannot handle it. I am tired... I need a break.”

Social Isolation and Loneliness

Because of participants' inability to speak the English language they feel socially isolated and lonely. Difficulties in understanding media news reports, in communicating with others and in reading newspapers and magazines or making use of public transportation to visit friends or shop reinforced their sense of loneliness and social isolation. Car ownership or lack thereof, is an important indicator of both economic deprivation and greater risk of social exclusion. As one participant explained:

Many times I felt as if life was being choked out of me. I wanted to talk with people, I wanted to know what was happening in the world around me, but I soon realized that the only way out of this was to learn English.

Elderly women appear to have more language difficulties than elderly men. This

also makes it difficult to initiate or maintain intimate interaction with their own grandchildren, which is a source of pleasure for grandparents in Bangladeshi society. The elderly whose grandchildren understand Bangla may have fewer problems conversing with them, but grandchildren often lack the skill of speaking Bangla. As a result, many Bangladeshi elderly rarely communicate or have very limited interaction with their grandchildren, especially the grown-up ones and felt that they are isolated within the family. As one explained, “ Sometimes my grandchildren come to me and try to talk since I cannot speak English. They get bored... they do not understand me.” Another participant described:

The problem is there is no one to talk to. In Bangladesh even if one sits near the window time passes because there is so much activity and movement on the roads. Here what you can see is cars, cars, and more cars.

Inability to speak English also affects their privileged position within the family and the ethnic community; their authority and wisdom are questioned by the younger generation since they no longer are the teacher and the advice-givers. Participants expressed frustration and sadness with the seemingly unfriendly attitudes of their “Canadian” neighbors, which, in turn reinforced their feelings of being foreigners and undermined their sense of belonging. As one participant explained, “We have been living here for years, can you believe that I don’t even know their names!” Another participant mentioned:

Here I feel lonely. You cannot socialize with anybody; language is a barrier. Without expressing yourself how can you be a friend to another person? This is a ‘hi’ ‘hello’ country. Neighbors don’t visit you or never talk to you; you cannot see anybody even if you open your window and look on the road. Everybody is busy with his/her job and they stay most of the time outside the house. If you want to visit somebody you need an appointment. In our country (Bangladesh) you don’t need an appointment. Without an appointment you cannot meet each other here; it is called a disturbance (laugh)... In Bangladesh you can visit your relatives’ house anytime... you can call a rickshaw or you can go by bus, it is not a big deal at all. But here we don’t know how to drive. Even if you call a taxi you need money.

Happy to Live with Children and Grandchildren, Feeling Being Needed

In spite of the complexities of daily living, a few participant expressed their satisfaction over living with their children. Some of them were also happy to see their children doing well in this foreign land and they felt proud of them and were happy to assist their children by helping them in their day to day living. These participants explained that the success would not be possible without their support. As one said, “In our country there are lots of problems. But here, it is nice no fighting, no crime, no bribery. My son is doing really well at his job while my daughter-in-law studies medicine and I am happy to be with them by managing family affairs and looking after kids so that they might concentrate on what they are doing.” Another mentioned, “living a life of worth in old age means having children and grandchildren with you, without them your life is bored.”

Another participant explained, “I came here to help my children. It is always better to live close to your children and grandchildren. In spite of daily

work (obligations) I am lucky to be close to them.”

One participant mentioned that her presence is important in her son’s household and she feels happy to have specific responsibilities in his house. She explained, “If I were in Bangladesh, I would spend time by gossiping, sleeping, and visiting relatives while my son suffers here. Now I have a job with responsibility. I think I am using my time properly. I am needed to my son’s house.” Another mentioned, “I cannot live in peace in Bangladesh keeping my son in Canada. I love my grandchildren. I play with them, go to the park with them. I think I am passing very enjoyable time with these great kids.”

Discussion and Policy Implications

The findings of this study reveal that the participants experience loss of role and status, as well as poorer social and economic adjustment after emigrating to Canada. The primary shift relates to the changing sources and distribution of power within households. An earlier study by Kim (1997) and other scholars also emphasized that changing power structure within the family and loneliness continue to make up the most painful experiences for Asian elderly in the United States. Many of the findings of this study are consistent with the findings of studies on Iranian immigrants (Treas & Mazumder, 2002) and Jordanian immigrants (Hattar-Pollara & Meleis, 1995). Research on psychological and social adjustment has underscored the importance of intimate and confiding relationships which can provide protection and act as a shield against depression, loneliness and isolation in later life within the family (Murphy, 1982). One major source of such support can be provided by the family of the elderly person. Studies on British Asian elderly persons, Muslims and Hindus, have shown greater psychological well-being among extended families where three generations of a family cohabit, the traditional norm in many immigrant communities, than where grandparents live separate from their children and grandchildren (Sonuga-Barke & Mistry, 2000).

Looking at the gendered nature of the women’s experience, older female immigrants appear to be less acculturated to independent living than are older male immigrants, a finding consistent with other studies (Ng, Northcott, & Abu-Laban, 2007). Women are further isolated owing to their limited facility with the English language, household responsibilities, and inability to get around in the winter. Neugebauer-Visano’s (1995) study also supports this finding. In her study about older immigrant women in Canada, she argues that non-English speaking immigrant women who live with their families tend to accept traditionally defined submissive roles and develop few social ties outside their families. Women’s devotion to family and children is an important value for the Bangladeshi community, especially for first generation immigrants (Naidoo, 2003).

Litwin (1995) found that a sense of participation in household decisions played an important role in the adjustment of older immigrants living in multi-generational households. A cross sectional study by Yee (1997) pointed out that friends, neighbors, co-workers, and extended social network are important sources of support for the immigrant elderly. Kuo and Tsai (1986) state that success in reestablishing social networks in their new society reduces the

psychological distress and the detrimental effects of uprooting experienced by immigrants.

Community social workers working with immigrant populations can help older immigrants through support groups. These groups could provide legitimacy and help solve problems and conflicts that arise in connection with multi-generational living. Public services providing family counseling and therapy, including social welfare or family centered agencies, might ease the adjustment of immigrants by developing intergenerational programs. Such programs will develop awareness by each generation of the problems and uncertainties of the other, help keep information channels open, and promote joint decision making in matters of finance, living conditions and role division.

Health care professionals being knowledgeable about the sources of stress and conflict faced by the elderly immigrants can help promote and maintain family health, as well as help individuals and families cope with stresses and strain, which are health risks.

Inability to speak the English language is one of the most common problems faced by the participants. Casado and Leung (2001) reported problems with the English language as the most common of all adaptation difficulties among Asian American immigrants. Cheung (1989) also reported language problems as one of the most significant barriers to adjustment, identified by 17 previously conducted studies on elderly Chinese immigrants. Ability to communicate in English plays a practical and often critical role for a successful adjustment to a new country. However, those who work with older immigrants may need to take additional approaches in helping their clients. Learning a new language is a serious challenge in the later years of life. Thus English classes for older immigrants may need to be designed with elements that help them maintain their self-integrity and identity (Casado & Leung, 2001).

The participants in this research are financially dependent on their children because according to the sponsorship requirement they have to stay in Canada for ten years to qualify for Old Age Security. Even if they receive a pension there are still problems for older Asian women, Pakistani and Bangladeshi women in particular. Most of them have never been in paid employment, with the consequence that there are negative effects on state pension rights and other contributory benefits (Patel, 1993).

It may make sense for social policies to be directed towards helping immigrant families, who in turn can help sponsored seniors. However, when families fail to meet the needs of these seniors (e.g., when their sponsoring children lose their jobs) social agencies must step in to provide support.

Further Research

The study is limited as the sample size is small and therefore, cannot be generalized beyond the scope of this study. In spite of these limitations and given the sparse literature base relating to Bangladeshi elderly immigrant, this study has effectively placed the issues of the elderly Bangladeshi immigrant population on the academic and potential policy agenda.

The successful integration and adaptation of immigrants to Canada is of

central concern to policy makers and service providers. However, for the most part, immigration research focuses on adults and, on a far smaller scale, youth. There is an absence of research on the adaptation and integration of immigrant seniors, on how advanced age relates to the processes and the consequences of integration into a new society. Further research is recommended in order to address this lacuna.

References

- Alba, R. (2005). Bright vs. blurred boundaries: Second generation assimilation and exclusion in France, Germany, and the United States. *Ethnic and Racial Studies*, 28, 20-49.
- Baker, J. (1984). *Research Perspectives on Aging- Black and Asian Old People in Britain*. Mitcham, England: Age Concern.
- Bhalla, A., & Blakemore, K. (1981). *Elders of the ethnic minority group*. Birmingham, England: All Faiths for One Race.
- Bhattacharya, G. & Shibusawa, T. (2009). Experiences of aging among immigrants from India to the United States: Social work practice in a global context. *Journal of Gerontological Social Work*, 52, 445-462
- Black, S. A., Markides, K. S., & Miller, T. Q. (1998). Correlates of depressive symptomatology among older community dwelling Mexican-Americans: The Hispanic EPESE. *Journal of Gerontology*, 53, S198-S208.
- Bould, S. & Prasad, R. (2001). Intergenerational households of Indian-Americans: The elders' experience. *Indian Journal of Gerontology*, 15 (3-4), 297-310.
- Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-110.
- Casado, R. & Leung, P. (2001). Migratory grief and depression among elderly Chinese American Immigrants. *Journal of Gerontological Social Work*, 36(1/2), 5-26
- Chappell, N., Gee, E., McDonald, L., & Stones, M. (2003). *Aging in contemporary Canada*. Toronto, ON: Prentice Hall.
- Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. Thousand Oaks, CA: Sage.
- Cheung, M. (1989). Elderly Chinese living in the United States. *Social Work*, 34, 457-461.
- Choudhry, U.K. (2001). Uprooting and resettlement experiences of South Asian immigrant women. *Western Journal of Nursing Research*, 23(4), 376-393.
- Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage Publications.
- Disman, M. (1984). Explorations in ethnic identity, oldness, and continuity. Paper presented at the Annual Meetings of the Gerontological Society of America, San Antonio, TX, April 1971.
- Durst, D. (2005). Diversity among immigrant seniors: Issues for research and policy. Canadian Sociology and Anthropology Association Congress of the Humanities and Social Sciences, May 31-June 2, 2005.
- Emami, A., Torres, S., Lipson, G., & Ekman, S. (2000). An Ethnographic study of a day care centre for Iranian immigrant seniors. *Western Journal of Nursing Research*, 22(2), 169-188.
- Ezzy, D. (2002). *Qualitative analysis: Practice and innovation*. London, UK: Routledge.
- Glass, N. (1999). Sure Start: The development of an early intervention program for young children in the United Kingdom. *Children and Society*, 13, 242-256.
- Glaser, B., & Strauss, A. (1967). *The discovery of grounded theory: Strategies for qualitative research*. New York, NY: Aldine.
- Glaser, B. (1995). A look at grounded theory: 1984-1994. In B. Glaser (Ed.), *Grounded theory*. Volume 1. Mills Valley, CA: Sociology Press.
- Hattar-Pollara, M. & Meleis, A. (1995). The stress of immigration and the daily lived experiences of Jordanian immigrant women in the United States. *Western Journal of Nursing Research*, 17(5), 521-539.
- Ishii-Kuntz, M. (1997). Intergenerational relationships among Chinese, Japanese and Korean Americans. *Family Relations*, 46(1), 23-32.
- Jackson, J. (1989). Race ethnicity, and psychological theory and research. *Journal of Gerontology*,

- 44, 1-2.
- Jefferys, M. (1996). Cultural aspects of aging: Gender and inter-generational issues. *Social Science and Medicine*, 43(5), 681-687.
- Kabeer, N. (2006). Social exclusion and the MDGs: The challenge of 'durable inequalities' in the Asian context. Asia 2015 Conference: Promoting Growth, Ending Poverty, March 2006. London, UK: Institute of Development Studies.
- Kabir, Z. N., Szebehely, M., Tishelman, C., Chowdhry, A. M. R., Hojer, B., & Winblad, B. (1998). Aging trends—Making an invisible population visible: The elderly in Bangladesh. *Journal of Cross-cultural Gerontology*, 13, 361-378.
- Kalavar, J. & Willigen, J. (2005). Older Asian Indians resettled in America: Narratives about households culture and generation. *Journal of Cross Cultural Gerontology*, 20, 213-230.
- Kim, K. (1997). Long term care for the Korean American elderly: An exploration for a better way of services. *Journal of Long-term Home Care*, 16, 35-38.
- Kuo, W. & Tsai, Y. (1986). Social networking, hardiness, and immigrant's mental health. *Journal of Health and Social Behavior*, 27(2), 133-149.
- Litwin, H. (1995). *Uprooted in old age*. Westport, CT: Greenwood Press.
- Lofland, J., & Lofland, L. (1984). *Analyzing social settings. A guide to qualitative observation and analysis*. Belmont, CA: Wadsworth.
- Lopez, G., Figueroa, M., Connor, S., & Maliski, S. (2008). Translation barriers in conducting qualitative research with Spanish speakers. *Qualitative Health Research*, 18, 1729-1737.
- Maiter, S. (2003). The context of culture: Social work practice with Canadians of South Asian background. In A. Al-Krenawi & J.R. Graham (Ed.), *Multicultural Social Work in Canada* (pp. 365-387). Toronto, ON: Oxford University Press.
- Matsuoka, A. (1993). Collecting qualitative data through interviews with ethnic older people. *Canadian Journal on Aging*, 12(2), 216-232.
- McDonough, P. & Walters, V. (2001). Gender and health: Reassessing patterns and explanations. *Social Science & Medicine*, 52(4), 547-559.
- Min, P. G., (1998). *Changes and conflicts: Korean immigrant families in New York*. Boston, MA: Allyn & Bacon.
- Mishler, E. (1986). *Research interviewing: Context and narrative*. Cambridge, MA: Harvard University Press.
- Mui, A. (1998). Living alone and depression among older Chinese immigrants. *Journal of Gerontological Social Work*, 30, 147-166.
- Murphy, E. (1982). Social origins of depression in old age. *British Journal of Psychiatry*, 141, 135-142.
- Naidoo, J. C. (2003). South Asian Canadian women: A contemporary portrait. *Psychology and Developing Societies*, 15(1), 51-67.
- Ng, C. F., Northcott, H. C., & Abu-Laban, S. M. (2007). Housing and living arrangements of South Asian immigrant seniors in Edmonton, Alberta. *Canadian Journal on Aging*, 26(3), 185-194.
- Neugebauer-Visano, R. (1995). Marginal women: Examining the barriers of age, race and ethnicity. In Neugebauer-Visano, R. (Ed.), *Aging and Inequality: Cultural Construction of Differences* (pp. 144-164). Toronto, ON: Canadian Scholars' Press.
- New, K., Henderson, J., & Padget, E. (1985). Aging, ethnicity, and the public policy implications. *Journal of Applied Gerontology*, 4(1), 1-5.
- Patel, N. (1993). Health margins: Black elders' care models, policies and prospects. In W. Ahmed, (Ed.), *Race and Health in Contemporary Britain* (pp.125-135). Buckingham, UK: Buckingham University Press.
- Pettys, G. L. & Balgopal, P. R. (1998). Multigenerational conflicts and new immigrants: An Indo-American experience. *The Journal of Contemporary Human Services*, 76(4), 410-23.
- Rubin, H. & Rubin, I. (1995). *Qualitative interviewing: The art of hearing data*. London, UK: Sage Publications.
- Sediman, I. E. (1991). *Interviewing as qualitative research: A guide for researchers in education and the social sciences*. New York, NY: Teachers College, Columbia University.
- Shaha, S. (2005, March, 29). Immigration to Canada: The Bangladesh context. *Bangla Kagoj*, p.5.
- Silver, H. (2007). The process of social exclusion: The dynamics of an evolving concept. Manchester, UK: Chronic Poverty Research Centre, University of Manchester, Working Paper No. 95.

- Simos, B. (1973). Adult children and their aging parents. *Social Work*, 18, 75-85.
- Sonuga-Burke E. & Mistry, M. (2000). Mental health of three generations of Asians in Britain: A comparison of Hindus and Muslims in nuclear and extended families. *British Journal of Clinical Psychology*, 39, 129-141.
- Statistics Canada. (2001). 2001 Census: Profile of Citizenship, Immigration, Birth Place, Generation Status, Ethnic Origin, Visible Minorities and Aboriginal Peoples, for Canada Provinces, Territories, Census Division and Census Subdivision. Retrieved from <http://tdr.uoguelph.ca/DATA/CENSUS/2001/B2020/PROFILES/cenb01prof.html>
- Statistics Canada. (2003). 2003 Census Canada, Ottawa. Canada: Government of Canada.
- Strauss, A. & Corbin, J. (1998). *Basics of qualitative research: Grounded theory in practice*. Thousand Oaks, CA: Sage.
- Strauss, A. & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Newbury Park CA: Sage Publications.
- Tran, K., Kaddatz, J., & Allard, P. (2005). South Asians in Canada: Unity through diversity. *Statistics Canada, Catalogue No.11-008*.
- Treas, J. & Mazumder, S. (2002). Older peoples in America's immigrant families: Dilemmas of independence, integration, and isolation. *Journal of Aging Studies*, 16, 243-258.
- Triandis, H. (1994). *Culture and social behavior*. New York, NY: McGraw-Hill.
- Twinn, S. (1997). An exploratory study examining the influence of translation on the validity and reliability of qualitative data in nursing research. *Journal of Advanced Nursing*, 26, 418-23.
- Van Hook, J. (2000). SSI eligibility and participation among elderly naturalized citizens and noncitizens. *Social Science Research*, 29, 51-67.
- van Manen, M. (1997). *Researching lived experience: Human science for an action sensitive pedagogy*. London, ON: The Athlouse Press.
- Walker, R. & Ahmed, W. (1994). Black elders and community care: A survey of care providers. *New Community*, 20(4), 217-233.
- Yee, B. W. K. (1997). The social and cultural context of adaptive aging by Southeast Asian elders. In J. Sokolovsky (Ed.), *The Cultural Context of Aging* (pp. 293-303). New York, NY: Bergin & Garvey.

