Ageing and Mobilities in Transnational Space: The British-Bangladeshi Experience

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Context

Key Research Question:

How are experiences and imaginaries of ageing manifested in different locations in the British-Bangladeshi Diaspora?

Based on the Long-standing migration corridor between Sylhet in Bangladesh and East London, well documented by Gardner (2002).

We study, *via interviews and ethnographic observations*, experiences and imaginaries of ageing of three older-age groups linked directly or indirectly to migration:

- · first-generation older Bangladeshi migrants in London who 'age in place'
- older Bangladeshis in Sylhet who have not migrated but have sons and daughters in London
- retirement-return migrants who have relocated from London to Sylhet after ceasing work

Interviews (N=57) carried out in London and Sylhet (2016-17), plus selected follow-up interviews with older migrants 2020, ongoing but interrupted by COVID-19.

In this presentation we quote extensively from one key informant, *Kabir*, aged 60s



Analytical themes

<u>Two sets of analytical themes</u> run through our analyses in this paper (which is destined for a special issue of JEMS on 'Southern re-configurations of the ageing-migration nexus' guest edited by Dora Sampaio and Megha Amrith).

- 1. *Models of successful ageing* amongst different populations
- · active-ageing model which dominates gerontological discussion in most of the 'West'
- the family-based patriarchal model which still characterises Bangladeshi rural society specifically in Sylhet, the region of >90% of British Bangladeshi community
- the transposition of this family model to London via migration
- 2. We address these models through three threads of analysis
- family solidarity and care of older people
- access to mobility of various kinds migration, return migration, visits etc.
- gender lens: how are care and mobility gendered?



(Inactive) Ageing amongst Bangladeshis in London

We can do no better than give the floor to our key informant Kabir:

"In our Bangladeshi community here... once people pass the age of 60 or 65, they mostly confine themselves to home... They no longer have a job to do, so they are mostly at home watching TV... They don't do any physical activities... Beyond 65 they are really aged and housebound pretty much all the time. This is what I observe among people that I know, including my relatives and friends... There are only a few exceptions..."

[...]

"I see a lot of older people from other [ethnic] communities, when I go out along the banks of Thames, or on the street, in the parks... I see that they are coming out regularly doing their fitness activities, you know, running, walking etc. I don't see many Bangladeshis doing that."



Socialising at the Mosque

Kabir continues his narrative.

"Their socialising is limited to going to the mosque for prayers and meeting a few people and having a quick chat about their health and wellbeing on the way home. At home, their daughter-in-law would do the cooking and serve them food before going back to her work... In the community, most older people are devout Muslims, so keeping themselves busy is easy if they are attending all five prayers daily in the mosque. And if you look at the regular attendees in our mosques, it is mostly people aged over 60... for elderly people in our community, it is also a way of socialising with others.

In some ways, doing your prayers on a daily basis can be a form of physical exercise for them... The prayers involve different types of physical movement including standing up, bending over your knees and sitting down, and walking to and from your home".

But this account refers only to men...



Older Bangladeshi women in London: a masculinist view

Kabir continues...

"They [women] don't have much to do. They are more house-bound than the older men ... Older women spend most of their time at home with very little social contact outside. They don't go out independently, like their husbands do. They need to be helped by their son or daughter if they need to go outside or travel somewhere. They don't travel to Bangladesh, or if they do, which is very rare, they are accompanied by someone. If their husbands are alive, they will go with them, otherwise they must depend on their children to take them ... And British-Bangladeshi children are not so keen to do that... Men have to go to Bangladesh to look after their properties and maintain relationships with people there. Women don't have these responsibilities.

So, they [women] are staying at home, doing their prayers at home, watching TV or spending time with grandchildren. That's their routine".



Visits to the Homeland: the privilege of male mobility

Kabir continues...

"Some of us [older British-Bangladeshi men in London] go on lengthy trips to Bangladesh, particularly in the winter season. I wanted to go this winter too, but I couldn't because of the pandemic. This is what we do at this stage of our lives... we go there for the personal reason to skip the winter... [Here], staying at home all the time and wearing heavy clothes it's not a good feeling... That's why we escape wintertime and go to Bangladesh.

[...]

In Bangladesh, ageing is slightly different. The older people have a more respected position in society. Many are called upon to mediate conflicts in the neighbourhood or to preside over local social events. People in their old age spend their time better in Bangladesh than London. They can do a lot of things – go to the local market, spend time with their friends and neighbours. You can meet other people of your age very easily... You just need to step out onto the road or go to a tea-shop round the corner".

For more on Homeland visits, Miah and King (2018).



Transnational, trans-generational care: two types of visits - Type 1

- Most older-generation Bangladeshis who arrived in Britain as single young man in the 1960s/1970s will have their families formed and grown up in London and typically live in multi-generation households, or with children and grandchildren living nearby.
- For more recent arrivals, post-1980s, their parents will generally still be alive in Sylhet, resulting in the challenge of transnational familyhood and care. Visits can take place under different scenarios. The first type involves the 'intermediate' generation visiting their elderly parents in Sylhet, sometimes as a 'routine' visit, at other times for emergencies. Two interview clips from Sylhet fieldwork:

"My mother in law is very sick... She's old and in poor health. It is expected that you come and make a visit at this stage and be here in person. I don't want to regret not seeing her for the last time". (Falguni, F, 40s, visiting with teenage children in summer, husband arriving imminently)

"[I am here] to see my mum. She's old, her health is an issue for us all and she misses us... I wanted to bring her over [to London], but I did not succeed. Then she said, it's better if you come and spend time here with me, and bring my grandchildren so I get to see them." (Masud, 40s, visiting with young family)



Type 2: 'Reverse' transnational visiting

- These visits are made by the non-migrant parents of the migrants to their children and grandchildren in London. Such visits face three main obstacles: the health status of the older visitors to make the trip; the cost involved (generally paid by the children); and getting a visa to enter the UK (increasingly difficult in the UK's 'hostile environment' towards immigration). See Miah and King (2020) for more details.
- > Sometimes these visits are not just about family but reconnecting with broader social groups, as in the case below of Debu, a retired teacher from Sylhet:

"I visited London in 2015... My son was at the airport to receive me... warm clothes from him as soon as we arrived... An important part of my London experience was meeting my [former] students... a lot of whom are now in London... and well-established with their own families... They gave me a huge reception... and flooded me with praise... I was overwhelmed... I enjoyed every moment over there.

[...]

You learn a lot by visiting another country. We [in Bangladesh] hear a lot about London. Visits bring us the opportunity to experience the reality... We can share these experiences with people in Bangladesh... how things are better organised and run over there compared to here... Perhaps it can happen in our country in the future."



Return migration: a gendered process

A small subset of the overall sample (all men) had return-migrated to Sylhet or (like Kabir, below) were planning to do so.

"I am over 65... My intention is to spend most of my time in Bangladesh from now on... I was born in my *desh* [homeland], I grew up there, went to school there and started work there. I don't feel as comfortable here [in London] as I do in my *desh*... I will be more active in Bangladesh enjoying many things... There are so many people to meet up with and spend time together... Over here my life is very limited... I spend idle time sitting at home... time stands still.

[...]

Having said all that, I don't really know how my health will be in the coming years... also my wife does not agree with me; she doesn't want me to go and live over there for a prolonged period of time. She wants to spend the rest of her life over here. She has health concerns; she was treated for cancer on two occasions... She has zero confidence in the health system in Bangladesh... Our sons and daughters are also on her side... they are, like, why the hell do you want to go and live in Bangladesh? Your family is here!"



Some concluding points

- 1. Ageing amongst the British-Bangladeshi community is focused around *the multi-generational family*, as Gardner (2002) pointed out 20 years ago. The notions of 'healthy' and 'active' ageing, older-age self-reliance etc., typical of the 'Western' model, have hardly taken root.
- 2. However, we can draw a *distinction between 'active' ageing and 'successful' ageing*. In the 'Western' model they are almost the same. Amongst Bangladeshis, both in Sylhet and in London, 'successful' ageing means physical relaxation surrounded and supported by family members, neighbours and friends, and being active in the social but not the physical sense. Also care is reciprocal taking care of grandchildren etc.
- Men in London are nostalgic about spending time in Bangladesh, for extended visits or even return (cf. Miah and King 2018). Their view is that older-age is better lived there, and they gain more respect. Hence, we find a distinct gendering of return and all other mobility forms.
- 4. Next, *health is a major concern* which tempers all decisions regarding return and visiting; health services in Bangladesh are regarded as very poor, compared to London.
- 5. For transnationally split families, where the older generation is in Bangladesh, the 'playing field' and freedom to visit is far from level, discriminating against the wish of older Bangladeshis in Sylhet to visit their families in the UK (Miah and King 2020).



Thank you, and some key literature

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Other cognate work by the authors:

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