

Women, Ethnicity and Empowerment in Later Life

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Studies of later life are increasingly emphasising its positive aspects as a time which is not necessarily linked to decline and dependency. While it is important not to underestimate the material and resource needs of older people and the very real constraints within which many live, it is also necessary to challenge negative stereotyping and examine the possibilities for pursuing satisfying lives. Gender is also accepted as an important variable in the experience of advancing years. Since women live longer than men, the proportion of older women to men increases with age and more women than ever reach 'older' old age. One aspect of the ageing process which is relatively under-researched relates to ethnicity. Although minority ethnic groups tend to have a smaller proportion of their population over 60 years, this is changing and commentators expect the current situation, where there are more minority ethnic men than women in the older population, to be reversed in the future. This project conducted interviews and focus groups with women aged 60+ from a variety of ethnic backgrounds. It focussed on quality of life, empowerment and what the women identify as enhancing or debilitating in terms of living their later years.

Summary of key findings

Health is the most important issue in relation to quality of life for our participants. Despite having a range of health-related issues, the majority reported getting on with their lives and feeling positive about themselves. When interests were under threat due to health problems, participants spoke of their attempts to maintain those interests and remain active at all costs. This was in relation to all groups and many participants were active contributors to their neighbourhoods and communities.

Income, although an issue did not emerge as the most central in terms of quality of life. A range of income levels was represented. Although many women worried about their ability to pay bills and were unable to afford many luxuries or holidays, they did not report this in terms of preventing them from following locally and domestically based interests, leisure activities or hobbies. Although income may be enabling, and more of it would have been welcome, generally the women did not put money on top of their agenda in terms of significance.

- ☞ Mobility, however, was seen as important in relation to quality of life. There is a huge range of mobility among our participants, partly related to the variation in ages but also because of differing resources and abilities. Access to, and safety of, public transport was an issue for many. In general, however, the women in this research saw mobility issues as challenges to be overcome rather than inevitable hindrances. While a small number spoke about problems of marginalisation, for example from places of worship, even here ingenious solutions had been devised, through developing personalised rituals of praying etc.
- ☞ Many of the women's views about quality of life were linked to perceptions of 'purpose' and of having a clear set of roles and functions to perform in relation to kin and community.
- ☞ The participants divided into those white women, who were financially better off and who had relocated on retirement, and minority ethnic, along with poorer white, women who had lived in the same vicinity all their lives. The former were building new social networks and forms of social support. The latter tended to have families which were more geographically proximate. Their sense of purpose was related to a 'moral economy of kin'. This refers to the agreed tasks, obligations and reciprocities which bind family members together. Particularly significant here was child care and the grandparenting role.
- ☞ Community centres are important to many minority ethnic women and are seen as crucial in offering a meeting point for sharing identity, language, culture and experiences. Most of the centres, which featured in this research, are under-funded and feel they are in competition with each other for money.
- ☞ Religion is largely ignored as a resource for older people. However, it is highly correlated with our participants' sense of well-being. Most of the first generation migrant women in the research are devout and report that the migration experience has reinforced their faith. It is also important to some of the white women in the study. Even those women who did not regard faith as particularly important, described residual beliefs and spiritual practices.
- ☞ For some minority ethnic women, especially Indian and Polish participants, there was a connection made between a sense of well being and being respected and valued by others. This was particularly in terms of the status afforded to older people in their cultures.
- ☞ There was a connection between life course events and quality of life in later years. The curtailment of education, reduced employment opportunities, war time experiences and, for Polish and African Caribbean women, being unable to use their previous training were all mentioned as having an effect. The African Caribbean women told of the horrific racism they had experienced on arrival in Britain.
- ☞ Retirement, for many, was seen as a time of release from hard work, although some did not have as much free time as expected due to family, child care and community activities.
- ☞ There are ethnic differences in how the women perceived ageing, with some Pakistani and Bangladeshi participants reporting feeling older at a much earlier age than other groups.
- ☞ Only the white non-migrant women raised the issue of feeling ignored or dismissed because of their perceived age.

Discussion

The research identifies a number of aspects of older women's lives and experiences which influence their perception of quality of life. These can be grouped into two categories. The first, physical and material factors, includes: leisure/work opportunities and activities; access to resources, such as housing and transport; environmental issues (for example, accumulations of rubbish); fear of crime and lack of safety; and matters relating to health, mobility and fitness. The second category, issues of emotion, psychological well-being and social support, relates to: shared identity, especially language, culture and tradition; social networks of family, friends and community; faith and spirituality; changing notions of time and space.

The research indicates that older women are not necessarily disempowered in later life. They are also in different ways empowered and empowering, sometimes in similar and sometimes in culturally specific ways. To emphasise the vigour of our participants is not to dismiss their need for adequate support and services. However, empowerment is not merely about giving services or providing resources, although this is important. Nor is it purely associated with 'doing' or agency. Feeling powerful or empowered can also relate to a sense of self-worth. This may derive from specific cultural customs and experiences or from personal achievements, leading to an enhanced sense of value that enables a person to act but also, as importantly, to receive. Empowerment can be rooted in a person's own sense of identity, as well as shared with others.

Many of the older women in this project are widows and have differing degrees of financial, health, transport and other difficulties. Yet, they are empowered through their togetherness and collective activities. They gain power through reciprocity and helping relationships, through grandparenting and family support. They are empowered from

within by religious beliefs and spirituality, as well as how they see themselves. The research suggests that empowerment and disempowerment are not set in binary opposition to each other. It indicates that older women can be empowered and disempowered in differing aspects of their lives simultaneously. Moreover the processes involved fluctuate and change over time. Good policy and practice would build on what the women themselves see as significant in enhancing life quality. Some of the local and specific measures which were suggested are listed below.

Policy implications

- ☞ Since quality of life depends significantly on health, services need to be ethnically, religiously and linguistically sensitive.
- ☞ Residential and other services need to be sensitive to multi-cultural needs. These include quiet spaces, prayer mats, plumbing requirements, understanding the need for many of these older women to have a devotional life and the related requirements.
- ☞ Ready access to communal/public buildings and the provision of lifts are important for mobility and to enhance social inclusion.
- ☞ The practice of mobility makes people more mobile. There is an educational and social skills function to new experiences, such as the 'trips' organised by community centres, including self-esteem and independence building.
- ☞ In multicultural settings, disadvantaged white non-migrant women can be excluded from the consultation process if it is assumed that white people are homogeneous. The project identified a group of white inner city women who feel they are never consulted in relation to planning and services, resulting in marginalisation and alienation.

- ☞ Some minority ethnic groups feel over-researched and that they give information but see no tangible results. There is a need for debate and collaboration between researchers and, where appropriate, work in partnership with community action.
- ☞ Within the multicultural city, services need to be sensitive to different minority groups within the wider minority ethnic community. Provision for those whose background is not that of the majority grouping is often severely underfunded.
- ☞ Because the centres for older people are so important, they need to be adequately funded and, preferably, through a process which is not perceived as based on competition.
- ☞ Influential older women, who mediate and offer support within their neighbourhoods and ethnic communities, should be included in the planning of services. This entails the creation of environments where women can have a voice and outreach work to ensure real consultation.

About the study

The study was undertaken by Haleh Afshar, Myfanwy Franks, Mary Maynard and Sharon Wray. Its main aim was to identify what older able-bodied women from differing ethnic groups prioritise in terms of quality of life and successful ageing and the implications of this for policy practice. Interviews and focus groups were held with 150 women, aged between the ages of 60 and 75 years, from a variety of African Caribbean, Asian, Polish and white non-migrant groups. All the minority ethnic women had at some time been married, although some were now widowed or divorced. The only never married women were in the white non-migrant group. A range of occupations and participation rates is represented, although a majority of the Asian women had never been in paid employment. The research covered rural, suburban and inner-city areas.

Two interim reports and a final report were issued to participants. Participants were also invited to attend an end of project day meeting. Preliminary findings were presented, together with an opportunity for them to have further input and discussion of these issues collectively.

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