Ethnic Inequalities in Quality of Life at Older Ages: Subjective and Objective Components
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Profound changes are affecting life at older ages in Britain, but the extent to which their impact might vary across different ethnic groups has rarely been studied. This study set out to investigate inequalities in the circumstances of older ethnic people, using a broad conceptualisation of quality of life. The study was conducted in two phases. The first used respondents to the Fourth National Survey of Ethnic Minorities to draw a sample for a qualitative interview. This focussed on ethnic differences in influences on and levels of quality of life, relating this to the circumstances and biographies of respondents. The second involved secondary analysis of the Fourth National Survey data to explore levels of inequality across ethnic groups. Both elements of the study focussed on four ethnic groups: Caribbean, Indian, Pakistani and white.

Summary of key findings
- The qualitative interviews offered explanations of how ethnic and gender inequalities experienced in older age emerged. Migration and consequent employment and health histories, formation of migrant communities and disruption of family networks, all appeared to be important.
- The interviews revealed six factors that influenced the quality of life of older people: having a role, support networks, income and wealth, health, having time, and independence. While these factors were present in the accounts of older people from all ethnic groups, the form that they took and the ways in which they were experienced were influenced by ethnicity.
- The degree to which older people can play a role, have various sources of emotional, practical and social support, enjoy their increased free time, and remain independent, were all determined by the resources available to them. For example, the extent of family networks in this country, or the level of pension resources, or their health. Many of these in turn appear to have been structured by the experience of migration and informed by cultural background.
- The quantitative part of the study revealed extensive differences across ethnic groups in most influences on quality of life that were covered in the data, namely: material conditions, social networks and participation, neighbourhood environment, and health.
- Factors that are typically included in research concerned with inequality (material conditions, health, crime and physical environment and formal assessments of social participation) revealed a familiar pattern of great inequality. The white group tended to have the highest scores, followed by the Indian and Caribbean groups and then the Pakistani group, which had the lowest scores on each of these dimensions.
However, for those influences concerned with less formal elements of the community - social support and perceptions of the quality of local amenities - differences were reversed, with older Pakistani people better off than older people in other ethnic groups.

Bringing together the qualitative and quantitative findings suggested that the discrepancy in the quantitative patterning of inequality was a consequence of the investment that migrant communities had made in developing the local infrastructure, such as through the provision of places of worship, shops and clubs.

Findings

Support networks and quality of neighbourhood

The interviews identified support - be it social, practical, or emotional - as a key contributor of quality to an individual's life. Partner, family, friends, and religion emerged as the main sources of support. The interviews also suggested that for ethnic minority people migration had had a disruptive effect on both family and friendship networks. The consequent reduction of social networks, for example loss of friendships formed from school days or during the transition into work, may explain their higher level of association with family implied by their higher scores on contact with family found in the quantitative analysis. These scores were significantly higher for older people in the Indian and Pakistani groups compared with the white group. To give some indication of the size of the difference, 79 per cent of the Pakistani group, 73 per cent of the Indian group and 67 per cent of the Caribbean group scored the same as or higher than the median score for the white group (i.e. the equivalent figure for the white group was 50 per cent).

The interviews also revealed religion as a significant provider of both emotional support, especially in times of grief and pain, and of practical support, for example, places of worship funding trips 'home', or providing domestic help for housebound older people.

'Formal' national estimates of relative deprivation, as measured by the Index of Deprivation 2000 (ID2000) for example, show that the wards where Pakistani people live are the most deprived and have the poorest access to services. However, our quantitative analysis revealed that they rated their neighbourhoods highly on local amenities. Indeed, the overall mean score for the availability of local amenities was significantly higher for all three ethnic minority groups relative to the white group. For example, 81 per cent of Pakistani people had a score equal to or higher than the median (50 per cent) score for the white group. At the other extreme, the white group, living in relatively more affluent areas, perceived the quality of local amenities in their neighbourhoods to be a lot worse than did any of the other ethnic groups. The qualitative findings suggest that 'mismatch' may be a consequence of ethnic minority people either specifically settling in areas that had, for example, an appropriate place of worship, shops or clubs, or alternatively investing in developing the local infrastructure to meet their needs. However, perceptions of levels of crime and physical quality of the environment did agree with formal estimates, with Pakistani people having the lowest scores on this.

Material conditions

Of all the factors examined in the quantitative analysis, the gap between older people in the white and ethnic minority groups was largest for income and wealth and housing conditions, with women having lower scores overall in all four ethnic groups. The qualitative interviews suggest that income and wealth were affected by occupational histories and consequently varied across both ethnic and gender groups. Women in all groups tended to be located among those receiving a state pension only, because their patterns of work had meant that they had not contributed sufficiently to a pension scheme. This was also the case for ethnic minority men, typically because of long-term sickness, or unemployment prior to retirement, which had affected their pension contributions. Managing on a low income carried consequences over and above the difficulties of maintaining a basic standard of living, including affecting the ability to maintain relationships with friends and to meet community, or religion-related, financial duties, and the opportunity to 'return home'.

Health

The patterns of differences in scores on the health factor were also large and clear, with significant variations between groups by ethnicity, age and gender. All ethnic minority groups had signifi-
cantly poorer health scores compared with the white group and, between the three minority groups, Pakistani people had significantly poorer health. The qualitative interviews suggested that Pakistani men suffered especially poor health because of their former employment. However, perceptions varied on what constituted good health. The continuation of mental health was valued over physical health; history of health influenced expectations of one's own health, and coping mechanisms - whether they be one's own inner strength, family support, or strength through religion - all contributed to how the older person felt about their health and consequently the extent to which it affected their quality of life.

**Having time and having a role**

The interviews showed that, either as a result of retirement or children growing up, respondents found that they had more free time as they got older. This was welcomed by those in good health and with a certain level of income, and individuals took advantage of this to travel, pursue hobbies and take a more active role in religion. A more unwelcome aspect of retirement or children growing up was the loss of a sense of purpose or role that it often entailed. Family, community, religion and voluntary or paid work were the main role providers. For white English older people voluntary work was likely to be through local or national charities, while for ethnic minority older people it tended to be channelled through the local and ethnically/religious specific community. In other words, participation in the community was equally popular across ethnic groups, but the sources that provided that role varied between the minority and majority groups. This may explain the lower community participation score for ethnic minority groups, especially ethnic minority women, that was found in the quantitative data, which used more formal assessments of participation. Returning in some capacity to paid employment in one's former profession was another role provider, but one that appeared to be less open to ethnic minority older people because of the nature of the work they had been involved in, namely manual labour.

**Independence**

The interviews revealed an overwhelming desire to remain independent and not to have to rely on others, but also that not all caring arrangements led to feelings of loss of power. This was especially the case where there was little change in the older person's standing, either because they had always had little status, or because their status as head of household or wise elder remained, even though they required extensive help. Such experiences were found in multigenerational Pakistani and Indian homes. It also emerged from the interviews that notions of what constituted independence differed, so that some of those with very poor physical health still considered themselves to be independent because they had their mental faculties, or others gauged their independence in terms of their financial situation.

**Main implications for policy**

The findings of this study are timely given that older ethnic minority people are a growing population, in terms of absolute numbers and proportions. There is a consequent need in terms of policy and public services for older people to address issues relevant to ethnic minority groups. This research identifies the constituents of quality of post-retirement life that are particularly valued by different ethnic groups. It describes the extent of ethnic inequalities in quality of life and the factors that both inhibit or extend quality of life and how these vary across ethnic groups. For example, it reveals that the pattern of inequalities evident across ethnic groups in terms of material well-being, health, physical environment and formal participation in community, is reversed for those influences concerned with less formal elements of the community - family contact and local amenities. The poorest ethnic group for the first set of factors, Pakistani people, were better off than other ethnic groups for the second set. It also suggests that, while what constitutes quality of life is culturally bound while income and wealth are strongly related to migration and employment history. In these ways the study is able to provide a more meaningful picture of ethnic inequalities in the experiences of growing older in this country than has been previously available.

The life course perspective that was adopted in the study is crucial for understanding the cumulative
impact of exposure to disadvantage on the ageing process. It identified how particular forms of earlier disadvantage, or disadvantage occurring at particular points in the life-stage, have a particularly adverse impact on quality of life at older ages and how this relates to ethnicity.

This information is of direct relevance to policies that are designed to prolong active life, economic and social participation, and reduce dependency and social exclusion. It will allow policy initiatives to be assessed in terms of their probable impact on different ethnic groups, inform the development of policies that can be targeted at particularly disadvantaged ethnic groups and help ensure that policy development is sensitive to ethnic diversity in experience and aspirations.

About the study

The study was undertaken by James Nazroo from UCL, Ini Grewal, Madhavi Bajekal, and Jane Lewis from the National Centre for Social Research, and David Blane from Imperial College. Saffron Karlson from UCL worked with the team on the quantitative analysis. The study made extensive use of the Fourth National Survey of Ethnic Minorities, which was a large representative survey of ethnic minority and white people living in England and Wales, jointly conducted by the Policy Studies Institute and the National Centre for Social Research in 1993-94.

For the qualitative work, a purposive sample was drawn from the respondents to the Fourth National Survey, covering men and women, different ages, different class groups and different regions. A total of 73 in-depth qualitative interviews were carried out with respondents aged between 60 and 74 years from four quite specific ethnic groups (Jamaican Caribbean, Gujarati Indian Hindu, Punjabi Pakistani and white English). Of the 73, a quarter fell into non-manual social classes, of whom almost two-thirds were of white English ethnicity. Data were collected through an in-depth interview covering broad predetermined topics and additional, unanticipated, topics raised by respondents themselves. Interviews were conducted in the respondent's first language, tape-recorded, translated and transcribed, and thematically analysed using the 'Framework' method.

The quantitative work was based on analysis of existing data from the Fourth National Survey. All those aged 45-74 who identified themselves as being of white British, Caribbean, Indian and East African Asian, and Pakistani family origin were included in the analysis. The questionnaire coverage of the FNS survey allowed exploration of four dimensions of influence on quality of life: material factors, social participation and networks, health, and neighbourhood environment. To identify underlying constructs relating to each of the four dimensions, factor analysis was carried out resulting in a total of seven derived variables. Differences in scores on these variables were then examined by ethnicity, age and gender.

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