

Social and Economic Impact of International Migration: A case study of Indian Diaspora in the U.K.

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INTRODUCTION

Migration both international and internal is not an instinctive action of human beings and is not generated by a single impulse. In the major part of current literature, human migration is usually based on the premise that an individual will migrate from one location, say X, to another location, say Y, if he believes he will be 'better off' at Y than at X. Migration involves the removal of the younger generations from the family origin, a break between blood and economic ties. The migrant is forced to adjust to alien surroundings where erstwhile family and status are relegated to the background. This process of relocation involves both monetary and non monetary costs inclusive of psychic costs. Pecuniary costs include the increase in expenditure for food, lodging, transportation for individual and his family in addition to the removal expenses, legal fees on house sale and purchase, readjustment and resettlement costs etc. Further expenses are involved in the search of a suitable location and visits to the place of origin. Non-monetary costs involve opportunity costs, which are the present value of the flow of expected real earnings in X that the individual forgoes upon migration to Y and additional emotional turmoil arising from leaving familiar surroundings, relatives, friends and ways of life and settling in a foreign land with different customs, traditions, language and political and economic institutions. The psychic costs represent the disutility of moving which vary considerably from individual to individual and are extremely difficult to measure both conceptually and practically.

Similarly, returns may be broken into pecuniary and non-pecuniary returns. Pecuniary returns are given by the expected money earnings net of occupational expenses and must be adjusted by net direct taxes. Non-pecuniary returns are given by the excess (positive or negative) of non-pecuniary advantages which work and residence in Y may command over work and residence in X. Some of these advantages are purely psychic in nature and are very hard to evaluate in monetary terms, for example shorter hours of work, better conditions of work, better provisions of public goods and services, etc. Among these, a distinction may be made between goods, which can be made exclusive possession of particular individuals- 'private goods and services proper' and 'social goods' which cannot be appropriated by a particular individual. The former is more easily measurable than the latter.

Thus, even though migrants are dynamic, risk-taking people who have the ability to detach themselves from traditional and familiar surroundings yet the trauma arising from the trials and tribulations of resettlement in an unfamiliar environment can be very pronounced in their case. The psychic cost of migration also seems to be a rising function of distance as the unfamiliarity of surroundings gets accentuated with an increase in distance between place of origin and place of destination. Thus, international migration can involve more intense trauma than internal migration for migrants and their family. The social distance factor involving religious, cultural and inter-individual differences in values in life can prove to be very preponderant in case of international migration. In a foreign land, each migrant belongs to a group having particular role expectations, their enforcement and social position usually remains concentrated in one particular area. Unfortunately, rather scant attention has been paid to the non-monetary aspects of migration in the majority of research related to the field of international migration.

The purpose of the study

Migration from India to the U.K. accelerated after 1945 and continued unabatedly until the end of the 70's of the last century following large-scale demand for both skilled and unskilled labour for re-building the British economy after the war. The estimated immigrant population of Indian origin in England and Wales rose from 30,000 in 1951 to 81,400 in 1961. In 1971, 1981 and 1983, 12.1 percent, 17.6 percent and 13 percent respectively of all arrivals in the U.K. were from the sub-continent. However, since the 80's of the last century, primary immigration has decelerated considerably, being confined mainly to the immigration of highly skilled, professional people in the fields of medicine, health services (associated), computing and related disciplines. Presently, immigration of Indian origin is largely dominated by family reunification and marriage migration (1).

The outflow of the young and energetic elements from India entailed far-reaching changes of the socio-economic levels not only for the primary migrant and his immediate family but also for the sending and receiving countries - India and U.K. respectively. The migrants went to far-flung, remote corners of the U.K. which were totally alien to them both in terms of climatic conditions and social set-up which, in all probability, created intense pressures on them and their families trying to adjust and readjust to the alien environment. The pressures and the resultant trauma of constant attempts at adjusting to a foreign setting were certainly more severe in the case of migrants who went to the UK. earlier than others. I wanted to examine the causes of migration and also to assess the socio-economic impacts as manifested in psychic (intangible) costs and benefits of migration mainly at the individual and his family's levels, albeit in a limited way on the basis of a small survey, subject to the severe constraints of time and space. The survey entailed extensive travel within the U.K. and the necessity of direct interaction with Indian immigrants, their wives and children, involving considerable time and effort from

January 2001 to December 2001. It was primarily based on direct interview entailing considerable inter-personal communication, subject to the clear understanding at the very outset that spatial mobility decision is not an isolated process in the individual's life but it is one of the dimensions of the goals and achievements in his/her lifecycle. In all, I could interview 93 adult immigrants from India and interact with 24 British Indians (second generation).

The Survey

At the very outset, it should be noted that the people whom I could interview at length were highly educated, high-income professionals, mostly general practitioners and hospital doctors in Wales, due to the predominantly rural setting wherein I was living. The prime focus of the survey was on a relatively well-off section of India's population who were fairly well acquainted with the language and to some extent, with customs of the British before arriving in the U.K. Their assessment of relocation problems might be at great variance with the same of the Indian immigrants in general, many of whom face a persistent barrier of language and resultant ignorance about the rules and regulations, customs etc. of the land of immigration and are not sufficiently articulate to air their feelings about their migration apart from the possible apathy and unwillingness to dwell on a sensitive issue such as migration. The respondents whom I tried to interview were also not free from this limitation! Thus the survey's outcome seems to have become somewhat impressionistic rather than reality based on actual figures. Further, apart from small size, my findings are subject to a time dimension also. The issues should be perceived in terms of a dynamic relationship, forged within that time dimension. They are not merely objective facts amenable to statistical analysis. The process of interviewing itself was frequently subjected to changing perception and recall lapse. Frequently, the discussions were not well-suited to quantification as they were based on narratives collected through in-depth interviews which were conducted on

the participants' own 'territory' (i.e. homes, community centres, meeting places etc.).

The method of research became qualitative and descriptive. It was a challenge to make sense of the massive information, reduce its volume, identify significant patterns and obtain a framework for communicating the essence of what the data revealed. However, time and again, I tried to enhance the authenticity of my findings by talking informally to a large number of people present at religious and social gatherings in Cardiff, Bristol, Birmingham, Manchester, London etc. Realising that face-to-face and prolonged interviews can be very time-consuming, besides being daunting for many respondents, I tried to talk to people on the telephone and requested them to answer very simple but specific questions like reasons for migration; duration of residence in the U.K.; first visit to India after arriving/settling in the U.K.; frequency of visits since then. I then asked them "Do you want to go back to India?"; "If no, why?"; "Are you homesick?"; "Are you a part of this society?"; "What do you think are the possible costs and benefits of migration (both tangible and intangible)?" "Do intangible (psychic) costs outweigh benefits in your case or vice versa?". I tried to elicit some information from the second generation immigrants (British Indians) about the possible emotional bondage that they might be having with India, about the extent of their integration with the majority's community and asked them if their parents/the first generation immigrants were happy in the U.K. etc. I attempted to contact the immigrants and their offsprings via email and gathered their views about the impact of migration on their socio-economic lives.

Migrant Selectivity

Out of the 93 respondents whom I could interview rather intensively, 75 belonged to the active age-group of 20-59 years. In fact, 30 respondents belonged to the age-group 30-39 years and 37 were clustered in the 50-59

age bracket. 43 per cent of the interviewees were women (see Tables 1A and 1B). The youthfulness of the survey's respondents is further evident from the fact that 55 of them (59 per cent) had a duration of residence of more than 20 years in this country. A majority of them emigrated from India in the prime of their youth (Table 2). They were predominantly high-income professional people such as doctors (59 out of 93) - both G.P.S and hospital doctors, as is evident from Table 3, which also reveals that 22 interviewees were housewives - 18 full-time and 4 part-time. Of the 59 doctors, 26 were engaged in general practice and 33 were hospital doctors ranging from SHO to Associate Specialist/Clinical Assistant/Locum Consultant 24 per cent of the respondents stated themselves to be housewives mainly but possessed educational qualifications at least up to undergraduate level or more.

A sizeable proportion of the respondents hailed from the eastern side of India (Bengal and Bihar) followed by Delhi and the Punjab. They were mostly born and brought up in jointfamily system, which provided security, education, companionship and a sense of belonging under joint ownership of everything. Alternatively, they were from a nuclear family keeping close contact with the extended set-up elsewhere in the country. The majority of them had a middle-class or rich background with high educational attainments of kith and kin. Most of them had their advanced education through the medium of English and possessed a fair idea about Britain before arriving here, not only because of our historical bondage but also because of the fact that they already had 'friends and relatives' in this country transmitting information about education, employment, income etc. to the prospective immigrants. The 'cushioning effects' of friends and relatives' hospitality have not waned till date as all primary immigrants with less than 5 years duration of residence in the U.K. acknowledged the same to be one of the major sources of solace in their moments of despair and solitude. However, the immigrants (doctors) arriving in the late 50's or early 60's of the last century were received by

the hospital authority that gave them both job and furnished accommodation. Further, the preponderance of males over females (53 and 40 respectively) follows from the fact that for some of the recent arrivals from India, wives have still not followed their husbands for permanent or prolonged stay following the latter's temporary nature of employment and the formers apprehension about not finding a suitable job commensurate with their very high educational attainments in India. It has led to multicentredness of families with its concomitant problems - tension, frequent trips to India, stressful life and very difficult handling of 'parachute kids'. Respondents belonging to the age group 30-39 years exhibited this trend towards multi-centredness of families to the maximum. There were some bachelors, widowers etc. along with some lone migrants in other advanced age groups.

Causes of Migration

The fundamental cause of international migration is said to be a gap in the living standards between one country and another. In fact, neoclassical economics focuses primarily on differentials in wages and employment conditions between countries, and migration costs; it generally considers movement as an individual decision for income maximisation. It conceives of migration in terms of supply-push and demand-pull factors and immigration stems from international disequilibria in labour markets that produces gaps in expected wages across national borders. However, the new economics of migration argues that in order to self-insure against risks to income, output and prosperity or to gain access to scarce investment capital, households send one or more workers to foreign labour markets. Given the persistently higher wages/incomes in the developed world, international migration is an attractive and effective way for risk minimisation and for reducing resource crunch (2). Given the natural inertia to any permanent/semi-permanent movement, the decision to migrate at the individual level is affected not only by the 'expected' real income (i.e. the actual incomes

times the probability of finding a job in the area of destination) differences between the migrant-sending and the migrant-receiving countries but also by the latter's relative attractiveness vis-a-vis the former in terms of better living conditions as manifested in the availability of education and health infrastructures, essential amenities of life like proper housing with uninterrupted supply of water and electricity, well-developed transport and communication networks, appropriate law and order condition along with healthy natural surroundings etc. They can easily propel migratory momentum at any time from the area of origin, overcoming the disutility of moving to a new country from familiar surroundings, relatives, friends and ways of life and constantly facing social and sometimes political distance factors of an alien set-up broadly termed as 'psychic costs of migration'. This has been the case of immigration to the UK. as far as India is concerned.

Of the 93 respondents, 33 came to the U.K. on account of marriage/association and 4 emigrated because of personal factors like caste-conflicts, inter-religious marriage and political violence in the place of origin. Only 5 of all respondents stated that they migrated because of unsatisfactory working conditions, low income, unsatisfactory living conditions stemming from extreme over-crowding, lack of basic amenities of life, cut-throat competition for decent existence/survival in all aspects of life and livelihood (i.e. push factors). But none of them stated unemployment or poverty at home to be the prime cause of migration. 26 respondents clearly stated that they came to Great Britain in pursuit of higher education/additional degree or diploma, better working conditions followed by better standards of living culminating in better life-style (i.e. pull factors). Sometimes, the clean environment of Britain along with its stable politico-social structure acted as an additional attractive force in their decision to migrate. However, they experienced no negative conditions strong enough to propel them to migrate. Another 25 interviewees said that they carefully balanced the negative and positive

factors operating in both the area of origin and destination, as both affected them significantly in the early part of their lifecycle and then decided to migrate (i.e. push and pull factors). They found the working conditions and levels of pay at home very unsatisfactory and wanted to achieve higher professional qualification and better working experience along with higher income. 15 out of these 25 respondents said that family aspirations and glamour of Britain were also the motivating factors in their decision to migrate. This lends indirect credence to the fact that wage gaps or real income differences are not the only factor behind emigration. International migration provides a means of removing liquidity constraints, managing risks and initiating new productive enterprises in the joint families which facilitate/plan collectively the primary migrant's exit from the place of origin. Finally, emigration of the individual offers a viable way to ameliorate feelings of relative deprivation of the entire household in the community (3). The majority of the respondents conceded that they had remitted substantial amount of money to their parents/uncles or aunts/brothers or sisters/other relatives every now and then to enable their near and dear ones to lead a comfortable life, to meet the educational expenses of the younger generation or the growing expenditures on the health of the older generation. Substantial remittances have gone to India for construction activities, agricultural improvements, real estate activities and voluntary activities, apart from funding of marriages, festivals and auspicious occasions in every migrant-sending family. However, none of the immigrant respondents even mentioned in passing that migrant networks in the U.K. structured either individual or household migration decisions and promoted or directed them to that country. Nonetheless, all of them recognised the growing significance of migrant networks which are sets of interpersonal ties that connect migrants and non-migrants in origin and destination areas through ties of kinship, friendship and shared community origin in the U.K., an old immigration country as far as India is concerned. Network connections were acknowledged to reduce both the

monetary and non-monetary costs of migration and to mitigate the risks of such movement. But they were not even one of the secondary causes of migration to be included in 'other reasons for migration including personal factors' (see Table 4). Network connections in many instances manifest themselves in 'family and friends effect' whereby the concentration of particular nationality groups in certain cities or regions increases the probability that other members of the same group will migrate there. However, my survey findings do not lend any credence to such a tendency.

Impacts of immigration

Strikingly enough, almost all the respondents, especially those with more than 20 years stay (i.e. 55 out of 93), stated that they thought that their stay in Britain would be purely temporary and that they would be able to return to India after achieving the primary goal-attainment of higher professional qualification and advanced training. In fact, none of the respondents admitted that their prime goal was to earn a lot of money within a short span of time and return to India with that amassed wealth to lead a comfortable life therein. Many of them lamented that they were stuck in their land of immigration and that their 'suitcases were still unpacked'. The decision to come to the U.K. was seldom taken by anyone of them in isolation from other goals in life or on the spur of the moment. The primary migrants weighed the pros and cons of their prospective movement and its attendant effects on their entire lifecycle along with that of their near and dear ones. The decision involved some sort of cost-benefit analysis without any apparent effort at the quantification of each and every component of the same.

The perception of the implications of the movement to a new surrounding was not clear to the respondents in the beginning and with the passage of time, that itself started changing for all of them at different rates. Many shocks that they received at the beginning of the migratory process

probably started waning after a few years of stay here but others which were unknown to them in the beginning came to the fore with increasing duration of residence in the U.K. Thus the perception of costs and benefits as embedded in socio-economic changes for the recent arrivals may differ considerably from those of the earlier ones both in nature and intensity. Besides, the socio-economic conditions faced by the earlier immigrants varied considerably from the ones encountered by the recent arrivals. But common implications were discernible from the results of interviews undertaken by me on a face-to-face basis mainly. They seem to be as following very briefly:

1. The respondents arrived in the U.K. for temporary stay and consequently developed little socio-economic link with the host society which was closed by nature. Nearly 75 per cent of the respondents admitted that they were not a part of the British society and had no desire to integrate with the same because of innate shyness, inertia and linguistic barriers. The consequences were isolation, social deprivation and loneliness. 61 per cent of the interviewees stated that they were acutely homesick, while 20 per cent of the sample population said that they were partly so. Almost all the primary immigrants who came alone to the U.K. stated that they were very homesick to start with and wanted to go back at the earliest after fulfilling their goal. However, with the passage of time, this acute sense of homesickness resulting in loneliness and depressed thoughts gave way to a renewed sense of determination to fulfil their goals of immigration and settlement in the U.K. after family reunification. Table 5 reveals that all the respondents with less than one year duration of residence in the U.K. clearly admitted that they were homesick, while only 40 per cent of those with duration of residence of 1 to 5 years and 6 to 10 years stated that they were homesick. However, this proportion jumped to nearly 66 per cent for all respondents aggregated in the group of duration of residence of 16 years and more in the U.K. In fact, 60 per cent of the respondents with duration of residence of 36 to 40

years said that they were still homesick, while 40 per cent said that they were partly so. The increasing homesickness with the increasing length of stay in the U.K. has followed from the realisation that they were losing touch with entire India - its culture, traditions and roots, culminating in identity crisis and not only with immediate family and friends in the place of origin. This is further aggravated by the guilt feeling of not being able to serve India physically and helpless submission to the fact that 'return migration' was no longer a viable alternative along with the grim realisation: 'They are neither here nor there'. However, when I asked them, "Do you want to go back?", 40 replied 'yes' and nearly half of them were recent arrivals (duration of residence of up to 5 years) in this country, whose links with home were more or less intact. The proportion of respondents having duration of residence of 21 years and more, wishing to go back to India hovered in the range of 23 to 29 per cent approximately. Many respondents belonging to the category of duration of residence of 21 years and more, said that permanent stay in India was not possible for them as new family units have already emerged in the land of immigration for them through their siblings. Their immediate bond with their motherland was already severed following the death of their parents/parents-in-law or the disintegration of the erstwhile joint-family back home. In the fast changing global scenario of India marked by intense competition and glamour, they often felt like 'outsiders'. They primarily seek a short stay in India at frequent intervals and after retirement want to stay there in the Winter and spend the Summer months here (many retired immigrants are already doing this) in order to alleviate their acute sense of homesickness which some of them succinctly described by saying, 'My body is here but my mind is there!' or 'I have lost India for good!' or 'I am not homesick but India-sick!'. The rising homesickness with increasing length of stay in the land of immigration has created an acute ambivalence regarding their existence in both the countries of origin and destination, making them sojourners in the land of settlement-temporary residents in a strange country, planning to return to

their homeland when their task was accomplished. Homesickness emanating partly from the rejection of the host society seems to have perpetuated a reluctance to assimilate completely, or 'stranger' status (4).

Strikingly enough, 60 out of the 93 respondents said 'no' when I asked them generally at the end of my interaction with each one: "Do you think return migration is possible for anyone settled in the U.K. unless extraneous forces compel him/her?". Only 25 interviewees said 'yes' while 8 were not sure (see Table 6). Amongst the 60 respondents saying 'no' for 'return migration' in general, only 15 cited the natural and environmental factors like oppressive climate, chaotic traffic, pollution and overcrowding to be the prime obstruction to resettlement in India. 21 interviewees opined that extreme corruption at all levels of governance, bureaucratic hurdles, inflexibility of rules and regulations together with growing competition for everyday survival to be the prime obstructive factors, together with the immigrants' increasing inability to face such problems both physically and mentally with increased length of stay in the migrant-receiving country. Only 12 respondents (20 per cent) said that permanent stay in India would not be possible because their children (not specifically respondents' children) were in the U.K., many of whom had transgressed the social codes of the country of origin (for example, many immigrants have failed to arrange their grown-up daughters' marriages). Besides, many immigrant doctors of Indian origin failed to realise their primary goal of acquiring higher education and training which makes them reluctant to go back permanently. Another 20 per cent of the respondents categorically said that declining health as manifested in the onset of many chronic diseases like diabetes, hypertension, angina, asthma, arthritis etc. for the majority of the immigrants, would pose a serious challenge to their return to India where costs of health care was prohibitively high. Unfortunately, the South Asian diaspora in the U.K. comprising Indians, Pakistanis, Sri Lankans and Bangladeshis, has been faring quite poorly for quite some time as far as their health is concerned.

They have the unenviable distinction of achieving the highest death rates of coronary heart disease, much of which may be attributed to the increased risk of Type 2 diabetes (4 times that of Europeans). It develops about 10 years earlier than in Europeans and consequently renal and cardiac complications are encountered more by the immigrants from the sub-continent. Assuming a U.K. prevalence of Type 2 diabetes of 2 per cent, the total direct medical costs for people with the disease in the U.K. in 1998 were estimated to be £1.83 billion or 3.4 per cent of total health care expenditure. In view of free N.H.S. prescription for diabetics who are usually on multi-drug therapy and requiring longer hospital stays than the non-diabetics, the enormous economic burden imposed on the nation can be well imagined. This burden is quite independent of the working days lost by the nation along with the severe socio-economic constraints imposed on the individual and his family's welfare by this disease.

2. If health implies complete physical, mental and social well-being and not merely the absence of disease and infirmity, then the South Asian diaspora seems to be even worse off than the physical aspect alone. A major source of recreation for the primary immigrant has been alcohol and smoking along with television watching, due to a very boring and routine way of life here. A sizeable proportion of them hardly have any social life worth the name, being concentrated mostly in the remote, far-flung comers of the country (especially G.P.s). Dominance of indoor life has affected their food habits in favour of high protein/high fat and - readily available meals. The changing food habits unaccompanied by strenuous but recreational physical activities certainly have taken a toll on many of my respondents' health despite their non-admittance regarding the onset of any chronic/structural diseases such as high blood pressure, diabetes etc. in individuals but steady and frequent admittance in the case of all Indian immigrants. All respondents, however, talked at length about the sharply rising levels of stress as the prime component of non-monetary costs of migration. All of them acknowledged its insidious

impact on life and it was thought to be caused by guilt complex out of the inability to serve/look after the parents, extended family and serve the nation; declining warmth in family relationships; absence of job satisfaction emanating from the failure to get proper training/placement in the desired field of specialisation resulting in the inability to achieve the primary goal of coming to the U.K. Besides, ethnic penalty coupled with institutional racism experienced by many at the place of work and everyday dealings, aggravate the stress for the immigrant population as a whole, which is already quite considerable due to the insecurity about the professional and personal life of children in the UK., inter-immigrant competition and rivalry coupled with the rat-race in a very result-oriented, competitive Western society. The lack of social life following limited access to a wider social network and the resultant feeling of rejection can lead to depression in an alien setting, which was freely admitted by many respondents in passing reference to the mental health of the immigrant population. The survey results have also highlighted that the mental well-being of the immigrants has been adversely affected by the waning warmth in family relations. Most of them hinted about the lack of communication with their children following linguistic and cultural barriers. None of them could assert that they were happy/satisfied with the way their children were growing up/had grown up in the U.K. even though they felt very happy with their educational attainments, sense of independence etc. In fact, many of them clearly lamented 'We have lost our children to this culture!'. Closed family set-up with little dilution and sharing of feelings, along with the absence of any physical support (for example sharing of heavy domestic chores) and mental succour, generates a lot of stress for the nuclear family leading to strains in the marital life. Wives of many long-duration immigrants have started staying in India for long spells of time and some of them have decided to stay there permanently, again leading to multi-centredness of families or even break-up of families altogether.

3. The increasing longing to be in the familiar environment of India for good coupled with reduced air-fares, high incomes and declining charges of communications, have turned many immigrants into frequent travellers to India. Of the 93 respondents, 33 visited India every year during the past 5 to 10 years, 27 visited once in two years and 13 visited their homeland at least once in three years. The recent arrivals in this country along with some lone immigrants having wife and child in India, visited India twice/thrice a year. Almost all the respondents with duration of residence of less than 20 years in the UK. said that they telephoned their relatives and friends at least once in 15 days or even once every week under normal circumstances, but the earlier arrivals reported waning communication with homeland both through letters and telephone.

The findings of my survey clearly illustrated the benefits of immigration into the U.K. for the individual and his family emanating from substantially enhanced purchasing power and amassed wealth.

Increased income and saving have led to a sense of security and gratification in being able to help the family in need in India, to be able to cope with any financial constraints in old age in the land of settlement still having free access to suitable health services for all in old age. The comfortable and hassle-free living in the U.K. with its open, fairly competitive, very well-organised and non-interventionist and naturally beautiful and environmentally unpolluted (relatively speaking) setting along with **cushioning effects of increased income and wealth**, have exerted a positive influence on the migrant's exposure to the world at large (through frequent travelling) and his/her overall personality development. The migrant's arrival and stay in this country has been worthwhile ultimately. Further, the significance of these positive aspects of migration can be gauged from the fact that nearly 52 per cent (48 out of 93) respondents stated that psychic benefits outweighed psychic costs in their case. 33 per cent said the opposite and 15 per cent of the interviewees said that the two were more or less equal to each other.

However, more than two-thirds of British Indians opined that their parents would have been happier in India, had they settled there. However, respondents agreed that the cushioning effects of increased purchasing power, themselves formed a substantial part of intangible benefits of migration.

The challenges of ageing and its effects on the intangible cost and benefits of migration

The intangible costs and benefits of migration may assume different dimensions as one approaches the age of retirement from active working life in a foreign land where the immigrants have hardly integrated with the majority's society despite their fairly long duration of residence in the land of destination. Wealth and power are linked to participation in the productive process in the modern capitalist societies of the West and thus the social standing of the older people are diminutive in such a setting. Here age is not merely a chronological phenomenon but also is a sociological concept describing lived relationships between individuals / groups as they move through the life course/lifecycle. One of the prime features of the lived relationships of age in the West is that the old are forced into dependency on the active age-group and thus suffer from ageism – systematic stereotyping of people and discrimination on the basis of characteristics, abilities and constraints which are imposed on them simply because of their age. Diminished socio-economic standing along with ageism, can pose, serious challenge for the immigrant population while they age in their land of destination characterized by markedly different socio-cultural milieu. The intangible costs of migration may easily escalate after retirement for them. Thus I decided to interview the high-income Indian professionals in the U.K. who have spent 20 years or more there and are aged 50 years and above and are about to retire or have retired already. Further, I tried to interview only the community leaders or all those who have been actively engaged in community work for a long time. In all, I could gather the views / observations of 20

professional immigrants of Indian origin about the constraints/ limitations of growing old in their land of immigration where they have spent a major part of their working life. The observations, however, do not relate to any particular individual or particular area. They are purely general by nature.

Their views were not only subjective but also were subject to the constraints of their own life experiences, biases along with many firmly entrenched opinions / value judgements. Not infrequently, I talked to them over telephone for a long time and encountered their apparently unaccepted fear about ageing in a foreign land. Mostly I gathered their views of ageing challenges through post or e-mail. Strikingly enough their perceptions about ageing was more or less similar.

12 out of 20 respondents unequivocally stated loneliness stemming from social exclusion to be the prime challenge of ageing for them especially after reaching the age of 70 or more which seems to be considerable age from the Asian perspective. The social exclusion does not emerge after retirement all of a sudden but has been a prime feature of immigration from the sub-continent from the very beginning. British society (White) has been closed by nature always as far as they were concerned but they also had no desire to interact with the majority's society. However, 15 out of the 20 interviewees opined that since they were brought up in joint families or nuclear families having close connection with their grandparents / relatives in other parts of India, retirement implying ageing would certainly create unfillable void for all of them as they had not developed the coping strategy to deal with loneliness and isolation in a workless state.

10/50 (50%) interviewees stated that the void after the withdrawal from active economic life, will largely remain unfillable for a the majority of the immigrants following limited outdoor life, lack of indoor recreational facilities to their liking, absence of extra-curricular activities and social life resulting in acute boredom and depression. A sedentary life-style in a

lonely setting will aggravate the tendency to take recourse to various additives like alcohol, cigarettes and high fat diet etc having deleterious effects on health.

In the familiar and vibrant environment of India, ageing would be a normal process of life for them just as childhood or adulthood. Further old age is not a neglected or an embarrassing aspect of social life in India where old people are respected till date and in the decision making process of the entire joint family system, their views carries a lot of weight. The entire process of ageing in the country of their origin imposes virtually no burden on their physical and mental well-being as after retirement from active working life, they get integrated with various aspects of family's life spontaneously without much ado. The void after retirement is easily filled up by the presence of grandchildren, close relatives and friends and above all, by curious and frequently imposing neighbours trying to help even when assistance is not sought. In other words, social isolation and loneliness are rare in India's sunny, familiar and vibrant environment. However, India is also not insulated from the disintegrating effects of globalization on family life today. It has certainly exacerbated the migration propensity in the population especially, of the young, educated and well to do people resulting in the break up of joint family system. Uni-centred families of last decade have become multi-centred families in the burgeoning cities of India. In the bursting urban agglomerations of Mumbai, Kolkata and Delhi, it is a common sight now to interact with retired couples staying on their own in the affluent areas of the city while their children have migrated abroad in search of better economic life. In the beginning, parents go and visit their children for some time but very soon the closed and unfamiliar environment of the Western countries tires and bores them to no end and they return to their familiar environment. Thus close family support has started declining for the high and middle-income groups in India as the

immigrant offsprings' visits to the country of origin starts waning with the passage of time.

Coping with ill health afflicted by a number of age-related diseases, reduced mobility and increased dependency were stated to be the second most important challenge of ageing for immigrants from the subcontinent by 10 respondents. The South Asian diaspora in the UK have not fared well in terms of physical and mental well-being. Diabetes, hypertension, coronary heart disease etc are much more prevalent amongst them than amongst the native population as we have already stated before. Ageing of the first-generation immigrants will only precipitate their onset sooner than later as it is normally associated with retirement implying the aggravation of lack of any outdoor activity culminating in extremely sedentary lifestyle with associated mental and physical problems. Extremely cold and wet climate will accentuate their problems of rising immobility with age as majority of them are still not acclimatized with the British weather. Many respondents pointed out that a sizeable section of the well-to-do professional immigrants try to cope with the issue of climate by travelling to India in the Winter months and stay there for ¾ months after retiring from active service and keep travelling otherwise also as long as they can, to avoid boredom and loneliness and unsavoury weather. Many of them also hinted that the people belonging to the age-group 60+ had probably better health in India than in the U.K. (immigrants) as the former provides them the opportunity to enjoy an outdoor life along with traditional low fat diet. Structural disease like diabetes etc., tend to be better controlled there. Old people tend to live there with lesser number of medicines. Besides, family support and companionship are still widespread in the country of origin. A few respondents opined that overseas people do not enjoy better health in the U.K. because already they have gone through a lot of problems / stress while trying to settle in a foreign land. Happiness and contentment, the twin cornerstone of good health in any age, seem to be missing in their

life following acute inter-immigrant rivalry and assumed / actual absence of approbation of their selfless service in the majority's society. The absence of the feeling of self-satisfaction emanating from a sense of pride in one's achievements, will only accentuate with advancing years leading to frustration and depression. Further, some of the respondents emphasized that coping with rising stress with advancing age may become another prime challenge for the Indian immigrants as it is more for them in comparison to the indigenous population following drastic changes in life after migration in any way. The stress is likely to accentuate for the ageing immigrant population because of emotional dependence on their children emanating from their culture / heritage who will not be / are not of much practical help in a Western Society because of geographical dispersion as well as different kind of upbringing. Empty nest syndrome may become widespread resulting in a feeling of desolation and depression in the absence of a big social network. Indian immigrants have not been able to adhere to the 'pub culture' of Britain as English is not their first language. In fact, there is hardly any social interaction in many remote areas of Britain. Rising stress in an ageing population can lead to serious health problems. However, 12 out of 20 respondents observed that the level of stress is either the same or less than in India after retirement due to the sound financial state of the professional immigrants and free health services in the UK for the elderly population. But the other eight respondents opined that stress will be / is acute in the ageing immigrant population due to the decline in financial strength in old age, lack of any financial support from children, absence of active community support and the general neglect of old age in a highly competitive, result-oriented market economy, where the welfare schemes of the state are rapidly vanishing.

5 respondents said that to get adjusted to a sudden drop in income after retirement will be another challenge of ageing in the U.K. For a substantial number of them relative deprivation will certainly increase

despite the large amount of money amassed by them due to frugal living in an affluent setting. A few were apprehensive about the emergence of poverty for many middle-income immigrants in an expensive Western economy. They feared the isolation emanating from poverty in a class-driven society. However more than 70% of the respondents felt that the high – income, professional Indian immigrants in the U.K. will not face penury in all likelihood. In fact, their financial strength will continue to be a positive aspect of immigration even while ageing. In fact, good pension providing financial security in old age and free health service seem to be the cornerstone of psychic benefits of immigration to the U.K.

Last but not the least, a few interviewees(3) said that another challenge of ageing will arise from their increasing inability to accept the changes in values and perceptions in the dynamic setting of the Western culture vis-à-vis their children. After all, the process of ageing is certainly characterized by the urge to cling to the past values and ideas which the immigrants imbibed in India in their formative years. In fact, a few other interviewees besides the three mentioned above, harped on the issue of sharp inter-generational conflict arising from the first generation's traditional and puritan values of India and the rapidly changing and liberal values of a Western society as imbibed by many second generation British Indians in the U.K. which can become a very nagging challenge of ageing for the former. However all the respondents agreed that despite the love which they get from their children following their life long sacrifice for the proper upbringing of their offsprings in the free and individualistic society of the West, not enough (in comparison to that of India) physical, monetary and emotional support will be forthcoming from children firstly due to their wide dispersion across the globe following globalization and absence of social sanctions against the neglect of aged parents. The absence of children from life in old age is quite unacceptable to the Indian immigrants brought up in the rigorous tradition of sacrifice of self- interest for the sake of larger interests of the

joint family in India. However, relocation in close proximity of their children's residences seems a viable way of coping with ageing in the U.K. for many.

10/20 (50%) of the respondents also mentioned in passing that the ageing challenge emanating from the process of emigration from India long ago, lies in the fact that their country of origin is no longer familiar to them. Many of them felt like strangers in modern India where their erstwhile family members and friends seemed very different from the ones whom they had left while heading towards Britain. The first generation immigrants belonging to the age-group 50+, failed to develop any absorbing secondary activities in the U.K. being extremely pre-occupied with their main occupation and upbringing of children. Social life hardly developed. Many of them were confident that they would go back to India and resettle there easily with the help of their amassed wealth.

Even though the immigrants with long duration of residence in the U.K. have started visiting their homeland very frequently expecting to regain their old social network yet for many of them India has become a distant and difficult land to live and thrive mentally for a prolonged period of time. Thus, one of their ways of coping with impending ageing process or already emerging ageing process, is to go to India for a short while and come back again to the U.K. which has become their second home long ago. The sojourning tendency will come to an end over 70 or 75 years and they will like to stay in the U.K. continuously on health grounds. However, staying in 'homes' will always be unthinkable as far as they are concerned.

Frequent international travels (primarily to India) is one of the prime ways of coping with acute boredom associated with retirement and ageing. Secondly there is a tendency not to 'retire' in the sense that although they are retiring from fixed commitments, say after 65th year of life, they continue to work as locums in the NHS or private health agency

etc., as if they do not have any other activity in life to spend their time. In the remote areas of Wales, I have hardly ever seen any G.P. retiring from active medical practice unless health becomes a constraining factor even with medication.

A sizeable proportion of the interviewees (75%) stated that the ageing immigrant population will cope / are coping well with prolonged longevity with the emotional support and companionship involved in their wide circle of friends all over the country. The social life that they have nurtured over the years assiduously will certainly enable them to cope with loneliness and boredom to some extent at least. However life partner's bereavement's trauma with advancing age will be extremely difficult for them to cope with in the Western setting predominated by individualism and privacy. All of them agreed that an active community network will go a long way in alleviating the trauma of ageing in an alien setting. Voluntary organizations comprising immigrant population having the same cultural and linguistic background, will be able to render valuable services to the older immigrant population in many aspects of their life and enable them to cope with the numerous challenges of ageing. These organizations may even reduce the intangible costs of migration for many of the immigrants who opined that psychic costs may outstrip psychic benefits of migration at the fag end of their life.

Table 1(A)

Age-group	Per cent Immigrants
1. 10 to 19 years	None
2. 20 to 29 years	1.1 (1)
3. 30 to 39 years	32.3 (30)
4. 40 to 49 years	7.5(7)
5. 50 to 59 years	39.8 (37)
6. 60 to 69 years	16.1 (15)
7. 70 and above	3.2 (3)
	100.0 (93)

Percentage distribution of immigrants by Age Groups.

Table 1(B)

Age-group	Per cent Immigrants
1. 10 to 19 years	None
2. 20 to 29 years	None
3. 30 to 39 years	40 (12)
4. 40 to 49 years	42.8 (3)
5. 50 to 59 years	48.6 (18)
6. 60 to 69 years	46.7 (7)
7. 70 and above	0.0 (0)
	43.0 (40)

Per cent females in each age group.

Table 2

Duration of residence	Proportion of immigrants
1. Less than 1 year	5.4 (5)
2. 1 to 5 years	16.1 (15)
3. 6 to 10 years	10.7 (10)
4. 11 to 15 years	None
5. 16 to 20 years	8.6 (8)
6. 21 to 25 years	24.7 (23)
7. 26 to 30 years	19.4 (18)
8. 31 to 35 years	9.7 (9)
9. 36 to 40 years	5.4 (5)
	100.0 (93)

Per cent distribution of immigrants by duration of residence.

Table 3

Occupation	Percentage of immigrants
1. Doctors	63.4 (59)
1a. General Practitioner	27.9 (26)
1b. Hospital Doctor	35.5 (33)
2. Engineer	2.2 (2)
3. IT / Computer professional	1.1 (1)
4. Other occupations	9.7(9)
5. Housewife	23.6 (22)
5a. Full- Time	19.3 (18)
5b. Part – Time	4.3 (4)

Per cent distribution of respondents by main occupations.

Table 4

Reasons	Proportion
1. Economic reasons	
1a. Push	5.4 (5)
1b. Pull	28.0 (26)
1c. Push + Pull	26.9 (25)
2. Non-economic reasons	35.5 (33)
2a. Marriage / association	35.5 (33)
2b. Other reasons	4.3 (4)
	100.0 (93)

Per cent distribution of respondents by reasons of migration.

Table 5

Duration of residence	Proportion of homesick respondents
1. Less than 1 years	100.0
2. 1 to 5 years	40.0
3. 6 to 10 years	40.0
4. 11 to 15 years	-
5. 16 to 20 years	66.7
6. 21 to 25 years	65.2
7. 26 to 30 years	61.1
8. 31 to 35 years	77.8
9. 36 to 40 years	60.0
Total	60.0

Proportion of respondents acknowledging homesickness in each duration of residence category.

Table 6

Do you think return is possible for anyone settled in the U.K. unless extraneous forces compel him / her? Responses by duration of residence.

Duration of residence	Yes	No	Not Sure
1. Less than 1 years	5	0	0
2. 1 to 5 years	8	4	3
3. 6 to 10 years	5	4	1
4. 11 to 15 years	0	0	0
5. 16 to 20 years	2	5	1
6. 21 to 25 years	3	20	0
7. 26 to 30 years	2	14	2
8. 31 to 35 years	0	8	1
9. 36 to 40 years	0	5	0
Total	25 (26.9%)	60 (64.5%)	8 (8.6%)

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