



Ageing in a Multicultural Society

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Multicultural Australia

- settlers from over 200 countries
- 40% were born overseas or are children of 1st generation migrants.
- 33% of older people born overseas, (2001 ABS Census)



The changing face

In the 2002-03, 125,860 migrants came :

- United Kingdom (14%), New Zealand (10%), China (8%) India (7%).

However, rapid increases in the last 5 years

- Africa (Sudan up 105%, Somalia up 82%),
- Afghanistan (up 93%),
- Bangladesh (up 79%), and Iraq (up 77%)



The ageing of the ethnic immigrants

- In 1996, 17.8% of the 65+ year cohort were from countries that do not speak English.
- By 2011, this cohort is projected to rise by about 66%.

Table 1. Birthplace of persons aged 65 and over from CLD backgrounds ranked (1996-2026)

Birthplace	Year and ranking according to size						
	1996	2001	2006	2011	2016	2021	2026
Italy	1	1	1	1	1	1	1
Poland	2	5	6	11	13	14	16
Germany	3	3	3	3	3	3	5
Greece	4	2	2	2	2	2	2
Netherlands	5	4	4	4	4	4	7
China	6	6	5	5	5	6	4
India	7	7	10	9	8	9	8
Vietnam	13	11	11	10	6	5	3
Philippines	21	20	19	15	11	7	6
Lebanon	17	14	14	12	12	10	9
Malaysia	25	24	20	18	14	12	10

Note: *Ranking (from 1=large to small communities) Source: Gibson, et.al., 2001, p 82.



My studies

- Australian older people (1982-1997)
- Vietnamese older people (1991-1997)
- Greek older people (1997-2000)
- Filipino older people (2001- current)



Two groups of older migrants

- Those who came as young migrants and have now grown old
- Those who came during their old age to join their adult children in Australia



The young migrants of the 1950s

- Arrived at a time of “Assimilation” policy.
- Time of full employment and a prosperous economy.
- Their jobs were in less skilled areas.
- Mastering the English language is not needed. Reversion to the first language



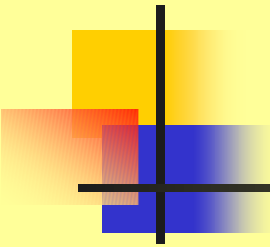
The older migrants of the 1990s

- less flexible and less motivated to adjust to a new environment
- too late to be employable
- cope with growing old and adjusting to a different culture at the same time.
- social isolation, dependency and a sense of loss of control



Challenges for older immigrants

- community support,
- marital status,
- rural and urban backgrounds,
- English competency
- Dispersion of children.



The existence of an established community

- access to a long established and well resourced local community
- initial support and social connections
- access to cultural activities and services



Marital status and urbanisation

- Older migrants without partners are more reliant on their children, have less support in emotionally difficult times and more prone to depression.
- Older migrants who had come from an urbanized environment experienced higher psychological well-being.



Dispersion of members of the family.

- Many came from countries where civil upheaval has resulted in family dispersion (Vietnamese study).
- Current groups:
sub-Saharan Africa, East Timor and Iraq



Communication

- Difficulties in the acquisition of English at an advanced age
- Older migrants have low priority in access to English language programs
- Older women tend to have poorer English language skills
- Communication with grandchildren



Extended families

- 70% of the overseas born older people lived with family members (58% of Australian born do).
- Many came from countries where nursing homes are not available.
- Can be a burden when the old parents requires more nursing care.



The generational divide

- Emphasis on Filial duty.
- Older parents expect obedience, support, and service provision from the adult children, and have high expectations about respect and dignity.
- Difficulties in reconciling the values of traditional filial duties and the self assertive, individualistic culture of the West



Ethnicity and health

- Very low uptake of health and community support services by migrants.
- Reasons - cost, language, distance, lack of services, lack of information
- Psychological and cultural reasons



Health issues

Low literacy means

- incorrect use of medication,
- inability to comply with medical advice,
- inability to describe symptoms accurately.

Shortage of CALD professionals



Access to health information

- Prevention and management
- Example: study on understanding of risk factors of stroke among Vietnamese and Greek older people.



Health beliefs and health care

- Illness attribution: supernatural forces, failure to be in harmony with nature, fate, punishment for immoral behaviour.
- Delay in medical intervention and impact on treatment



Mental health issues

- Social isolation, boredom, language barriers, dependency, low self esteem...
- “Double jeopardy” : older immigrants have higher risks of depression, and a low likelihood of their needs for psychiatric and psychological services being met.



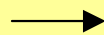
Diagnosis and treatment

- They are reticent to indicate psychological symptoms
- Cultural differences in diagnosis
- Access to treatment



Resilience

- Language
- Coping strategies
- Support from the family and the community
- Views and Visits of home country.
- Access to culturally appropriate services
- Early recognition of mental health issues





Conclusion

- History is repeating itself
- Migrants from Africa and Middle East
- Mail-order, internet brides from the Balkans