

**PSYCHOLOGICAL WELL-BEING AND IT'S RELATED
FACTORS OF BANGLADESHI IMMIGRANTS
LIVING IN DEVELOPED COUNTRIES**

GIFT

A Thesis

Submitted to the University of Dhaka in partial fulfillment of
the requirements for the degree of Masters of Philosophy

404198

Submitted by

Shahriar Susmita Akhand

Registration no. 413/ 1997-1998

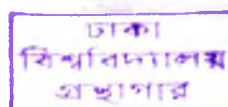
Department of Psychology

University of Dhaka

Dhaka University Library



404198

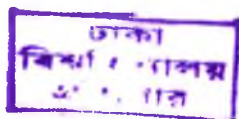


This is to certify that I have read the thesis entitled “Psychological Well-being and it’s related factors of Bangladeshi immigrants living in developed countries”, submitted by Shahriar Susmita Akhand, in partial fulfillment for the degree of Masters of Philosophy in Psychology, and that this is an original study carried out by her, under my supervision and guidance.

404198

Date:

Dhaka



H. Begum 24.12.06

Hamida Akhtar Begum Ph.D

Thesis Supervisor

Department of Psychology

University of Dhaka

ABSTRACT

The purpose of the present study was to examine the effect of countries of residence and immigrants' demographical variables such as sex, age, marital status etc. on psychological well being. The sample of the study consisted of 200 adult respondents selected purposively. Of the total sample 64 were from the USA, 57 from UK, 41 from Canada and 38 from Australia. To measure the psychological well being the Subjective well-being Questionnaire of Naghpal and Sell (1985) was used.

404198

The psychological well being scores were analyzed by 4(countries of residence) x 2 (sex) x 3 (marital status) x 4 (age) analysis of variance. The result revealed significant main effect of countries of residence ($F=5.786$, $df=3, 196$; $P<0.001$). The immigrants of Canada had the best psychological well-being while the immigrants of Australia had the least psychological well-being and others, i.e. the USA and the UK were in between. The significant of main effect of sex ($F= 19.29$, $df=1, 198$; $P<0.0001$) revealed that the male immigrants had better psychological well-being than female immigrants. The main effect of age was also found to be significant ($F= 19.723$, $df= 3,196$; $P<0.0001$). The younger immigrants were found to have the best psychological well-being and older immigrants showed the poorest psychological well-being and the middle range of age fell in the middle. The significant main effect of marital status ($F=5.161$, $df= 2,196$; $P<0.005$) revealed that divorced, separated and widow immigrants had poorer psychological well-being than the married and unmarried immigrants.

These results were discussed in the light of socio- cultural factors of the countries of residence of Bangladeshi immigrants.

ACKNOWLEDGEMENT

It is a privilege as well as obligation to express my gratitude to the persons that helped directly or indirectly in accomplishing this thesis.

I would like to pay my deepest respect to Dr. Hamida Akhtar Begum, professor of psychology, University of Dhaka., for her constant encouragement throughout the research work. She was very helpful to me in every matter of this study. I sincerely convey my gratefulness for her valuable suggestion, criticism and for going through the whole manuscript. It would have been difficult for me to complete this research without her inspiration, advice and extended help and guidance.

I am grateful to the chairman, Department of psychology, Dhaka University for providing official support to carry out this research work. I am especially indebted to Syed Tanveer Rahman ,Assistant professor, Dhaka University for providing valuable help for analysis of the data. I am also thankful to Parveen Huque and Rezaul Karim.

Thanks are due to Asma Islam, Sharmin Jahan, Sudipta for their cooperation in collecting data of this research.

I express my gratitude to the respondents of my study who had answered the Questionnaires and responded to all other queries.

I wish to express thanks to a number of Authors and publishers whose works have been quoted for this study.

Sincere thanks are also extended to Mr. Parvez for editing the manuscript.

I am obliged to my sister Shahla Sudipta Akhand and my brother Zubayer Akhand and Sayem Akhand for their constant inspiration.

I am grateful to my husband Mohammad Ashraf Hussain for his untiring encouragement and psychological support to carry out this research work.

CONTENTS

	Page
ABSTRACT.....	III
ACKNOWLEDGEMENT	IV
TABLE OF CONTENTS	VII
LIST OF TABLES	IX
LIST OF FIGURES	XII
CHAPTER I: INTRODUCTION	1
History of Migration.....	2
Global Bangladeshi Immigrants	7
Socio- Economic Profile	10
Comparative Opportunities among Four Countries.....	17
Primary Causes Of Migration.....	23
Problems of Migration.....	27
The Concept of Psychological Well-Being	34
The Previous Study of Psychological well-being	37
The Objective of Study	43
CHAPTER II: METHOD AND PROCEDURE	
The Sample	45

Selection Criteria of the Sample	45
Instrument Used	46
Description of the Scale	46
Reliability of the Scale	48
Scoring	49
Design	50
Procedure	50
CHAPTER III: SAMPLE DESCRIPTION.....	53
Sex Distribution.....	53
Age Distribution.....	54
Educational Background.....	55
Marital Status	56
Occupation	56
Income.....	58
Religion.....	59
Living Pattern	59
Years of Migration	60
CHAPTER IV: RESULT	62
CHAPTER V: DISCUSSION	81

CHAPTER VI: SUMMARY & CONCLUSION	97
REFERENCES	111
APPENDICES.....	
Subjective Well-Being Inventory Instruction	113
Personal data.....	114
Questionnaire	115

LIST OF TABLES

TABLE		Page
Table 01	Number of Bangladeshi immigrants in industrialized countries	8
Table 02	Number of Bangladeshi immigrants in Canada by Years, Family members	9
Table 03	Number of Bangladeshi immigrants in Canada by business and skilled person	15
Table 04	Number and percentages of respondents according to country	53
Table 05	Number and percentages of sex of 200 respondents	54
Table 06	Age distribution and percentage of the respondents by country	54
Table 07	The percentage and distribution of education status by country of migration	55
Table 08	The percentage and distribution of marital status by country of migration	56
Table 09	Occupational status of respondents by country	57
Table 10	The distribution of respondents according to income	58
Table 11	Number and percentages of religion of the respondents by country	59
Table 12	The distribution and percentage of living pattern of respondents by country	60
Table 13	Years of migration by country of immigration	60

	Page
Table 14 ANOVA of psychological well-being scores as function of the country where respondents have been, age, sex and marital status	63
Table 15 Average psychological well being of Male and Female Respondents under four countries	64
Table 16 Average psychological well being according to respondent's age under four countries	67
Table 17 Average psychological well being according to their marital status under four countries	70
Table 18 The One-Way of Analysis of variance of psychological well being Scores According to Education, Income, Religion, Living Pattern and Years of migration	74
Table 19 The mean psychological well being score according to different level of education, income, religion, living pattern and years	75

LIST OF FIGURES

FIGURE	Page
Figure 01 – Number of Bangladeshi immigrants in industrialized countries	9
Figure 02 – Number of Bangladeshi immigrants in Canada by Years, Family members	15
Figure 03 --- Average psychological well being of the Respondents under four countries	65
Figure 04 – Average psychological well being of Male and Female Respondents under four countries	66
Figure 05 – Average psychological well being of male and female	66
Figure 06 – Average psychological well being according to respondent's age under four countries	68
Figure 07 – psychological well being according to respondent's age level	69
Figure 08 – Average psychological well being according to their marital status under four countries	71
Figure 09 – Average psychological well being according to their marital status	72
Figure 10 – The mean psychological well being score according to different level of education.	76
Figure 11 – The mean psychological well being score according to different level of income.	76
Figure 12 – The mean psychological well being score according to different level of religion	77
Figure 13 – The mean psychological well being score according to different level of living pattern	77
Figure 14 – The mean psychological well being score according to different level of years	78

CHAPTER I

INTRODUCTION

CHAPTER-I

INTRODUCTION

Migration is an essential element of globalization. From the very birth of human civilization, people have been moving across for food and shelter or to avoid persecution or for the insatiable need to explore. Today as many as 190 million people are thought to cross borders every year, and migration has become an integral and inevitable part of global social and economic development. Bangladeshis have also been going abroad in large numbers every year in search of employment or better economic opportunities above all better life style. As of today, a total of nearly three million Bangladeshi workers have left for foreign employment; an average of 250,000 a year. According to a rough estimate, 1.05 million Bangladeshis are living abroad permanently either as citizens or with other valid documents (IOM, 2000). It was known that they had gone abroad for better life.

For leading a better life physical fitness along with Psychological well-being is very essential. Psychological well-being is a state of complete physical, mental and social well being. Psychological well being, in fact, a function of a number of variables associated with an individual's demographical variables and social setting. During the past few decades there has been a noticeable increase in the number of Bangladeshi seeking immigration to the developed countries. A good number of people who are of Bangladeshi origin now reside in different countries of the world as long- term migrant.

The emigrant population has certain emotional, social and cultural requirements. So their foreign life style must have a significant impact on their psychological well being.

A survey showed that Bangladesh was in the second position in the world in terms of the number of immigrants during the 1980s and the 2002 (Janakontha, 2002). This trend is continuing till to date. Bangladeshi immigrants mostly migrate to the industrial countries including the UK, the USA, Canada, Australia, Italy, Japan, Greece, Spain, Germany, France, Netherlands, Belgium and Switzerland. Already Bangladeshi immigrants' communities in the USA, the UK, Canada and Australia are well established. In the UK, the USA, Canada and Australia four distinct groups of migrants are found; they differ in terms of social, economic and demographic characteristics. So this study is focused on four major destinations of Bangladeshi immigrants, the UK, the USA, Canada and Australia.

History of Migration

Migration nurtures economic development, encourages interdependence between countries and regions, the economic need for this movement of human resources is well-established.

Migration history of people from the area that now constitutes Bangladesh has been quite long in the making. Tracing mythology, Sri Lankans believe that Singhala communities first migrated to Sri Lanka from this area. Astish Dipankar, the Buddhist scholar-traveler carried the knowledge of earthen

embankment cross-dam to China during the 10th century. During the British period, people from this area also migrated to Assam and Burma. However, migration in an organized scale to the UK and the USA of course was intimately connected to that of British colonialism. Bengalis in particular, gained the reputation as 'Lashkar' or seamen over the late nineteenth and early twentieth century. In context of Bangladesh, seamen mostly originated from the southeast part of the country, i.e., Chittagong and Noakhali, which face the Bay of Bengal. People from those areas found jobs in British ships, which carried goods from Kolkata to all over the world. People from Sylhet region that was not adjoining the sea also joined the British merchant navy as 'Khalashis', cooks, cook-mates and cleaners. It is speculated that the section of landless peasants from Sylhet who had no hopes of work in their homelands, found job opportunities in the dockyards of Hooghli. Section of them may have joined the British merchant ships (Alam, 1988). Expert on Sylheti migration speculate that, this group did not have much experience with the sea and they jumped on ship at the first opportunity. Due to the 'ship jumping' tendency of the seamen, small settlement of the Bangalis, especially Sylheti persons have been established in port vicinities in a number of countries including Burma, Singapore, Hong Kong, the USA and the UK. These Sylheti seamen are identified as pioneer migrants of Bengal. Literature on Bengali migration to the US also shows that in the 1920s and 1930s a small number of Bengalis jumped on ship in Detroit and Michigan port cities. Naff (1992) documented that many immigrants from Bangladesh also ended up in different South American countries taking them for the USA.

The pioneer migrants of Bengal who landed in the UK were predominantly of Sylheti origin. Information about the area from where the pioneer migrants to the USA, Canada and Australia originated is not available. The early migrants to the UK found jobs as laborers in different industries. Those in the USA got employed as shopkeepers and security guards. Early migrants both in the UK and the USA were mostly illiterate. They represented landless peasantry and all of them were male.

The second wave of migration to the UK started in the 1950s; in case of the USA it gained momentum in the 1960s. The British government adopted a policy to encourage labour migration from its erstwhile colonies, as there was acute labour shortage after the World War II. Once the British Government introduced its new immigration policy, a section of the seafaring migrants who had by then settled in the UK, sponsored their kith and kin from their villages. They found employment in heavy industries. Some went to London, worked in the garment trade as pressers or tailors. During the 1970s, the heavy industry sector of the UK was declining and large number of Bangladeshis lost their jobs. This brought many Sylhetis to London from the north of the UK. In 1980s they started bringing their wives and children to the UK in a large scale. A small number of highly educated people representing the upper and the middle class of Bangladeshi urban society; also migrated to Europe even before the Second World War. They came to the UK for higher education. Gradually they entered into professional life in the UK and changed their legal status into citizens.

Nature of Bangladeshi migration to the USA during the second wave is significantly different compared to that of the UK. Professionals and skilled migrants dominated the second wave of migration. Students started arriving in the USA in the 1960s. A large number of students, after finishing their studies, did not return to their motherland. According to the 1986 immigration data, 61% of the Bangladeshi aliens who adjusted to the permanent resident status were students. By the year 1992, it was estimated that 90% of the total population of Bangladeshi immigrants were professionals (Mali, 1996).

Since 1990s Bangladeshis have been entering the USA also under 'Opportunity Visa' (OP-1 1990-91) and Diversity Visa (DV 1995-96). Majority of those who are coming to the USA under these Visa schemes are relatively less educated in comparison to previously skilled professionals and students, who later changed status. In any case, most of the immigrants under the latter two categories also have finished secondary education. They have settled in big cities of New York, Boston, Dallas, Houston Newark Jersey City etc. These new immigrants prefer to live in those cities where they have relatives or acquaintances. They find jobs in small businesses such as gas Station, Restaurants, small construction companies, small stores, security companies, and car services including driving taxis

South Asian immigration to Canada began at the start of the 20th century. In Canada most South Asian immigrants worked in the sawmill industry rather than in agriculture. The Canadian government responded in 1908 by limiting

immigration to people who came by continuous voyage from their native country. It was not possible at that time to come from South Asia directly to Canada and so the regulation effectively stopped South Asian immigration. Between 1909 and 1943 only 878 South Asians were allowed to enter Canada. After World War II restrictions were gradually loosened and immigration legislation in 1962 and 1967 substantially liberalized immigration. After 1962 the influx was more balanced between men and women and Muslims from Pakistan and Bangladesh. However, in the 1990's South Asians in Canada is a prosperous and well-educated minority and enjoy a much higher level of acceptance than in former decades.

One of the most vivid manifestations of change in recent decades has been in the origins of immigrants to Canada. Canada accepts immigrants from every part of the globe, with the most important flows coming from countries in South, East and Southeast Asia. In 2000, only 18.9 percent of immigrants have come from the UK and Europe and 53 percent from Asia. An additional 18 percent of immigrants came from Africa and the Middle East, 7.5 percent from South and Central America and the Caribbean, and 2.6 percent from the United States.

About 18,000 of Canada's immigrants were born in Bangladesh. A smaller number of Bangladeshi Hindus have also made homes in Canada. The fact that many immigrants from Bangladesh are comfortable with English (one of Canada's two official languages, along with French) helps them to become established in Canadian life. Almost 10,000 Muslims from

Bangladesh live in Toronto, where Muslims make up almost six per cent of the population. More than 4,500 Bangladeshi Muslims live in Montreal and about 1,000 live in Vancouver. Canada's second and third largest source countries in 2002 are from South Asia

Some South Asians also settled in Australia after that country began to reverse its previously whites-only policies in the 1960's. On the European continent, South Asian professionals were drawn to Austria and Germany.

Global Bangladeshi Immigrants

Today's world is highly mobile. The Bangladeshis who had gone abroad for a better life are spread in many corners of the world. Of course, Western Europe, North America, Australia and New Zealand are their most preferred destinations. Nonetheless, they are also located in almost all the erstwhile federating states of former Soviet Union and the eastern European states of Bulgaria, Hungary, Czech and Slovak Republics, Romania and Poland. However, there is a relatively small presence of Bangladeshis in Africa and Latin America, South Africa being the only exception.

The figures provided are mostly their estimation. The countries on which such estimation was available are: the UK, the USA, Italy, Japan, Australia, Greece, Canada, Spain, Germany, South Africa, France, Netherlands, Belgium and Switzerland.

Table 1: Number of Bangladeshi immigrants in industrialized countries

Country	Number of Bangladeshi immigrant
UK	500,000
USA	500,000
Italy	70,000
Canada	35,000
Japan	22,000
Australia	15,000
Greece	11,000
Spain	7,000
Germany	5,000
South Africa	4,000
France	3,500
Netherlands	2,500
Belgium	2,000
Switzerland	1,400
Total	1,178,400

Source: Educated guess made by Government officials of Bangladesh who have first hand experience with immigrant community.

Table 1 shows the estimated number of Bangladeshi migrants in those countries. It provides estimates of fourteen countries. In these countries there are about 1.178 million Bangladeshis now living abroad permanently either as citizen or with other valid documents.

The population census data of the UK and the USA put the figure of Bangladeshi immigrants around 300,000 each. However, ethnic Bangladeshi press and also those who have information, claim that there are 500,000 Bangladeshis in each of these countries making them the two largest emigrant Bangladeshi receiving countries.

Table 2: Number of Bangladeshi immigrants in Canada by Years, Family members

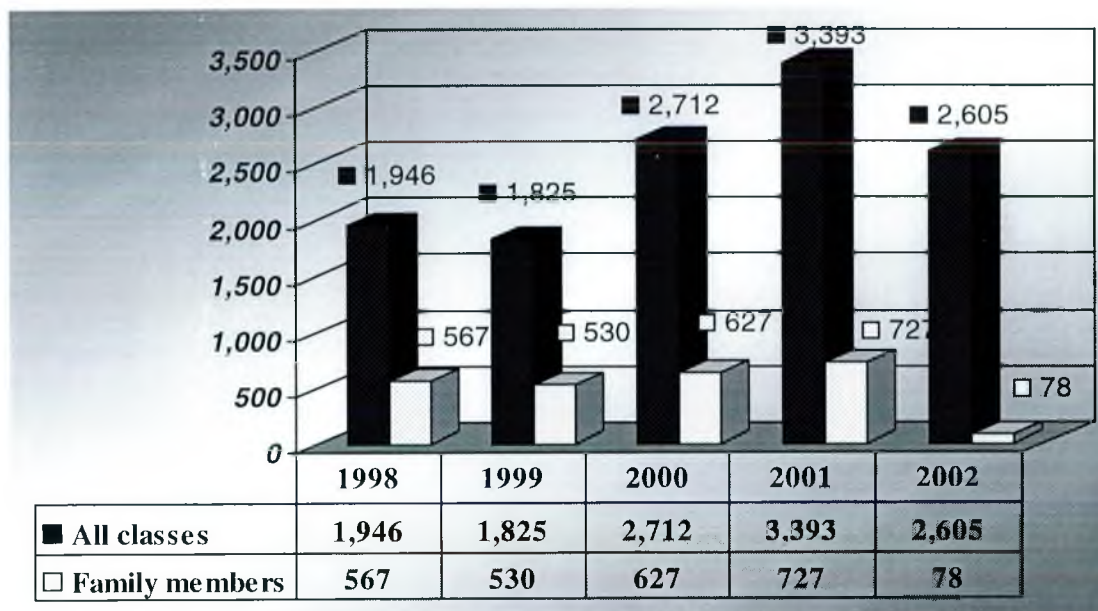


Figure 1: Number of Bangladeshi immigrants in Canada by Years, Family members

Source: Citizenship and Immigration Canada (2002 & 2003)

Canadian citizens and permanent residents over 18 years of age may sponsor family members wishing to immigrate to Canada. Sponsors must agree to support the family member and accompanying dependents for their first 3 to 10 years in Canada. The length of time depends upon the immigrant's age and relationship to the sponsor. In 2002, 32% of immigrants from the top immigration source countries in the Asia Pacific came in under family class, an increase of 6 percentage points from the previous year. India, the largest source country for this category, represents 36% of Asian family class immigrants to Canada.

Socio-Economic Profile

Male- Female Ratio

Despite the perception that the typical migrant is male, the International Labor Organization estimates that almost half are female globally.

There are more men than women among the immigrants in these four countries. According to the 1991 census in the UK, males outnumbered females in the Bangladesh ethnic group, with 1091 males for every 1000 females (Wrench & Qureshi, 1996). It also shows that the male- female ratio of British –born Bangladeshi is more or less symmetrical. Therefore, the gender imbalance is a feature of those who were born in Bangladesh. The male dominance is particularly marked in 50 years and older age group. The average age of Bangladeshi husbands is 10 years more than Bangladeshi wives.

The gender ratio for the total number of Bangladeshi in United States in 1980 was 65% men and 35% women. Among those who came before 1959, the ratio was 83% men and 17% women. Among those arriving from 1975 to 1980, the ratio was 60% men and 40% women. Among the new entrant in 1990s, the ratio is again 65 men: 35 women.

Age

Migrants are a relatively young population. Similarly, minority ethnic communities typically contain a higher population of households with children than the general population.

In four countries, the Bangladeshis are one of the youngest population groups. In 2001, among the Bangladeshi immigrants in the UK, nearly twice as many are under the age of 15 than the Caucasian ethnic population (33% compared with 17%). Just over 5% of the Bangladeshi in the UK is aged 60 and over, whereas 19% of the Caucasian ethnic population belongs to that age group.

In the USA, 80% in the 1980 census were aged 15 -44: of which 55% were between 25 -39. Children within 14 years of age made up 12% ; those in the middle years of 45- 64 constituted 6%; and only 1% were 65 or more years of age. The 1990 new entrants profile shows slight changes. 75% were aged 15 -44 and 40% were between 25 -39. Children up to the age of 14 were 15%; those between 45 -64 were 8%; and 2% were 65 years and over.

Education

The educational status of migrants is very variable. Downward social mobility and significant losses in financial terms often accompany forced immigration. While some Asians do achieve high levels of educational attainment, the trend is a bimodal one where a large number remain undereducated (Atkinson, et al., 1998).

Indications from studies of asylum seekers in Ireland in the past five years are that educational attainments are high with 79% of the group having third level education.

In case of the UK, it is well known that during 1950s and 1960s, when major migration flow took place, men from rural Sylhet with very little educational background joined the UK labor force to work in local factories. This less educated status is reflected on the educational status of the whole of Bangladeshi immigrants in the UK. Two-fifths of the Bangladeshi working age populations in the UK do not possess any educational qualification (Kenny, 2002). The UK born Bangladeshi population is enrolled in schools. In 1999, 30 percent of the young Bangladeshi immigrants achieved 5 or more grade between A and C in General School Certificate Examinations. This is, however, less than the Indian ethnic community in the UK and the Caucasian ethnic community there. In the last few years, a small number of youths have been prepared to stay at Schools, or go into higher education in order to study electronics, engineering, law, teachers' training, and youth and community work (Carey & Shukur, 1985).

In the USA, Bangladeshi immigrants are a strikingly educated population overall, although with that advantage going proportionately to men more than women. Those in 1980 reporting up to four years of elementary school were 3.5% of the total population over the age of 20; 5-8 years of elementary school, 5% ; with 1-3 years of high school, 7%; with four years high school, 12%%; with 1-3 years of college, 19% ; and with four or more years of college, 53%. The latter category is made up of 3 men to 1 woman; it is comprised of 58% of the men over 20 and 42% of the women in the same age group.

Marital Status

In the UK, according to the 1991 census, the percentages of Bangladeshi men and women married and single were similar to those of white ethnic group, except that a rather higher percentage of Bangladeshi women were married. Bangladeshi people were less likely to be widowed or divorced. Divorced was clearly much less common among the Bangladeshi immigrants than the Caucasian ethnic group.

In the USA, in 1980 although a sizable proportion of Bangladeshi immigrants were young, they were predominantly married (77%). Young men who arrived single had all married by age 45 at the latest. Only 2.2% of the men over 15 listed themselves as separated, 1.5% as divorced and 0.65% as widowed. Among women over 15, 88% were married, none were single over age 45. Only 0.8% was separated, 1% divorced, and 1.7% was widowed.

Occupation

In the UK nearly two-thirds of the Bangladeshi men aged sixteen and over are in manual employment 0.16% of them are in professional and managerial positions. Bangladesh was the latest immigrants to revive the garment industry and to create ethnic enclaves of small shops, cafes, restaurants, taxi companies and travel agencies. The industrial distribution of work for Bangladeshi men is very different. More than two-thirds work in the distribution sector covering retailing, restaurants and other catering services with the largest other source of employment being textiles and clothing, health and education (Wrench & Qureshi 1996).

The second and third generations of Bangladeshis are eager to find work outside the ethnic niche. A good number of Bangladeshis are now in Business, restaurants, being the major growth industry where the Bangladeshi doing extremely well. Bangladeshi women are predominantly working in 'other skilled trades', clerical occupations, and personal services, sales and teaching. A higher percentage of Bangladeshi women work in unskilled jobs (Wrench & Qureshi 1996).

In the USA, Bangladeshi immigrants as a whole are predominantly employed in professional and technical occupations. In 1980, 63% of the Bangladeshi immigrants were employed as (a) executives. Administrative and managerial; (b) professional; and technical, sales and administrative support 19% of them were employed in services categories. 18% were

employed in operators, fabricators and labors category. Of all the Bangladeshis who were employed, 77% worked for wage or salary, 20% were government employees and 3% were self employed.

Table 3: Number of Bangladeshi immigrants in Canada by business and skilled person

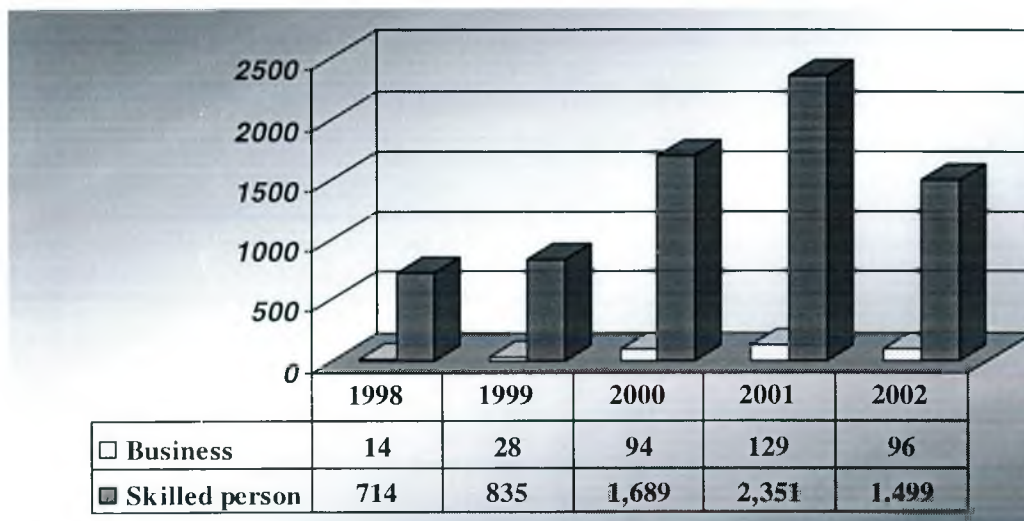


Figure 2: Number of Bangladeshi immigrants in Canada by business and skilled person

Source: Citizenship and Immigration Canada (2002 & 2003)

Business immigrants include investors, entrepreneurs and self-employed immigrants. Skilled workers account for over half of all immigrants to Canada. Skilled workers are expected to have the skills and knowledge needed to participate in the Canadian labor market. In 2002, the Immigration and Refugee Protection Act was introduced to replace the Immigration Act of 1976. The new act introduces a more flexible selection criterion with

more emphasis on applicants' education and skills rather than on their intended occupation. These selection criteria, or the "point" system, focus on education, knowledge of English and/or French, experience, age, arranged occupation in Canada and adaptability. In 2002, 53% of all immigrants from the top Asian source countries were skilled workers, a drop of 4 percentage points from the previous year. Skilled workers comprise the majority of immigrants from South Korea, China, Pakistan, Bangladesh and the Philippines, representing 62.5%, 60.4%, 57.9%, 57.5%, and 56.9% of immigrants respectively.

Income

Bangladeshi immigrants enjoy the lowest ever earnings of all ethnic groups in London. In 2000-01, Bangladeshi workers earned an average of 5.92 pound per hour compared with 12.11 pound for employees from Caucasian ethnic groups and 25 percent of the Bangladeshi women earned less than 3.7 pound per hour.

The USA 1980 income data differential between USA born and foreign born household heads shows that the mean family income of foreign born head was US \$ 24,659 and that of American born head was US \$ 35,638.

Labor force participation and Unemployment

In 1991, 74.3% of the male Bangladeshi immigrants in the UK were participating in the labour force. In the UK, compared to other ethnic groups Bangladeshis suffer higher rates of unemployment. In the 1991 census, 22.7 percent of Birth-Bangladeshi males of 16 years and above were unemployed

with the national average of 12.6 percent (Samad and Eade: 2002). The unemployment rate in London in 2000-01 was 24 percent among Bangladeshis. This is the highest among the black and other minority groups (Kenny, 2002).

Women's participation in the labor market is very low. Only 22.2 percent of the Bangladeshi women aged 16 and over are economically active compared to the national average of 50 per cent (Eade, Vamplew, peach 1996).

In the USA, according to the 1980 census, the rate of labor force participation for all Bangladeshi immigrants aged 16 and above was 73%. All Bangladeshi immigrants' work forces are constituted by 69% male and 31% female. However, 18% of the total Bangladeshi immigrants work force in the USA were women.

Comparative Opportunities among Four Countries:

In September 2002, the Secretary-General of the United Nations in his report stated, "It is time to take a more comprehensive look at the various dimensions of the migration issue, which now involves hundreds of millions of people and affects countries of origin, transit, and destination." Sixty percent of the world's migrants reside in more developed regions while the rest are in the less developed regions. Governments, in the late 1970s, became concerned with the economic, political, and social consequences of migration and by 2001, almost one-quarter of all countries viewed migration levels as being too high. Developed countries tend to favor tighter immigration policies and developing countries are moving in a similar

direction. The concern over economic, social, and political issues has increased since the 1970s as migration has more than doubled since that time. States should recognize that global migration is increasing and will continue to increase. Governments should cooperate in determining how to manage protecting the rights of migrants while encouraging development.

The United States, the UK, Canada, and Australia were built on migration. Today, Canada is home to immigrants from more than 240 countries and it continues to attract new residents and citizens with the promise of a beautiful natural environment, stable economic growth and an excellent place to raise a family. Canada accepts about 225,000 immigrants a year, including 55 percent (workers and dependents) selected on the basis of skills, 30 percent for family unification and 15 percent refugees.

In the US, by contrast, about 12 percent of the 660,000 immigrants admitted in FY98 came under employment preferences, 72 percent under family or diversity categories and 16 percent as refugees. Most US immigration advocates oppose a Canadian-style point system to select immigrants. In Australia large scale migration occurred after World War II including the resettlement of displaced persons and refugees. Migrants arrived from Britain, many parts of Europe and the Middle East. Following the abolition of the White Australia policy, migrants also came from many parts of Asia. People from around 200 countries have migrated to Australia. Today, about 23% of our population was born overseas and more than 200 languages are spoken here.

Migrants make up less than 10% of the population of the UK. The past few years has seen issues of race and immigration in the UK rise dramatically in saliency. Since early 1990s, the United Kingdom has had to face new challenges associated with labor market driven immigration. The latest census revealed a quickly growing population that was largely attributable to migration. In next 25 years, the UK will receive as many migrants as it has in the last 50 years. It is worth noting that until now, the largest number of immigrants to the UK. were from former colonies by means of family reunification. Because of the new trends in immigration to the United Kingdom, issues of color will fade in importance and culture and religion will rise to the top of the list of issues to address. Along with the challenges of increased immigration to the United Kingdom has come a wealth of new opportunities. It is now just a question of taking advantage of those opportunities in the best possible fashion. But a study commissioned by the Department of Health has suggested Immigrant populations in the UK are at higher risk from mental and physical illness,

The idea of melting pot is predominantly used with reference to the creation of the USA as a nation. Melting pot refers to the ideas that societies formed by immigrants cultures, religions, and ethnic groups produces new hybrid social and culture forms (Lura, 2000)

But in the context of Canada each immigrant's or family's culture of origin is respected as independent. Australia uses the term multiculturalism. It respects immigrant's choice to keep their cultural identity (Willet, 1998). Although theoretically the UK, the USA, Canada and Australia differs with regard to looking into cultural identity of their immigrants, practically

however there is hardly any difference in methods they use in creating or molding the culture of subsequent generation.

However, it is true for the immigrants of the third world like Bangladesh that the policies and rules and regulation of the industrialized countries have slightly differed from European countries or first world countries immigrants. In four countries Bangladeshi immigrants confront to many social and cultural problems. Because there are some rules and regulations which are rigid and nonflexible only for third world's immigrants.

To consider all kind of situation i.e., socio-economical and cultural factors in the industrialized countries, Today Canada is one of the most ethnically and racially diverse countries in the world, ranking next to the United Kingdom, the United States and Australia as one of the world's most pluralistic societies.

Individuals from all over the world have settled in Canada, making it a truly multicultural country. In 1991, over 11 million Canadians (including Aborigines), or 42 per cent of the Canadian population, reported having a least some ethnic origin other than British or French. Among the larger groups are German, Italian, Ukrainian, Dutch, Polish, Chinese, Indians, Bangladeshi, Pakistani, Jewish, Caribbean, Portuguese and Scandinavian.

Canada has one of the most positive immigration policies in the world. The Canadian Government plans to admit over 200,000 immigrants each year for the next five years. There is no quota based on either nationality or

occupation. In terms of standards of living, the United Nations (2000) has voted Canada as one of the best places in the world to live.

Top 10 Reasons for Immigrating to Canada

1. Successful Migration with full family
2. Immigrant Visas issued within a reasonable time frame
3. Migration possible for skilled workers as well as investors
4. Many opportunities in the Information Technology sector for software professionals - over 20,000 jobs unfilled in the IT sector
5. Eligibility for Canadian Citizenship within three years of arrival in Canada with permanent residence status
6. Dual Citizenship allowed
7. Entitlement to government welfare benefits (in case of necessity), free medical facilities, free education, old age insurance, unemployment insurance etc.
8. Minimal government regulations in starting your own business
9. Access to the U.S. market based on the NAFTA Agreement

10. The best country to live in the world - and the United Nations keeps reaffirming it!

There are also some reasons why Canada became a major immigration country accepting peoples from all corners of the earth. Canada's health care system has one of the highest ratings in the world.

Canada is predominantly a Christian country. However, all religions are represented in its multicultural and secular society. Canadians respect the freedom of people to practice their choice of religion. Churches, mosques, temples and synagogues are located in most major cities.

Although Canada is a democracy governed on secular terms, the Koran is sometimes quoted in public meetings and top politicians attend events organized by Muslims, such as Eid ul fitr, the festival that marks the end of Ramadan. Freedom of speech is guaranteed in Canada. There is also no censorship; the media is free from government restrictions.

Canada also upholds every citizen's right to practice religion without interference from the state, which does not favour any one religion over another.

Women, who have equal rights to men, choose whether or not to wear veils in public. Many Muslim immigrants soon come to deeply appreciate Canada's freedoms, political stability and trustworthy police force. All children must attend school until age 16. They are entitled to a free education until age 18 in a public school.

The terrorist attacks on the USA of September 11, 2001, and their aftermath have challenged Muslims' efforts to become more integrated into Canadian public life. Border security has been heightened. Increased restrictions on immigration and refugees have created some worry among Muslims.

So it has been said that Canada is a "nation of immigrants".

Primary Causes of Migration

While analyzing the reasons why a sort of people continuous is taking place from Bangladesh to developed countries, it may be seen that the main causes are:

Bangladesh is a very poor country. Annual per capita income among the population of 128 million is less than \$300. Slightly more than half of all children are chronically malnourished. Seventy percent of the work force is involved in agriculture, which accounts for one-third of the gross domestic product. The economy is market-based, but the Government still plays a significant role. The industrial sector is growing, albeit slowly, based largely on the manufacture of garments and textiles by privately owned companies. Small wealthy elite controls much of the private economy, but there is an emerging middle class. Foreign aid is still significant, Efforts to improve governance and economic growth through reform have been unsuccessful, and were blocked by bureaucratic intransigence, vested economic interests, endemic corruption, and political polarization. The Government's commitment to economic reform is weak. Besides, a rapidly increasing

population plugs the economy into mass unemployment and underemployment. As population increase, the proportion of workers to total population rises. But in the absence of complementary resources, it is not possible to expand jobs. The result is that with the increase in labor force, unemployment and underemployment increases. According to LFS1995-96, there are 1.4 million unemployment labors in this economy, which is surly more at present.

So growing poverty, unemployment and socio- economical situation of this country are pushing more and more people to look for opportunities elsewhere. Even if an individual gets an employment the level of income relative to the expenditure is so low that it becomes too difficult for him /her to maintain minimum standard of living. The fact that most migrants move because of the "push" of poverty rather than the "pull" of better living conditions means that many of them inevitably come from socioeconomic ally deprived backgrounds where they are not able to provide a good quality of life or health for themselves. In a study it is revealed that primary purpose of 29 the UK respondents was for economic betterment (Siddiqui, T., 2004). Relatively older immigrants went with job visa and relatively younger immigrants went under family reunification. In the USA, 17 from 50 respondents went abroad to find jobs (Siddiqui, T., 2004).

People suffer a lot because of the accommodation problem in this country. Housing in the urban areas is too costly. The main reason for this is the high cost of building materials and lack of space.

There are other problems too. Standard of education is also diminishing at a threatening rate. There are problems of mal-practices in the examination which make the conscientious parents anxious over their children's overall development the situation on public university campuses remains volatile, seriously inhibiting the ability of students to receive a university education and of teachers to teach. Armed clashes between rival student groups resulted in temporary closures of universities or colleges. Violence between student political factions has little to do with ideological differences, and more to do with extortion rackets run by non student party activists, including those based on physical control of dormitories. As a result of widespread violence and campus closure is happened.

Corruption in Bangladesh society has made life miserable for the peace loving people of this poor country. Transparency International's perception Index 2002 listed Bangladesh as the nation with the highest level of perceived corruption among the countries of the world. The World Bank published a list in 2001 which paints a bleak picture of pervasive corruption in this country. The report suggests that corruption exacts a toll of 2.0-3.0 % on annual GDP growth. Corruption at all levels in bureaucracies is rampant. Bribery is among common practices in our government offices. Money makes here everything smoother and unchallenging.

Apart from these, there is constant threat of security of life. Violence is a pervasive feature in common life. Civilian authorities' control over the police is weak, and there is widespread police corruption and lack of discipline. Police officers committed numerous serious human rights abuses. So Bangladeshi made their way to developed countries Sylhet, a northern Bangladeshi city known better for tea gardens than religious extremism, has been terrorized by seven grenade blasts and dozens of death threats this year, leaving five people dead and more than 100 injured ... "If there is a country in the world today in danger of completely breaking down, it's Bangladesh," said Gowher Rizvi, a Bangladeshi who heads the Ash Institute for Democratic Governance and Innovation at Harvard University. In May, the British ambassador was hurt (Newsday-World, 2004). Aforementioned socio-economical conditions of this country are responsible for migration to the developed countries.

There is another category of migrants, known as victims or refugees, includes individuals who emigrate from their country in order to escape persecution, or political chaos. Political situations were the major causes behind such migration.

It is generally the trained technical and scientific personnel who try go abroad for economic betterment. Doctors, engineers, teachers and skilled labor belong to this category. After finishing university degrees in Bangladesh, this group went abroad to do higher studies, either for Masters or PhD in engineering, physics, computer science etc. A survey showed that 16 of the 50 respondents migrated in the USA first for higher studies (Siddiqui, T., 2004).

There are some immigrants who went abroad to find work in DV, OP-1 and tourist visas. Some immigrants who went abroad to join their husbands or wives. There is also a small group who considering the entire socio-economic situation of developed country went to ensure a better future for their children.

Hot currency of the developed countries is an important reason for migration. Bangladeshis feel better because of their earnings in these countries was more than enough for a middle class family in Bangladesh.

The lure to come here was, of course, economic-better opportunities for professional growth, a better standard of living, better educational facilities for children and more material comforts. Furthermore, the developed countries life was found to be culturally vibrant and socially free and independent, not visibly riddled with bureaucratic corruption, political lethargy, and bribery, chronic lack of food, unemployment and class struggle as were commonplace in this country. As a result people of all socio-economic levels (low, middle, high) are more or less inclined to go abroad.

Problems of Migration

Although the Bangladeshis migrating to the developed countries can meet the basic necessities of life quite easily and enjoy higher standard of living, they undergo many problems that are primarily socio-cultural and hence psychological. Because whether migration is planned or not, voluntary or forced, some degree of stress is always involved. Migration means breaking with family, friends, and established social networks, departing from

traditional routines, value systems, and accepted ways of behaving and having to adapt to new social and psychosocial environments.

There is evidence that this population possesses higher than normal levels of disturbance perhaps due to historical and current experiences of discrimination, oppression, and prejudice (Leong, 1986; Tracey, et al., 1986). As well, having to adjust to a new culture and way of life as a result of immigration may produce stressors that influence mental health (Sue, et al., 1994). Couple that with the stressors of adjusting to a new country, new culture, and new language and financial hardships, poor psychological well being issues like depression, suicide, family conflict, relationship difficulties, and substance abuse may emerge.

People who migrate from Bangladesh to developed countries face enormous challenges, most of them are not aware these challenges. Although the process of immigration for both men and women from developing countries is more often than not a very difficult and traumatic experience, which involves leaving behind familial support and moving great distances to unknown foreign lands.

The most important challenges or problems that immigrant face in developed countries are following:

Adoption of a new culture

First of all, coping with a new culture and its practices becomes more or less stressful to the immigrants. Immigrants come to the developed countries and settle into a new culture. In the process of settling into a new environment,

they encounter new problems and conflicts between their original culture and the new culture, creating a culture clash. The conflict involves not only the internal family structure and the external social structure but also the way of preserving their own culture. Concern over preserving own cultural norms and values often becomes very prominent.

Many Asian people experienced cultural differences, alienation and racism on their arrival in Britain it is the combination of social and cultural needs that increase the likelihood of mental distress. They were not part and parcel of the mainstream, and they were too few and too heterogeneous a group to come together and be heard by the majority (Mind 2005).

Prejudice

There is an overall negative perception of migrants in many parts of the world. Immigrants face prejudice in host countries because host citizens feel a threat to their national identity, job security, and they are afraid migrants will undermine the existing social system.

Language

Language is one of the most challenging barriers. Language also plays an important role in mental health, and barriers to good communication compound feelings of isolation and being "unwanted". As an immigrant who cannot speak the language it is very natural for her/him to feel alone (Manuel Carballo, 2001). Most women cannot speak the language. Most of the educational institutions in Bangladesh still teach in Bengali, very few

institutions teach in English. So though a women might have a Master degree that does not mean that she will speak and understand English.

Communication Skill

Though many Bangladeshi may be able to communicate in English and there is a communication gap. Sometimes the jargons used are not familiar to many of Bangladeshis. Also there is the accent problem, there are many words that Bangladeshis pronounce in one way, and people here pronounce it in another way.

Equality among spouses

Family violence may also occur because of the strains associated with difficult changes and experiences relating to adaptation to the new society. The changing power dynamics between husbands and wives which emerge with departure from traditional male dominant patterns because of exposure to gender equality ideals and practices in that society may lead to male violence against women. The stresses and possibly the disappointments encountered in finding stable employment and achieving other status and mobility aspirations can engender family violence.

Support for victims of family violence

Like any other society women are also being abused in migratory country. Domestic violence is a problem which is seen not only in the immigrant class but all class and ethnic backgrounds. When an immigrant woman goes through an abusive situation, it is much more difficult if she would have

been in her original country. Generally immigrant women have lack of knowledge about the resources which are available, and language barrier is one of the biggest obstacles to escape the abuse. Taking action may result in the women being totally isolated from the community, the only source of support available because of barriers to accessing the existing helping agencies.

Job Related Problems

Migrants tend to take jobs that are temporary, require few skills, and are largely unattractive to local labor forces. Many jobs that are available, such as those in mining, construction, heavy manufacturing, industry, and agriculture, often involve poor environmental conditions and lack of safety. Language obstacles, poor communication, lack of familiarity with some of the technology used and different attitudes to work safety all contribute to work-related risks.

When satisfying job opportunities fail to appear, newcomers either blame themselves or get angry at the society for excluding them. The frustrations add to the many other stresses of immigration. The effects on one's self-esteem can lead to angry outbursts against loved ones, self-destructive behavior and paralyzing depression (Matos, 2005)

Lack of Social Integration

Migration, even under the best of conditions, involves a series of events that can be highly traumatizing and that can place migrants at risk. The process involves uprooting, being separated from family and traditional values, and

being placed in new social and cultural situations where job and legal security may be minimal. For many migrants, social integration is rarely easy and for some impossible. Studies have revealed the importance of community networks and their effects on mental well being.

Loneliness

For many people, migration and resettlement result in social isolation and loneliness. This is especially so when people move alone. The relief found in temporary friendships and supportive social environments at ethnic bars often heightens dependency on alcohol and other substances, and alcohol abuse is a frequent problem among single immigrants. Psychological stress may also contribute to the problems immigrants face, and the deprivation, employment difficulties, and problems of cultural and social adaptation experienced by migrants deserve more consideration. Difficulties with communication are also a source of unnecessary difficulties, marginalization and loneliness. Besides, separation from close relations often becomes a source of pain and feeling of insecurity.

Disruption

The immigrant community provides innumerable examples of the disruption caused by migration. Engineers, successful in their land of origin, have been forced to work as watchmen in Toronto. Barbers have become radio personalities. Circumstances have forced some highly educated people to accept humble jobs. The interesting result of this human tragedy was that

people had to adjust to new roles and status, and that has lessened the significance of previous station in the social structure or caste among the groups.

Unemployment

Unemployment levels were highest for both men and women in the Bangladeshi groups at 28 per cent. The Bangladeshi community has an exceptionally high unemployment rate (Mind, 2005) Studies show that Bangladeshi women had the lowest – 13 per cent. (Mind, 2005)

The health of immigrant populations varied from group to group, with those from South Asia worst off. Mr Nazroo told BBC World Service's Health Matters programme: "The poorest groups - the Pakistani and Bangladeshi groups - had really very poor health in comparison with everybody else.

A common belief among some immigrants is that tension and depression perfectly ordinary consequences of migration and economic stress are moral weaknesses that must be hidden rather than confronted. "It's very common for immigrants to refuse to acknowledge psychological problems until they turn into physical ailments and they have to rush to the emergency room," says Matos (2005).

Despite material comforts of life these aspects of living may have important effects on the psychological well being of immigrants.

The Concept of Psychological Well Being

The term “ Psychological well-being” is generally interpreted almost the same meaning as “happiness” along with one’s cognitive appraisal of how satisfying his or her life has been and is, also encompassing positive future prospect of life, “hope”. It also connotes integrative character of mental healthiness which is supposed to be composed of a certain set of stable traits of personality, moral belief system as well as stocks of psycho-behavioral resources connected with one’s main life domains such as home, school or work place.

Early research predicted that SWB(Subjective well-being) was influenced by a host of socio demographic variables that explained individual differences in SWB (Diener, Suh, Lucas & Smith, 1999). SWB is now considered to be consisted of three primary components: people’s emotional responses (both positive and negative affect), domain satisfactions, and global judgments of life satisfaction (Diener, Suh, Lucas & Smith, 1999).

The two major components of subjective well being are life satisfaction and affect balance (Diener, 1984; Diener and Larsen, 1993). Life satisfaction is a global cognitive judgment of one’s life, whereas affect balance refers to the relative preponderance of pleasant compared with unpleasant emotional experience. Although life satisfaction and affect balance Interco relate and from a strong general subjective well being factor, they are not identical (Diener, 1994; Lucas, Diener & Suh 1996).

Bradburn (1969), Warr and Wall (1975) and Compbell (1976) defined psychological well-being as people's feeling their every day life activities. Such feelings may range from negative mental state (dissatisfaction, unhappiness worry, etc.) to a more positive outlook. So it is a state which has sometimes been identified as positive mental state (Jahoda, 1958; Herzberg, 1966; Berg, 1975). Positive mental state includes such features as favorable self evaluation, growth, and learning from new experience, a realistic freedom from constraints and some degree of success in valued pursuits.

Bradburn also found that positive and negative states were uncorrelated. Moreover positive affect was associated with higher levels of social contact, education and more exposure to new experiences whereas negative affect was associated with anxiety and fear that lead to inhibition of efforts. Although many psychologists has supported Bradburn's model (Andrews & Withey, 1976; Cherlin &Reader 1975; Warr, 1978) But it is found in some studies that the extent of subjective ability of self-evaluation can be differed from positive or negative feelings of individual's life(Burt, Wiley, Minor &Murray 1978; Cherlin &Reader 1975).

According to Shin and Jphnson (1978), psychological well being is a global assessment of a person's quality of life. The concept of quality of life is considered by most workers (Andrews and withey, 1976; Najman and Levine, 1981; Compbell and Converse, 1970) to be composite measure of physical, mental and social well being as perceived by each individual or by each group of individuals, and of happiness, satisfaction and gratification involving mainly such non-esoteric life concerns as health, marriage, family,

work, financial situation, educational opportunities, self esteem, creativity, belongingness, and trust in others.

Fontana et al. (1980) say: "If people are to report on their own psychological well being, both positive and negative effect should be include in order to obtain a complete account".

All indicators of well-being of an individual or a group of individuals have objective and subjective components. The objective components relate to such concerns as are generally known by the term "standard of living". The parallel term used in United Nations documents (United nations, 1961) is 'level of living' consisting of nine components: health, food consumption, education, occupation and work conditions, housing, social security, clothing, recreation and leisure, and human rights. These objective characteristics are believed to influencing human well being. The individual is considered to be the best judge of his situation and his state of well being. The subjective well being is believed to be a function of the degree of congruence between the individual's wishes and needs on the one hand and environmental demands and opportunities, on the other.

Nagpal and sell (1985) define the quality of life as a composite measure of physical, mental and social well being as it is experienced in such life concerns as health, family, work, etc. Assessing the quality of life lies on perceived psychological well being. So psychological well being is a global assessment of person's quality of life.

The Previous Studies of Psychological Well Being

Since psychological well being has so many important consequences on human behavior, several researches were conducted to see the relationship of various variables to psychological well being. Some direct and indirect studies of psychological well being of the immigrants according to their demographic characteristics and countries of residence are described below:

Lists of potential mental health stressors usually include premigration experience (Westermeyer, Vang, & Neider 1983; Beiser, Turner and Ganesan 1989; Hollifield et al 2002), intolerable memories (Meerloo 1946; Pedersen, 1949; Goldfield and Lee, 1982; Baskaukos, 1981; Hogman, 1985; Beiser 1987; Beiser and Hyman 1997; Beiser and Wickrama 2004), acculturation (Handlin, 1951; Eisenstadt, 1954; Oberg 1960; Kuo, 1976), unemployment (Beiser, Johnson and Turner 1993), and structural characteristics of the new society that block opportunity or oppress newcomers (Beiser and Collomb, 1981; Beiser et al 2001; Noh et al 1999).

Fernando (1988) points out that being a member of a minority ethnic group could be stressful owing to the exploitation, deprivation and harassment often experienced and, therefore, it might be expected that there would be a higher incidence of psychological problems among people from minority ethnic groups. Cochrane and Sashidharan (1995) pointed out that racism and prejudice have a significant impact upon psychological well-being.

Studies carried out in various countries have long indicated that migrants often have higher rates of poor psychological well being that either the

native-born people or the population of their country of origin. Approximately half the studies produced results consistent with the prediction that immigrant mental health would be worse. The other half demonstrated no differences in the mental health of migrants and indigenes or between migrants and their counterparts in the country of origin (Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees, 1988).

Mexican immigrants to the United States suffer a high burden of distress (Vega, Kolody, and Warheit, 1985), other research reports no difference in rates of psychological disturbance between immigrants and natives of the receiving society (Cochrane, Hashmi, and Stopes-Roe, 1977; Cochrane and Stopes-Roe, 1981; Munroe-Blum et al 1989). Some community-based inquiries have even suggested that immigrants have fewer emotional problems than native-born persons (Halldin 1985; Roskies, 1978; Beiser 1999).

Several studies suggest that newly-arriving immigrants are, on the whole, in better mental health than natives of resettlement countries, but are destined to lose this advantage (Ali 2002; Chen et al 1996; Dunn and Dyck 2000; Laroche 2001; Newbold et al 2003). According to Chen et al. (1996 a, b) and Newbold et al (2003) analyses of Canada's National Population Health Survey data, for example, immigrants who had been in Canada for 10 years or less had fewer chronic conditions and less disability than either native-born Canadians or long-term immigrants; the mental health of longer stay immigrants was, however, similar to that of the general population.

According to a recent Canadian study, (Drybugh and Kelly in press), the most highly skilled immigrants are the ones most likely to emigrate, and Australian data (Kliewer and Jones, 1997) suggest that it is this group that is the mentally healthiest.

Although the likelihood of poor psychological well being with age, data contained in Newbold et al's (2003) report suggest that elderly immigrants are a particularly high risk group, or that the immigrants who came to Canada 30 years ago, were a less healthy group than those coming to Canada in more recent years.

Beiser (1999) Beiser, Turner and Ganesan(1989) found that the longer immigrants stay in a country of resettlement, the better their mental health tends to be.

Most of those who migrated to Great Britain as adults in their twenties and thirties in the 1950s and 1960s are now elderly people who may not have intended to stay. The nature of their immigration then was transitory with an expectation of returning to the country of their birth after saving enough money from their working life in Britain (Mind Information, 2005). Research has shown that this group has also suffered from isolation and comparatively poor health. Many Asian elders now find that they are faced with having to accept old age in Britain with the realities of the poverty and racism suffered in the earlier years of immigration. They may have to access services which are different from their lifestyles and which are seen as belonging to a Eurocentric perspective of caring rather than their own (Mind Information, 2005).

Bradburn and Caplovitz(1969) found that young people were happier than older ones. But Alston et. Al. (1974), Andrews and Withey (1976), Spreitzer et. Al. (1974) found virtually no age effects on psychological well being. Mroczek and Kolarz (1998) concluded that there were higher levels of positive affect in old age. Similarly, they found that older adults experienced lower levels of negative affect than younger adults. Mroczek & Kolarz into old age, this research found lower levels of positive and negative affect among the" oldest-old" age group (participants aged 70-100 years old).

As age advances, subjective well-being and mental health deteriorates for both genders; while the process is steady for men, it fluctuates in the case of women. Well-being improves for men beyond 55 years whereas it worsens for women. Subject well-being is the lowest during 25-34 age periods for women. (E. Mohamed et.al2003)

Asian men do not need services have been described as 'dangerous' as they not only imply that they 'will be looked after by the community, but that as male figures they don't necessarily have emotions' (Asian Family and Marriage Counseling Service). Several studies have shown high levels of unreported psychological distress in Asian communities in general, and in Asian women in particular. Many Asian women are isolated in their homes without any form of support (Mind Information, 2005).

The research findings that suggest a high proportion of South Asian women suffer from psychological problems. A considerable number had experienced racial discrimination, marital difficulties domestic violence and several had suffered sexual discrimination. (Kumari, Nirmal 2004)

Kumari (2004) identified a number of issues that had an impact on the mental health and well-being of Asian women, including unwanted arranged marriage, gender roles and changing cultural expectations:

Family and marital satisfaction was found to be the strongest predictor of subjective well being (Freudiger et.al.1980) Marriage diminishes the sense of subjective well-being irrespective of gender. Widows show the lowest subjective well-being while divorcees heave a sigh of relief. Women experience greater mental stress across all marital status (E. Mohamed et. Al 2003).

A 10-year US survey of 14,000 adults found that marital status was one of the most important predictors of happiness (Davis, 1984). A recent analysis of this sample found that those saying they were "happy" with life were 40% of the married, 15% of the separated, 18% of the divorced, 22% of cohabitees, 22% of widows, and 22% of the singles. Those saying they were "not too happy" were 7% of the married, 27% of the separated, 18% of the divorced, 13% of cohabitees, 20% of widows, and 13% of the singles (Waite, 2000).

In a longitudinal study of psychological well-being, mental health improved consistently and substantially upon getting married. Similarly, divorce or separation produced substantial deterioration in well-being, especially to women. The study design ruled out selection effects (Marks & Lambert, 1998).

Larson's (1978) data suggest a positive relationship between income and psychological well being. Campbell (1981) found that education had an influence on psychological well being. Bradburn (1969) found respondent's educational level was significantly associate with positive affect but not with negative affects. Subjective well-being showed definitive improvement with education in the case of both men and women and that man consistently have a better sense of subjective well-being across different education levels. Illiterate and barely literate women have lower mental distress as compared to similarly placed men (E. Mohamed et.al2003).

Immigrant populations in the UK are at higher risk from mental and physical illness, a study commissioned by the Department of Health has suggested Research also shows that. Asian communities have been vulnerable to poor housing, unemployment or low-paid work, and to racism and abuse. The Bangladeshi community in the London Borough of Tower Hamlets, in particular, is among the most disadvantaged (Tanzeem Ahmed, 1993).

But Atkinson, et al.(1998) found that today, Asians in North America are seen as the "model minority" meaning that they are highly successful with high educational attainment and occupational success, high per family income, and low rates in divorce, delinquency, and mental illness

The objectives of this study

As immigrants' aim is to live a better living, it is important to assess their subjective well being and understand its determining factors. This will be helpful for finding ways to ensure their psychological well being. Psychological well being is a function of many variables including one's demographic characteristics (such as, age, sex, education, marital status, religion, living pattern, income, etc.) and social environment factors.

So, the objectives of the present study were:

- (1) To assess psychological well being of the immigrants according to countries of residence.
- (2) To investigate the major factors influencing Psychological well being of the immigrants. In this field the specific objectives were followings :
 - (a) To assess the effect of sex of the Immigrants on psychological well-being.
 - (b) To examine the effect of marital status of the Immigrants on psychological well-being.
 - (c) To examine of the effect of different levels of age of the immigrants on psychological well being.

- (d) To examine whether different levels of education have differentials effects on psychological well-being.
- (e) To assess the effect of religion of the immigrants on psychological well-being.
- (f)To assess the effect of living pattern (joint &single) of the immigrants on psychological well being.
- (g) To examine whether different levels of income have differentials effects on psychological well-being.

CHAPTER II

METHOD AND PROCEDURE

CHAPTER-II

METHOD

The sample:

Bangladeshis have joined the world trend of human mobility across continents and countries. Their communities in the USA, the UK, Canada and Australia are well established. That is why the data of this study were collected from these four developed countries. The sample of the study consisted of 200 adults. Of this sample 107 were male and 93 were females. All of the respondents were Bangladeshi immigrants. Of the total sample 64 were drawn from the USA, 57 were drawn from the UK, 41 were drawn from Canada and 38 were drawn from Australia. The age of the sample ranged from 18 years to 70 years. Their educational qualification ranged from SSC/O-level to Ph.D. The sample included Engineers, Students, Waiters, Businessmen, Teachers, Housewives, Salesmen, Training officers, Accountants, Drivers etc. In the field of marital status, the sample was divided into three levels. 98 were married, 71 were unmarried and 30 were divorced, separated or widow. The data were collected by the purposive sampling technique.

The elaborate description of the sample has been provided in the chapter-III

Selection Criteria of the Sample:

The sample of the present study was selected on the basis of the following criteria:

1. The respondents must be Bangladeshi immigrants and adult.

2. They must have lived abroad for at least two years.
3. They must be able to read and write.

Instruments Used:

Instruments used for collecting data were:

- a) Questionnaire on Demographic characteristics (Such as age, sex, education, occupation, marital status, income etc.)
- b) The Subjective Well-being Questionnaire for measuring Psychological well being.

Description of the Scale:

Subjective well being scale was originally developed by Nagpal & Sell (1985). For the present study the short version of scale (Begum, 1990) consisting of 82 items was used. This scale was used for measuring the psychological well being of the Bangladeshi immigrants in this study.

Eight dimensions were used in this study. These were as follows:

1. **Subjective well being- Positive affect:** It included here the items on specific life concerns such as health, education, work, standard of living, family and friends as well as some items reflecting the perception of well being in an overall perspective.
2. **Subjective well being-Negative affect:** Most of the items here were inverses of the questions relating to positive affect. These

intended to elicit the respondent's general happiness and his /her worries or regrets about particular life concerns.

3. **Mental mastery over Self and Environment:** It included here items of respondent's feeling of his performance in matter's requiring the exercise of mental mastery.
4. **Rooted ness, belongingness:** Most of the items here were the perception of sharing values, beliefs and qualities of inner life.
5. **Structural and cohesive aspects of the family:** Structural aspects of the family life and democratic functioning in family life may be related to each other and may have a substantial impact on wellbeing.
6. **Density of social network:** The items conceived to cover this area were meant to elicit information on perceived well being from the social network other than the family life.
7. **Security in health and Socio-economic crises:** The questions in this area were meant to cover the respondent's feelings of security in the case of various crisis situations.
8. **Expectation- Achievement harmony:** It is an area of well being thought of as particularly important viz, the extent to which long term expectations in life had been met by actual achievements

The 82 –items structural questionnaire was designed to cover the above mentioned areas of concern. Care was taken to frame them in such a manner that positive affect could be elicited, i.e., by asking whether one felt happy or good or satisfied about the particular life concern. In contrast, the question relating to negative affect elicited the respondent's unhappiness or worry or regret about particular life concern. In general questions were structured in manner to permit three responses categories. However, one can select one's own answer from four questions in some aspects. This scale represents very positive affirmation (e.g., very happy), positive feelings (e.g., quite happy) and negative or neutral assertion (e.g., not so happy). Similarly the response categories on the negative question like worry over something very much, to some extent, not so much – were meant to cover a very bad feeling up to neutral (or positive feeling s and sometimes not applicable. thus, the response scales were drafted to discriminate between the moments of the positive feelings or of negative feelings about the concern in question. The respondents were requested to answer each question by choosing one of the given categories that appeared to represent their feeling best or were to their thinking.

Reliability of the Subjective Well-Being:

For determination of the reliability of the subjective well-being Questionnaire the split- half technique was used. The sample for split half reliability consisted of 80 respondents from deferent socio- economic classes. The age of the sample ranged from 20 to 45 years. The education level of the sample varied from class HSC to university graduation. The obtain reliability co-efficient was 0.702.

Scoring:

Each item response is given a weight according to following methods:

<i>Pattern of response</i>	<i>Scoring</i>
Very much, Very good, Very happy Most of the time, Quite often, Quite deeply, Very happy, Yes	1
Quite good, Quite happy, To some extent, Sometimes, No	2
Not so good, Not so happy, Not so much, Hardly ever, Rarely, Never	3
Not applicable	4

Response to each item is given a weight ranging from 1 to 4 according to the response of the respondent. Total score of the respondents is the sum of all items response. Respondent's high total score indicates poor psychological well-being and low total score indicates better psychological well being. The highest possible score of the respondent was 252 and the lowest score was 82. The middle score point of the scale is 126.

Design

A factorial design was used in this study. Demographic Variable was varied three ways (sex, age, marital status) and countries of residence were varied four ways, viz: the USA, the UK, Canada and Australia.

Procedure

A procedure that was applied in this study is described below. The USA, the UK, Canada and Australia were the destination points for the Bangladeshi immigrants. However, this study did not allow much scope for a broad based field survey of immigrants.

The data of this study were collected from the USA, the UK, Canada and Australia. Since the researcher was a resident of Bangladesh, she collected data in three ways. One was to collect the data directly from the respondents who were visiting Bangladesh. For this the researcher had to gather information about the immigrants visiting their own country was gathered. Before seeking interview with the respondents, he/she was contacted through telephone or direct meeting. Upon establishment of rapport through conversation, the questionnaire was administered in the field situation. By this way 85 Questionnaires were collected.

The second way was to collect the data with help of some immigrants who were either former students of the department of psychological or friends and relatives of the researcher. First of all addresses of some immigrants who completed their studies in the field of psychology and in the other discipline were found out and contacted with request to help collecting data for this research. On having their consent, they were given detailed information about the data which should be collected, from where should be collected and how should be collected. In this way, finally data were collected from those helping person through e-mail, air mail, fax etc. Following this way 30 filled out questionnaires were obtained from the USA through two former students of psychology, one friend and one relative. Thirty three filled out questionnaires were obtained through one former students of psychology and one friend from the UK. From Canada, 20 filled out Questionnaires were obtained through one former student of psychology, one friend and one relative. In the case of Australia data were collected only through friends and relatives. It should be noted that these friends and relatives were highly educated (from master to PhD) and were given required information in detail.

The rest of the data were collected by the third process. The third way was to collect data from the respondents through e-mail, fax or air mail. In this way the addresses of the respondents were collected from friends, relatives and respective embassy. After collecting the addresses the respondents were sent messages several times requesting them to answer the given questionnaire. In this case questionnaire was filled in by respondents

themselves. Some respondents of this category were very eager to fill the questionnaire and some were not interested. All of these respondents were thanked for their participation.

Quantitative data were processed using the SPSS package. As all respondents were literate, there was no problem in conducting this study. The average time for completing the questionnaire was 35 to 45 minutes as reported by the data collectors and the respondents. The research was conducted during February 2002 to April 2004. About thirty seven immigrants of the selected four countries did not comply to act as respondents.

CHAPTER III

SAMPLE DESCRIPTION

CHAPTER-III

SAMPLE DESCRIPTION

This chapter provides demographic characteristics of the respondents. Of the total respondents 32 percent was drawn from the USA, 28.5 percent respondents of this study from the UK, 20.5 percent from Canada and 19 percent from Australia (table 4).

Table 4: Number and percentages of respondents according to country

Country	Number	Percentage
USA	64	32
UK	57	28.5
Canada	41	20.5
Australia	38	19

In the basis of country of residence the distribution of the sample respondents according to different level of sex, age, religion, marital status, living pattern, educational qualification, income are described in the following:

Sex Distribution

Among the Bangladeshi immigrants there were more male than females in the selected four countries. Table 5 shows their sex distribution and percentage by country of migration

Table 5: Number and percentages of sex of 200 respondents

Sex	USA	UK	Canada	Australia	Total	Percentage
Male	34	30	23	20	107	53.5
Female	30	27	18	18	93	46.5

Of the total respondents 53.5 were male and 46.5 were female immigrants.

Age Distribution

The age of the sample ranged from 18 years to 70 years. The sample of this study was divided into four groups according to their age.

Table 6: Age distribution and percentage of the respondents by country

Age	USA	UK	Canada	Australia	Total	Percentage
18 to 30 years	19	21	18	13	71	35.5
31 to 40 years	28	15	8	11	70	35
41 to 50 years	8	9	10	12	39	19.5
51 to 70 years	9	4	5	2	20	10

Table 6 indicates that the highest number of respondents belonged to the age group of 18 to 30 years, followed by 31-40. Altogether 141 of the respondents belonged to these two groups. Of the total respondents, 19.5 percent were aged 41-50. Only 10 percent of the Bangladeshi immigrants in four countries were aged 51 -70. In Australia, two persons were 70 years old.

Educational Background

The respondents represented highly educated, reasonably educated, and less educated status.

Table 7: The percentage and distribution of education status by country of migration

Level	USA	UK	Canada	Australia	Total	Percentage
Up to SSC/O Level	6	1	1	1	9	4.5
HSC/High School Diploma	5	7	11	5	28	14
BA/BSC/B com	31	13	11	17	74	37
MA/MSc/M com	18	21	9	8	56	28
PhD/other higher degrees	5	4	-	-	9	4.5

It is evident from table 7 that the highest number of respondents was bachelor degrees which were 37 percent. The number less educated respondents was more in the USA. In case of other three countries, only one for each country fell in this category. None of the respondents however were illiterate. Of the total respondents, 28 percent finished Master degrees and another 14 percent had finished their HSC. The number of highly educated respondents was found both in the USA and the UK which was 4.5 percent.

Marital Status

Table 8 shows that of the total respondents, 49 percent were married and another 35.5 percent were unmarried. Bangladeshi people were less likely to be separated and divorced. The percentage of separated and divorced respondents were similar which was 4.5. 6 widowed in the USA, 4 in the UK and 2 widowed in Canada were found in this research.

Table 8: The percentage and distribution of marital status by country of migration

Level	USA	UK	Canada	Australia	Total	Percentage
Married	29	25	20	24	98	49
Unmarried	22	19	20	10	71	35.5
Separated	3	2	3	1	9	4.5
Divorced	4	4	1	-	9	4.5
Widowed	6	4	2	-	12	6

Occupation

Table 9 gives an idea about the occupational pattern of the respondents. The highest number of respondents who were involved in business in the USA, the UK, Canada and Australia were 22.5 percent. 11% of them were taxi driver and 10% were waiter. The percentage of housewives and students were similar in number which was 8.5%.

Table 9: Occupational status of respondents by country.

Occupations	USA	UK	Canada	Australia	Total	Percentage
Business/self employed	14	12	8	8	42	22.5
Public service	3	2	1	-	6	3.0
Teacher	2	4	-	-	6	3.0
Taxi Drivers	10	5	4	3	22	11.0
Engineers	2	-	1	1	4	2.0
Accountant	2	1	-	-	3	1.5
Student	4	2	5	6	17	8.5
Housewives	3	4	6	4	17	8.5
IT profession	1	1	2	1	5	2.5
Doctor	1	1			2	1.0
Salesman	9	1	4	4	18	9.0
Waiter	8	8	2	2	20	10.0
Lab Assistant	-	-	2	-	2	1.0
Supervisor	3	2	4	3	12	6.0
Retired	1	1			2	1.0

Six respondents were interviewed who belonged to the teaching profession; four of them were from the UK and two from the USA. Only two respondents in Canada were lab assistant. Altogether three respondents were accountant, two in the USA and one in the UK. Four respondents, two from

US, one from Canada and one from Australia, were Engineer. Two of the respondents were retired person. Moreover, salesman, supervisor, public service, IT profession and doctor were 9%, 6%, 3%, 2.5% and 1% respectively.

Income

In this research four different currencies were found. But making it is easier for analyzing, this currency was converted into US dollar. Their income range was \$250 to \$ 7850. But 25 per cent was absent from informing their income.

Table 10: The distribution of respondents according to income

Income	Number	Percentage
250 – 1000	39	19.5
1001 – 3000	44	22
3001 -4000	23	11.5
4001 – 7850	28	14

It is seen from table 10 that the earning range was \$1001 to \$3000 for 22% of the respondents, 19.5 per cent for \$250 to \$1000, 14 per cent for \$4001 to \$7850 and 11.5 per cent immigrants income range was from \$3001 to \$4000.

Religion

Table 11 gives an idea about the religion of the respondents. Majority of the respondents, i.e., 70.5% from these four countries were Muslim. 5% of them were Christian, five from the USA, four from the UK and one from Canada. The rest of respondents were Hindu.

Table 11: Number and percentages of religion of the respondents by country

Religion	USA	UK	Canada	Australia	Total	Percentage
Islam	44	40	29	28	141	70.5
Hindu	15	13	6	5	39	19.5
Christian	5	4	1	-	10	5

Living Pattern

In this study 54% respondents lived jointly, 30% of the respondents lived with their husband or wife and children. The rest of the respondents lived with their relatives or friends. But 46% of the respondents lived single in these four countries. Of these four countries most of single living pattern life had been seen in Australia.

Table 12: The distribution and percentage of living pattern of respondents by country

Living pattern	USA	UK	Canada	Australia	Total	Percentage
Jointly	41	36	21	10	108	54
Single	23	21	20	28	92	46

Years of Migration

In this study immigrants who had stay there at least 2 years, had taken as sample. Of the sample, 48% of respondents from four countries lived there for

Table 13: Years of migration by country of immigration

Years	USA	UK	Canada	Australia	Total	Percentage
2 -8 years	28	22	26	20	96	48
9 -15 years	20	18	10	11	59	29.5
16-22 years	10	11	5	-	26	13
23-30 years	6	6	-		12	6

It appears from this Table 13 that 50%of the total respondents lived there from 2years to 8 years. 30% respondents lived there from 9 years to 15

years. The staying abroad ranged from 16 years to 30 years was for 12 percent of the total respondents in this research. It may be because of the number of Bangladeshi settlers in these countries is rising day by day during the past few decades. A survey showed that Bangladesh was in the second position in the world in terms of immigrants during the 1980s and 1990s.

CHAPTER IV

RESULT

CHAPTER-IV

RESULTS

The purpose of the present research was to study psychological well being of Bangladeshi immigrants living in the developed countries, such as, the USA, the UK, Canada and Australia. It also aimed at investigating the major factors influencing psychological well being of the immigrants. The dependent variable was the scores of psychological well-being were measured by the Subjective well- being Questionnaire.

In order to find out whether the psychological well being of the respondents varied as a function of country of immigration, age, sex and marital status analyze the psychological well being scores of all respondents were analyzed by 4x2x3x4 analysis of variance with countries of residence (the USA, the UK, Canada and Australia), sex (male and female), three levels of marital status (married, unmarried and divorce, widow) and four levels of age of the respondents (18 to 30, 31 to 40, 41 to 50 and 51 to 70). The results of this analysis are shown in Table 14.

Table 14: ANOVA of psychological well-being scores as function of the country where respondents have been, age, sex and marital status

Sources of variance	Sum of square	df	Mean square	F
Country	5820.083	3	1940.028	5.786*
Sex	6468.117	1	6468.117	19.291**
Age	19838.515	3	6612.838	19.723***
Marital Status	3460.673	2	1730.336	5.161****
Country x Sex	988.023	3	329.341	0.982
Country x Marital Status	747.411	6	124.569	0.372
Country x Age	3565.554	9	396.173	1.182
Sex x marital status	657.211	2	328.606	0.980
Sex x Age	565.689	3	188.563	0.562
Age x Marital Status	3952.893	6	658.816	1.965
Residual	53646.326	160	335.290	
Total	163959.4	198	828.078	

* $p < 0.001$, ** $p < 0.0001$, *** $p < 0.0001$, **** $p < 0.005$

It shows the main effect of the immigrant's country of residence (the USA, the UK, Canada and Australia) was significant ($F= 5.786$ $df = 3,196$; $P<.001$). This indicates that psychological well being varied significantly as a function of the respondent's countries of residence. It is seen from the means presented in table 15 that the respondents of Canada had better psychological well being ($\bar{X}=129.63$) than the respondents living in the UK ($\bar{X}=146.96$), the USA ($\bar{X}=159$) and in Australia ($\bar{X}=167.82$).

Table 15: Average psychological well being of Male and Female Respondents under four countries

Country	USA	UK	Canada	Australia	Total	
Sex	Male	149.32	142.43	124.52	160.40	144.13
	Female	169.97	152.00	136.17	176.06	159.39
Total	159.00	146.96	129.13	167.82	151.23	

The main effect of sex was also highly significant ($F=19.29$, $df = 1, 198$; $P<0.0001$) Table 15 reveals that male immigrants had better psychological well being ($\bar{X}=144.13$) than female immigrants ($\bar{X}=159.59$).

Table 15 also shows that Male immigrants of Canada had better psychological well being ($\bar{X}=124.52$) than those of male and female immigrants of the USA, the UK and Australia and the poorest psychological well-being ($\bar{X}=176.06$) was found for females Australian immigrants.

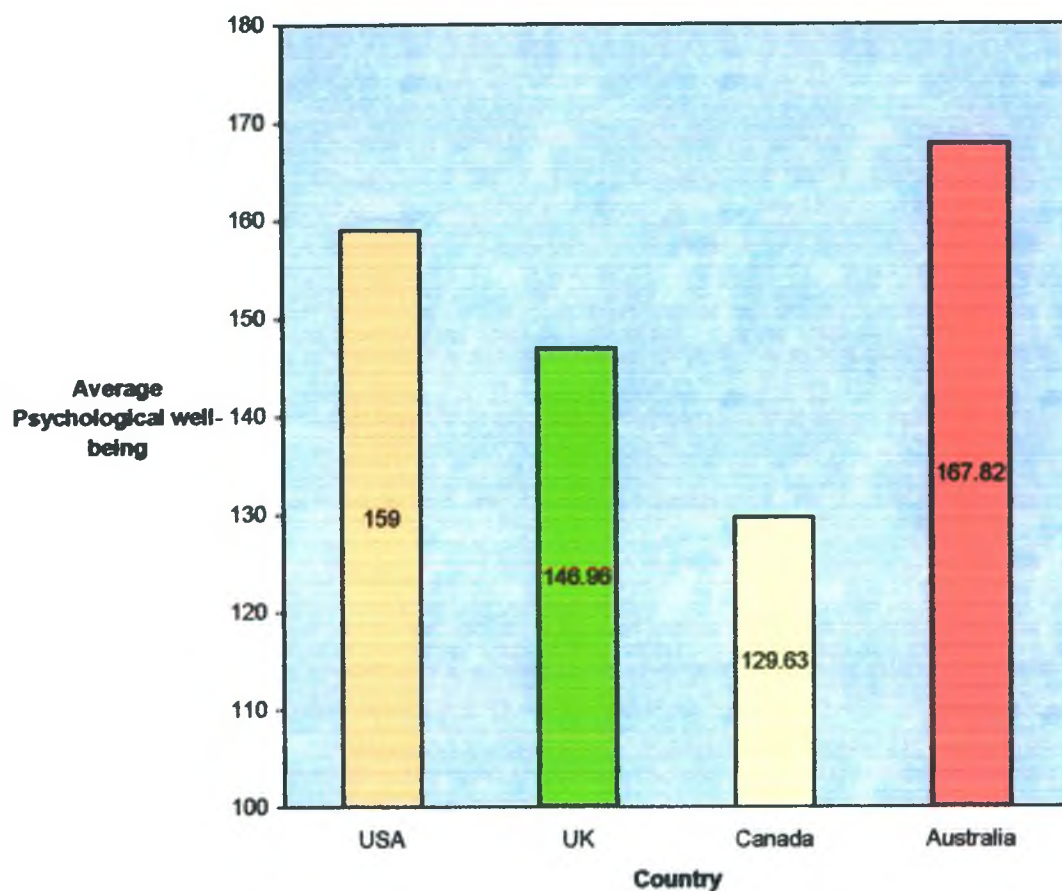


Figure 3: Average psychological well being of the Respondents under four countries.

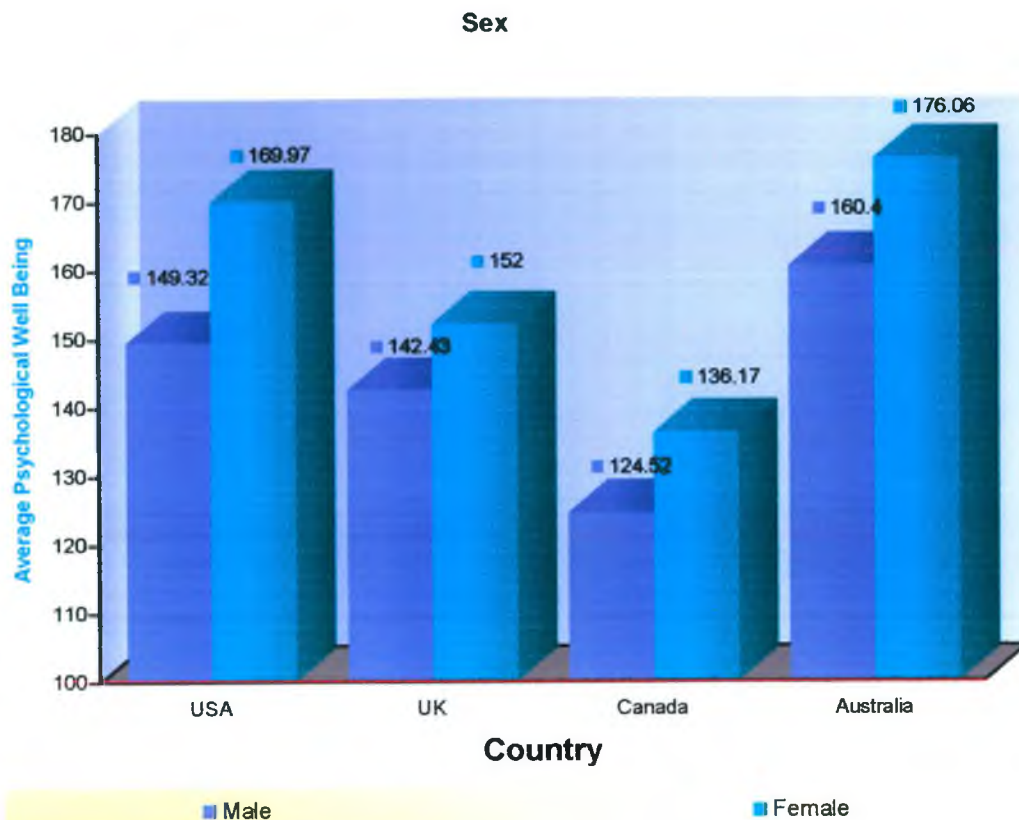


Figure 4: Average psychological well being of Male and Female Respondents under four countries

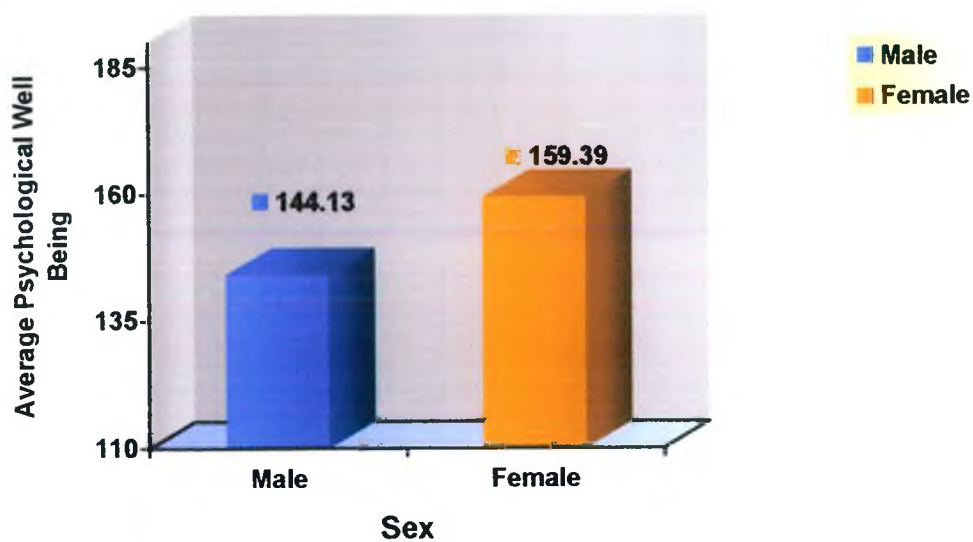


Figure 5: Average psychological well being of male and female

Table 16: Average psychological well being according to respondent's age under four countries

Country		USA	UK	Canada	Australia	Total
Age	18 to 30 years	142.79	131.71	115.33	147.62	133.44
	31 to 40 years	160.00	148.17	125.25	168.36	153.46
	41 to 50 years	173.13	161.11	138.60	186.00	165.46
	51 to 70 years	177.56	188.25	170.20	187.00	178.80
Total		159.00	146.96	129.63	167.82	151.23

It can be seen from Table 14 that age of immigrants was found to be a significant determinant of psychological well being. The main effect of age of immigrants was also highly significant ($F=19.723$, $df=3,196$; $P<0.0001$). That means psychological well being also varied according to different levels of age of the respondents. Inspection of the means presented in Table 16 reveals that younger (18 to 30 years of age) immigrants had the best psychological well being ($\bar{X}=133.44$) and older (51 to 70 years old) immigrants showed the poorest psychological well being ($\bar{X}=178.80$). The immigrants in the middle range of age (41 to 50 years) and (31 to 40 years) respondents fell in the middle in terms of their psychological well being ($\bar{X}=165.46$) and ($\bar{X}=153.46$) respectively. This indicates that as age of immigrants increased, their psychological well being become poorer.

It is evident from table 16 that Canadian immigrants in the age group of 18 to 30 years old had the best psychological well being ($\bar{X}=115.33$) and immigrants of the UK within the age group of 51 to 70 years old showed the poorest psychological well being ($\bar{X}=188.25$).

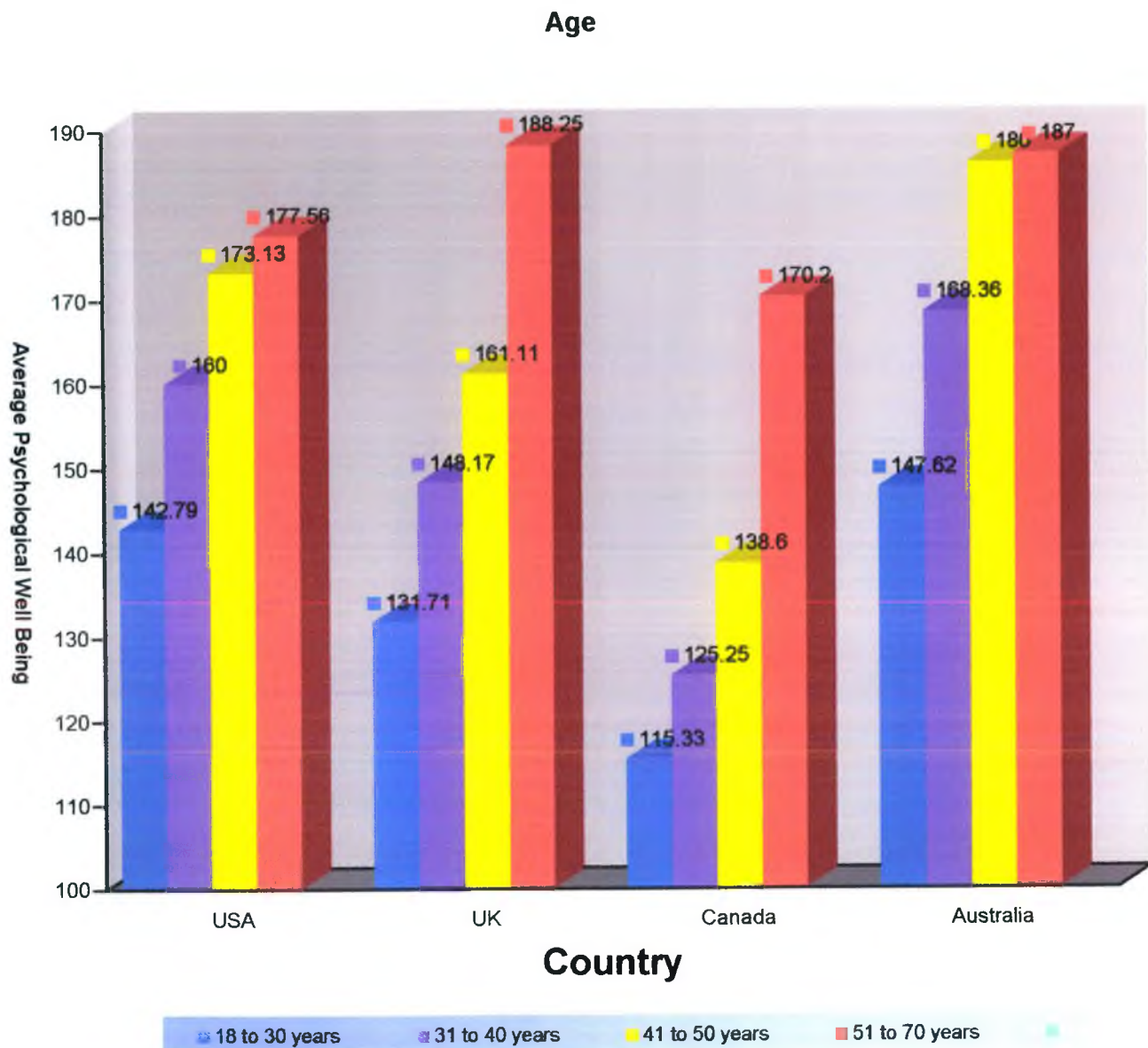


Figure 6: Average psychological well being according to respondent's age under four countries

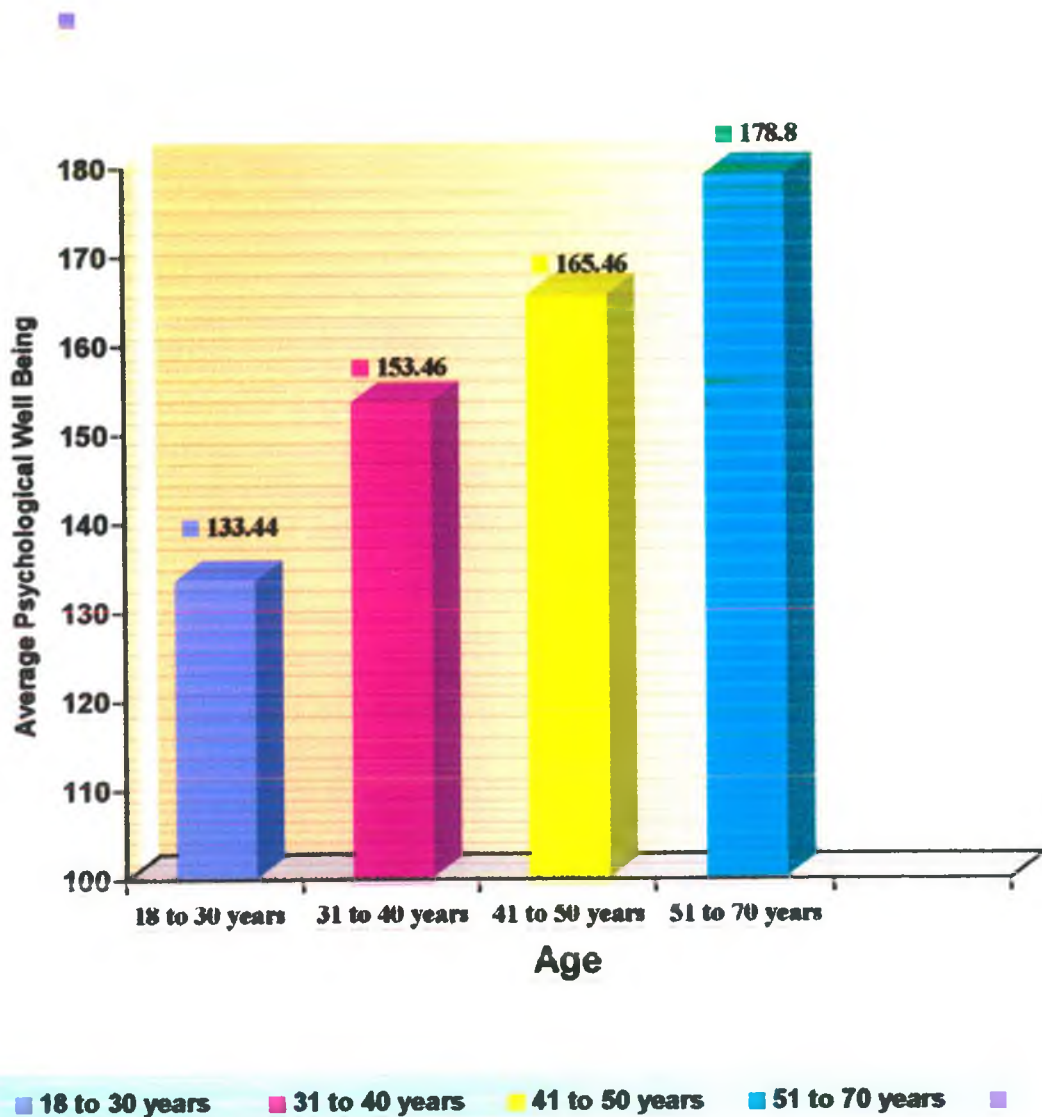


Figure 7: Average psychological well being according to respondent's age level

Table 17: Average psychological well being according to their marital status under four countries

Country		USA	UK	Canada	Australia	Total
Marital Status	Married	158.21	138.41	121.11	160.00	146.95
	Unmarried	152.38	146.30	132.38	178.89	149.30
	Divorced/ Separation/Widow	170.57	160.40	144.50	191.75	164.82
Total		159.00	146.96	129.13	167.82	151.23

With regard to the impact of the variable marital status on psychological well being of immigrants it was found that the main effect of marital status was significant ($F=5.161$, $df=2, 196$; $P<0.005$). In other words psychological well being of immigrants varied as a form of their marital status. Inspection of table 17 shows that mean psychological well being scores of divorced, separated or widow immigrants were higher ($\bar{X}=165.82$) than those of married immigrants ($\bar{X}=146.95$) and unmarried immigrants ($\bar{X}=149.30$). This indicates that psychological well being of divorced, separated and widow immigrants had poorer psychological well being than the married and also unmarried immigrants.

Table 17 indicates that Canadian married settlers had the best psychological well being ($\bar{X}= 121.11$) and Australian divorced, separated and widow settlers had the poorest psychological well being ($\bar{X}= 191.75$).

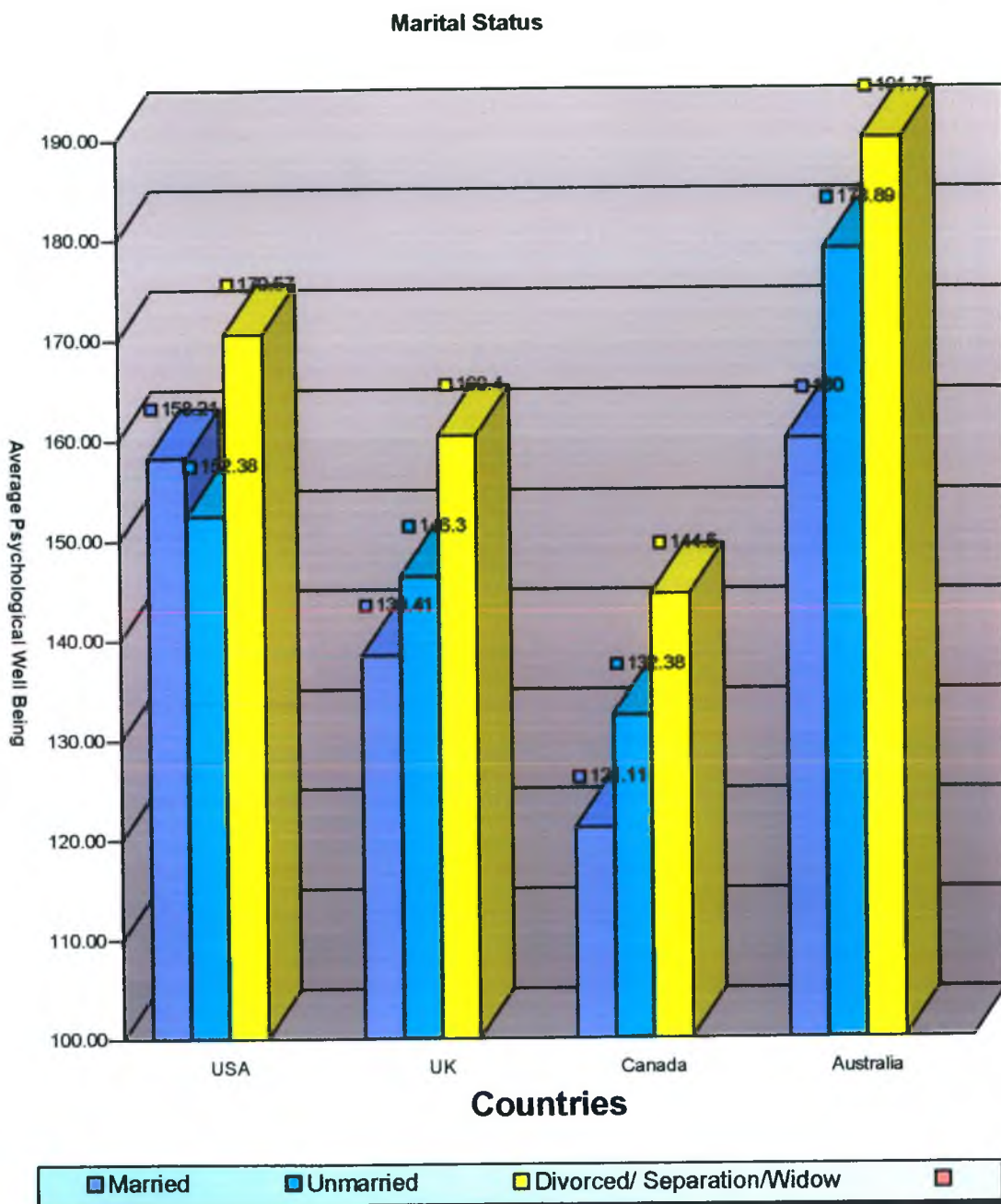


Figure 8: Average psychological well being according to their marital status under four countries

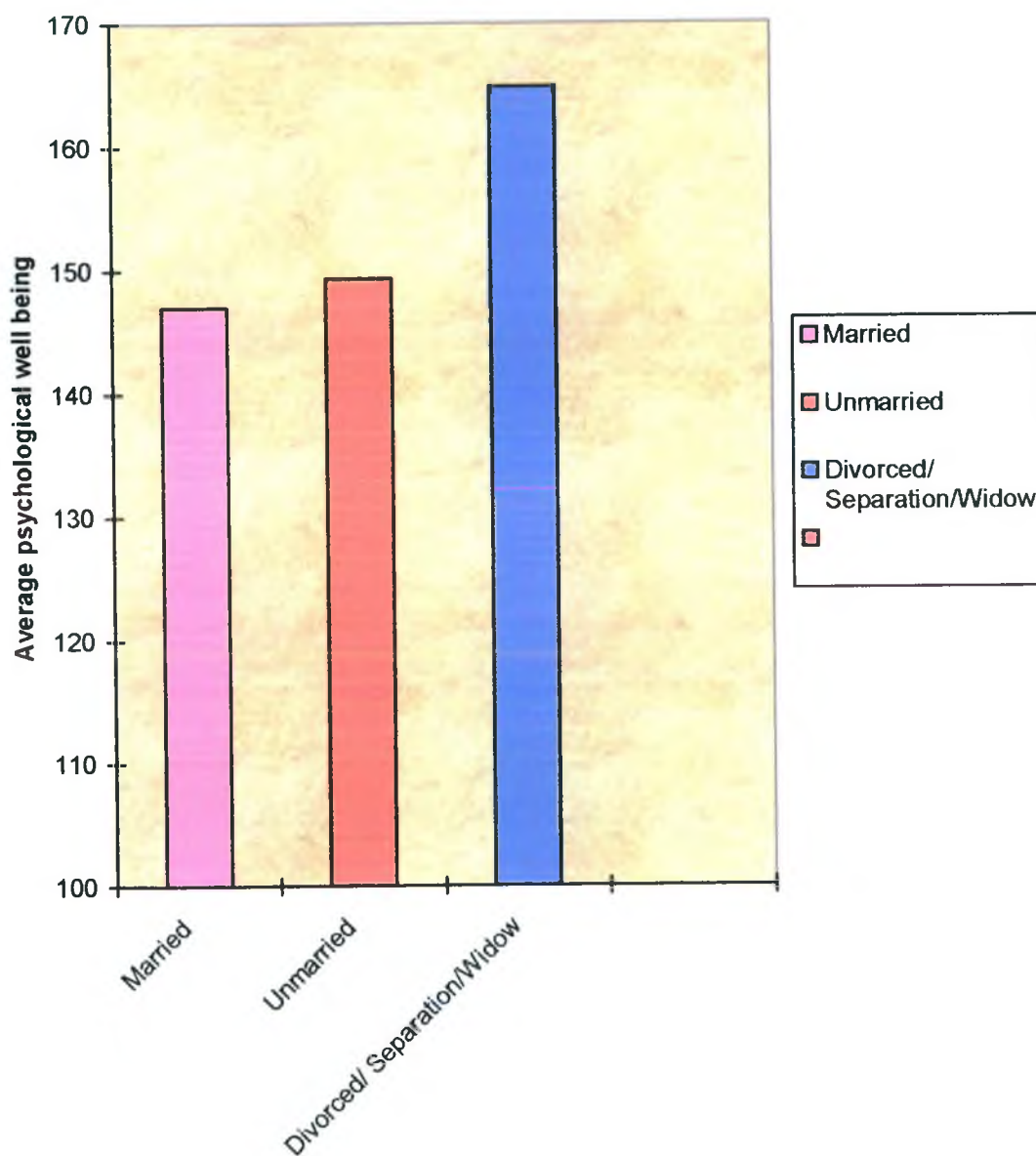


Figure 9: Average psychological well being according to their marital status

It is interesting to note that none of the interaction was significant. The interaction between country and sex was not significant ($F=0.982$, $df=3$). That means the effect of gender on psychological well being did not differ significantly as a function of countries of residence.

The interaction between country and marital status ($F=0.372$, $df=6$) country and age ($F=1.182$, $df=9$) was also not significant. Similarly the interaction between sex and marital status ($F=0.980$, $df=2$) and Sex and age ($F=0.562$, $df=3$) was not significant.

Besides, to see whether education, income, religion, living pattern and years of migration had any effect on psychological well-being, these scores were analyzed by using One- way Analysis of Variance. These results are presented in table19.

Table 18: The One-Way of Analysis of variance of psychological well being Scores According to Education, Income, Religion, Living Pattern and Years of migration

Source of variation	Sum of squares	Df	Mean Squares	F
Education	58.926	63	0.935	1.131
Residual	92.619	112	0.827	
Total	151.545	175		
Income	S	57	4992367.609	1.338
Residual	339639083.238	91	3732297.618	
Total	624204036.940	148		
Religion	18.779	68	0.276	1.586
Residual	22.816	131	0.174	
Total	41.595	199		
Living Pattern	21.949	68	0.323	1.525
Residual	27.731	131	0.212	
Total	49.680	199		
Years	3574.456	68	52.566	1.385
Residual	4897.463	129	37.965	
Total	8471.919	197		

Table 19: The mean psychological well being score according to different level of education, income, religion, living pattern and years

Variables	Means
Education	
Up to SSC/O Level	152.33
HSC/High School Diploma	141.18
BA/BSC/B com	153.01
MA/MSC/M com	151.86
PhD/other higher degrees	151.44
Income	
250 – 1000	150.00
1001 – 3000	145.02
3001 – 4000	144.05
4001 – 7850	142.09
Religion	
Islam	157.63
Hindu	135.92
Christian	132.00
Living pattern	
Jointly	147.56
Single	155.53
Years	
2-8 years	132.01
9 -15 years	144.00
16-22 years	154.00
23-30 years	162.22

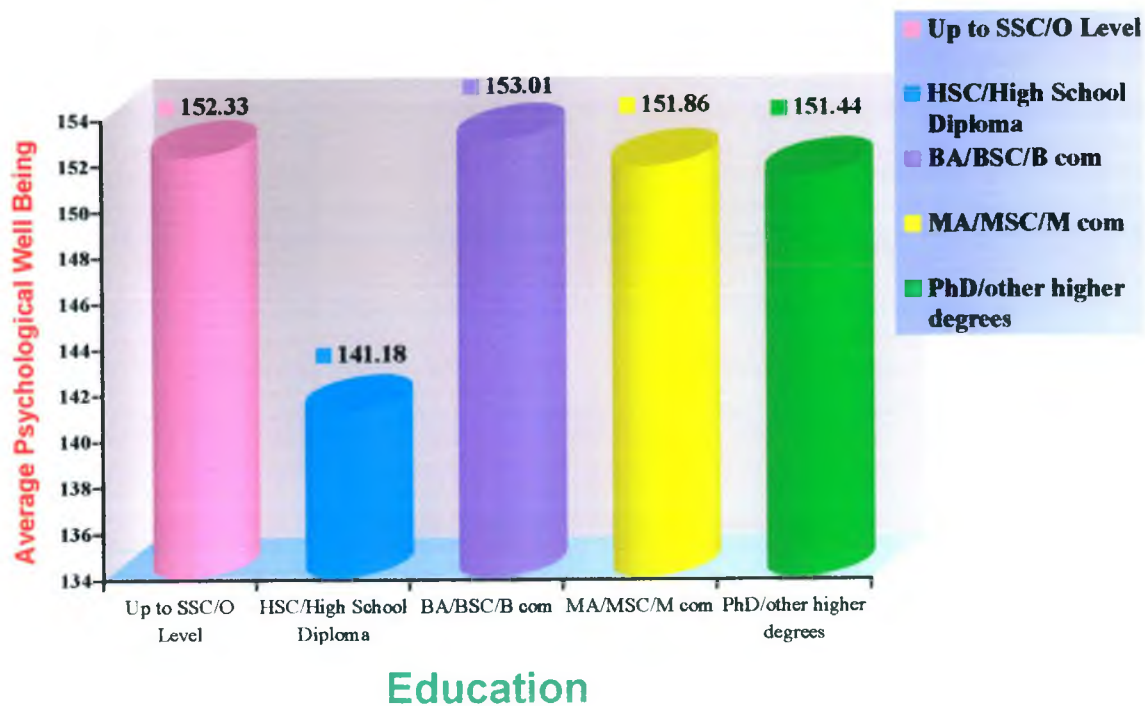


Figure 10: The mean psychological well being score according to different level of education.

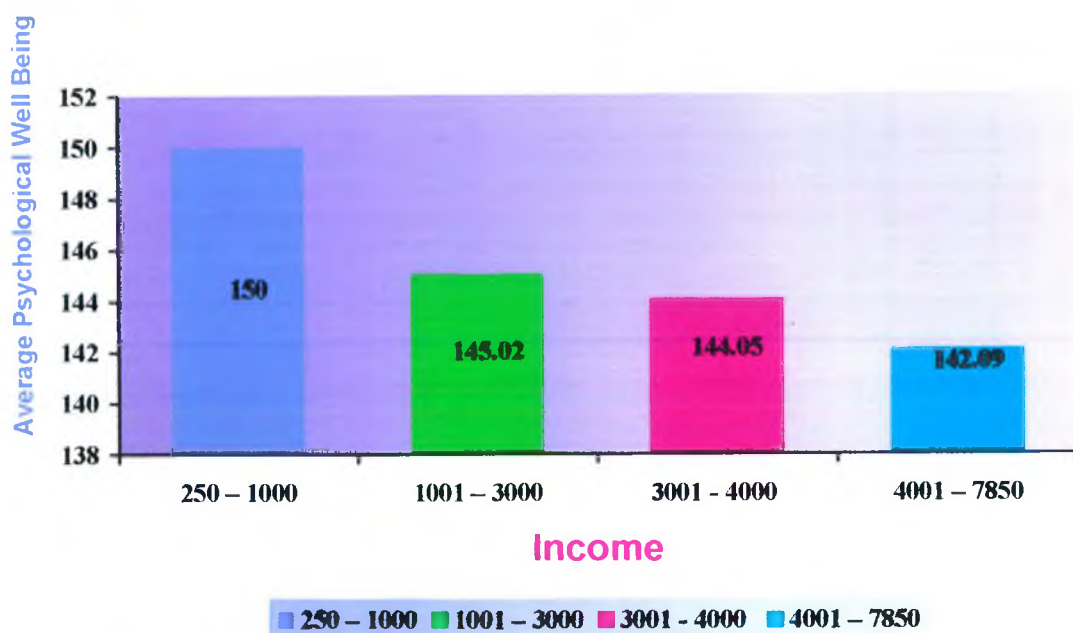


Figure 11: The mean psychological well being score according to different level of income.

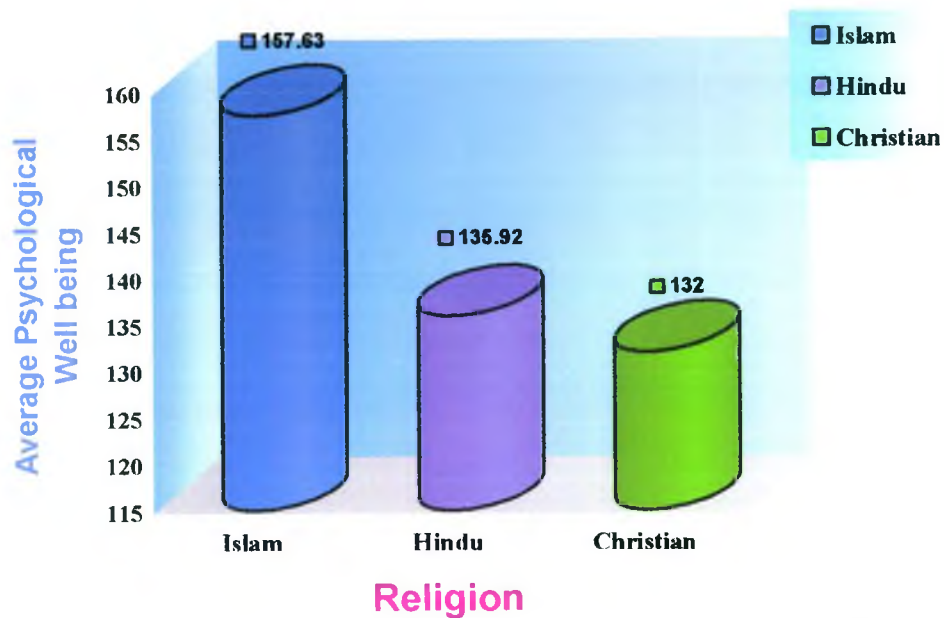


Figure 12: The mean psychological well being score according to different level of religion.

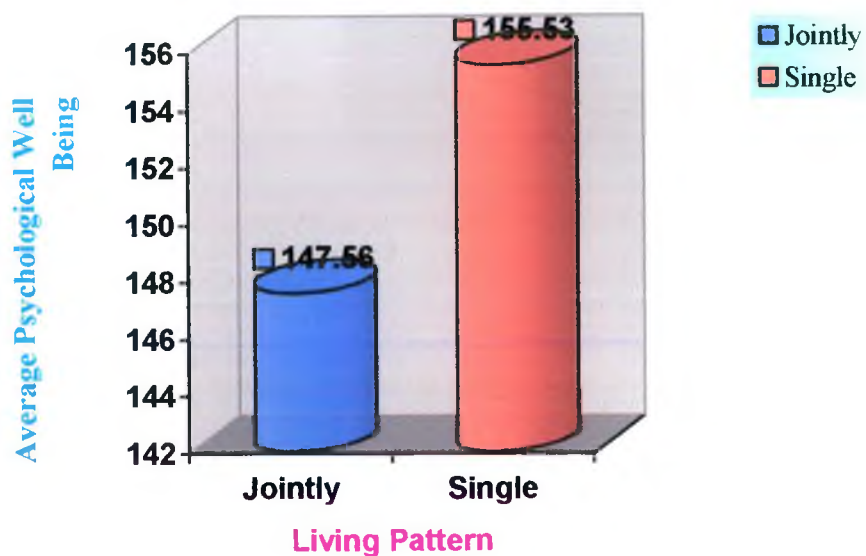


Figure 13: The mean psychological well being score according to different level of living pattern

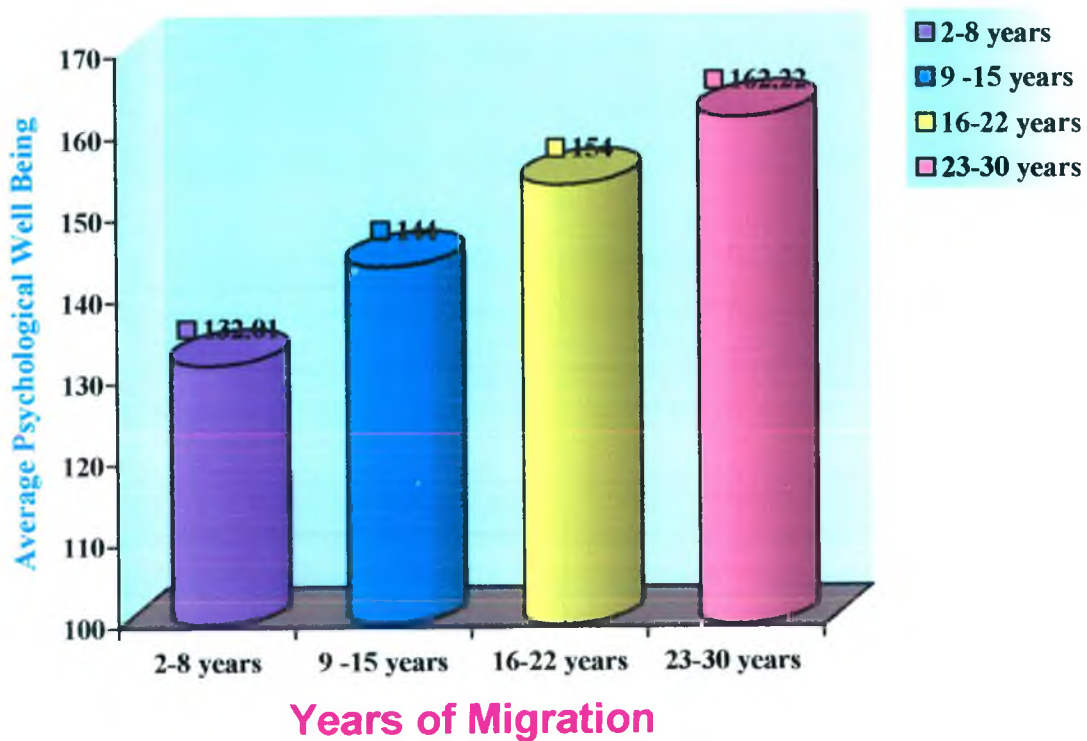


Figure 14: The mean psychological well being score according to different level of years.

Inspection of table 18 shows that the main effect of education ($F=1.131$, $df=63,112$) was not significant. Table 19 revealed that the immigrants with PhD ($\bar{X}=151.44$) masters ($\bar{X}=151.86$), Up to SSC/O level ($\bar{X}=152.33$) and bachelor degree ($\bar{X}=153.01$) were found to have same psychological well being. Only the immigrants with higher secondary were found to be slightly better psychological well being ($\bar{X}=144.18$). That means psychological well being did not vary according to different level education of the immigrants. The main effect of income ($F=1.338$, $df= 57,91$) was also not significant and the average psychological well being of the respondent of all income group is nearly same which indicates that psychological well being of immigrant did not vary according to their income level. But the main effect of religion ($F=1.586$, $df=68,131<.01$) was significant. It is also shows from table 19 that psychological well being of Hindus ($\bar{X}=135.92$)& christens($\bar{X}=132$) were found to be better than the immigrants whose religion was Islam($\bar{X}=157.63$). Another main effect of living pattern in aboard ($F=1.525$, $df=68,131<.02$) was significant. It is seen from table 19 that the immigrants from joint families had better psychological well being ($\bar{X}=147.56$). On the other hand, the immigrants who live alone had poor psychological well being ($\bar{X}=155.53$). That means psychological well being of the immigrants also varied according to their living pattern in aboard. The main effect of years of migration ($F=1.385$, $DF= 68,129<.05$) was also significant. It can also seen from table 19 that respondents who stayed abroad from 2 to 8 years, scored lowest ($\bar{X}=132.01$) which indicates better psychological well

being. But respondents who stayed for 23 to 30 years were found to have poorer psychological well being ($\bar{X}=162.22$) than respondents who stayed for 9 to 15 years ($\bar{X}=144$) and for 16 to 22 years ($\bar{X}=154$). So immigrants who lived aboard for long time had poorest psychological well being and the immigrants who lived aboard for short time had better psychological well being.

CHAPTER V

DISCUSSION

CHAPTER-IV

DISCUSSION

The main purpose of the present research was to investigate in what ways the psychological well being of the Bangladeshi immigrants differ regarding their different countries of residence and how such difference could be explained in terms of their demographical variables such as sex, age, marital status etc.

A major finding of this study was that the psychological well being as a function of the respondents' countries of residence varies significantly. It was found that respondents from Canada had better psychological well being than that of the UK, the USA and Australia. The respondents of Australia had the poorest psychological well being. This result may be explained by the socio-cultural situation of the Bangladeshi immigrants in those four countries considering both relative opportunities and crises that they confront from their respective countries of immigration. The Bangladeshi immigrants do not get the same opportunities and even do not face the same problems in these countries.

The reasons why the Bangladeshis want to go abroad are unemployment, poverty, violence, insecurity of life and the increasing corruption in this country. Besides these, better economic opportunities, professional growth, better standard of living, better educational facilities for children and more material comforts are also the reasons for being immigrants to developed countries. Furthermore, the life in the developed countries is found to be

culturally vibrant and socially free and independent, not visibly riddled with bureaucratic corruption, political lethargy and bribery, chronic lack of food, unemployment, class struggle that are commonplace in this country.

Although the Bangladeshis migrating to the developed countries can meet the basic necessities of life quite easily and enjoy higher standard of living, they undergo many problems that are primarily socio-cultural and hence psychological. Migration means breaking with family, friends, and established social networks, departing from traditional routines, value systems, and accepted ways of behaving and having to adapt to new social and psychosocial environments. Despite whether migration is planned or not, voluntary or forced, some degree of stress is always involved. There is evidence that these populations possess higher than normal levels of disturbance perhaps due to current experiences of discrimination, oppression and prejudice (Leong, 1986; Tracey, et al., 1986). As well, having to adjust to a new culture and way of life as a result of immigration may produce stressors that influence mental health (Sue, et al., 1994).

The government of Canada, the USA, the UK, and Australia do not provide the same opportunities for immigrants. In other words, rules and regulations, facilities and problems for the immigrants are not the same in these four countries. Besides, the respondents of Australia do in fact suffer more from a range of mental health problems perhaps due to current experiences of discrimination, oppression, and prejudice as the government rules, regulations and facilities in this country may be less favorable than the other countries.

Migration to Australia has been a relatively new trend among Bangladeshis. So the Bangladeshi community of this country is relatively smaller than the other three countries. Social ties play a significant role in maintaining psychological well-being (Blue cross and Blue shield Minnesota foundation, 2004). Many studies demonstrate that being integrated into social networks and receiving high levels of social support are important for mental health and well-being (Kessler RC, McLeod JD, 1985). The number of social contacts both close and not so close, is related to higher levels of well-being. Within relationships, different types of support from different sources may benefit health. These types of support include emotional, practical and informational support (House JS, Kahn RL, 1985). But Social network is relatively short in Bangladeshi community in Australia. For this reason feeling of insecurity and loneliness often becomes a source of pain. That means although they easily get the basic necessities of life and enjoy higher standard of living, severely fail to enjoy subjective well being. As a result, their psychological distress is reflected in their poor psychological well being.

The respondents of the USA had also been found poor psychological well being. But it is not so severe like the respondents of Australia. Although most of the Bangladeshis want to be immigrants in this country, they face some aforementioned problems.

In the USA Bangladeshi community is large and their social network is also enough. Yet, they face prejudice and discrimination in the USA. Fernando (1988) points out that being a member of a minority ethnic group could be stressful owing to the exploitation, deprivation and harassment often

experienced and, therefore, it might be expected that there would be a higher incidence of psychological problems among people from minority ethnic groups. Cochrane and Sashidharan (1995) point out; racism and prejudice have a significant impact upon psychological well-being.

In this country, Job related problems may also intensify the psychological problems of the Bangladeshi immigrants. Migrants tend to take jobs that are temporary, require few skills, and are largely unattractive to local labor forces as well as some jobs that are available, such as those in mining, construction, heavy manufacturing, industry, and agriculture, often involve poor environmental conditions and lack of safety (Carballo and Nerukar, 2000). When satisfying job opportunities fail to appear, newcomers either blame themselves or get angry at the society for excluding them. This job related problem is seen more in the Bangladeshi community. The frustrations add to the many other stresses of immigration (Matos, 2005).

It is also essential to realize that migration has altered their sense of affiliation with any South Asian culture. The Indian, Pakistani, or Bangladeshi identity, the Sikh, Muslim, Hindu, or Christian identity they may carry in the U.S. will be strongly influenced by their psychological integration into this society. Today, as a community with a growing population and fragmented consciousness, Asian Americans are painfully aware of a variety of obstacles faced in their own pursuit of the American Dream, but with little direction or resolve to examine their new lives. (Amritjit Singh, 2002)

Above all religious facilities are not enough in the USA. At present, the environmental situation of the USA has been changed specially for the citizens of the third world (Matos, 2005)

Although, they enjoy material comfort here, they often feel insecure and loneliness. Since the immigrants are third class citizens in the migratory country, most of them have no voting right, pension plans and other social benefits.

All these things lessened their life satisfaction in their dream land. Consequently, this negative experience diminishes their psychological well being.

The study also showed that respondents of the UK had slightly better psychological well being. The history of migration to the UK from Bangladesh dates back to the early 50s when Bangladeshi people migrated to the United Kingdom to earn enough money to support their families. Ken Livingstone, Mayor of London, has hosted the first Bangladeshi community conference at City Hall, organized in association with the Consortium of Bengali Associations. The Mayor said: "Londobangladeshi community makes a substantial contribution to Londonconomy, its culture and diversity. London is home to over 55 percent of the Bangladeshi population of England and Wales and they make up over two percent of Londonotal population (Black Information Link, UK 2003)".

According to Newsweek report, some 80 percent of Pakistani and Bangladeshi households have incomes at or below the national average,

compared to 40 percent for other ethnic minorities. But at least Pakistan and Bangladeshi community have schools, they've got civil liberties, they have got Muslims in the House of Lords (Newsweek, 2003).

But several studies have shown high levels of unreported psychological distress in Asian communities (Mind Information, 2005). In a Commission for Racial Equality report on racial attacks and harassment in the Bangladeshi and Pakistani communities, 5% (five per cent) of the Indian community and 8% (eight per cent) of the Pakistani and Bangladeshi communities thought that racism was a factor in offences against them. This compares to four percent of Black people and one per cent of white people. (Mind Information, 2005) The health of immigrant populations varied from group to group, with those from South Asia worst off. Mr Nazroo (2004) told BBC World Service's Health Matters programme: "The poorest groups - the Pakistani and Bangladeshi groups - had really very poor health in comparison with everybody else.

In the light of aforementioned discussion it may be said that the Bangladeshi community in the UK have many facilities and they also have some disadvantages. Consequently, both facilities and disadvantages reflect their medium type of psychological well being.

The result reveals that the respondents of Canada had better psychological well being because immigration policies of Canada are equal for all immigrants, whether they are from the third world or are from the first world. Canada has one of the most positive immigration policies in the

world accepting peoples from all corners of the earth. It's health care system has one of the highest ratings in the world.

Canada is predominantly a Christian country. However, all religions are represented in its multicultural and secular society. Canadians respect the freedom of people to practice their choice of religion. Churches, mosques, temples and synagogues are located in most major cities. Although Canada is a democracy governed on secular terms, the Quran is sometimes quoted in public meetings and top politicians attend events organized by Muslims, such as Eid ul Fitre, the festival that marks the end of Ramadan.

All children must attend school until age 16. They are entitled to a free education until age 18 in a public school. Freedom of speech is guaranteed in Canada. There is also no censorship; the media is free from government restrictions.

Canada also upholds every citizen's right to practice religion without interference from the state, which does not favor any one religion over another. Women, who have equal rights to men, choose whether or not to wear veils in public. Many Muslim immigrants soon come to deeply appreciate Canada's freedoms, political stability and trustworthy police force. Today Canada is one of the most ethnically and racially diverse countries and with the most positive immigration policy in the world.

Bangladeshi immigrants enjoy all these positive things which enhance their quality of life. In terms of standards of living, the United Nations (2000) has voted Canada as one of the best places in the world to live. So it can be said that better psychological well being of the respondents of Canada has also proved the United Nation's vote. Recently it was also revealed that Canada is the most favorable and desirable living country for immigrants (Economist Intelligence Unit, 2005).

The result reveals that male immigrants had better psychological well being than female immigrants. This may be because the ability of coping with new socio-culture and with new environment of men and women is not the same. Besides, Bangladeshi women have some limitations than men because of this country's cultural heritage. For these limitations, they can not adjust with new culture as easily as a man can do. Most women cannot speak and understand English.

Kumari (2004) identified a number of issues that had an impact on the mental health and well-being of Asian women, including unwanted arranged marriage, gender roles and changing cultural expectations. He also found that a high proportion of South Asian women suffer from psychological problems. A considerable number had experienced racial discrimination, marital difficulties, domestic violence and several had suffered sexual discrimination. (Kumari, Nirmal 2004)

Like any other society women are also being abused in migratory country. Domestic violence is a problem which is seen not only in the immigrant class but also in all classes and ethnic backgrounds. When an immigrant

woman goes through an abusive situation, it is much more difficult if she would have been in her original country. Anita (not her real name), 21, came to the US from the Bangladeshi capital, Dhaka, in 1995 and said that she had been beaten every day by her husband. I had three failed pregnancies, a battered body and three years with a husband who abused me every day (BBC News -- South Asia 2004). Generally immigrant women have lack of knowledge about the resources which are available, and language barrier is one of the biggest obstacles to escape the abuse.

Immigrant women, particularly those who are sponsored by their husbands, may fear that they will be deported if they leave an abusive family situation and thus they may be reluctant to seek the help of an agency to deal with their problems.

On the other hand, Asian men do not need services that have been described as 'dangerous' as they not only imply that they 'will be looked after by the community, but that as male figures they don't necessarily have emotions.' (Asian Family and Marriage Counseling Service) Several studies have shown high levels of unreported psychological distress in Asian communities in general, and in Asian women in particular. (Mind Information, 2005) Many Asian women are isolated in their homes without any form of support. (Mind Information, 2005) As a result, they always have a negative feeling (i.e. Anxiety, dissatisfaction, unhappiness etc.) toward every day activity which reflected in their poor psychological well being.

Another observation of the study is a significant effect of age on psychological well being. It was found that younger (18 to 30 years of age)

immigrants had the best psychological well being. The reason is that as the citizens of developing country like Bangladeshi young generations has a dream for going to developed country and sees this process as an exciting and also an opportunity which comes once in a life time. If they can go to these countries in anyway, they think that they can get everything which is essential for quality of life.

Besides, they usually possess broader and modern outlook which help them cope with new socio-cultural situation easily. They are hard-working and never hesitate to take jobs that fall below their education and ability. They also face enormous challenges, most of them are not aware of these challenges and think that they can solve these easily. Moreover, they are not influenced by the Bangladeshi culture and religion as compared to older or middle age which affects their thought and behavior pattern. As a result, they become more happily with their foreign life.

Older (51 to 70 years old) immigrants showed the poorest psychological well being. Most of those who migrated to Great Britain as adults in their twenties and thirties in the 1950s and 1960s are now elderly people who may not have intended to stay. The nature of their immigration then was transitory with an expectation of returning to the country of their birth after saving enough money from their working life in developed countries(Mind Information, 2005) Research has shown that this group has also suffered from isolation and comparatively poor health(Mind Information, 2005). The feelings of isolation that follow social dispersal are often detrimental to both mental health and social integration.

They had a strong sense of belonging to the culture of Bangladesh. Their mannerisms, customs, and method of social interaction were distinctly Bangladeshi and made little sense to an outsider. They had all retained some essential identity of their native land, and for them nothing seemed stable and permanent in the host country. It appeared that the demands of the host country way of life were imposed on them, and contradictions were apparent in every aspect of their lives.

Rather, they found pleasure and security in their traditions, which were remarkably self-contained. They usually stick to their traditional values and moralities which prevent them free mixing with new socio-cultural situation. Since two cultures are in many ways different it is very difficult for older to adopt a totally different culture. They may have also a pain for returning their homeland. Consequently, they were less satisfied with their foreign life. Their negative experience about migratory life reflects on their poor psychological well being.

The immigrants in the middle range of age (41 to 50 years) and (31 to 40 years) respondents fell in the middle in terms of their psychological well being. This indicates that as age of immigrants increased, their psychological well being become poorer. This may be because they experienced lower levels of negative affect than older. Their adaptation level to a new environment is moderate. But at the same time, they feel insecure, and everything around them seems unstable and impermanent; they wade through the crowded world without attachment or belonging. Fears haunt them: "Are they losing their identity as Bangladeshis? Are they losing the

traditional essence of family that they consider to be so sacred?" They raise their guard against social practices that are considered alien to their culture.

Bangladeshis are symbols of a conflicting world of hopes and fears. Outwardly, they show unbounded enthusiasm for work, consumption, and adda (idle conversation), but inwardly many are alienated from the society where they live and work. Consequently, they have some positive feelings and also some negative feelings toward every day life activities that affect their medium psychological well being.

So this finding is similar with that of Bradburn and Caplovitz (1969) who found young people were happier than older ones.

Another major finding of this study is that psychological well being of divorced, separated and widow immigrants had poorer psychological well being than the married and also unmarried immigrants. This may be because married men and women are less depressed, less anxious, and less psychologically distressed than single, divorced, or widowed. By contrast, getting divorced lowers men's and women's mental health, increases depression and hostility and lowers one's self-esteem and sense of personal mastery and purpose in life. Gove et al (1983) found marriage to be the best predictor of psychological well being.

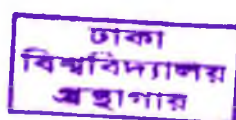
Sociologists, psychologists and epidemiologists have recently documented evidence of married people's have better physical health, longevity (length of life), psychological health, and happiness. Married individuals fare better in these terms than the never married, who in turn generally fare better than

the divorced, separated and widowed. Chun and Lee (2001), Daniel (1995), Loh (1996), Reed and Harford (1989) found that married individuals earn higher wages than single people. Ross (1995) shows that the married have the lowest incidence of economic hardship. Second, marriage provides emotional and instrumental support. Emotional support seems to reduce the incidence of depression and mental illness (Ross et al 1990), and provides an important buffer against stress (Kessler and Essex 1982, Berkman 1988). Marriage can also enhance feelings of attachment and belonging, thought to affect mental health, (House et al 1988) while releasing possible social stigmas of being unmarried.

The unmarried are more likely to live alone, for instance, which is associated with depression (Ross et al 1990). This is especially true in the area of immigrant's health and well-being. Most of them are separated from close relation and normally the environment of the abroad is loneliness, different from homeland.

404198

Married individuals tend to engage in less in risky activities and in more in healthy ones perhaps for the sake of their partner (Umberson 1987, Ross et al 1990, Power et al 1999). For example, married people smoke and drink less (Umberson 1987). Another possible channel is that partners monitor each other for early symptoms of illness. The guardian effect can also indirectly help mental health as there exist evidence of a link between physical health and mental health (Friedman 1991).



So, unmarried, divorced, widow and separated immigrants are mainly deprived of subjective components of well being. Their loneliness, feeling of insecurity and dissatisfaction are reflected in their psychological well being.

The present study failed to find noticeable effect of education and income on psychological well being of immigrants. In support of this finding it may be said that education is less important in foreign life. In many situations status of the immigrants is not changed according to their educational qualification. Circumstances force some highly educated people to accept humble jobs. For example Engineers, successful in their land of origin, have been forced to work as watchmen in Toronto. Barbers have become radio personalities. The interesting result of this human tragedy was that people had to adjust to new roles and status. In other words, not only income works but many other factors also play a vital role with it. For that reason mere impact of income on psychological well being was not found.

In case of religion the study reveals a significant effect of psychological well being. Here it may be said that Hindu and Christian religion are not so conservative. For this reason they may easily cope with that socio-cultural situation and environment. But it is difficult for Muslim to adjust with such different culture and social network for their religious rules and regulations are very rigid.

Another finding of the study is the living pattern of immigrants that had the significant effect on psychological well being. They, who live abroad alone, feel socially isolation and loneliness. The relief found in temporary friendships and supportive social environments at ethnic bars often heightens

dependency on alcohol and other substances, and alcohol abuse is a frequent problem among single immigrants. Psychological stress may also contribute to the problems immigrants face, and the deprivation, employment difficulties. On the other hand, the traditional stereotype of Asian families is one of a cohesive, extended family, which usually includes the elderly parents of either the father or the mother of the household, and where individual members offer support and respect to each other. In this setting they would not need the support of other bodies. That is why psychological well being of single immigrant found to be poor.

The study also shows that respondents who lived abroad for a long time had poorer psychological well being than those who lived for short time. This indicates that as spending time in abroad of immigrants increased, their psychological well being become poorer. This may be explained by the fact as a citizen of a poor country like Bangladesh have a dream for going to developed country and see this process as exciting and also an opportunity which comes once in a life time. Especially new comer face enormous problems, but most of them ignore these problems. Still then their dream do not diminishes. They think that they will lead a happier life and they will get every thing which makes ones life enjoyable. But this feel about foreign would be decayed day by day. Gradually their feeling for homeland would be increased. Bangladeshis are apprehensive about some problems that are increasingly prevalent in that society, such as drug addiction and teenage pregnancies. Knowing that Bangladeshi families are not living in an insular world, they are apt to look for an alternative culture to combat a utilitarian ideology among the new generation of Bangladeshis. Perhaps for this reason

they are increasingly turning towards religion and thus, are becoming more religious in their adopted country than they were in Bangladesh. Separation from close relative and friends give them feeling of loneliness. For this reason those who lived longer abroad had poorer subjective well being.

On the whole country of residence has been found to be the major variable making differences in psychological well being of Bangladeshi immigrants. However, age, sex, marital status and the length of time spent abroad made significant differences in their psychological well being.

CHAPTER VI

SUMMARY & CONCLUSION

CHAPTER-V

SUMMARY AND CONCLUTION

The purpose of the present study was to examine the effect of countries of residence and immigrants' demographical variables such as sex, age, marital status etc. on psychological well being.

The sample of the study consisted of 200 adult respondents selected purposively. Of the total sample 64 were from the USA, 57 from the UK, 41 from Canada and 38 from Australia. Of this sample 107 were males and 93 were females. All of the respondents were Bangladeshi immigrants. The age of the sample was ranged from 18 years to 70 years and their educational qualification was ranged from SSC/O-level to PhD. The sample included Engineers, Students, Waiters, Businessmen, Teachers, Housewives, Salesmen, Training officers, Accountants, Drivers etc. In the field of marital status, the sample was divided into three levels of which 98 were married, 71 were unmarried and 30 were divorced, separated or widows. The data were collected by the purposive sampling technique. The respondents were Bangladeshi adult immigrants. They lived abroad for at least two years and were able to read and write.

A factorial design was used in this study. Demographic variable was varied in several ways such as sex, age, marital status etc. and the countries of residence was varied in four ways, viz: the USA, the UK, Canada and Australia.

To measure the psychological well being, the Subjective well-being Questionnaire of Naghpal and Sell (1985) was used. For the present study the short version of scale (Begum, 1990) consisting of 82 items was used in this study which did not allow much scope for a broad based field survey of immigrants. In this study there were eight dimensions that had been used and they were as follows: Subjective well being- Positive affect, Subjective well being-Negative affect, Mental mastery over Self and Environment, Rooted ness, belongingness, Structural and cohesive aspects of the family, Density of social network, Security in health and Socio-economic crises, Expectation- Achievement harmony.

Quantitative data were processed using the SPSS package. The psychological well being scores were analyzed by 4(Countries of residence) x 2 (sex) x 3 (marital Status) x 4 (age) analysis of variance from which it had been showed that psychological well being varied significantly as a function of the immigrant's countries of residence and demographical variables.

The result showed that psychological well being varied significantly as a function of the respondents' countries of residence. The immigrants of Canada had better psychological well-being while the immigrants of Australia had poorer psychological well-being and others were remaining in between.

Sex was found to be an important determinant of immigrant's psychological well-being. Psychological well being of male immigrants of Canada had been found better than those of male and female immigrants of the USA, the

UK, Canada and Australia while the poorest psychological well-being was found for female Australian immigrants.

The finding showed that age of immigrants was a significant determinant of psychological well being. The younger immigrants were found to have best psychological well-being, older immigrants showed the poorest psychological well-being and the middle range of age fell in the middle in term of their psychological well-being.

With regard to the impact of the variable of marital status on psychological well being of immigrants, the findings indicated that the psychological well being of married immigrants was better than that of unmarried immigrants. Among these three groups, divorced, widow and separated immigrants had poorer psychological well-being. The findings also showed that Canadian married settlers had the best psychological well being and Australian divorced, separated and widow settlers had the poorest psychological well being.

Besides, psychological well-being scores of some related factors such as education, income, religion, living pattern and years of migration in this study were analyzed by one way analysis of variance from which the found results was that the education and income of the immigrants were not significant. The present study revealed that some of immigrant's demographical variable such as religion, living pattern and years of migration had some impact on psychological well-being.

There are some potential limitations of the present study which need to be mentioned.

First: It was too difficult to collect the data from abroad. So, it took a long time (2 years) to collect the data.

Second: It was not possible to maintain uniform data collection procedure.

Third: The sample was not representative of the whole Bangladeshi immigrant population.

Recognizing these limitations, the following recommendation is made:

As this study made use of a small sample of immigrants and explored limited psychological dimensions, some more extensive research be conducted on larger samples and explore many other dimensions of mental health. Such studies are likely to throw light on psychological well being of immigrants and subsequent steps that are to be followed to help improve their wellbeing.

REFERENCE

REFERENCES

Alam, F (1988) ‘ Salience of homeland: Societal polarization within the Bangladeshi population in Britain’, Research papers in Ethnic Relations, No. 7, Centre for Research in Ethnic Relations, Economic and social Research Council (ESCR), University of Warwick.

Ali J, Mental health of Canada’s immigrants, 2002, Statistics Canada, catalogue 82-003, Supplement to Health Reports, 13, 101-113.

Alston, J.P. and et. Al. (1974). Socioeconomic correlates for four dimension of self perceived satisfaction, 1972. Human Organization, 33:99-102

Andrews, F.M. and Withy, S.B. (1976). Social indicators of well-being Americans perception of Life Quality, Plenum Press, NewYork.

Atkinson, D.R., Morten, G., & Sue, D.W. (1998). Counseling American minorities: A cross-cultural perspective (5th ed.). New York, NY: McGraw-Hill Companies Inc.

Baskaukos L. The Lithuanian refugee experience and grief. International Migration Review, 1981, 15, 276-291

Beiser M, Changing time perspective and mental health among Southeast Asian refugees Culture, Medicine and Psychiatry, 1987, 11, 437-464.

Beiser M., Wickrama KAS., Trauma, Time and Mental Health: A Study of temporal reintegration and depressive disorder among Southeast sAsianrefugees, 2004, Psychological Medicine, (in press).

Beiser, M., Collomb, H. and Ravel, J.L (1981). "Mastering Change: Epidemiological and Case Studies."American Journal of Psychiatry, 1981, 138(4): 455-459.

Beiser, M., Johnson, P.J., & Turner, R.J Unemployment, underemployment and depressive affect among Southeast Asian refugees. Psychological Medicine, 1993, 23, 731-743.

Beiser, M., Turner, R.J., & Ganesan, S. Catastrophic stress and factors affecting its consequences among Southeast Asian refugees. Social Science & Medicine, 1989, 28, 183-195.

Berg, O.(1975). Health and the Quality of social. 18, 3-22.

Berkman, L.F. (1988), The Changing and Heterogeneous Nature of Aging and Longevity: A Social and Biomedical Perspective, Annual Reviews in Gerontology and Geriatrics, 8, 37-68.

Black Information Link, UK. (2003) Bangladeshiu community In London. 17 September, 2003.

Blue cross and Blue Shield Minnesota Foundation (2004). A report of Migration problems in Defferent Community.

Bradburn, N.M. (1969). The structure of psychological well being. Chicago, Adline.

Bradburn, N.M. and Caplovitz, D. (1967). Reports of Happiness. Chicago, Adline.

Campbell, A. (1981). The sense of well-being in America : Recent patterns and trends. NY: McGraw Hill.

Campbell, A. (1976) Subjective measures of well being. American Psychologist, 31, 117-124.

Campbell, A. and P. Converse (1970). Monitoring the Quality of American life. A proposal to the Russel Sage Foundation. Survey Research Center, University of Michigan.

Carballo, M., Divino, J.J., & Zeric, D. (1998). Migration and health in the European Union. Tropical Medicine and International Health 3(12): 936-944

Carballo, M. and Nerukar, D. (2000). Migration and Job related Problem. Tropical Medicine and International Health 9: 39-44

Carey, S and Abdus Shukur (1985) 'A profile of the Bangladeshi community in East London', New community, Vol. XII, No. 3, London.

Chase-lansdale, P.L. (1996) Effects of divorcee on mental health through the life span. Informal talk at the family Research Summer Consortium, San Diego.

Chen, J., Ng, E., & Wilkins, R. The health of Canada's immigrants in 1994-95, 1996 a, Health Reports, 7, 4, 33-45.

Chun, H. and I. Lee (2001), Why Do Married Men Earn More: Productivity or Marriage Selection?, Economic Inquiry, 39, 7-19.

Cochrane R, Bal SS, (1989) Mental hospital admission rates of immigrants to England: a comparison of 1971 and 1981. Social Psychiatry and Psychiatric Epidemiology 24, 2-11.

Cochrane, R., Hashmi, F., & Stopes-Roe, M, Measuring psychological disturbance in Asian immigrants to Britain. Social Science and Medicine, 1977, 11, 157-164.

Cochrane, R., & Stopes-Roe, M. Psychological symptom levels in Indian immigrants to England: Acomparison with native English. Psychological Medicine, 1981, 11, 319-327.

Daniel, K. (1995) The Marriage Premium Ch.7 from The New Economics of Human Behaviour (eds) M. Tommasi and K. Ierulli, Cambridge University Press.

Davis, J.A. (1984). New money, an old man/lady, and two's company. Social indicators research, 15, 319-350.

Diener, E. (1984). Subjective well-being. Psychological Bulletin, 95, 542-575.

Diener, E., & Larsen, R. J. (1993). The experience of emotional well-being. In M. Lewis & J. M. Haviland (Eds). Handbook of emotions (pp. 405-415). New York: Guilford

Diener, E. (1994). Assessing subjective well-being: Progress and opportunities. Social Indicators Research, 31, 103-157.

Diener, E., et. al. (1999). Norms for affect: An international comparison. Paper presented at the International Society for Research on Emotion, Toronto, Canada.

Dunn J.R., Dyck I. Social determinants of health in Canada's immigrant population: Results from the National Population Health Survey. Social Science and Medicine, 2000, 51, 1573-1593

Dryburgh H.B., Kelly M. Immigrant change: Using tax-filing patterns to identify patterns of emigration and mortality among landed immigrants. (In press) Ottawa, Statistics Canada: Housing, Family, and Social Statistics Division.

Eade, J., Vamlew T. And Peach C. (1996), (eds.), ' The Bangladeshi: the encapsulated community', Ethencity in the 1991 Census, vol-2, London, HMSO.

E. Mohamed et.al (2003) Gender Bias Worst Among Nairs, X'ians', The Hindu 28 April, 2003.

Fernando, G. (1988). Measures of physical and psychological health in community.. In J. P. Robinson, P. Shaver, and L. Wrightsman (Eds.) Measures of Social Psychological Attitudes. San Diego, CA: Academic Press.

Fontana, A. F., Marcus, J.L., NoelDowds, B., and L.A. Hughes (1980). Psychological Impairment and psychological health in the physical ill, *psychosomatic Medicine*, 42, 279-288.

Freudiger, P. T. (1980) Life satisfaction among American women (Doctoral Dissertation, North Texas University, 1979). Dissertation Abstracts International, 40(A): 6438.

Gove, W.R., M. Hughes and C.B. Style (1983), Does Marriage Have Positive Effects on the Psychological Well-being of the Individual?, *Journal of Health and Social Behaviour*, 24, 122-131.

Hollifield M, Warner TD, Lian N, Krakow B, Jenkins JH, Kessler J, Stevenson J,

Hogman P. (1985). Role of memories in lives of World War II orphans. *Journal of the American Academy of Child Psychology*, 2, 390-396

Halldin, J. Prevalence of mental disorder in an urban population in central Sweden in relation to social class, marital status and immigration. *Acta Psychiatrica Scandinavica*, 1985, 71, 117-127.

Herzberg,F.(1966). Work and the Nature of Man. New York: World publishing Company.

Heatherington, E.M., and Stanley-Hagan, M.M.(1995). Parenting in divorced and remarried families. In M. H. Bornstein (Ed.). Children and parenting (vol.4.) Hillsdale, N. J. Erlbaum.

House JS, Kahn RL. (1985). Measures and concepts of social support. In Social Support and Health (ed. S. Cohen and S.L. Syme), pp. 83-108. Academic Press: New York

House, J.S., K.R. Landis and D. Umberson (1988), Social Relationships and Health, Science, 241, 540-545.

International Organization of migration (IOM) (2000) World Migration Report 2000, Geneva.

Jahoda, M. (1958). Current Concepts of Mental health, New York: Basic Books.

Janakontha, 1 September 2002, Dhaka Bangladesh.

Kenny, D.(2002). Information Kit 'Briefing note on the Bangladeshi population in London', Policy Support Unit of Tower Hamlets Council.

Kliwer E.V., Jones R. Immigrant Health and the Use of Medical Services: Results from the Longitudinal Survey of Immigrants to Australia, 1997, Canberra, Australia, Department of Immigration and Multicultural Affairs.

Kessler RC, McLeod JD. (1985). Social support and mental health in community samples. In *Social Support and Health* (ed. S. Cohen and S.L. Syme), pp. 219-240. Academic Press: New York

Kessler, R.C. and M. Essex (1982), Marital Status and Depression: The Importance of Coping Resources, *Social Forces*, 61, 484-507.

Kumari, N. (2004). Reports of Women's mental Health in Asian Community: Judgmental processes and their methodological implications 0.3-4.

Larson, R. (1978). Thirty years of research on Subjective well- Being of older Americans, *Journal of Gerontology*, 33:109-125.

Leong, F.T.L. (1986). Counseling and psychotherapy with Asian-Americans: Review of literature. *Journal of Counseling Psychology*, 33, 196-206.

Loh, E.S. (1996), Productivity Differences and the Marriage Wage Premium for White Males, *Journal of Human Resources*, 31, 566-89.

Lucas, R. E., Diener, E., & Suh, E. (1996). Discriminant validity of well-being measures. *Journal of Personality and Social Psychology*, 71, 616-628.

Marks, N. & Lambert, J. (1998). Marital status continuity and change among young and midlife adults: longitudinal effects on psychological well-being. *Journal of Family Issues*, 19, 652-86.

Matos, D. G. (2005). The pursuit of happiness: Who is happy--and why. New York:

Mind (2005). Information facts and booklets: 'The mental health of the South Asian community in Britain'

Mroczek, E. and Kolarz, S. (1998). Age and Subjective Well-Being: A cross –cultural Examination. Master's thesis. University of Illinois.

Nagpal, R. and Sell, H. (1985) Subjective well being: Indicators of mental health. SEARO Report on A WHO/ UNICEF inter country Workshop, 1- 60.

Najman, J.M. and S. Levine(1981). Evaluating the impact of medical Care and Technologies on the Quality of Life. Soc. Sci. & Med.,. 15F, 107-115.

Newbold et al (2003). Cross-cultural correlates of life satisfaction: A Study of Southeast Asian Refugees in Canada. The Journal of Health and Social Behavior, 20:13-27.

Newsweek (2003). The Report of Pakistan and Bangladeshi Community in Britain.

Newsday – World, 2004, Marked for death Nov 17, 2004

Noh, S., Beiser M, Kaspar V, Hou F and Rummens, J. Perceived Racial Discrimination, Depression, and Coping: A Study of Southeast Asian Refugees in Canada. The Journal of Health and Social Behavior, 1999,40:193-207.

Power, C., B. Rodgers and S. Hope (1999), Heavy Alcohol Consumption and Marital Status: Disentangling the Relationship in a National Study of Young Adults, *Addiction*, 94, 1477-1487.

Reed, R.W. and K. Harford (1989), The Marriage Premium and Compensating Wage Differentials, *Journal of Population Economics*, 2, 237-65.

Ross, C.E., J. Mirowsky and K. Goldsteen (1990), The Impact of the Family on Health: The Decade in Review, *Journal of Marriage and The Family*, 52, 1059-1078.

Ross, C.E. (1995), Reconceptualizing Marital Status as a Continuum of Social Attachment, *Journal of Marriage and the Family*, 57, 129-140.

Roskies, E. Sex, culture and illness: An overview. *Social Science and Medicine*, 1978, 12, 139-141.

Samad, Y. and Eade, J. (2002). 'Community perception of forced Marriage', University of Bradford and University of Surrey Roehampton.

Sashidaran SP. (1993). Afro-Caribbeans and schizophrenia: the ethnic vulnerability hypothesis re-examined. *International Review of Psychiatry* 5, 129-144.

Shin, D. C. and Johnson, D. (1978). A vowed happiness as an overall assessment of the quality of life. *Social Indicators Research*, 5:475-492.

Siddiqui, T. (2004). 'Institutionalising Diaspora Linkage : The emigrant Bangladeshis in UK and USA ',

Speitzer, E. and Snyder E.E. (1974). Correlates of life satisfaction among the aged. *Journal of Gerontology*, 29:454-458

Sue, S., Zane, N., & Young, K. (1994). Research on psychotherapy with culturally diverse populations. In A. Bergin & S. Garfield (Eds.). *Handbook of psychotherapy and behavior change* (4th ed.) (pp.783-817). Toronto, ON: John Wiley & Sons, Inc.

Tracey, T.J., Leong, F.T.L., & Glidden, C. (1986). Help seeking and problem perception among Asian Americans. *Journal of Counseling Psychology*, 33, 331-336

United Nations (1961). International Definition and Measurement of levels of living. An interim Guide. UN publication 61, IV.7.

United Nations (UN) 2000, World Development Report, Newyork

Umberson, D. (1987), Family Status and Health Behaviours: Social Control as a Dimension of Social Integration, *Journal of Health and Social Behaviour*, 28, 306-19.

Vega, W.A., Kolody, B., & Warheit, G. Psychoneuroses among Mexican Americans and otherwhites: Prevalence and caseness. *American Journal of Public Health*, 1985, 75, 523-527.

Waite, L., & Gallagher, M. (2000). *The case for marriage*. New York: Doubleday.

Warr,P. & Wall,T. (1975). *Work and Well-being* Harmondsworth: Penguin.

Westermeyer, J., Vang, T.F., & Neider, J. Refugees who do and do not seek psychiatric care: An analysis of premigratory and post migratory characteristics. *Journal of Nervous and Mental Disease*, 1983a, 171, 86-91.

Westermeyer J(2002) Measuring Trauma and Health Status in Refugees. A Critical Review. *Journal of the American Medical Association*, 288, 5, 611-621

Willet, Cynthia (ed), 1998 *Theorizing Multiculturalism : A guide to current debate*, Basil Blackwell Press.

APPENDICES

Appendix – A

SUBJECTIVE WELL-BEING INVENTORY INSTRUCTION

People live in a variety of situations and they don't feel the same way about life and the world around them. It is important to know how different persons feel with regard to their day-to-day concerns such as their health, family work, etc. Such knowledge is necessary if an improvement in the quality of life of people is to be brought about.

This is a questionnaire on how you feel about some aspects of your life and about your life and about your life as a whole. Many questions are in this questionnaire. Please read carefully the following questions and put a circle around the answer which seems to represent your feelings best. At times you may find that your feeling is not represented perfectly by any one of the given response categories in such cases just choose the one closest to what you think.

All information given by you will be treated as confidential and will be used only for research purposes. So your kind co-operation is very much solicited.

Personal data

1. Male / Female :
2. Age :
3. Occupation :
4. Religion :
5. Educational Qualification :
6. Monthly Income :
7. Monthly Family Income :
8. Marital status :
9. How long have you been living in a broad as a immigrant?
10. Immigrant country :
11. Living pattern : a) Single b) Joint (Mention with whom)

Questionnaire

1. How do you feel about your general health and physical fitness?
a) Very good b) Quite good c) Not so good
2. How happy are you with education you have received?
a) Very happy b) Quite happy c) Not so happy d) Not applicable
3. Do you feel confident that you will be helped out adequately by someone in case you lose your job or your property?
a) Very much b) To some extent c) Not so much
4. How do you feel about your family life?
a) Very good b) Quite good c) Not so good
5. How do you feel about the relationship you and your wife/husband have?
a) Very good b) Quite good c) Not so good d) Not applicable
6. How do you feel about the relationship you and your children have?
a) Very good b) Quite good c) Not so good d) Not applicable
7. How do you feel about the relationship you and your friends have?
a) Very good b) Quite good c) Not so good

8. How do think other people around you like you?
a) Very much b) To some extent c) Not so much
9. Are you able to concentrate well on things you are doing?
a) Very much b) To some extent c) Not so much
10. Are you able to remain calm and to control yourself even in critical situations?
a) Very much b) To some extent c) Not so much
11. Do you feel you can manage situations even when they do not turn out as expected?
a) Most of the time b) Sometime c) Hardly ever
12. Do you have someone, e.g. a family member, a friend or neighbor, to whom you can talk freely when you feel like it?
a) Very much b) To some extent c) Not so much
13. Do you feel confident that relative and / or friends will help you out if there is an emergency, e.g. if you lose what you have by fire or theft?
a) Very much b) To some extent c) Not so much
14. Do you sometimes experience moments of intense happiness almost like a kind of ecstasy or bliss?
a) Quite often b) Sometimes c) Hardly ever

15. Do you sometimes feel that you and the things around you belong very much together and are integral parts of a common force?
a) Very much b) To Some extent c) No so much
16. Do you consider it a source of confidence and strength for you that you are not alone in what you are aiming for?
a) Very much b) To Some extent c) No so much
17. Do you consider it a source of inner strength for you that you belong to a bigger group of people (other than the family) with whom you share common values. Interests or beliefs?
a) Very much b) To Some extent c) No so much
18. Do you sometimes experience a joyful feeling of being part of mankind as of one large family?
a) Quite often b) Sometimes c) Rarely/Never
19. How do you feel about the religious fulfillment in your life?
a) Quite deeply b) To some extent c) Not so much
20. Do you feel you have control over your life the way you want to?
a) Most of the time b) Sometimes c) Hardly ever

21. Do you feel confident that in case of a crisis (anything which substantially upsets your life situation) you will be able to cope with it/face it boldly?

- a) Very much b) To Some extent c) Not so much

22. How do you feel about what you have accomplished in your life?

- a) Very good b) Quite good c) Not so good

23. On the whole, how happy are you with the things you have been doing in recent years?

- a) Very happy b) Quite happy c) Not so happy

24. Taking all things together how do you feel things are these days?

- a) Very good b) Quite good c) Not so good

25. The way things are going now do you feel confident in coping with the future?

- a) Very much b) To Some extent c) Not so much

26. Compared with the past, Do you feel your present life is :

- a) Very happy b) Quite happy c) Not so happy

27. Compared with others, Do you feel your life is :

- a) Very happy b) Quite happy c) Not so happy

28. Do you feel your life is interesting?

- a) Very much b) To Some extent c) No so much

29. Do you feel your life is enjoyable?

- a) Very much b) To Some extent c) No so much

30. Do you feel your life is worthwhile?

- a) Very much b) To Some extent c) No so much

31. In your family, are husband and wife both earning member?

- a) Yes b) No c) Not applicable

32. In your family, is there a good agreement on how family income should be spent?

- a) Most of the time b) Sometimes c) Hardly ever

33. Do you think that most of the members of your family feel closely attached to each other?

- a) Very much b) To So extent c) No so much

34. When there is an important decision to be taken in your family, like choice of a marriage partner, choice in education, business, etc., are other members consulted by the head of the family?

- a) Most of the time b) Sometimes c) Hardly ever

35. Do you consider your family a source of confidence for you in what you are doing?
a) Very much b) To Some extent c) No so much
36. Do you consider your family a source of help to you in finding solutions to most of the problems you have?
a) Very much b) To Some extent c) No so much
37. Do you think you would be looked after well by your family in case you were seriously ill?
a) Very much b) To Some extent c) No so much
38. Do you consider that the family would be fully supporting any member in times of a crisis, e.g. if a family member becomes disabled with old age?
a) Very much b) To Some extent c) No so much
39. Do you sometimes worry that there is nobody who would really help?
a) Very much b) To Some extent c) No so much
40. Do you worry about your family life?
a) Most of the time b) Sometimes c) Hardly ever
41. Do you sometimes worry about the relationship you and your wife/husband have?
a) Very much b) To Some extent c) No so much d) Not applicable

42. Do you sometimes worry about the relationship you and your children have?
- a) Very much b) To Some extent c) No so much d) Not applicable
43. Would you wish to have more friends than you actually have?
- a) Very much b) To Some extent c) No so much
44. Do you sometimes feel that you miss real close Friends?
- a) Very much b) To Some extent c) No so much
45. Is it a source of preoccupation for you that people around you do not like you?
- a) Very much b) To Some extent c) No so much
46. Do you feel your friends/relatives would help you out if you were in need?
- a) Very much b) To Some extent c) No so much
47. Do you miss a person you can have full confidence in and with whom you can talk Freely about personal matters and problems?
- a) Very much b) To Some extent c) No so much
48. Do you feel part of a group of people who are mutually friendly and supportive?
- a) Very much b) To Some extent c) No so much

49. If something were to happen to your family, do you think your neighbors would provide help?
a) Very much b) To Some extent c) No so much
50. Do you feel confident that relatives and / or friends will look after you if you are severely ill or meet with an accident?
a) Very much b) To Some extent c) No so much
51. Do you suffer from pains in various parts of your body?
a) Most of the time b) Sometimes c) Hardly ever
52. Are you disturbed by palpitations/ a thumping heart?
a) Most of the time b) Sometimes c) Hardly ever
53. Does a feeling of giddiness disturb you?
a) Most of the time b) Sometimes c) Hardly ever
54. Do you feel you get tired too easily?
a) Most of the time b) Sometimes c) Hardly ever
55. Are you feeling you get tired too easily?
a) Most of the time b) Sometimes c) Hardly ever
56. Do you sometimes worry about your health?
a) Very much b) To Some extent c) No so much

57. Do you find it difficult to relax when you want to?

- a) Most of the time b) Sometimes c) Hardly ever

58. Are you disturbed by the fact that your mind gets distracted when you want to do something or think of something?

- a) Very much b) To Some extent c) No so much

59. Do you get easily upset if things don't turn out as expected?

- a) Very much b) To Some extent c) No so much

60. Do you feel too easily irritated, too sensitive?

- a) Very much b) To Some extent c) No so much

61. Do you feel that minor upset you more than necessary?

- a) Very much b) To Some extent c) No so much

62. Do you consider it a problem for you that you sometimes lose your temper over minor things?

- a) Very much b) To Some extent c) No so much

63. Do you get easily upset if you are criticized?

- a) Most of the time b) Sometimes c) Hardly ever

64. Do you feel disturbed by feelings of anxiety and tension?

- a) Most of the time b) Sometimes c) Hardly ever

65. Are you worried over the lack of confidence you have in what you are doing?
- a) Most of the time b) Sometimes c) Hardly ever
66. Do you experience that the circumstances of your life are beyond your control?
- a) Most of the time b) Sometimes c) Hardly ever
67. Do you sometimes worry about accomplishing so little of what you want to accomplish?
- a) Very much b) To Some extent c) No so much
68. Do you worry about having less success in life than you think you deserve?
- a) Very much b) To Some extent c) No so much
69. Do you sometimes feel sad without reason?
- a) Very much b) To Some extent c) No so much
70. Do you sometimes worry over disharmony and conflicts between members of your family?
- a) Very much b) To Some extent c) No so much
71. Do you worry about your future?
- a) Very much b) To Some extent c) No so much

72. Do you sometimes worry about your mental wellbeing?

- a) Very much b) To Some extent c) No so much

73. Do you feel your life is boring/uninteresting?

- a) Very much b) To Some extent c) No so much

74. Do you feel your life is miserable?

- a) Very much b) To Some extent c) No so much

75. Do you feel your life is useless?

- a) Very much b) To Some extent c) No so much

76. Do you feel you have most of the things you need?

- a) Very much b) To Some extent c) No so much

77. Do you think you have achieved the standard of living and the social status that you had expected?

- a) Very much b) To Some extent c) No so much

78. Do you normally accomplish what you want to?

- a) Most of the time b) Sometimes c) Hardly ever

79. Do you think you have achieved what you had expected in terms of the freedom to do what you want to do?

- a) Very much b) To Some extent c) No so much

80. How do you feel about the extent to which you have achieved success and are getting ahead?

- a) Very good b) Quite good c) Not so good

81. Considering your life as a whole do you think it is the life you want most to live?

- a) Very much b) To Some extent c) No so much

82. Considering all the efforts you have made, do you think you should have accomplished more in life?

- a) Very much b) To Some extent c) No so much