

# Exploring older Nepalese British Gurkha wives' perspectives on active ageing in the United Kingdom

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## *Abstract*

*Different communities have a varied perspective of well-being and ageing well. Active ageing may not be recognised uniformly by everyone due to gender inequalities, cultural differences, social marginality, cumulative disadvantages and unequal access to information, services, and resources throughout the life-course. This study seeks to understand older Nepalese British Gurkha Wives' perspectives on active ageing based on in-depth narrative interviews. It explores how they give meaning to ageing actively by drawing on the World Health Organisation's active ageing determinants framework and scrutinizing its cross-cutting determinants which are gender and culture. The empirical findings show that these older women give more emphasis to the social determinants and regard social support, participation, living with dignity, being free from discrimination and practicing spirituality as ways of ageing actively. The article informs gerontological social work to consider about ethnic minority older women's life situations, lived experiences, intersectional identities and needs that may not necessarily resonate with the dominant narratives. It acknowledges the heterogeneous perspectives on the concept of active ageing and highlights that social work needs to support ethnic minority older women in a way where their strengths, good practices and preferences are sustained to promote participation and well-being.*

## **Keywords**

*Active ageing, British Gurkha, ethnic minority older women.*

## Introduction

With the rise of population ageing and migration, older ethnic minorities are now one of the fastest growing segments of the older population in the United Kingdom (UK) (Zubair & Norris, 2015, p. 898). The 2019 population survey identifies 14.4 percent of the UK population as recognizing themselves from ethnic minority backgrounds (Office for National Statistics, 2019). The global ageing process is not gender neutral, as many studies have shown that women live longer than men (Dutta, 2012; Paz, Doron, & Tur-Sinai, 2017). Consequently, there is a possibility for many older women to experience more years of multiple health and social problems (European Commission, 2012, p. 28). Additionally, socioeconomic factors, access to healthcare and ethnicity greatly affect how women experience ageing (Arber & Ginn, 1995, p. 10). This position among older women is termed as the feminization of ageing, with the situation of older women requiring special attention (WHO, 2014).

Active ageing is a buzzword in social policy, social work, and gerontology. The World Health Organisation (WHO) defined it as «the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age» (2002, p. 12). Nevertheless, gender, culture and structural barriers are seldom highlighted while discussing about active ageing in social work which reflects the power imbalance and struggle of marginalized groups (Paz, Doron, & Tur-Sinai, 2017; Tanner & Harris, 2008, p. 18; Ostlin et al., 2007, p. 33). For some older women, gender inequalities may result into vulnerable life situations and poverty in older age (Foster & Walker, 2013, p. 3). Some women may have limited or less control on financial resources due to inequalities in opportunities, education and earning throughout their life-course (UN Women, 2012, p. 2). Likewise, the meaning of «active ageing» can be different to people from different culture (Fenton & Draper, 2014, p. 1). Often while discussing the concept of active ageing, the imposition of the goals and priorities of one group is simply rendered to other groups without looking at the complexities (Biggs, 2006, p. 103). Active ageing as a concept seldom considers diversity and heterogeneity in older age and presents an assumptive world in which the most powerful perspective receives a moral dimension (Daatland & Biggs, 2006, p. 4). Ranzijn (2010) argues that the concept of active ageing is framed within the euro-centric and western values of independence, autonomy and self-reliance and is not equally accessible to older people from disadvantaged backgrounds. Evidence demonstrates that people whose voices are fundamental to developing good social work practices are more likely to be marginalized (Reed et al., 2004; Penhale & Parker, 2008; Cattani & Giuntoli, 2010). Social work programmes and policies have not considered the gender and cultural aspects enough while using the active ageing concept which could further (re) produce social exclusion of groups who are at the margins.

This article asks: How do older Nepalese British *Gurkha* wives living in the United Kingdom perceive active ageing? We utilise the concept of Active Ageing Framework given

by WHO to analyse the results of the narrative interviews. Not all older Nepalese British *Gurkha* wives have the same resources, cumulative advantages, and access to services as other groups or as the native population. Thus, our aim is to explore the diverse and heterogenous viewpoints on active ageing from an ethnic minority group's perspective which is under-theorized in active ageing research. We begin with the theoretical foundation of active ageing by outlining WHO's determinants of active ageing and its cross-cutting determinants of gender and culture. We then provide a context to the British *Gurkha* wives living in the UK, followed by the complexities of ageing as ethnic minority women. Then, we present our empirical findings and discuss how there are differences in perceiving the active ageing concept followed by its connection to gerontological social work.

## Active Ageing

In the recent times, active ageing is a popular concept employed by social workers and researchers. Many similar terminologies such as healthy ageing, productive ageing, successful ageing, positive ageing, and active ageing have been used interchangeably as all of them focus on the positive and multidimensional approach of ageing, promoting the physical and mental well-being of older people (Buys & Miller, 2012, p. 104). Nonetheless, «active ageing» is referred as a popular policy concept that presents a deeper holistic and life-course approach than simply using «successful ageing» or any other similar terminologies (Foster & Walker, 2015, p. 83).

The World Health Organisation (WHO) highlights three pillars in their definition of active ageing that encompasses participation, health, and security (WHO, 2002, pp. 45-46) and in the recent years, lifelong learning has been added as the fourth pillar (Formosa, 2019). This provides a holistic perspective that positions active ageing as a distinct conceptual framework for knowing various aspects of older people's lives and their impact on well-being and quality of life (Buys & Miller, 2012, p. 105). Furthermore, this framework is taken as a foundation for creating multi-sectoral active ageing policies (WHO, 2002, p. 55).

WHO has further categorised six determinants of active ageing: (1) Health and Social Services Determinants are based on preventing diseases, reducing health risks, health services, curative services, long term care, caregivers' roles, community care services example public health, primary care, home care, rehabilitation services and palliative care and lastly mental health services; (2) Behavioural Determinants such as smoking, physical activity, healthy eating, oral health, alcohol consumption and medication; (3) Personal Determinants which encompasses biology and genetics and psychological factors; (4) Physical Environment Determinants like safe housing, falls, clean water, clean air and safe food; (5) Social Determinants which are social support, free from violence and abuse, education and literacy; and (6) Economic Determinants that is about income, social protection and work (WHO, 2002, pp. 19-30).

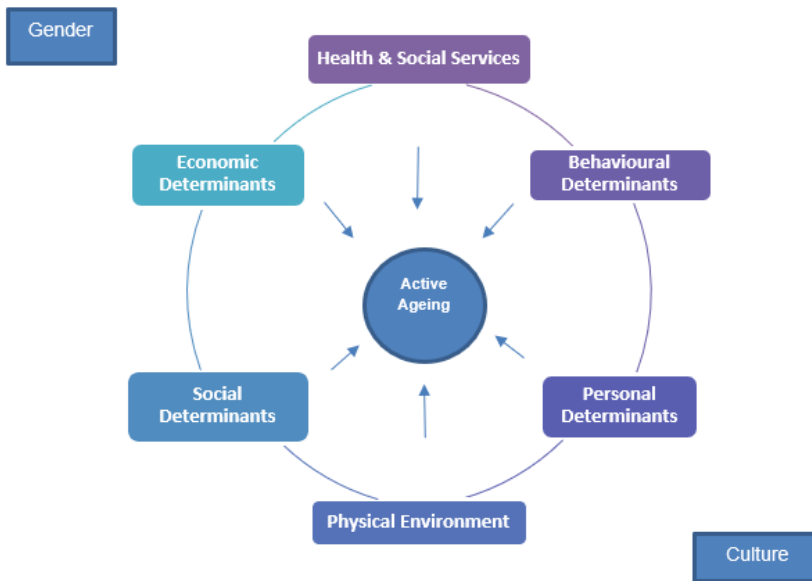


Figure 1 The determinants of active ageing (Source: Active Ageing a Policy Framework, WHO, 2002).

### *Gender and culture as cross cutting determinants*

The cross-cutting determinants of gender and culture vary from one group to another, for example experiences of strong gender-based discrimination results into unequal access to education, employment, health services and nutrition for women (WHO, 2007, p. 5). Household and care responsibilities are usually not valued which also take away women's opportunities to have income, pension or saving (European Commission, 2012, p. 8). Gender relations are constructed power relations that are situated in social processes and institutionalised in ways that have impacts over the life-course (Macdonald, 2011, p. 1187). Instances of gender-based violence can extend the vulnerability of women to heightened social inequality which can even result into elder abuse (Davidson, Digiacomio, & McGrath, 2011, p. 1032). Davidson, Digiacomio, & McGrath (2011) argue feminization of ageing as a less recognized area. It is paradoxical how women's longer life expectancy is celebrated on one hand, yet on the other, their older age vulnerability is under discussed.

Culture, on the other hand shapes the perspectives and way of life which ultimately determines how older people are regarded by a certain group. It is important to regard culture rather than only viewing older people from the chronological lens (Fenton & Draper, 2014, p. 1). Culture includes several aspects such as care giving culture, co-residency, inter-generational relations, traditions, relationships and so on. These elements are also key to health-seeking behaviours between women and men (WHO, 2002, p. 20). Ethnic

minority older women, go through many challenges as they migrate to another country and these issues are often underplayed by research (Torres, 2006, p. 127).

### *The Nepalese British Gurkha Wives and their ageing in the United Kingdom*

The word *Gurkha* comes from the word *Gorkha*, which is a name of a town in Nepal. Historically, the soldiers from *Gorkha* were known for their bravery, professionalism, and loyalty. Their first encounters with the British dates to 1814, when the British East India Company fought against them during the Anglo-Nepalese War. The British forces recognized their skills and recruited them to join their forces in 1815 (*Gurkha Welfare Trust*, 2022). The term somewhat transformed to *Gurkha* in the British vocabulary and discourses (Pariyar, 2016). *Gurkhas* have a long history of serving in the British Army's Brigade of *Gurkhas* since the last 200 years (Adhikari et al., 2022). The policy changes of 2004 and 2009 in the UK legally allowed thousands of veterans and their dependants to migrate to the UK (Pariyar, 2020). The wives of these veterans can be referred as the Nepalese British *Gurkha Wives*. Approximately 100,000 individuals arrived in the UK with this settlement right as of September 2019 as per the *Gurkha Associations* (Pariyar, 2020). Many documentaries have been made about *Gurkhas* but they have rarely been a part of the scholarly debates. This article's purpose is to bring forward the voices of these older Nepalese British *Gurkha Wives* about their perspectives on active ageing.

The act of migrating to a foreign country is associated with leaving behind of the social, cultural, and environmental contexts that have given meaning to one's life (Warnes, 2006, p. 142). The issue of gender and older women has been recognised as demonstrating features associated with an intersectionality of issues, for example experiences of poverty and caring roles (Barnard & Taylor, 2011). The policy gaps and service deficiencies have resulted into exclusion of ethnic minority older women especially those coming from under-represented groups (Warnes, 2006, p. 152). Furthermore, life-course research has suggested that people from minority groups have more stressors and lesser coping resources than others, indicating that stress begins early and is cumulative throughout (Keith, 2013, pp. 69-76). Minority stress developed through discrimination and disadvantaged social positions, causes emotional problems, lower self-esteem and negatively impacts physiological systems among some minority group members (Keith, 2013).

Globalization and international migration are identified as key issues linked with increasing diversity. A more global society is providing more options and services to older people (Torres, 2006, p. 135). However, it can also be argued that globalization is producing a homogenised perspective on the meaning of ageing which can be termed as a form of ageism in treating all older people as a homogeneous group, failing to notice any individual differences based on issues such as gender, ethnicity, class, and migration history (Daatland & Biggs, 2006, p. 4; Arber & Ginn, 1991, p. 1). Ethnic minority older

women have long been the «other» in theoretical discussions (Torres, 2006, p. 135). This reflects the power imbalances in the society where people who contribute the least in economy and are socially marginalized also attract the least theoretical attention (Arber & Ginn, 1995, p. 2). Social marginality is experienced by ethnic minority older women when their position is on the edges which often leads to their exclusion from privileged social spaces, access to resources and opportunities, freedom of choices and the development of personal capabilities (von Braun, Hill, & Pandya-Lorch, 2009; Gatzweiler et al., 2011; Cullen & Pretes, 2000). Consequently, there is an increasing need to develop gender and culturally humble social work practices with older people.

## Methods

The study is a form of exploratory research that draws on the in-depth narratives of five older Nepalese British *Gurkha* wives who were sixty years and above residing in the UK. Exploratory research offers new and innovative ways to analyse the constructivist view of reality studying on topics on which little or no previous research has been done (Swedberg, 2020). However, exploratory research also demands more in the form of preparation, exposure to different cultures and engagement in a critical self-reflection and critique (Reiter, 2013). A semi-structured interview questionnaire was also used alongside, supporting narrative accounts to help participants in outlining their life stories. Narrative developed from the ideas of Mischler (1986) and Riessman (1993) who implied that listening to the stories of their participants and exploring the background and ways that their stories were constructed is an effective way of doing qualitative research (Hickson, 2016, p. 380). Narrative is a participatory way of doing research which is close to storytelling or a natural conversation about a specific event of one's life or an entire life (Fortune, Reid, & Miller, 2013, p. 171). This area of enquiry helps to describe, understand, and even explain important aspects of the world (Squire et al., 2013, p. 2). Using narratives made it easier to interact with Nepalese older women as it allowed for dialogue based on the importance of the participants own voice as central in making sense of their own experiences.

This research received ethical approval from the University of Lincoln, United Kingdom's Research Ethics Committee. Participants were selected through purposive and snowballing sampling. Posters and information leaflet were distributed in Nepali language to a *Gurkha* association before the data collection. The association in Nottingham was approached by contacting the president as a gatekeeper if he could connect the researcher to older women who were the ex-servicemen's wives. Collaborating with the gatekeepers are valuable especially while working with hard-to-reach communities where gatekeepers' relationship with and knowledge of participants can ensure that they will be approached appropriately (Ritchie et al., 2014, p. 90). The sampling was also influenced by another form of purposive sampling, known as snowballing. Snowball is a technique in which the researcher initially

samples a small group relevant to the research questions and these participants propose other participants who have the characteristic relevant to the research (Bryman, 2016, p. 415). The president of the *Gurkha* association linked the researcher to older Nepali women, and they were asked to pass on the details of other older Nepali women in their community who were difficult to reach otherwise as they lived independently or with their families. The interviews were conducted in Nepali language by the first author who could speak the language in places that were convenient to the participants. Most of them choose to be interviewed in their own homes. The questions asked during the interviews were touched upon their background, life-course, migration trajectory, lived experiences with services in the UK, idea of active ageing, what do they consider as most important while ageing, gender and cultural perspectives on ageing, strengths, and challenges of ageing. Consent forms were used for data collection. The interviews were audio recorded and transcribed verbatim. The interviews went from 90 minutes to two hours. Pseudonyms based on common Nepalese women names which are not close to the names of these older women are given. The data were then analysed through a thematic analysis. Thematic analysis is a method which does not specify any set framework, which is why its flexibility is considered as its main strength (Braun & Clarke, 2013, p. 178). We searched for themes based on our research question and labelled and coded the data as per similarities and differences (Braun & Clarke, 2013, p. 206). Emerging themes from the interviews were studied to organise the conceptual understanding in relation to WHO's active ageing framework to inform social work practice (Gubrium & Sankar, 1994, p. 147).

## Findings

The data provides insights to older Nepalese British *Gurkha* wives' own ideas of active ageing and what it means to them.

### *Having Social Support*

All older women emphasized the importance of social support to age actively. Many studies generally confirm that social support, close family, and peer relationships help people age actively. Social support comes under the social determinants of WHO's active ageing (WHO, 2002, pp. 28-29).

Being with family and friends, getting together with the Nepalese community, activities and catch-up are important for me (Tanka Maya).

Most of the older women lived together with inter-generational families in the UK and had close relationships with other *Gurkha* families and their community. Young

children often cared for them. These findings are in line with previous studies that have consistently shown that social support is positively associated with improved health, well-being, lower risk of chronic illness and better life satisfaction among older people (Hamren, Chungkham, & Hyde, 2015, p. 612). Social support has strong links to the active ageing health pillar as it helps to reduce the burden of many diseases and premature mortality (WHO, 2002, p. 47). Participants also mentioned how they like connecting with the younger generation particularly at the time of technical advancement.

Older women like us are always in need of some kind of support. We are dependent on the younger generation especially on using phones these days (Krishna Kumari).

If you do not have a family member around, then it is the most difficult situation living here for older people like us. Being alone, a woman and old are the most challenging things (Parvati).

Parvati outlined about the gender differences experienced by an older woman by sharing about her dependency towards family members and how that impacts her ageing.

All of them also mentioned about their transnational ties with people from their home country and how they stay in touch with them on a regular basis.

I must call home and I make phone calls so many times a day. I spend so much money just on international calls (Fuldevi).

I call my friends and relatives in Nepal quite often. I like visiting Nepal in every one or two years. That is where my home, farm and relatives are. Nepal is always in my memories. I have confused feelings whether to live here forever or to go back for my old age. The sense of belonging tells me to go back but the love for my children keeps me here (Krishna Kumari).

The respondents described that they constantly felt the need to be connected to people from back home and believed that they had not fully immersed into the lifestyle and culture within the UK. Physical and social contacts with their family members and country of origin were still vital to support their active ageing which echoes about the transnationality of the contemporary migrant experience.

### *Living with dignity and free from discrimination*

They should not discriminate any older person based on their ethnicity or race. They should accept us the way we are. We are different than them (Whites) (Indira).

Most older women mentioned ageing actively meant being treated with respect and dignity. They shared that they wanted other people from the UK, and especially the



social and health service providers to accept them and their differences. Usually, ageist attitude grows out of stereotypes of certain migrant, ethnic or racial groups. Therefore, they implied about the understanding of thoughtful recognition of age and intersectional differences which was reflected in their voices.

Maybe just people to help us and accept us as someone different than the Whites is also important. Hope the facilities integrate people from all culture. We can never expect things to be in our language, but maybe things could get easier for all outsiders (Fuldevi).

Some people discriminate older people. Their families neglect their diet or do not take care for their health. They do not take us to the hospital unless we are almost dying. They think we are just complaining and that we would be alright. Nobody listens to us when we are old. Our words never sell when we are old. They think that is how it is when someone is old. I know this is the story of many older women (Krishna Kumari).

Krishna Kumari's case shows how older people are also neglected and discriminated by young people in their own families because of their age and dependence. Discrimination experienced by them is not only social and structural but also at personal levels at older age. Having a need to be free from abuse or discrimination and to be able to live in dignified way is under the social determinants of WHO's active ageing (WHO, 2002, pp. 28-29). This also falls under the security pillar of active ageing framework.

## Participating in engaging activities

All older women described that there were moments when they felt lonely and wished they could have some engaging activities to do with older people as well as with other groups. Many suggested language classes could be interesting and useful for them as most of them had not received formal education. These tendencies are also associated with the social determinants of WHO's active ageing framework (WHO, 2002, pp. 28-29). Furthermore, it comes under both participation pillar and lifelong learning pillar of active ageing (WHO, 2002, p. 52).

Just being in the house alone makes anyone sad so older people should go out and meet others. Wish there was a space where all older women could be together to do some engaging activity. It could be designed for women according to their interest which vary slightly from men...Men do not fear so can easily do things and go out. We women especially those who are not that educated, have to be cowards for not knowing enough or knowing nothing. Sometimes I think, only if my parents had given me education but I was never given that opportunity (Indira).

Staying just inside the house is so boring, so that is why I try going out for a walk to meet my friends and, we usually tell each other, wouldn't it have been better if we

had a place where we could go and learn a few basic English words? I would like that. I would like if we had someone to teach us (Tanka Maya).

Tanka Maya has expressed her interest in learning English language and to network which would add value to her everyday life. Nevertheless, access to such spaces and resources has been scarce for an older woman like her. There is also an assumption that migrant families living in inter-generational homes have a strong social company. However, it was not the case for most of them as their younger children went for work and they had only their own company during the daytime which is why most of them said they felt lonely. All of them were keen to find reasons to go out, do things and meet new people. This is reflected in other research which shows that physical determinants such as longer periods of winter can confine older adults at home and limit their activities, making home stay dull (Zhan, 2017, p. 34).

Engaging activities specially for women is needed. The best thing is meditation and *satsang* at old age. It would be great if we could spend it in a fruitful way by relaxing and meditating (Krishna Kumari).

*Satsang* is a Nepali word for a musical gathering with positive talks that is popular all around the Indian Sub-continent. Like group counselling, *satsang* focuses on preventive as well as remedial results encompassing educational, social, and personal growth as well as searching for strength and internal resources by practicing yoga, music, meditation and breathing techniques to manage one's energy (Rybak et al., 2015, p. 149). Indeed, there are some eastern practices that have contributed time-tested skills including mindfulness approaches involved in meditation and *satsang* (Rybak et al., 2015, p. 148). This can be an indigenous way of fitting to their traditional collectivist practices and promoting well-being among older people.

On the other hand, Fuldevi attests about the care burden she has as a wife and a mother, that limits her chances to go out or even exercise.

There is so much work already inside the home that there is hardly any time I have for myself or to think about working outside or doing a physical exercise. My husband and daughters work, and I have to make sure their meals are ready and that the house is clean. I did try finding work before, but I never could get one (Fuldevi).

It shows that domestic chores occupy much of these older women's times that they do not get to participate in social activities, follow their hobbies or take care of their physical activities in old age. Their roles at home were central to gender role socialisation throughout their life-course and doing household chores had become fundamental to their self-identity (Arber & Ginn, 1991, p. 141). All of them said that their husbands did not help them with the household chores. This illustrated the care burden and unequal relations within domestic spaces that influence South Asian women's notions of their identity and social status which also affects the way they see active ageing (Lau, 2006, p.

1097). While inadequate or obsolete skills remain as the main barriers for women to enter or remain in the labour market, care burdens are further constraints that affects them throughout their lives (Corsi & Lodovici, 2013, p. 1). It also implies to why none of them said behavioural determinants of active ageing such as physical exercise as important which is usually prioritized by many other adults as one of the primary determinants.

### *Practicing spirituality and having a positive outlook to life*

Spirituality plays an important role in psychological well-being as it promotes a sense of meaningfulness in life (WHO, 2002; Dorji et al., 2017, p. 36). This was highlighted by many participants as an essential factor for active ageing which comes under the personal determinants in WHO's framework that covers the psychological factors (WHO, 2002, pp. 28-29). Psychological factors are linked with the health pillar of active ageing as it minimizes the risk factors associated with major diseases and increases protective factors for health throughout the life-course (WHO, 2002, p. 48).

I wish if there were a place of worship like our temples nearby (Tanka Maya).

If You ask me, I will tell meditation as it enhances your daily living and outlook towards yourself and others...Everything is good in the right time. For an instance, grow crops in the right season and you will see a proper yield. Meditate as you start your early old age, not when you are sick and too old. In Hindu culture, they say this is the time for sanyas (Krishna Kumari).

*Sanyas* is a phase in Hindu philosophy where older people seek for spiritual pursuits and renounce worldly and materialistic things (Manimangai, 2016, p. 168). Krishna Kumari emphasised the need for older women to be more spiritual to experience calmness and peace at older age.

All the women expressed that having a positive outlook is a motivating factor to live life in older age. A positive outlook holds a subjective meaning to women coming from different value system which is also stated under the quality of life as a key aspect of WHO's active ageing (WHO, 2002, p. 13). Older women stated that spirituality helped them to develop a positive attitude.

## Discussion

The findings suggested that different determinants of active ageing were closely linked to one another and played an important role on impacting older women's well-being drawing on the WHO's active ageing framework (2002). Our data showed that Nepalese woman having a British *Gurkha* background, ageing in the UK gave a greater importance

to the social determinants of active ageing than the behavioural determinants such as physical activity which is regarded as significantly important by other groups to keep them active in older age. Firstly, resources such as information, education, good health, health care, physical fitness facilities, seniors' activity centres, finances, and mobility are required to access active ageing (Ranzijn, 2010). Secondly, these women reported gender and cultural barriers such as care burden and their complex intersectional identities as well as social marginality that limited them to access public spaces or take part in engaging or lifelong learning activities which shows that active ageing is not an equitable threshold to achieve by everyone equally.

The participants emphasized how vital it was for them to be with their families and to keep contact with transnational ties from their home countries. While this strong community feeling provides a sense of belongingness and familiarity, it also lessens the need to connect with other groups in the host countries or to learn the English language (Oglak & Hussein, 2016). Likewise, we found that most older women felt lonely even while living with families in inter-generational homes in the UK with the younger generation's busier work schedules. Consequently, they longed for engaging activities or spending time with friends.

We found the cross-cutting determinants: gender and culture to be affecting each determinant and the overall experience of their ageing. For some women, multiple inequalities from earlier life had restricted their opportunities in education, employment, participation and decision-making and made them disadvantaged in later life. These narratives reflect the multiple issues associated with intersectionality and social marginality experienced by them. Thus, gender and culture determinants of active ageing and its intersectional perspective help to understand the cumulative disadvantage in old age for women, including little or no access to social security, information and health and social service determinants (Sleap, 2011). Our findings show that ethnic minority older women's needs, and challenges vary individually (Koubel, 2013, p. 90). It is important for social workers to focus on an individual's own narrative and lived experiences. Defining active ageing for everyone as the same can be discriminatory (AgeUK, 2011; Harnois, 2015). As Ranzijn (2010) points out the narrow dimension of this concept, social workers need to ask how can active ageing take into account the cumulative disadvantages of people, the intersectional identities and the lived experiences of groups that are silenced? Active ageing as a concept should not further reinforce social exclusion.

Gerontological social work interventions should be designed and executed in a way by deconstructing power relations, recognising indigenous strengths, promoting genuine participation, and challenging negative assumptions on age, race, gender, and ethnicity (Ray, Bernard, & Philips, 2009, p. 33; Ostlin et al., 2007, p. 28; Peacock et al., 2010, p. 643). Some older Nepalese women shared about their indigenous and traditional ways of doing group activities such as yoga, meditation and *satsang* (musical gathering) which could be promoted to enhance their health and well-being.

As social workers working with older people from various backgrounds, it is necessary to know different experiences and understand how older women carry diverse identities, histories, and cultural identities over time. It is also not enough for social workers to perceive everyone coming from an ethnic community as having the same needs as it varies from their life-course. Social workers should constantly reflect on their own beliefs, worldviews, and prejudices to develop better relationships with ethnic minority older groups. Having self-awareness is important for the development of cultural humility and acknowledgement of intersectional complexities (Koubel, 2013, p. 92).

## Conclusion

The findings show how we cannot generalize all older people's understanding and ability towards active ageing as uniform. Older Nepalese British *Gurkha* Wives prioritized the social determinants more than other determinants from the WHO active ageing determinants framework. They valued social support, participation, living with dignity, being free from discrimination and practicing spirituality as ways of ageing actively. Specific consideration needs to be given to the representation of the voices of ethnic minority older women in social work to know what they consider as important throughout their life, given the additional barriers they experience throughout their life-course. Gerontological social work should support ethnic minority older women in a way where their strengths, good practices and preferences are sustained. In the same manner, ways to address inequalities, increase their participation, and their own ideas of active ageing have to also be prioritized to promote their well-being.

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