Language and aging for older Turkish females in the Netherlands

Research on migration and health in the Netherlands and Germany reports on an overall worse health condition for older migrants as compared to their autochthonous peers (Parlevliet et al. 2016; Wengler, 2011). For example, migrant older adults more frequently show signs of dementia compared to their native Dutch peers. It is argued that this discrepancy is influenced by factors relating to the migration experience, such as low SES, higher prevalence of cardiovascular diseases and psychological factors such as depression and loneliness (Uysal-Boskir, 2016). Although there is considerable variation in health status across and within migrant groups, especially immigrants from Turkey and Morocco in the Netherlands suffer from worse health (Denktas, 2011).

In addition to environmental and internal factors resulting from the immigration experience, we argue that language ability is an important – but as of yet not systematically investigated - factor influencing health and wellbeing. Language barriers may prevent older migrants from gaining access to appropriate health care and from clearly communicating their health status. These barriers persist because of overall limited educational experiences and/or a decrease of second language learning abilities resulting from age-related cognitive decline (Kristiansen et al., 2016).

Moreover, not being able to communicate effectively in the target language may detrimentally affect the type and degree of interaction and fuel withdrawal from communicative situations. This may decrease the amount of opportunities to practise the language and increase susceptibility to loneliness and depressive symptoms (de Bot & van der Hoeven, 2011).

The central research question this study tries to answer is whether growing old in a second language (L2) environment holds consequences for health and wellbeing, and if so, how? In doing so, this study presents an analysis of data gathered from qualitative interviews with 25 Turkish female older adults (>50 years) who age in the Netherlands. The interviews targeted the individual’s language and migration history, language proficiency, and language use in relation to health and healthcare. In addition, informants completed a short working memory task (Corsi Blocks Tapping Task - Corsi, 1972), a picture-naming task to obtain a rough measure of L2 proficiency, and a short L2 literacy assessment.

Despite the individual variation, the data reveal an overall low command of the L2 (Dutch), no or few years of education and high levels of illiteracy. At the same time, the largely monolingual-oriented Dutch society places a strong emphasis on maintaining independence. Individuals need to actively seek care and assistance, making communication about needs a pivotal aspect in successful aging. Not being able to consult a doctor independently, read medicine prescriptions or call a taxi to increase mobility create situations of linguistic dependence, which may contribute to social (less interaction, withdrawal from society) and cognitive (decreased cognitive stimulation) deterioration.

References
