

I was awarded the AIBS Research Fellowship 2017, commenced from April 10 2017 to June 09 2017, sponsored by Professor Dr Sally E Findley, Heilbrunn Department of Populations and Family Health, Mailman School of Public Health, Columbia University, New York. The award facilitated me to successfully carry out a primary research on “Exploration of Social Backgrounds to Health Inequalities of the Bangladeshi Immigrants in New York”. The study followed the qualitative approach mainly to find the nexus between social backgrounds and existing health problems of Bangladeshi immigrants living in New York City (NYC). The study areas covered the boroughs: Jamaica, Jackson Heights and Brooklyn of New York City. Methodological triangulation (windshield and walking survey, participant observation and in-depth interview) was used to synthesize the common findings. A sample of 56 key informants (e.g. 10 doctors, 6 community health workers; and 40 immigrants: 35 first generation and 5 second generation) were interviewed. The variables particularly related to social backgrounds (e.g. age, gender, life styles, food habits, daily exercise, nature of employment, work load, long commute, recreation activity, socio-cultural perception to illness, relationship with others and reciprocity) were taken into account to perceive the susceptible health problems of Bangladeshi immigrants.

The fellowship had a multiple effects on the research project. It helped the researchers working with the scholars who are currently studying the health problems of immigrant communities in New York. A windshield and walking survey conducted within the residential areas where Bangladeshi immigrants living helped in rapidly assessing their socioeconomic status and compared these with other Asian subgroups living in NYC. Participant observation and in-depth interview methods explored the social backgrounds impinged on their concomitant health problems. Major findings reveal that Bangladeshi immigrants (first generations) in New York have been suffering from major physical health problems: type-2 diabetes, hypercholesterolemia, hyperlipidemia, high blood pressure, and cardiac problems; and mental health problems: frustration, tension, anxieties, stress and depression. These diseases are less common for the cases of second generations. Apart from pathogens of diseases, causes of these health problems are deeply rooted in their socioeconomic and cultural backgrounds such as rice and junk food intake, improper lifestyles (e.g. less gaps between eating and sleeping, avoidance of vegetables in food items, restlessness), less or no physical exercise and recreation, odd jobs and long working hours, fear, less sleeping, tension and anxiety for their close relatives in Bangladesh. The immigrants used to receive health care from Bangladeshi physicians who mainly provide primary healthcare, referral services and counseling as a type and rank the health of BD New Yorkers poor or fare compared to other immigrants. The researchers conclude that the fellowship project has unveiled an opportunity of conducting a comprehensive study in order to justify its reliability in future, and compare its findings with similar studies in New York.