4 Social Engagement Of Older People

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Staidéar Fadaimseartha na hÉireann um Dhul in Aois
The Irish Longitudinal Study on Ageing

4 Social Engagement Of Older People

Key findings

- Approximately 90% of older adults visit with family and friends once a week or more. Frequency of visits increases with age, and women visit with family and friends more frequently than men.
- One in five older people aged 65-74 do voluntary work at least once a week or more.
- Participation in formal organised activities, including volunteering, is greatest among older adults with high levels of education.
- Similar proportions of older men and women (around 10%) are engaged in high-intensity voluntary work.
- Quality of life increases with greater social integration.
- Six per cent of older women and 7% of older men in Ireland are socially isolated.
- Older persons with poorer self-rated health are most likely to be socially isolated.
- Among the 95% of the older Irish population who report having a religion, 60% attend religious services at least once a week. Nearly 80% of people aged 75 and over attend a religious service once a week or more.
- Over 80% of older adults voted in the 2007 general election.
- Three-quarters of the older population rely on cars as their main mode of transport.

4.1 Introduction

There are many ways of describing older adults' engagement in social activities and the type and number of social connections they maintain. Chapter 3 analysed older adults in the context of their families and as members of friendship and neighbourhood networks. This chapter focuses on older adults' social engagement as demonstrated by participation in specific leisure activities and volunteer work. To measure social connectedness, TILDA uses the Berkman-Syme Social Network Index (1). This index incorporates marital status, contacts with children, close relatives and close friends and membership of church groups or community organisations (1). The distribution of loneliness, attendance at religious services, and voting behaviours are also presented. The chapter concludes with a discussion of transport and the extent to which transport may limit social participation of some older adults.

This chapter also investigates differences in social engagement by age, sex, education, and health status. For example, are healthier and more educated older people more or less socially engaged than their peers?

In common with the rest of the this report, although our results demonstrate associations between different domains, no conclusions regarding causality can be drawn due to the cross-sectional nature of the TILDA baseline data. Causal associations will be explored using data from subsequent waves.

4.2 Participation in leisure activities

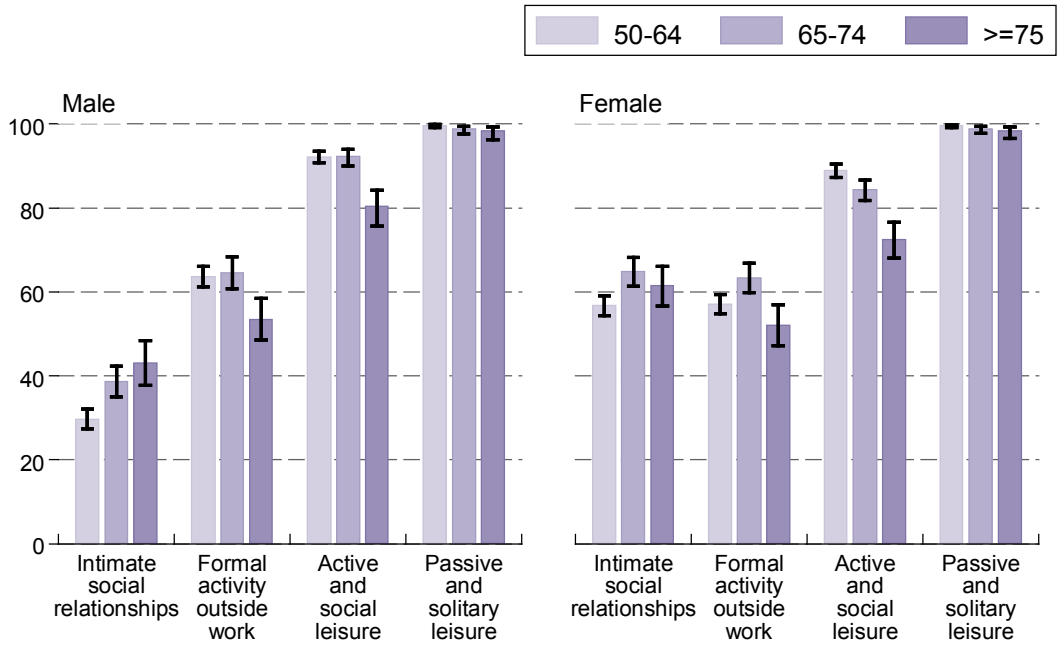
Social scientists have a long-standing interest in the effects of leisure participation among older persons. Participation in leisure activities is associated with a lower risk for negative mental and physical health outcomes and mortality (2-6).

In TILDA, social participation is measured using the classification proposed by House *et al*. (6). Participation in different social activities is categorised into four groups: 1) intimate social relationships (visits to or from family and friends); 2) formal organisational involvements outside of work (going to religious services or meetings at voluntary associations); 3) active and relatively social leisure (going to classes or lectures, movies, plays and concerts, playing cards or bingo, eating outside the house, taking part in sports); and 4) passive and relatively solitary leisure activities, such as watching television, listening to the radio, or reading. The frequency of participation in each activity group is assessed as 1) never or less than once a year; 2) about once or twice a year or every few months; 3) at least once a month; or 4) weekly, daily or more (6).

Solitary activities such as watching television and listening to the radio are the most common leisure pursuits among older adults in Ireland. Among the most popular activities (once a week or more) are watching television (98%), listening to the radio (94%), visiting with family or friends (86%), and reading books and magazines (73%). The least commonly reported activity is attending films, plays, or concerts, with only 5% of the 50+ population attending these events weekly.

Figure 4.1 shows the distribution of older persons who participate in the four main types of activities by age and sex. Daily participation in intimate social relationships, such as visiting with family and friends, is greater for women than men, and is more common among older age groups. Involvement in formal organisational activities outside of work does not differ significantly by sex or age, although women aged 75 years and older report these activities less than any other age-sex grouping. Participation in active and relatively social leisure activities is greater for men than women, and is lowest in the oldest age group (75 years or more). No difference in passive or solitary activities was observed by age or sex.

Figure 4.1: Distribution (%) of older people who participate in different social activities (intimate social relationships, formal organisational involvement outside of work, active and relatively social leisure, and passive and relatively solitary leisure), by age and sex



Note. N = 6170; Missing obs = 92; Error bars correspond to 95% confidence intervals

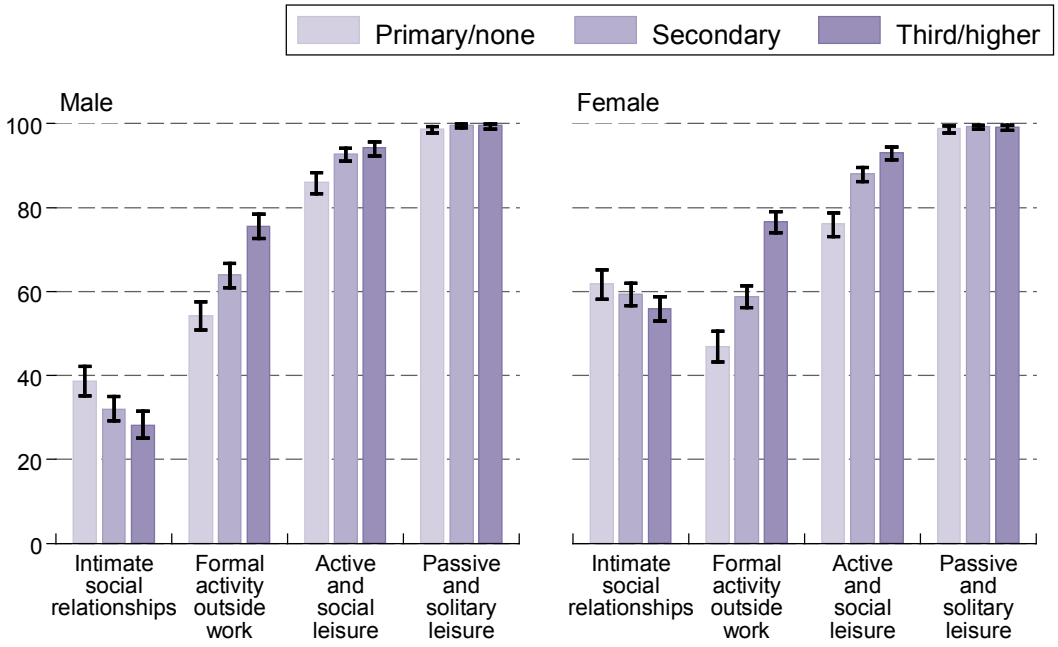
When stratified by sex and educational attainment (primary, secondary, or tertiary completion), an education gradient was observed for both formal organisational, and active and social leisure activities (see Figure 4.2 below). Those with the highest education (tertiary) were more likely to participate in these activities compared to the lowest (primary) education group, regardless of sex. However, persons with more education were less likely to engage in intimate social relationships.

The frequency of participation in each activity is not shown but some trends are reported here. Within the population over 50, older people are more likely to go to the pub than younger people. Women are more likely than men to read books and magazines, visit friends or do voluntary work. Those who attained a higher level of education are more likely to attend films, plays, concerts and lectures. Those who report being in better health are more likely to participate in sporting activities, attend classes and to spend time on hobbies and creative activities.

4.3 Voluntary work

Many studies have shown that engaging in voluntary work in later life predicts better self-rated health, functioning, physical activity, and life satisfaction, and also

Figure 4.2: Distribution (%) of older people who participate in different social activities (intimate social relationships, formal organisational involvement outside of work, active and relatively social leisure, and passive and relatively solitary leisure), by sex and education



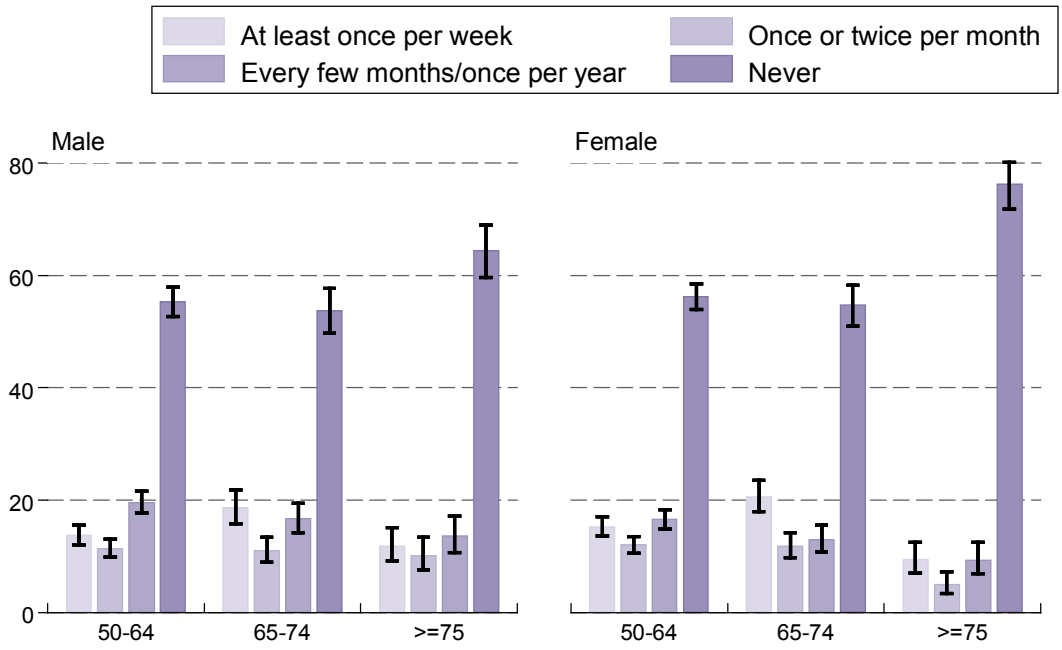
Note. N = 6168; Missing obs = 94; Error bars correspond to 95% confidence intervals

decreases depression, hypertension, and mortality among older people (7-13). In TILDA, volunteering is measured by response to the question, "how often, if at all, do you do voluntary work?". Fifteen per cent of older adults volunteer at least once per week, 11% at least once per month, 16% at least once per year and 58% never engage in voluntary work (see Table 4.1).

4.3.1 Volunteering by age and sex

The frequency of volunteering varies by age, but there is little difference in volunteering between men and women (see Figure 4.3). People aged 65-74 years are more likely to volunteer frequently compared to people in other age groups (50-64 years and 75 years and older), regardless of sex. The proportion of men and women who report never volunteering grows with increasing age.

Figure 4.3: Distribution (%) of older people in each volunteering frequency category by age and sex



Note. N = 5995; Missing obs = 267; Error bars correspond to 95% confidence intervals

4.3.2 Volunteering by age and education

Research literature suggests that individuals with higher education and income and married persons are more likely to participate in voluntary organisations and to do voluntary work than those who are unmarried or of lower educational or economic means (8, 10, 14). TILDA data confirms that the frequency of volunteer activity increases with increasing education (see Table 4.1).

4.3.3 Volunteering and quality of life

The positive association between voluntary work and well-being (10, 12, 14, 15) is widely documented. In TILDA, quality of life is measured using the CASP-19 scale, which is the sum of nineteen items that assess four life domains: control, autonomy, self-actualisation and pleasure (see Chapter 10 for a full breakdown of the CASP scale). Scores on the CASP-19 range from 0-57, with higher scores indicating better quality of life (16). The scale has been used in other longitudinal studies and has good psychometric properties (17). Table 4.2 presents the mean CASP-19 scores for each age group by frequency of voluntary work. The lowest mean quality of life scores are found within the population that never volunteers, regardless of age group with smaller increases in quality of life associated with increasing volunteering frequency.

Table 4.1: Proportion (%) of older persons within each volunteering frequency category by age and education level

	Volunteers at least once per week		Volunteers once or twice per month		Volunteers every few months or once per year		Never volunteers		Total	Number in sample
	%	95% CI	%	95% CI	%	95% CI	%	95% CI		
Primary/none										
50-64	13	(10-16)	7	(5-10)	14	(11-17)	66	(63-70)	100	614
65-74	17	(14-20)	8	(6-10)	12	(10-15)	63	(59-67)	100	585
>=75	7	(5-10)	5	(4-8)	9	(7-12)	78	(74-82)	100	400
Total	12	(11-14)	7	(6-8)	1 2	(10-14)	69	(67-71)	100	1599
Secondary										
50-64	18	(16-20)	18	(16-10)	23	(21-26)	41	(38-44)	100	1261
65-74	26	(22-30)	18	(15-22)	19	(16-23)	36	(32-41)	100	469
>=75	21	(16-28)	13	(9-19)	19	(14-26)	46	(39-53)	100	189
Total	20	(18-22)	17	(16-19)	22	(20-24)	40	(38-43)	100	1919
Third/higher										
50-64	18	(16-20)	18	(16-20)	23	(21-26)	41	(38-44)	100	1261
65-74	26	(22-30)	18	(15-22)	19	(16-23)	36	(32-41)	100	46
>=75	21	(16-28)	13	(9-19)	19	(14-26)	46	(39-53)	100	189
Total	20	(18-22)	17	(16-19)	22	(20-24)	40	(38-43)	100	191
Total										
50-64	14	(13-16)	12	(11-13)	18	(17-19)	56	(54-57)	100	3496
65-74	20	(18-22)	11	(10-13)	15	(13-17)	54	(52-57)	100	1619
>=75	10	(9-13)	7	(6-9)	11	(9-13)	71	(68-74)	100	880
Total	15	(14-16)	11	(10-12)	16	(15-17)	58	(57-59)	100	5995

Table 4.2: Mean quality of life measured by CASP-19 score among older people by age and frequency of volunteer activity

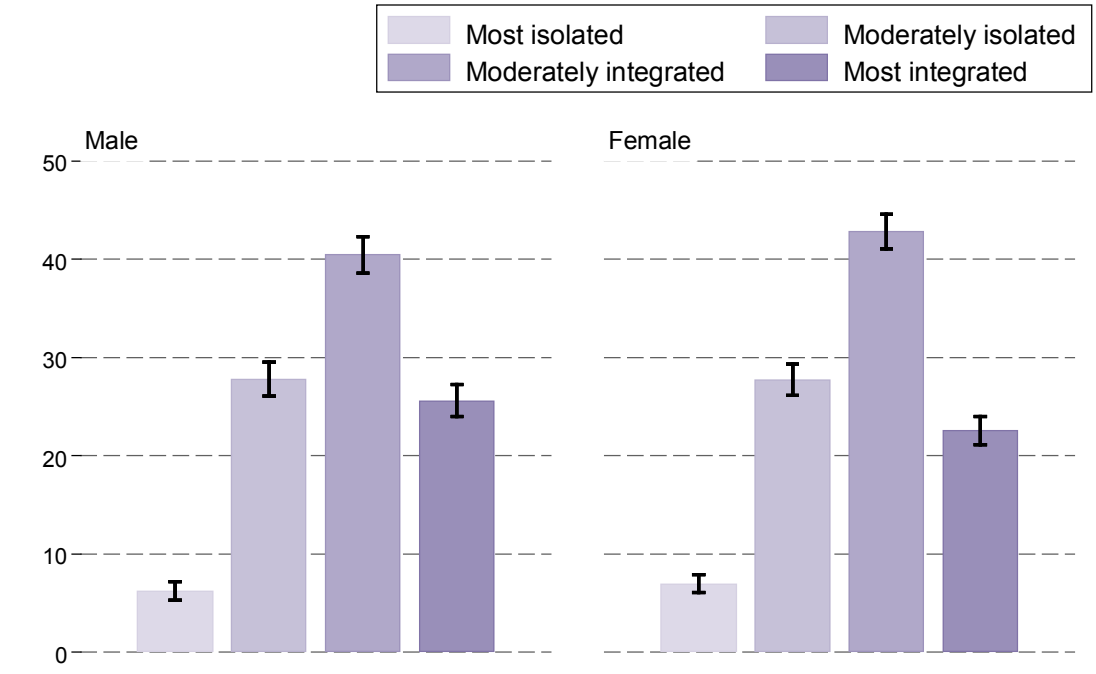
Frequency of voluntary work	50-64		65-74		>=75		Total	
	Mean	95% CI	Mean	95% CI	Mean	95% CI	Mean	95% CI
At least once per week	44.1	(43.4-44.8)	45.2	(44.4-46.0)	45.0	(43.7-46.3)	44.5	(44.0-45.0)
Once or twice per month	44.1	(43.4-44.7)	44.8	(43.9-45.8)	43.8	(42.3-45.3)	44.2	(43.7-44.7)
Every few months or once per year	43.1	(42.6-43.7)	44.2	(43.4-45.0)	42.9	(41.8-44.0)	43.3	(42.9-43.8)
Never volunteers	41.5	(41.1-42.0)	41.9	(41.2-42.5)	40.1	(39.4-40.8)	41.3	(41.0-41.6)
Total	42.5	(42.2-42.8)	43.3	(42.8-43.7)	41.3	(40.7-41.9)	42.5	(42.2-42.7)

4.4 Social engagement

In TILDA, the extent of each respondent's social engagement is measured using the Berkman-Syme Social Network Index (SNI) (1). This index is a composite measure of four types of social connections: marital status (married vs. not married); sociability (frequency of contacts (0=few to 1=many) with close children, relatives and friends, church group membership (yes (1) or no (0)), and membership in other voluntary organisations (yes (1) or no (0)). Scores from each social connection type are combined to create four levels (0-4) of social connection or engagement: most isolated (0-1), moderately isolated (2), moderately integrated (3) and most integrated (4) (1).

Using the Social Network Index, the patterns of social connection in the older adult population of Ireland are similar for both men and women, and across all age groups. Figure 4.4 shows that 6% of women and 7% of men are classified as being most isolated, while 26% of men and 23% of women fall into the most integrated level of social engagement. Most respondents are classified as moderately integrated, regardless of age or sex. Interestingly, in the oldest age group (75+), men are more socially integrated than women.

Figure 4.4. Proportion (%) of older people within each Berkman-Syme Social Network Index level of social connection, by sex



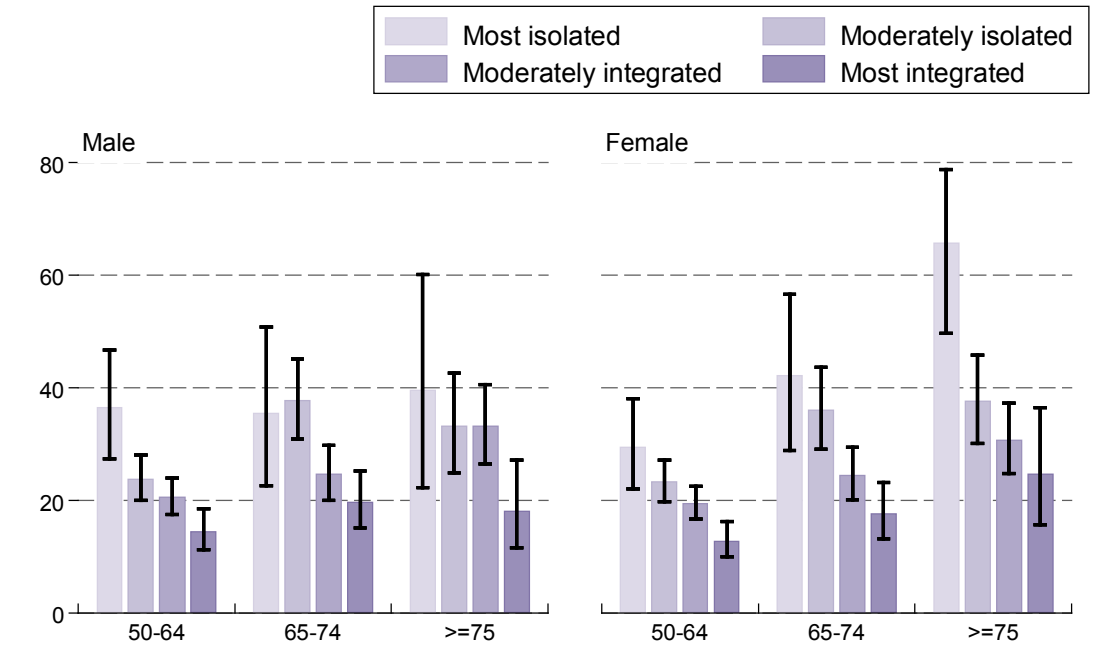
Note. N = 6262; Missing obs = 1916; Error bars correspond to 95% confidence intervals

4.4.1 Social engagement and health

Several international studies have shown a strong positive association between social engagement and physical and mental health outcomes (4, 7, 18-24). In TILDA, self-rated general health status is measured by asking individuals to rate their health on a five-point scale (excellent, very good, good, fair, or poor).

Two categories of self-reported health were created for use in analyses: (a) those reporting excellent, very good or good health (good); and (b) those reporting fair or poor health (poor). A clear gradient in the proportion of older people who reported fair or poor health was observed by level of integration (Figure 4.5). The most isolated persons were most likely to report fair or poor health.

Figure 4.5: Older people who reported 'poor health' within each Berkman-Syme Social Network Index level of social connection, by age

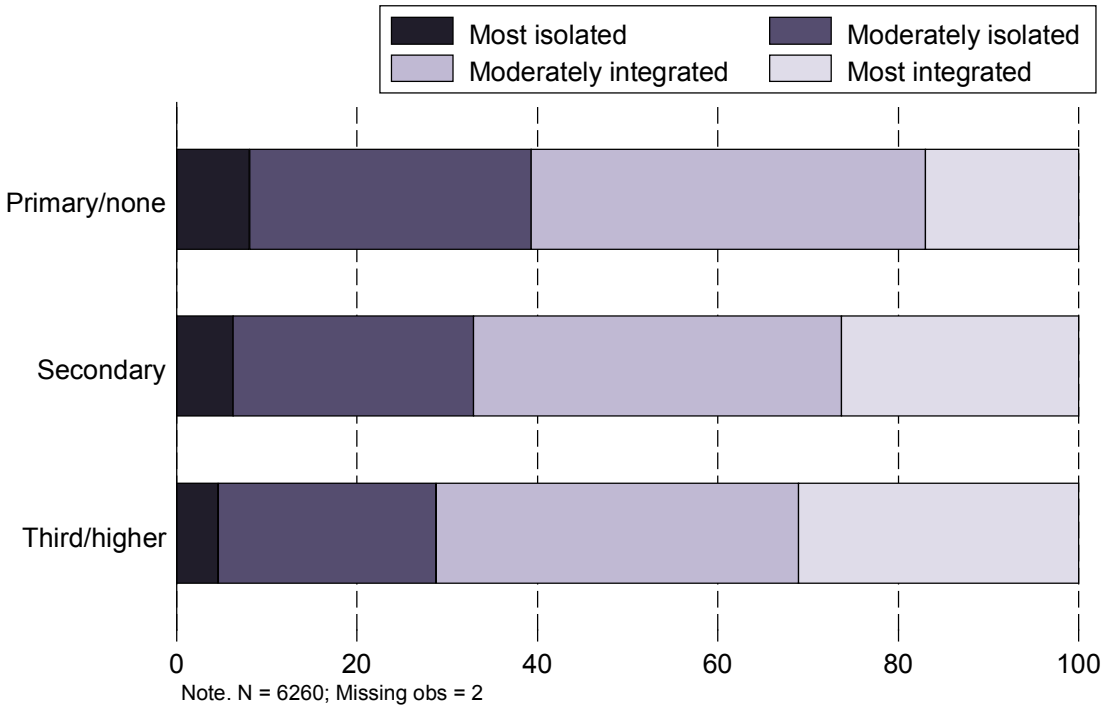


Note. N = 6261; Missing obs = 1; Error bars correspond to 95% confidence intervals

4.4.2 Social engagement, education and wealth

TILDA data (Figure 4.6) support findings from previous studies of older people which have demonstrated the association between increasing education and greater social engagement (18, 25, 26). This is not unexpected as higher education is associated with greater income and wealth, and with better opportunities to engage in different social and leisure activities. In the older Irish population, the education gradient is greatest within the most isolated and most integrated groups, where the most integrated group is the most educated and the most isolated group is the least educated. The same patterns were observed when stratified by wealth quartiles (data not shown).

Figure 4.6: Proportion (%) of older people within each Berkman-Syme Social Network Index level of social connection, by age and education



4.4.3 Social engagement and quality of life

Table 4.3 shows the mean CASP-19 quality of life score for each of the four Berkman-Syme Social Network Index levels of social connection (most/moderate isolation, moderate/most integration), stratified by age group. A clear gradient exists for the mean quality of life scores across levels of social connection. The mean scores increase with greater social integration. Although this gradient persists across all three age groups, the range of mean quality of life scores differs by age (see Table 4.3). As

with education, TILDA findings confirm findings of other studies, such as the Survey of Health, Ageing and Retirement in Europe (SHARE), that observed a significant association between social engagement and quality of life (27, 28).

Table 4.3: Mean quality of life score on the CASP-19 by Berkman-Syme Social Network Index level of social connection and age

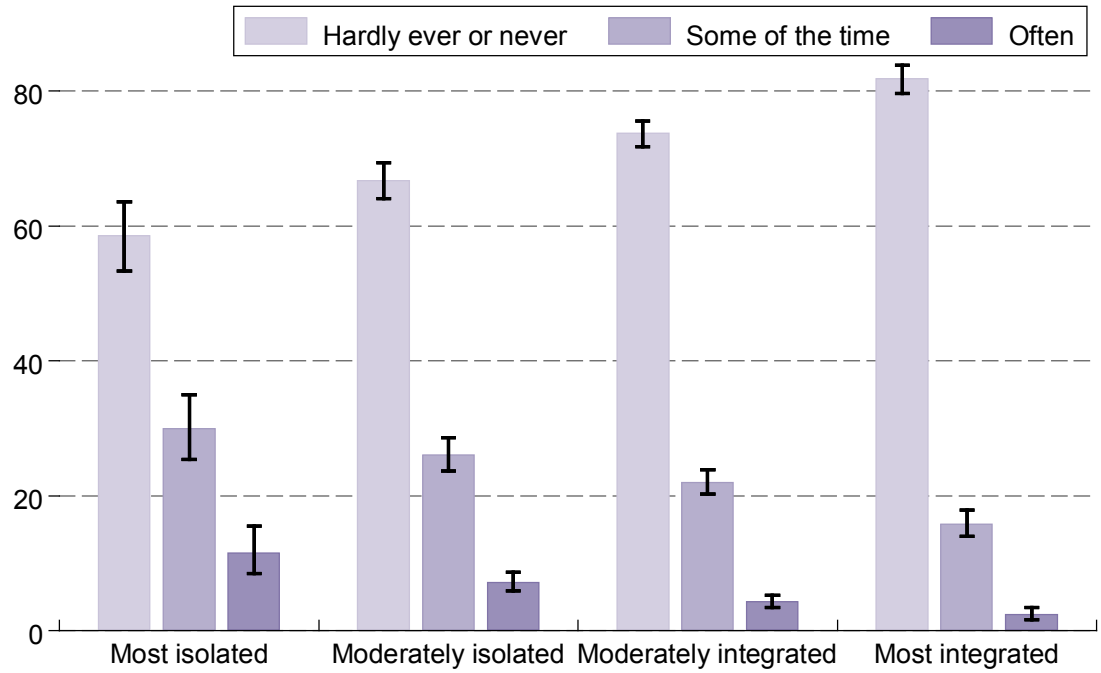
Social Connection	50-64		65-74		>=75		Total	
	Mean	95% CI	Mean	95% CI	Mean	95% CI	Mean	95% CI
Most isolated	39.7	(38.4-40.9)	39.7	(37.5-42.0)	36.3	(34.0-38.7)	39.1	(38.1-40.1)
Moderately isolated	41.5	(40.9-42.0)	41.8	(40.8-42.8)	40.3	(39.1-41.4)	41.3	(40.9-41.8)
Moderately integrated	42.8	(42.4-43.3)	43.6	(43.0-44.1)	42.3	(41.6-43.1)	42.9	(42.6-43.2)
Most integrated	44	(43.6-44.5)	44.8	(44.1-45.4)	43.2	(42.2-44.1)	44.1	(43.8-44.5)
Total	42.5	(42.2-42.8)	43.3	(42.8-43.7)	41.3	(40.7-41.9)	42.5	(42.2-42.7)

4.5 Loneliness

Although social isolation is sometimes equated with loneliness, loneliness and social isolation are separate concepts and do not necessarily co-occur. Social isolation refers to the absence of relationships, and is related to objective characteristics. Loneliness is the feeling of missing intimate relationships or missing a wider network, which is conceptualised as an individual's subjective evaluation of their degree of social participation or isolation (29).

Loneliness has been shown to predict a wide variety of mental and physical health outcomes, such as depression, nursing home admission, and mortality (20, 30-32). In TILDA, loneliness is assessed using a modified version of the University of California-Los Angeles Loneliness Scale (33). We selected four negatively-worded questions (e.g., How often do you feel left out?) and one positively-worded question (How often do you feel in tune with the people around you?), each with a three-point response scale of hardly ever or never; some of the time; or often. The responses to the five items are summed, with higher scores signifying greater loneliness. The average score for older adults is 2, on a scale from 0 (not lonely) to 10 (extremely lonely). Figure 4.7 examines one of the components of loneliness – "feeling isolated from others". Not all persons who are less socially engaged in fact experience loneliness; 60% of people who are 'objectively' socially isolated state that they never feel isolated from others.

Figure 4.7: Distribution of people who feel isolated (often, some of the time, or never) by Berkman-Syme Social Network Index level of social connection



Note. N = 6135; Missing obs = 127; Error bars correspond to 95% confidence intervals

Exploration of the association between sex, education, health and loneliness across age groups shows that, in general, women are more likely to feel lonely than men across the age spectrum (see Table 4.4). It seems that there is a socio-economic gradient, as more educated individuals are less likely to feel lonely. Individuals who report excellent, very good and good self-rated health are also less likely to feel lonely (Table 4.5.). These complex relationships will be explored in further research emanating from TILDA.

Table 4.4: Mean loneliness score (measured by UCLA loneliness scale) by age and education

Education	50-64		65-74		>=75		Total	
	Mean	95% CI	Mean	95% CI	Mean	95% CI	Mean	95% CI
Primary/none	2.3	(2.1-2.5)	2.2	(2.0-2.4)	2.3	(2.0-2.5)	2.3	(2.1-2.4)
Secondary	2	(1.8-2.1)	1.8	(1.6-1.9)	2	(1.8-2.2)	1.9	(1.8-2.0)
Third/higher	1.8	(1.7-1.9)	1.8	(1.6-2.0)	1.7	(1.4-1.9)	1.8	(1.7-1.9)
Total	2	(1.9-2.1)	2	(1.9-2.1)	2.2	(2.0-2.3)	2	(2.0-2.1)

Table 4.5: Mean loneliness score (measured by UCLA loneliness scale) by age and self-rated physical health

Self-rated physical health	50-64		65-74		>=75		Total	
	Mean	95% CI	Mean	95% CI	Mean	95% CI	Mean	95% CI
Excellent	1.3	(1.2-1.4)	1.3	(1.1-1.5)	1.5	(1.0-1.9)	1.3	(1.2-1.4)
Very good	1.6	(1.5-1.7)	1.4	(1.2-1.5)	1.9	(1.6-2.1)	1.6	(1.5-1.7)
Good	2.1	(2.0-2.3)	2	(1.8-2.2)	2	(1.7-2.2)	2.1	(1.9-2.2)
Fair	2.9	(2.7-3.1)	2.5	(2.3-2.8)	2.6	(2.2-2.9)	2.7	(2.6-2.9)
Poor	3.5	(3.0-3.9)	3.8	(3.2-4.4)	3.7	(2.8-4.6)	3.6	(3.2-3.9)
Total	2	(1.9-2.1)	2	(1.9-2.1)	2.2	(2.0-2.3)	2	(2.0-2.1)

4.6 Religion

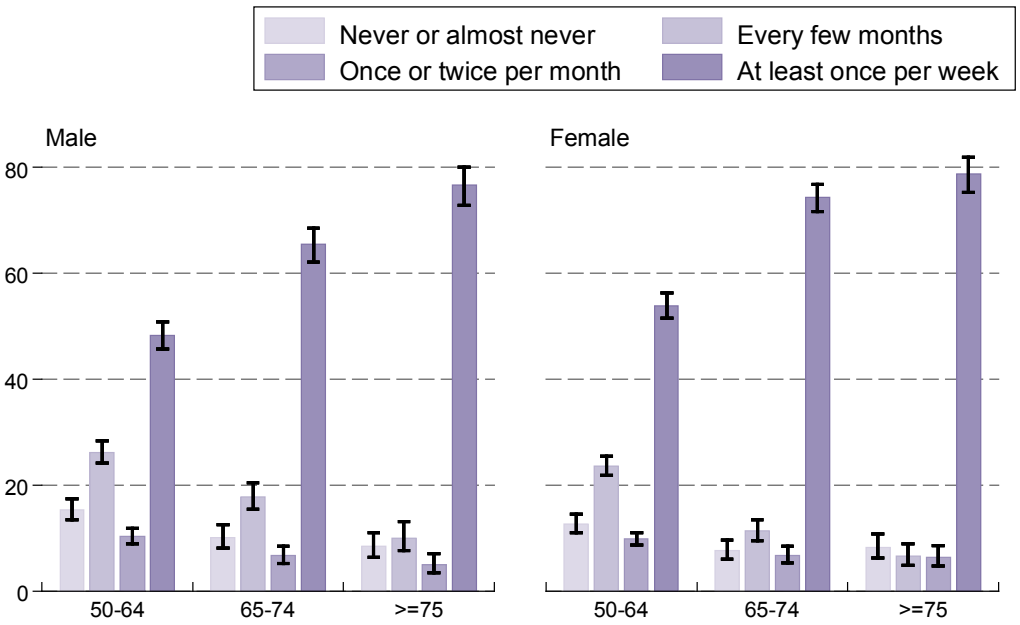
Religion is another way in which people engage with their communities. This can occur through active participation in religious services, prayer, or volunteering with religious-based organisations. Participation in religious activities has been associated with better quality of life and health outcomes in older persons (28, 34, 35), although the patterns are not consistent across study population or measures of religious activity.

In TILDA, respondents were asked about their membership of formal religious groups, the frequency with which they participate in religious activities, and whether or not they draw strength from their religious faith. Ninety per cent report that they are Catholic, 3% Anglican, 2% other Christians, and 5% report having no religion. Among the 95% who reported having a religion, 60% attend religious services at least once a week.

Figure 4.8 indicates that most older men and women in all age groups attend a religious service at least once per week. However, weekly attendance is less common among the 50-64 (48%) and 65-74 (67%) age groups than among people aged 75 years and over (76%). Men aged 50-64 years (approximately 18%) are most likely to never/almost never attend religious services compared to women in the same age group (16%) or men and women in the older age groups.

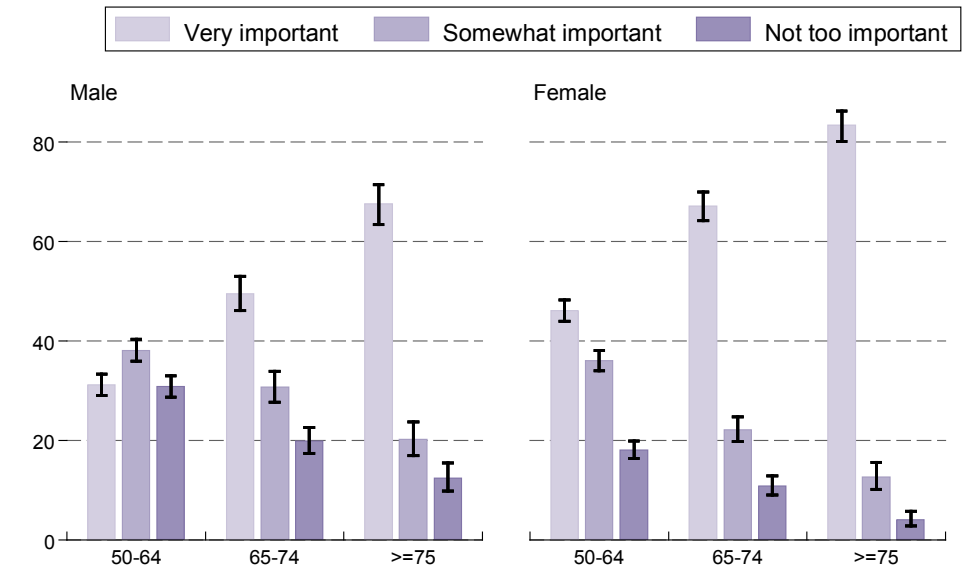
Religion is more important to the oldest old than to those aged 50-64, and is more important to women (Figure 4.9) than to men. Women and oldest adults also derive more comfort and strength from religion than men or younger adults in this population (Figure 4.10).

Figure 4.8: Frequency of older persons' attendance in religious services, by age and sex



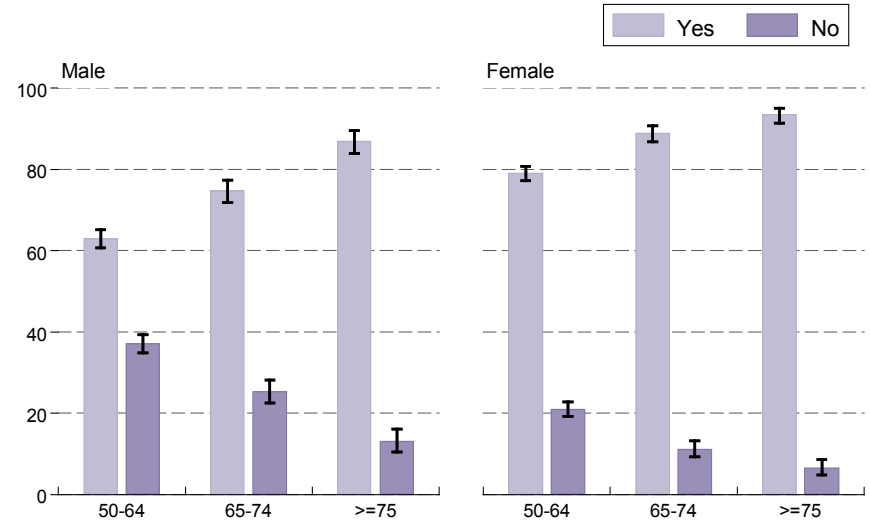
Note. N = 7749; Missing obs = 429; Error bars correspond to 95% confidence intervals

Figure 4.9: Degree of importance of religion in older persons' lives, by age and sex



Note. N = 7745; Missing obs = 433; Error bars correspond to 95% confidence intervals

Figure 4.10: Proportion (%) of older people who get comfort and strength from religion, by age and sex

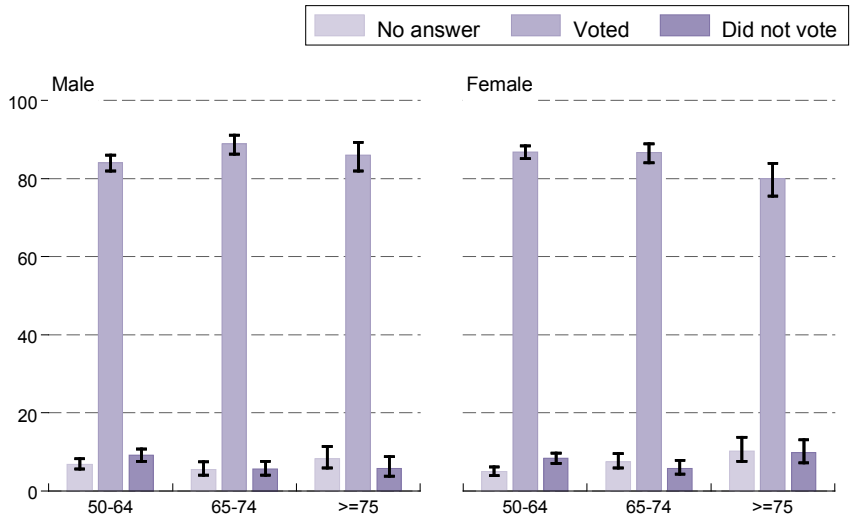


Note. N = 7627; Missing obs = 551; Error bars correspond to 95% confidence intervals

4.7 Voting

Voting is a civic form of social engagement. Attending religious services, marital status, and recent contact with political lobbyists have been previously shown to be determinants of voting behaviour (36), as are self-reported health status and education (37-39). In TILDA, respondents were asked if they had voted in the 2007 general election. Over 80% of the older population had voted in the last election. This proportion differs slightly by age among women, but not men, with the oldest women being the least likely to have voted (Figure 4.11).

Figure 4.11: Percentage of older people who voted in the last general election, by age and sex



Note. N = 6235; Missing obs = 27; Error bars correspond to 95% confidence intervals

Consistent with current international knowledge of the determinants of voting behaviour, less educated older Irish people are less likely to vote. Regardless of education level, people in the youngest and oldest age groups are less likely to vote than those aged 65-74 years (see Table 4.6).

Table 4.6: Voting participation of older people, by age and education level

	No Response		Voted		Did not vote		Total	Number in sample
	%	95% CI	%	95% CI	%	95% CI		
Primary/none								
50-64	9	(7-12)	79	(76-82)	11	(9-14)	100	642
65-74	8	(6-10)	85	(82-88)	7	(5-9)	100	621
>=75	11	(8-14)	80	(76-84)	9	(7-12)	100	450
Total	9	(8-11)	82	(80-83)	9	(8-11)	100	1713
Secondary								
50-64	4	(3-5)	88	(86-89)	8	(7-10)	100	1652
65-74	6	(4-8)	90	(87-92)	4	(3-6)	100	584
>=75	7	(5-11)	87	(83-90)	5	(3-9)	100	324
Total	5	(4-6)	88	(87-89)	7	(6-8)	100	2560
Third/higher								
50-64	5	(4-6)	89	(87-90)	6	(5-8)	100	1285
65-74	3	(2-5)	93	(90-95)	5	(3-7)	100	480
>=75	5	(3-10)	90	(84-93)	5	(3-9)	243	195
Total	5	(4-6)	90	(88-91)	6	(5-7)	100	1960

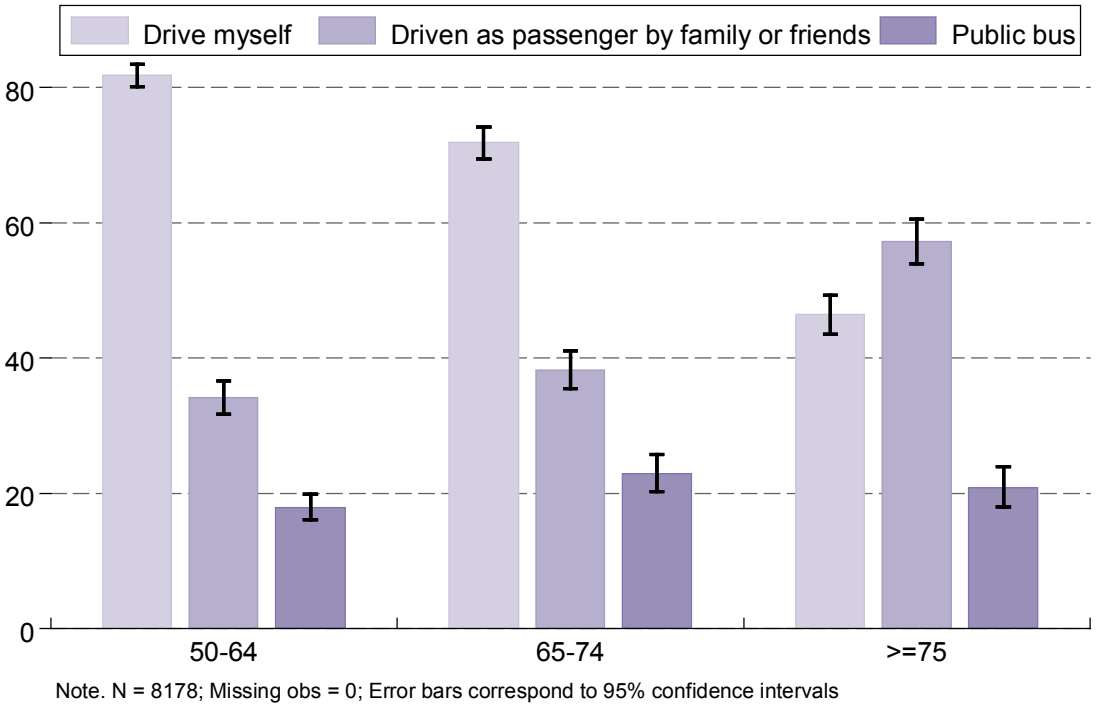
4.8 Transport

Mobility is a key determinant of an individual's ability to access services, whether social or practical, and to engage in community activities. Mobility decreases with age, which increases the need for assistance from public transportation and from family and community resources (40, 41). Therefore, the accessibility and affordability of different modes of transportation are essential factors to ensuring that older people can remain actively engaged in their communities.

TILDA respondents were asked to specify their primary mode of transport. The majority stated that they drive themselves (76%), followed by 14% who are primarily driven by a family member. Public bus is the third most reported method of transport (5%). For fewer than 2%, riding a bicycle or motorbike, or being driven by friends, is

the main mode of transport. The majority of the Irish population aged 50 years and over, therefore, rely heavily on cars as the main mode of transport (Figure 4.12).

Figure 4.12. Percentage of older people who regularly drive themselves, regularly are driven by friends and family and regularly use public buses by age

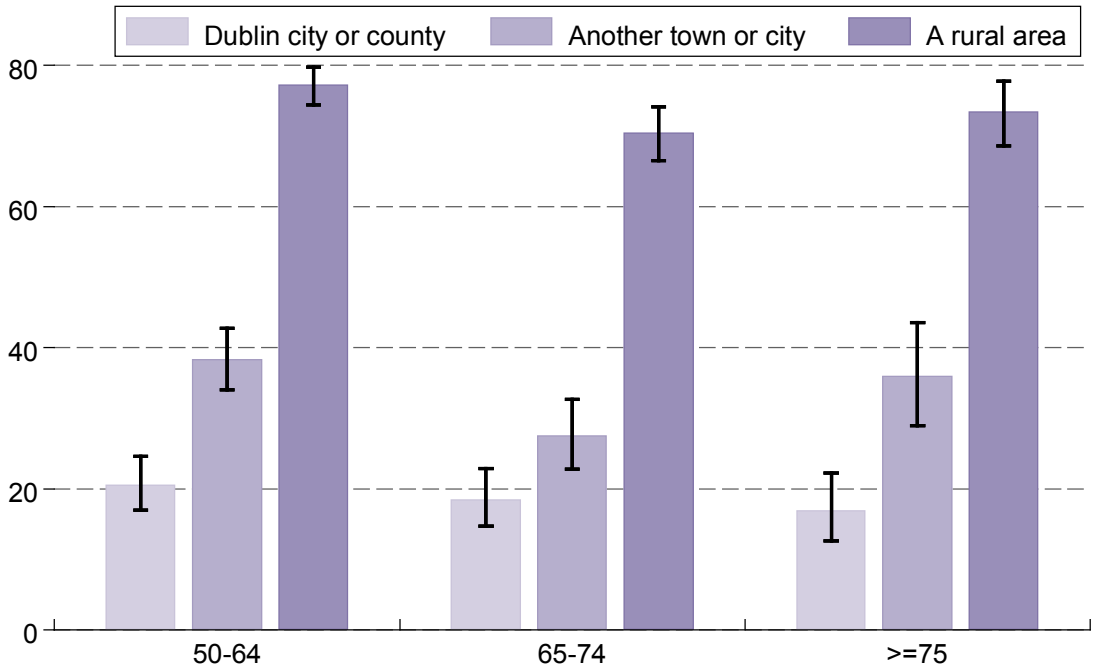


Note. N = 8178; Missing obs = 0; Error bars correspond to 95% confidence intervals

The heavy reliance on cars for mobility may be a consequence of the accessibility and affordability of public transportation services. Figure 4.13 shows how the proportion of older people who report their local public transport system as poor varies by geographic location. The negative perception of public transport systems increased as an individual's geographic location became more rural, with over 70% of the rural population reporting the local public transport system as poor regardless of age, compared to fewer than 20% in Dublin.

A reduced dependence upon automobiles for transport among persons aged 50 years and older occurs for many reasons. TILDA respondents who had given up driving were asked to state the main reason. More than 7% of older people who used to drive in the past are no longer driving. For these individuals, the main reason for this change is related to health, physical incapacity, or mental problems (17%). Less willingness to drive is the second most important reason to stop driving (9%). However, of those who no longer drive, only a small percentage (1.5%) reported that the inability to drive affects how they socialise with others (e.g., visiting family and friends).

Figure 4.13 Percentage of older people who rate their local public transport system as 'poor' by age and location of residence



Note. N = 7799; Missing obs = 379; Error bars correspond to 95% confidence intervals

4.9 Conclusions

TILDA reveals high levels of engagement with family and friends for the older population as a whole, with nine out of ten older adults visiting with relatives and friends daily or weekly. The frequency of visiting family and friends increases with age; but without longitudinal data it is not possible to say whether this is an age or cohort effect. Within the broader societal context older adults are active respondents in civic and religious activities, with more than 80 per cent of this population group having voted in the last general election and majority attending religious services daily or weekly. Strikingly, one in five older adults aged 65-74 do voluntary work daily or weekly; this represents a very high level of voluntary engagement in activities that support communities and individuals across Ireland.

However, large differences were identified in some aspects of social engagement by levels of education. Participation in formal, organised activities, such as volunteering, is highest among those with higher levels of education. We can surmise that the benefits of higher levels of social engagement also accrue mostly to older adults with higher levels of education, as being more engaged with your community is good for your health and well-being.

The majority of the older adult population of Ireland is socially integrated as measured by the Social Network Index, but approximately 6% of women and 7% of men are socially isolated. Older persons in poorer (self-rated) health are more likely to report being isolated than their healthier counterparts. Not all socially isolated older adults experience loneliness; better interventions must be developed for those who are isolated and lonely.

Many aspects of social engagement vary by sex and age. For instance, women visit with friends and relatives more frequently than men, and religion is more important for older women than for men. Men are more engaged than women in active and relatively social activities such as taking classes, eating out, going to plays and concerts, and taking part in sports. The reasons for these variations and their consequences for health and well-being will be the subject of further research using this and subsequent waves of TILDA.

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