

## **AGE DIFFERENCES IN SOCIAL PARTICIPATION: The importance of restrictions**

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The topic of social participation has traditionally received much attention in gerontology. Social participation refers to activities other than paid employment and tasks related to household maintenance and family care. Examples are: participation in voluntary associations and volunteer work. The defining feature is their embedment in the social circles offered by religious, cultural, political, social welfare and recreational organizations. The organizations in and through which social participation takes place, constitute what is commonly called the 'civil society' (Koopmans, 1994). A second crucial feature of social participation involvements is that their fulfilment depends upon personal initiative. People must make an effort to engage in them.

Social participation is considered to be a key to older adults' integration in society, a means to ward off social isolation (Lameiro García & Van Rijsselt, 1992). As people age, earlier avenues of social integration may be left behind. Older adults are less likely to be participating in the labour force, to have children at home or to be a member of a married couple. An often expressed concern is that if older adults do not find alternative meaningful activities, after a transition such as retirement or widowhood, they risk social isolation. This concern is of course typical of the approaches in which older adults are primarily constituted as a 'problem group'. Thus the study of social participation has traditionally reflected a concern with the extent to which older adults have access to and form part of the mediating structures which provide linkages between individuals and groups of individuals within the society. Less attention has been paid to the ways in which older adults,

through their daily activities, continue to contribute to society (Herzog, Kahn, Morgan, Jackson & Antonucci, 1989).

This brings me to the first objective of this chapter: to provide *basic descriptive information* on older adults' social participation. Three kinds of social participation will be considered: religious involvement, membership of voluntary associations, and volunteer work. Differences in social participation according to gender, age, and living arrangement will be examined.

There is general consensus that with advancing years, older adults' social participation declines. However, there are different viewpoints regarding the reason why this may be the case. Disengagement theorists (Cumming & Henry, 1961) view withdrawal from social involvements as an integral part of aging. To become old is to become removed from social commitments and to become increasingly self-focused. Viewed from this perspective, the major tasks facing older adults at advanced ages are evaluation of the life one has led and preparation for death. Activity theorists (Havighurst & Albrecht, 1953; Maddox, 1965, 1970) put forward that as people age, they continue to follow, in so far as possible, the pattern of activities of earlier years. A decline in older adults' activity level is viewed as resulting from increasing restrictions (e.g. physical impairments, and lower income). In other words, disengagement theorists emphasize psychological factors (dispositions), while activity theorists emphasize structural and health factors (restrictions) to explain the decline in social participation.

This brings me to the second objective of this chapter: to provide insight into changes in social participation that are linked with age. Ideally, one would use longitudinal data to examine a possible decline in social participation with advancing age. Unfortunately, only cross-sectional data are available in the NESTOR-LSN survey. For that reason, the social participation of different age categories will be compared and contrasted, as an approximation of changes over time. The question to be addressed is: if it is indeed the case that levels of social participation are inversely associated with age, what accounts for the *decline with age*? Restrictive circumstances known to be associated with age will be examined to find out whether they provide an explanation of observed differences. More specifically, the analyses will focus on the importance of health, income, educational attainment, institutionalization and access to transportation.

## Distinguished forms of social participation

As mentioned earlier, three kinds of social participation were distinguished in the NESTOR-LSN survey: religious involvement, membership of voluntary associations, and volunteer work. These three were selected because of the different ways in which they can contribute to older adults' well-being.

In our view, the beneficial effects of *religious involvement* stem from several sources. Firstly, the church provides a pool of social contacts with similar backgrounds, views on life and values, many of which emphasize the virtue of helping others. One has the opportunity to meet and interact with fellow congregants not only by going to religious services, but also through participating in other activities such as the choir, bible study, house visits, missionary work, and so forth. Secondly, one can point to the supportive function that the head of the congregation (minister, rabbi, priest, imam) may have as a confidant, advisor or teacher. Thirdly, the personal relationship with God may be a source of solace and internal peace. In the survey, the degree of religious involvement was determined by church membership ('Are you a member of a church or of a particular religious group?'), and by enquiring into the frequency of church attendance ('Do you attend church services or meetings of your religious group, and if so, how often?', with five answer categories ranging from 'yearly or less often' to 'at least weekly'). The attendance of church services was not restricted to occasions where people actually go to church. It could also include services organized especially for residents of nursing homes, or services witnessed at home via television, radio or the so-called 'church telephone' (radio line with the neighbourhood church).

Participation in *voluntary associations* can contribute to well-being in the sense that there is an opportunity to practice and improve one's social skills and to receive feedback from others about one's performance and personal opinions (Evans & Boyte, 1992). Acquired skills and obtained information can be useful in other life areas. Participation in groups and organizations can also promote self-esteem (Simons, 1983-84). A feeling of worth accrues when people engage in activities which they and significant others view as valuable or important. Finally, voluntary associations provide contexts for socializing and enjoying the company of others. To measure membership of voluntary associations, the respondents were presented with a list of eight types of associations (see *Table 4.1*). With respect to each, they were asked whether or not they were a member, and where relevant, they were also asked

whether they were 'active members', that is, whether or not they attended meetings of the organization (e.g. seniors' advocacy association). The present study considers *active* membership only. In my view it is a better indicator of social participation than membership *per se*.

*Volunteer work* not only has benefits for society at large, but also for volunteers themselves (Van den Berg, 1988). Through volunteer work, one generally contributes to the well-being of others. The experience of being useful to others tends to make people feel good. In other words, through engaging in volunteer work, older adults can gain social approval. Moreover, as is the case with the participation in voluntary associations, volunteer work provides a context for elaborating and exercising one's repertory of social skills. Examples of volunteer work are: helping out in the bar of a sports club, bookkeeping for a hobby association, and going for a walk with a handicapped individual confined to a wheelchair. During the interview, the respondents were asked with regard to 14 different areas (e.g. care in the community, care for handicapped and elderly) whether they performed volunteer work. The fourteen types of volunteer work are specified in *Table 4.2*. Our study uses a rather broad definition of volunteer work (*cf.* Van Daal, 1990). Our definition also included helping activities which are performed outside formal organizations (e.g. in the neighbourhood).

In selecting the types of voluntary associations and volunteer work for our study, care was taken to avoid gender biases. Both typically male (e.g. politics) and typically female (e.g. care) domains were included in our social participation inventory. The concern was to avoid 'creating' gender differences, for example by inquiring into predominantly male activities.

## **Design of the Study**

### *Respondents*

In 1992, face-to-face interviews were conducted with 4494 respondents. They constituted a stratified random sample of men and women born in the years 1903 to 1937. The random sample was taken from the registers of 11 municipalities: the city of Amsterdam and two rural communities in the west, one city and two rural communities in the south, and one city and four rural communities in the east of the Netherlands. The response was 61.7 per cent. The data were collected by 88 interviewers.

The average age of the respondents was 72.8. Most were living in their own homes: 1298 (28.9%) were not married and lived alone, 2582 (57.5%) lived with a partner, and 206 (4.6%) lived in another kind of multi-person household. Finally, 351 (7.8%) lived in an institution of some sort, such as a nursing home, a home for the aged, psychiatric hospital, or shelter for the homeless.

### *Basic description*

The chapter is organized as follows. First, basic descriptive data on social participation will be presented, for the entire group, and for males and females separately. Where possible, the NESTOR-LSN findings will be compared with those from other Dutch large scale surveys. The data concern participation levels for individual items (i.e. eight types of voluntary associations, and 14 types of volunteer work). Next, differences in social participation according to age and living arrangement will be presented. These and subsequent analyses are based on *summary measures*. The analyses of religious involvement contrast those who do with those who do not attend religious services on at least a weekly basis, regardless of whether or not they are actually members of a church or of a particular religious group. Dichotomous measures are also used for membership of voluntary associations and volunteer work. Thus, the focus is on differences between those who are active members of at least one voluntary association versus those who are not, and on differences between those who perform at least one type of volunteer work versus those who do not. The reason for using dichotomous measures is that the responses to the individual items were virtually independent of one another. They did not meet minimally acceptable scaling criteria, a finding that is not uncommon to research on social participation (Van Deth & Leijenaar, 1994).

Seven *age* categories are distinguished: ages 55 to 59, 60 to 64, 65 to 69, 70 to 74, 75 to 79, 80 to 84, and 85 to 89. *Living arrangement* is a composite variable based on partner status, household composition and residential type. Six categories are distinguished: never-married respondents living alone, divorcees living alone, widows and widowers living alone, respondents living with a partner whether married or not (this group will subsequently be referred to as the 'cohabiting', though almost 95% are officially married), other private households (e.g. siblings living together, single-parent families, and so forth), and institutionalized respondents. The households of the

cohabiting do not necessarily consist of only two persons; there may be co-resident children, parents, and so forth.

### *Age differences and restrictive circumstances*

In the final section, age differences in social participation will be subjected to closer scrutiny. In a series of logistic regression analyses, the importance of age relative to that of structural and health restrictions will be examined. The aim of these analyses is to find out to what extent age differences are attributable to restrictive circumstances known to be associated with age. The following indicators of restrictive circumstances were used. The level of *educational attainment* was included because it generally suggests the availability of the social skills that facilitate engagement in activities that depend on personal initiative and planned behaviour (Lopata, 1973). Moreover, educational attainment generally indicates the availability of other resources (e.g. finances) that create opportunities for social participation. The level of educational attainment was measured in terms of the number of years of schooling. The range was from five years for those who had less than elementary education to 18 for those who had completed university education.

To a certain extent, social participation is also facilitated by the availability of financial resources: memberships must be paid for, many associational activities require the purchase of certain goods and materials, and the costs involved in volunteer work are often only partially remunerated. For that reason, a measure of *net monthly income* was included. Information about household income class was used to construct a quasi-interval scale for personal income. This was done in two steps. First, respondents were assigned the median value of the household income class to which they belonged. Next, to make the incomes of residents of one-person households comparable to those of households including a partner, the household income of the latter was multiplied by a factor of 0.7.

It is well known that at advanced ages physical impairments reduce the opportunities for social participation: the range of feasible activities becomes more restricted. Those requiring physical endurance, good eyesight and minimum speed become increasingly difficult to perform. Two measures of health status were used. The first is an assessment of physical functioning (*ADL-capacity*), and consists of the sumscore of the responses to four items enquiring into difficulties in performing personal activities of daily living

(walking up and down stairs, walking for five minutes without resting, getting up from and sitting down in a chair, dressing and undressing). The scale is sufficiently hierarchically homogeneous ( $H = .68$ ) and reliable ( $\rho = .87$ ). Scale scores range from four (no ADL-capacity) to 16 (full ADL-capacity). The second is a *subjective health* rating, namely the answer to the question: 'How is your health in general?'. The subjective health score ranges from one, poor health, to five, excellent health. Subjective health correlates .43 with ADL.

The last measure included in the analyses was whether or not the respondents were in the possession of a *driver's license*. This measure was used because it provides an indication of the extent to which the respondents are dependent upon others to go about as they wish. Those without such a permit have no option but to rely on public facilities or private drivers for motorized transportation. Of course a driver's license is only useful as long as one has the capacity to drive an automobile. This capacity diminishes with age (e.g. night vision).

## Weights

The data are from the 4125 respondents who answered the questions on social participation. Descriptive data are corrected for selective non-response, and where appropriate, for the stratification criteria. Descriptive data pertaining to the *entire sample* have been weighted in such a way that they are representative of the Dutch population of older adults of 55 years of age and over. These data are controlled for the over-representation of the oldest respondents and the over-representation of males. Descriptive data pertaining to different *age groups* have been controlled for the over-representation of males in the oldest age groups. Within each age category, the proportions of males and females have been made consistent with those at the national level. No weights are used in the multivariate analyses. Note that when weighted data are used, the sample size deviates from 4125.

## Results

### *Levels of social participation*

*Church membership.* Results indicate that 61.1% of the older adults are a member of a church or of a particular religious group. Women are more likely to be members than are men. The figures are 63.7% and 55.6%, respectively,  $t_{(4133)} = 5.3, p < .001$ . The Roman Catholic Church has the highest number of members (28.2%), followed by the Dutch Reformed Church (18.3%) and the Re-Reformed Church (7.6%). Relatively small numbers of respondents belong to the orthodox protestant denominations (2.3%) and the remaining christian denominations (2.2%). Finally, 1.7% report they are Jewish, Humanist, Muslim or 'other'. (Dutch Reformed is 'Nederlands Hervormd'. Re-Reformed is 'Gereformeerde Kerken in Nederland'. Examples of orthodox protestant denominations are 'Nederlands Gereformeerde Kerken', 'Oud-Gereformeerde Gemeente', 'Christelijk Gereformeerde Kerken' and 'Gereformeerde Kerken (vrijgemaakt)'. Examples of other christian denominations are baptists and pentecostals.)

Of all the older adults, 30.0% report they attend church services or meetings of a religious group at least once a week. Here again one finds higher levels of involvement among women (32.0%) than men (27.6%). The difference is significant,  $t_{(4133)} = 3.1, p < .01$ . Not surprisingly, the frequency of church attendance is strongly associated with membership. Of those who are members, 48.7% attend services weekly or more often. This figure is 1.9% for non-church members. Likewise, a higher proportion of non-church members (namely 89.5%) than of church members (namely 21.4%) report never attending services or doing so less frequently than once a year.

The 1991 Cultural Changes in the Netherlands Study ('Culturele Veranderingen in Nederland'), carried out by the Social and Cultural Planning bureau (SCP) among 1607 adults ranging in age from 21 to 70 (Becker & Vink, 1994), provides baseline data for assessing the representativeness of the NESTOR-LSN results on church membership and church attendance. Note that the Cultural Changes Study has a considerably smaller sample of older adults. According to that study, 59% of adults in the 51-70 year age category were church members, as indicated by a positive response to the question 'Do you consider yourself as belonging to a religious denomination?'. An exact match with the SCP-data in terms of age cannot be made: the youngest NESTOR-LSN respondents were 55 years of age at the time of the interview.



For that reason we focused on the 55-69 year olds. Church membership in that category is 58.0%, which is very close to the SCP figure.

In the SCP-project the frequency of church attendance was measured by means of the question 'Recently (e.g. during the last six months), how often have you gone to church?' 51% of church members in the 51-70 year age category went to church at least every two weeks. The relevant response category in the NESTOR-LSN survey was: at least two or three times a month. 57.9% of the church members in the 55-69 year age category attended church services that often. Thus, NESTOR-LSN reports a higher proportion of older adults attending church bi-monthly or more often. Differences in the definition of 'church attendance' are possibly responsible for the discrepancy. As described earlier, NESTOR-LSN used a broad definition, one including services witnessed at home via television, radio or 'church telephone'.

*Membership of voluntary associations.* Almost 55% of the older adults are active members of at least one voluntary association (see *Figure 4.1* for details). Men are more often actively involved in at least one voluntary association than are women. The figures are 58.4% and 51.9%, respectively,  $t_{(4133)} = 4.2, p < .001$ . Information on the types of associations in which they are involved, is provided in *Table 4.1*. Older adults are most likely to be active in voluntary associations related to recreational pastimes, such as hobby associations or sports clubs. However, their memberships also indicate strong commitments to social issues: as *Table 4.1* shows, a relatively high proportion of older adults is active in associations devoted to political causes, such as Amnesty International or Widowers' Advocacy Groups. As *Table 4.1* shows, the preponderance of men in voluntary associations is not observed for all types: women are more often actively involved in same-sex associations, and seniors' advocacy associations. Characteristic of these types is an emphasis on leisure time activities. The social programs offered by seniors' advocacy associations, for example, are tailored to the membership, which has an over-representation of low-educated women (De Kort, 1995). Thus meetings tend to be structured around bingo, board games and card playing.

Comparisons with other Dutch survey data are possible if one looks at membership *per se*, rather than active membership. In the NESTOR-LSN survey, 65.8% are members of one or more voluntary associations. This proportion is higher than the figure of 51% provided by the SCP (Timmermans, 1993) on the basis of the 1991 Complementary Public Services

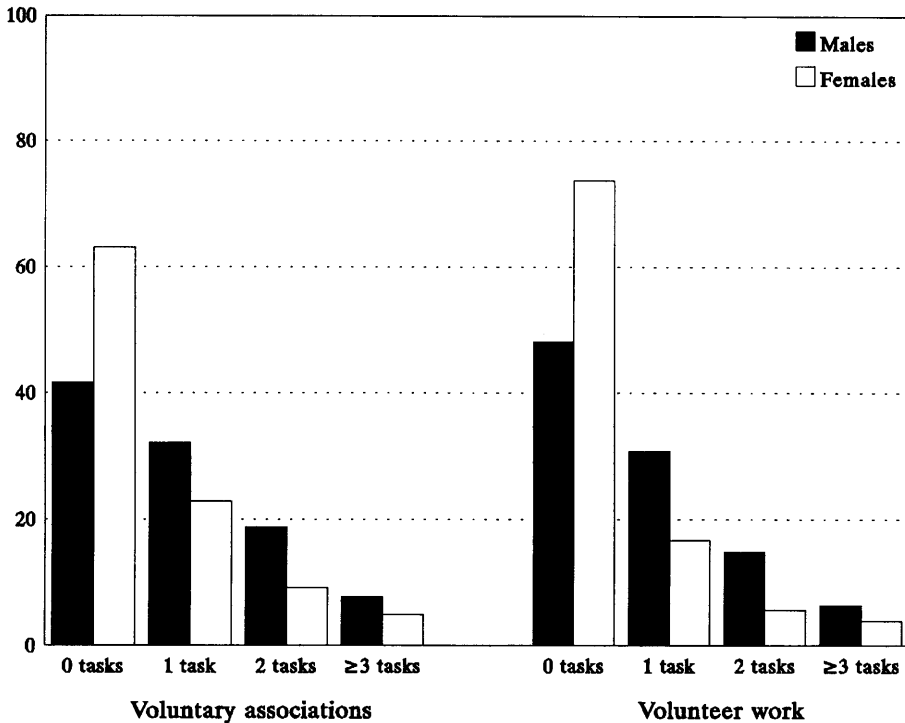


Figure 4.1. Rates of social participation for males ( $n = 1823$ ) and females ( $n = 2312$ ) separately (data corrected for over-representation of older males)

Table 4.1. Active membership of different types of voluntary associations (in %)

	Males ( $n = 1823$ )	Females ( $n = 2312$ )	$t$
Choir, music or drama association	8.1	10.2	-2.3
Same-sex club, union or association <sup>a</sup>	4.4	16.8	-12.8**
Sports club	17.6	12.1	5.0**
Hobby association	20.0	14.7	4.5**
Association with societal objective	16.3	13.8	2.1
Political party	6.0	2.1	6.6**
Union/employer association	14.3	1.6	16.2**
Seniors' advocacy association	7.6	10.3	-3.1*

<sup>a</sup> These are associations such as 'vrouwenbond' or 'mannenbond', and 'vrouwenverenigingen' or 'mannenverenigingen'.

\*  $p < .01$ , \*\*  $p < .001$ .

Survey ('Aanvullend Voorzieningen Onderzoek') which involved, among others, 2437 adults aged 55 years and over. Both studies inquired into memberships of choir, music or drama associations, sports clubs, hobby associations, organizations with a societal objective, political parties, and union and employer associations. However, NESTOR-LSN also assessed the membership of associations which are largely specific to older adults, namely same-sex unions and seniors' advocacy associations, and this is possibly why it reports a higher membership rate.

*Volunteer work.* Approximately 30% of the older adults are active in one or more of the specified areas of volunteer work (see Figure 4.1 for details). Men are more likely to perform volunteer work than are women, 36.9% versus 26.2%,  $t_{(4133)} = 7.4$ ,  $p < .001$ . However, as Table 4.2 shows, the preponderance of men is not observed across all types. Women are more likely to perform volunteer work in the context of same-sex associations, and there are no gender differences as regards volunteer work in the church, schools, or the areas of care. Table 4.2 shows furthermore that older adults are most likely to be involved in the care of the disabled. Here we have evidence that older adults are not only recipients of care (which is usually emphasized) but also providers of care (Arber & Ginn, 1990). Furthermore, a relatively high proportion of respondents is involved in volunteer work associated with the church (e.g. conducting bible study groups, organizing bazaars, serving refreshments after services). The importance of the church as a context for volunteer work has also been noted by Van Deth and Leijenaar (1994). They describe volunteer work 'careers' in church organizations.

The NESTOR-LSN results are consistent with those from the 1990 SCP Time Budget Survey ('Tijdsbestedingsonderzoek') which shows that 31% of those over the age of 55 ( $n = 773$ ) are involved in one or more of the following forms of volunteer work: work in a youth or community centre, care for the handicapped or elderly, church work, involvement in (local) politics, and work for sports clubs (Timmermans, 1993).

### *Differences in social participation with age*

Age differences in social participation rates are presented in Figure 4.2. Interestingly, no decline with age is found for religious involvement (as indicated by church attendance). On the contrary, the lowest participation rates

Table 4.2. Participation in different types of volunteer work (in %)

	Males ( <i>n</i> = 1823)	Females ( <i>n</i> = 2312)	<i>t</i>
Choir, music or drama association	3.2	1.6	3.5*
Same-sex club, union or association	0.0	3.5	-7.9**
Sports club	7.2	1.2	10.0**
Hobby association	6.1	2.7	5.5**
Association with societal objective	7.6	4.6	4.2**
Political party	1.4	0.4	3.7*
Professional or employee association	3.0	0.2	7.4**
Church or other religious group	10.9	9.0	2.0
Parent-teacher association or schoolboard	0.9	0.5	1.6
Daycare, school	0.5	1.0	-1.6
Youth centre or community centre	1.7	0.3	4.6**
Association of women volunteers	0.9	0.8	0.2
Care for handicapped, elderly	11.6	11.9	-3
Other forms of care	3.4	3.5	-1

\*  $p < .01$ , \*\*  $p < .001$ .

are observed in the youngest age groups. Though the age differences in religious involvement are significant,  $F_{(41,18,6)} = 7.7$ ,  $p < .01$ , they account for only a small proportion of the variance ( $R^2 = 0.7\%$ ). As described earlier, church attendance is highly dependent on membership. The data on church membership reflect the increasing secularization in the Netherlands during the past decades (Becker & Vink, 1994). The youngest respondents are least likely to belong to a religious denomination, and for that reason, presumably are least likely to attend services. In other words, cohort differences rather than age differences appear to account for the decline in religious involvement.

As Figure 4.2 shows, the active membership of voluntary associations is relatively stable up to the age of 70 or 75. Beyond that, participation rates decrease sharply. The age differences, which account for 2.3% of the variance, show significant deviations from linearity. A different pattern is observed for the participation in volunteer work. The data show a linear decline with age, with age differences accounting for 7.3% of the variance.

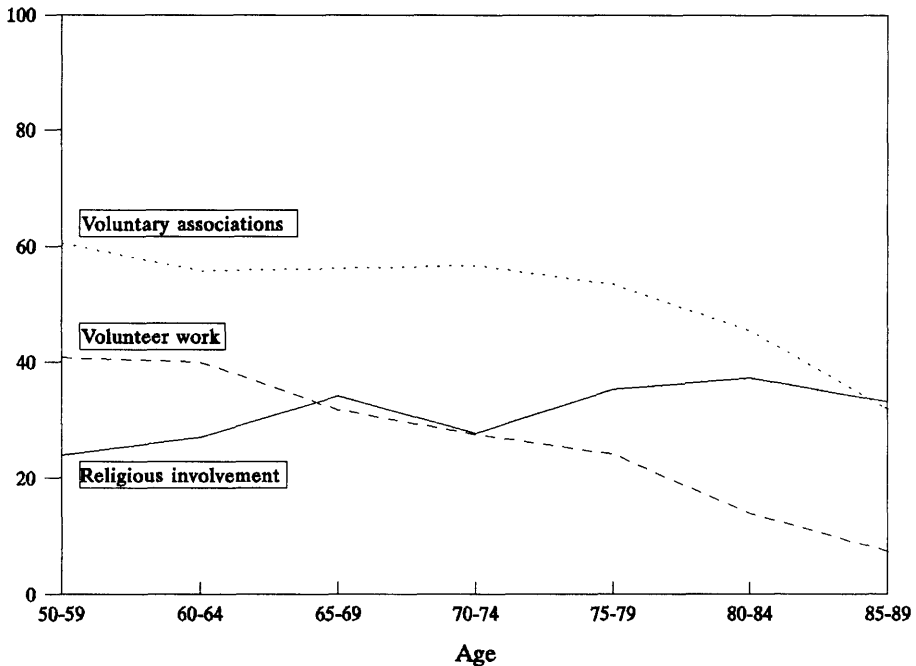


Figure 4.2. Age differences in social participation (data corrected for over-representation of older males)

#### *Differences in social participation according to living arrangement*

To examine living arrangement differences, analyses of variance were performed with age as the covariate. *General* living arrangement differences will be described first. This will be followed by a description of gender differences that emerge for particular living arrangement categories only (see Figure 4.3).

Consistent differences according to living arrangement are found for the membership of voluntary associations and the involvement in volunteer work. Cohabiting respondents have the highest participation rates of all groups. It is not entirely clear how to account for this finding. The nature of the activities is possibly relevant. Leisure-time activities such as bridge, dancing or tennis often take place on a couple-companionate basis. Financial resources may also be relevant. The cohabiting tend to have the highest incomes (see Chapter 2).

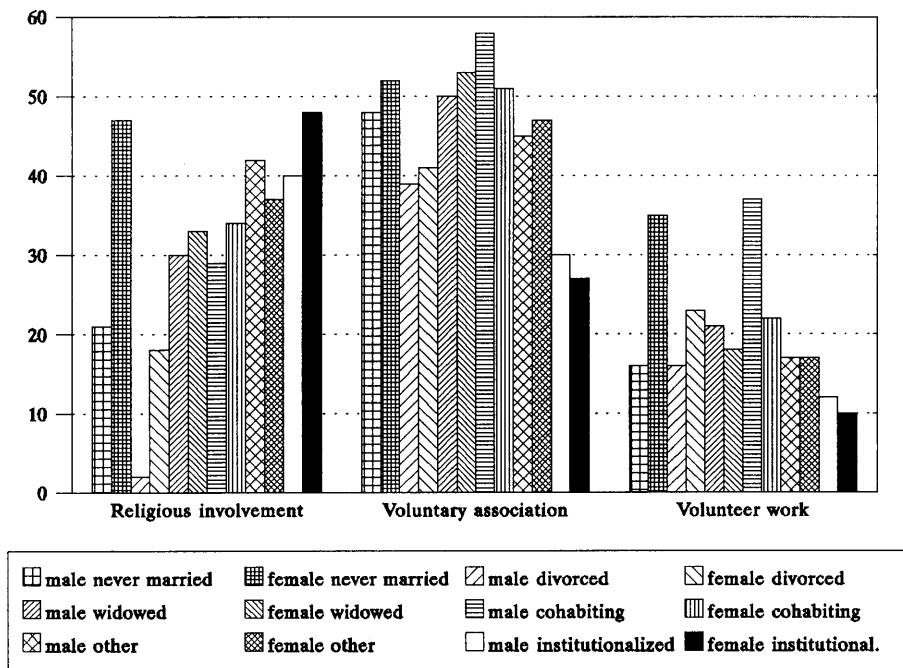


Figure 4.3. Gender and living arrangement differences in social participation (data controlled for age differences)

The institutionalized respondents consistently have the lowest social participation rates. This finding is probably attributable to their poor physical mobility and limited transportation facilities.

The data for religious involvement show a different pattern. Rates of church attendance are highest for institutionalized respondents. It is possible that because residents of homes for the elderly and nursing homes have limited access to many avenues for social participation, opportunities for religious involvement become increasingly important. Note also the conditions facilitating the participation in religious services by the institutionalized. Many homes for the elderly and nursing homes have services on site. Residents can also listen to the 'church telephone' in their own living quarters.

The divorcees are least likely to attend church services on a weekly basis. A possible explanation is that the event of divorce itself is influenced by church membership. Some religious doctrines oppose divorce. Furthermore,

*ad hoc* analyses revealed that divorcees are least likely to belong to a religious denomination,  $\chi^2_{(10)} = 61.9, p < .001$ . The rate of church membership is 35.2% for divorcees, 62.3% for the never-married, 64.7% for the widowed, 61.0% for the cohabiting, 70.1% for the category 'other', and 72.9% for the institutionalized. As shown earlier, the attendance of religious services is highly dependent on church membership. Of course both phenomena of divorce and church membership may be linked to a common background factor, namely the adherence to modern values and norms rather than the more traditional.

So far, general living arrangement differences have been reported. Now, differences between males and females that are specific to the never-married and to the cohabiting, respectively, will be discussed. The data show that never-married women are more socially active than their male counterparts: they are more likely to attend church at least weekly and more likely to be involved in volunteer work. Gender differences among the never-married are often reported in the literature. They are generally attributed to differential selection into marriage. Women tend to marry 'upward', that is, find marriage partners with a social status greater than their own, while men tend to marry 'downward' (Bernard, 1973). Those who remain unmarried tend to be high-resource females and low-resource males. Presumably then, one can explain the high rates of social participation among never-married women, in comparison to never-married men, in terms of their access to more and better resources: educational attainment, income and social skills (see Chapter 2 for supportive evidence).

Earlier, the finding was reported that the cohabiting tend to have the highest social participation rates (with the exception of religious involvement). Closer inspection of the data reveals that this is particularly the case for males. Of all the respondent groups, cohabiting men are most likely to be active members of voluntary associations and to perform volunteer work. In comparison with their female partners, the males probably have more free-available time. Most are no longer in the labour force, and they generally have few homemaking responsibilities. Another possible explanation is that women, in an effort to have time and space for themselves encourage their partners' activities outside the home. Deem (1982) argues that the ways in which women's time is organized, particularly if they are living with a partner, constrains their leisure activities. Free available time is not always predictable in advance, nor is it always of a long duration. Furthermore,

women's leisure activities may have to be put aside in order to make men's leisure possible or they need to be tailored to fit in with his movements.

That the presence of a partner serves as a greater resource for men than for women is further corroborated by the finding that, among men, the social participation rates of the widowed are significantly lower than they are for the cohabiting. Among women, such strong differences between the cohabiting and the widowed are not observed. With the loss of the partner, men's social engagements appear to drop dramatically. In fact, with regard to the membership in voluntary associations and the mean number of leisure-time pursuits, the participation rates of widowed men are below those of their female counterparts. These results provide further evidence for widowers doing less well than widows (Stroebe & Stroebe, 1983).

#### *Age differences and restrictive circumstances*

As described earlier, a decline with age was found for the active membership of voluntary associations and volunteer work. To find out what accounts for the decline, stepwise logistic regression procedures were followed. At step one, age was entered into the analysis. Living arrangement was introduced at step two, using a set of dummy variables with the cohabiting respondents serving as the reference category. The measures of restrictive circumstances were incorporated at step three: educational attainment, income, health status, and the possession of a driver's license. Bivariate analyses showed that each selected determinant was significantly associated with the two forms of social participation at the .01 level. Considering the previously described differential effects of having a partner, the analyses were performed separately for males and females. No further analyses of religious involvement were conducted, given the absence of a decline with age.

As *Table 4.3* shows, age differences in social participation rates were reduced (that is, the value of  $\text{Exp}(B)$  charged in the direction of 1.00, in which case there are no differences between distinguished categories) after taking into account differences according to living arrangement, educational attainment, income, health status, and the possession of a driver's license. However, they remained significant except in the analysis of women's membership of voluntary associations. In other words, age has an impact on men's membership of voluntary associations and the involvement of both men and women in volunteer work *independent* of differences in living arrangement, educational



attainment, income, health status, and access to transportation. The restrictions to which older adults are subject, provide only a partial explanation of age differences in social participation.

Step two of the analysis shows the differential effects for men and women of involvement in a partner relationship. Among males, the social participation rates of those without a partner are lower than for the cohabiting. It should be noted, however, that in the analysis of the membership of voluntary associations, the difference with the cohabiting is significant only for the divorced, while in the analysis of volunteer work the difference with the cohabiting is significant for all the living arrangement categories except for the institutionalized. Repeating a point made earlier: cohabiting males have the highest participation rates. The results for women are quite different: the never-married and the widowed are the most socially active. Again, it should be noted, however, that in the data on women's membership of voluntary associations, the difference between the never-married and the cohabiting is not significant. Clearly, one should not consider living arrangement differences in social participation without also paying attention to gender differences.

Step three of the analyses shows that though restrictive circumstances do not fully account for the age decline in social participation, they are nevertheless important. Considered singly, each has a significant impact upon social participation. Considered together, they are not all significantly associated with social participation. Among both men and women, the level of educational attainment is significantly, and positively, associated with the two forms of social participation, independent of the other factors. Interestingly, when the other restrictive circumstances are taken into account, the level of income does not account for any differences in social participation.

Health is relevant to both forms of social participation independent of the other restrictive circumstances: the better the health condition, the more likely the older adult is to be socially active. Differences in ADL-capacity account for differences in the membership of voluntary associations and volunteer work among both men and women. However, differences in subjective health ratings account for differences in the engagement in volunteer work among women only, and they are not relevant to the membership of voluntary associations. The possession of a driver's license also accounts for differences in social participation. Men and women with a driver's license are more likely to be active members of voluntary associations and to be involved in volunteer work.

*Table 4.3. Hierarchical regressions on social participation of age, living arrangement and restrictive circumstances*

Males ( <i>n</i> = 1870)			
<i>Voluntary associations</i>	Step 1 Exp(B)	Step 2 Exp(B)	Step 3 Exp(B)
Age	.83***	.84***	.91**
Living arrangement <sup>a</sup>			
Never-married		.75	.96
Divorced		.46*	.54*
Widowed		.98	1.01
Other		.72	.87
Institutionalized		.58*	.90
Educational attainment			1.07***
Income			1.00
ADL-capacity			1.08***
Subjective health			1.07
Driver's license			1.40**
Females ( <i>n</i> = 1903)			
<i>Voluntary associations</i>	Step 1 Exp(B)	Step 2 Exp(B)	Step 3 Exp(B)
Age	.90***	.89***	.96
Living arrangement <sup>a</sup>			
Never-married		1.14	1.00
Divorced		.65	.61
Widowed		1.30*	1.34*
Other		.90	.97
Institutionalized		.51**	.66
Educational attainment			1.05**
Income			1.00
ADL-capacity			1.08***
Subjective health			.98
Driver's license			1.30*

Table 4.3. (Cont.d)

Males ( <i>n</i> = 1870)			
<i>Volunteer work</i>	Step 1 Exp(B)	Step 2 Exp(B)	Step 3 Exp(B)
Age	.75***	.76***	.81**
Living arrangement <sup>a</sup>			
Never-married		.34**	.44*
Divorced		.31**	.35*
Widowed		.61*	.64*
Other		.43**	.49*
Institutionalized		.61	1.08
Educational attainment			1.06***
Income			.99
ADL-capacity			1.14***
Subjective health			1.24**
Driver's license			1.37*
Females ( <i>n</i> = 1903)			
<i>Volunteer work</i>	Step 1 Exp(B)	Step 2 Exp(B)	Step 3 Exp(B)
Age	.70***	.71***	.74***
Living arrangement <sup>a</sup>			
Never-married		2.37**	2.10**
Divorced		.82	.77
Widowed		1.57**	1.69***
Other		.96	1.00
Institutionalized		1.58	1.40
Educational attainment			1.08***
Income			1.00
ADL-capacity			1.14***
Subjective health			1.08
Driver's license			1.57***

<sup>a</sup> Cohabiting respondents are the reference category.

\*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$ .

## Conclusion

One of the aims of this chapter was to provide basic, descriptive data on older adults' social participation levels. The usefulness of such an exercise is strongly determined by the quality of one's data. Comparisons of the NESTOR-LSN data with those from other recent large scale Dutch surveys yielded encouraging results. 'Baseline' data were available in the 1990 Time Budget Survey, the 1991 Cultural Change Survey, and the 1991 Compensatory Services Survey. One should be aware, however, that the sample sizes of older adults in these surveys are not as large as in NESTOR-LSN. Comparisons revealed highly similar participation rates, while plausible accounts existed for observed discrepancies. As a result, we feel we can be reasonably confident about the representativeness of our data, at least as far as social participation is concerned.

A second aim of this chapter was to come to an understanding of age differences in social participation. For the active membership of organizations and volunteer work, the participation rates decreased with age, though not necessarily in a linear fashion. Interestingly, restrictive circumstances, though important, did not provide an adequate explanation of the age decline. The inability to attribute age differences to differences in restrictive circumstances is not unique to the present study. For example, similar results were obtained by Schmeets and Geurts (1990) in their analysis of older adults' productive activities in the areas of volunteer work, unpaid help, housework and do-it-yourselfing. Differences in social and economic resources provided only a partial answer to the question of why older adults' participation in productive activities showed a decline with age.

Note, however, that the pattern of findings is wholly consistent with Carstensen's (1987, 1991) socioemotional selectivity theory. She argues that late life reductions in social activity are not necessarily involuntary. Rather, older adults make discriminating choices as do people of younger ages. Throughout life, people adopt strategies whereby pleasurable, energizing activities are maximized, and difficult, tiring activities are minimized. A similar viewpoint has been suggested by Baltes and Baltes (1980, 1990), who speak of the strategy of selective optimization with compensation, which allows older adults to engage in life tasks that are important to them despite a reduction in energy or in biological and mental reserves. Selectivity is also essential to Munnichs' (1966) views on aging, though his terminology is different. He refers to 'renewed engagement at a distance'. The positive

experience of old age that comes with the acceptance of 'finitude', that is the realization that there is no other period following on old age, is accompanied by 'even more stress ... on social relations than in former phases of life' (p. 86). Here again is the view that in late life, people choose to occupy themselves with the activities that are most meaningful to them.

Religious involvement showed no decline with age. In fact, rates of church attendance were highest among the oldest respondents. As mentioned earlier, this finding reflects the increasing secularization in the Netherlands. Others have noted that age-related differences in religiosity are often attributable to the specific groups being compared, rather than aging per se. In their review of longitudinal studies, Argyle and Beit-Hallahmi (1975) conclude that 'the effects of age are less important than are historical trends' (p. 66). The possibility also exists, however, that religious activity assumes special importance in late life. Stephens and Hobfoll (1990) have suggested that spiritual support increases in its potency and effectiveness as access to and communication with others becomes problematic due to a decline in health or increases in sensory losses.

The data indicate that the church is an important avenue of social participation for women in particular. While rates of religious involvement were higher among women than men, opposite gender differences were found for the involvement in voluntary associations and volunteer work. To a large extent then, for these cohorts of older women, access to circles outside the family and the immediate neighbourhood appears to be governed by their religious involvements. Note that the social functions of the church do not apply to church services alone. Often, religious background serves as the basis for other forms of social participation: volunteer work is conducted in and via the church, and one becomes a member of a choir or seniors' advocacy association of a particular religious denomination. Note furthermore that with the increasing secularization in the Netherlands, the traditional avenues of social participation for women are likely to change.

Earlier studies (e.g. Van Deth & Leijenaar, 1994; Mertens & Claessens, 1989; Van Rijsselt, 1995) have revealed a wide range of motives for social participation: a desire to help others, a desire to be useful, a search for fun and enjoyment, a need for personal development, and a desire to meet others. The last motive is particularly relevant to the NESTOR-LSN research program. What are the implications of social participation for the social network? To what extent do the church, voluntary associations and volunteer

work settings serve as recruiting grounds for network members? Do we find that participation in religious, cultural, political, social welfare, and recreational organizations strengthens older adults' social embedment, and consequently helps to maintain their well-being? De Jong Gierveld and Van Tilburg will address these issues in Chapter 9.

## Acknowledgement

Many thanks to Alice Day and Aat Liefbroer for their constructive comments on an earlier draft of this chapter.

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