

# Older adults in small households; causes and consequences

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## Summary

Nowadays, many older adults are living in small households, either a one-person or a couple only household. This is positive in guaranteeing autonomy, but negative for social isolation and loneliness. Central research question: which factors enable older adults in small households to alleviate loneliness? Data come from the Generations and Gender Surveys. Women and men aged 60-79 years were selected from 4 countries. Results showed that mean loneliness of older adults living alone in each of the countries is high. Satisfying intergenerational relationships with (grand)children and the availability of a confident are important elements of an overall package of loneliness- alleviating interactions for older adults.

## Introduction

Many countries in Europe are characterized by high percentages of older people living in small households that is living alone or living as a couple without others. Projections of older people's living arrangements in 2030 in nine European countries, taking into account future trends in health, mortality and marital status, show that an ever increasing proportion of older adults, especially also men and women aged 75 and over, will live in their own households, and grow old either living with their partner or in a one-person household (Gaymu, Ekamper, & Beets, 2008). What are the main driving forces behind this increase in small households? Firstly, an increasing percentage of adults enter old age in better health conditions than older adults of the past. The associated increases in life expectancy for both men and women postpone widowhood for women and men. Given their better health conditions older persons have more options to choose between living with the partner or after widowhood living alone, moving to one of the children, or (in some European countries) to an institution. Although countries and regions show variations in attitudes towards family support and intergenerational support exchanges, more and more older adults decide to continue living independently for as long as possible in one- person or couple only households. This decision-making process is related to changes in demographic attitudes as summarized in the ideas of the Second Demographic Transition (Van de Kaa, 1987). Cultural changes that have taken place in Europe since the 1960s have influenced the system of norms and values cherished by young and older adults. The past decades have seen a decline in normative control on the behaviour of young adults, enabling them to fulfill their wishes and preferences to a much greater extent than their peers were able to do in the past. The authority of existing normative institutions, the authority of parents and the authority of the church have been eroded. Not only has the authority to exert normative control declined in recent decades, but the wish to exert such control has diminished as well (Liefbroer, 1999). These changes are linked to processes such as secularisation and individualisation, which affect the opportunities of individuals to decide for themselves how they wish to organize their lives. This preference for

personal decision making concerning one's life and lifestyle applies to both young and old. Among older people, living as a couple only and living alone after widowhood are typically indicators of an individualistic lifestyle, in contrast to co-residence, which is connected to lifestyles and countries that favour traditional patterns of family life. This corresponds with Verdon's central axiom that any older adult will want to run his or her life and desires everyday economic and domestic autonomy (Verdon, 1998). That is why today's older adults, whilst wanting good relationships with their children and grandchildren, also have a strong desire to live independently for as long as they can. Frequent visits of children are prioritized above sharing the same household: 'Intimacy but at a distance'. And research by Hank (2007) showed that intimate but distant intergenerational relationships still allow for high levels of affinity.

Living independently in a small household is positive in guaranteeing autonomy and independence in decision making, but what are the risks of social isolation and loneliness? In this context, it is worthwhile investigating the intensity and the distribution of loneliness in older adults either living as a couple or living alone at the beginning of the 21<sup>st</sup> century, especially from a comparative perspective. Knowing more about the factors affecting loneliness, including factors related to intergenerational bonds, is useful for policy makers, in providing them with greater insight into the mechanisms that relate living in small households with being lonely, or not lonely. This is the case for policy makers in Western and Northern Europe as well as in countries, where the incidence of living alone is not yet at high levels but might become so in the near future.

Investigating social integration and loneliness of older adults living independently in one-person or couple only households, is the goal of this study. Data from the Generations and Gender Surveys (wave 1) will be used for the empirical part of the study.

## **Theoretical background**

Social integration is described in this paper as an outcome of the extent to which individual lives are tied to the lives of relevant others; it is the subjective evaluation of being 'well-embedded' in the lives and intimate thinking of people who are important in one's life. The opposite of feeling social integrated is loneliness. Perlman and Peplau (1981, p. 38) define loneliness as "the unpleasant experience that occurs when a person's network of social relations is deficient in some important way, either quantitatively or qualitatively." Loneliness is a subjective and negative experience, the outcome of the cognitive evaluation of the match between the *quantity* and *quality* of existing relationships and relationship standards. Loneliness has to be differentiated from social isolation which describes the objective characteristics of a situation and refers to the absence of relationships with other people. Loneliness is but one of the possible outcomes of the evaluation of a situation characterized by a small number of relationships. Some people with a small number of social contacts might feel lonely; others might feel sufficiently embedded.

Loneliness has been linked to many aspects of life that combine to explain why some older people consider themselves lonely. Loneliness can be associated with socio-demographic characteristics such as gender, income level, educational level, health status and related care needs of older people and their spouses (De Jong Gierveld, Van Tilburg, & Dykstra, 2006).

Older adults living alone are seen to be at risk of insufficient contacts with others, where all contacts to be realized are with people outside the household. Maintaining contacts with social network members living elsewhere requires more time, more initiative and perseverance than being involved in close contacts with household members. Those older people living with a spouse have more possibilities for sharing intimate feelings, discussing problems and supporting one another in all daily hassles; in doing so the risks for loneliness are mitigated. However, it is well-known that with

increasing age, with increasing risks of health problems, with the death of siblings and other peers, the social network of men and women decreases sharply, affecting loneliness.

In addition it is crucial to incorporate familial functioning in the research design. Contacts with children, grandchildren and other family members that are living in the neighborhood or at larger distances, and in which exchanges of support - exchanges from the older generation to the younger generations and vice versa - take place are at the heart of social embedment and attachment theoretical thinking (Attias-Donfut, Ogg, & Wolff, 2005). The net flow of intergenerational support is mostly downwards- from old to young- or balanced (Albertini, Kohli, & Vogel, 2007). Research has shown that providing support to family members is consistent with the altruism perspective, namely that giving brings rewards, rather than the exchange perspective, which emphasises the costs involved in giving support. Those who provided support up, across and down the family lineage tended to be least lonely (De Jong Gierveld, & Dykstra, 2008). In comparing family relationships in several countries in Europe and Asia, Nauck and Suckow (2006) showed that it is especially the emotional support, given and received, that explains the perceived quality of relationships and embeddedness; this is shown to be true for countries with strongly varying socio-cultural contexts.

The integrative functioning of the family seems to be at risk as a consequence of the trends towards increasing rates of divorce, remarriage after marital break up, in combination with the forming of complex new forms of stepfamilies. This brings us to our research questions:

- To what extents are older adults aged 60 to 79 years and living independently in one-person or in couple only households in Europe affected by loneliness?
- Which factors enable older adults living alone or in couple households in Europe to live socially integrated lives and without loneliness and which factors act as barriers to social integration and promote loneliness?

## **Data and methods**

### *Data*

Data for this study come from the Generations and Gender Surveys (GGS), initiated by the Population Activities Unit of the Economic Commission for Europe in Geneva (Vikat et al., 2007). In each of the countries the same sampling procedures are used, plus a centrally developed questionnaire. In most of the GGS countries the sample size of male and female respondents aged 18 to 79 years of age, is 10,000 or above. From the first round of interviews, two countries of West Europe, France and Germany, and two countries of Eastern Europe, Russia and Bulgaria, were selected and more specifically, women and men aged 60 to 79 years, living in one-person or in couple only households. In Table 1 the main demographic and financial indicators of the four countries are shown. Both Germany and France are characterized by high levels of GDP per capita. Moreover, life expectancy at birth for women is more than 5 years higher, and life expectancy for men is more than 7 years higher in Western Europe as compared to the Eastern European countries under investigation.

Table 1 about here

### *Measuring instruments*

*Loneliness*, the dependent variable, was measured using the 6-item version of the De Jong Gierveld Scale (De Jong Gierveld, & Kamphuis, 1985; De Jong Gierveld, & Van Tilburg, 2006). The scale has proven to be reliable and valid (De Jong Gierveld, & Van Tilburg, 2010; Dykstra, & Fokkema, 2007;

Pinquart & Sörensen, 2001). It is possible to dichotomize the scale scores around the scale value of two and differentiate between the lonely respondents with loneliness scores of two to six on the scale versus the ‘not lonely’ with scores zero or one on the scale.

*Familial intergenerational relationships* were investigated by recording the number of children and grandchildren. Respondents with children were asked about the functioning of the familial bonds. Firstly, satisfaction with the relationship with each of the children, living outside the paternal household, was investigated. Secondly, respondents were asked if they had talked to anyone about their personal feelings and experiences during the last 12 months; this concerns emotional support exchanges. The first person mentioned as involved in these exchanges was recorded according to type of network member: spouse, child, other family member or non family members, such as a friend.

*Familial norms and values* were investigated using the following questions: ‘Grandparents should look after their grandchildren if the parents of these grandchildren are unable to do so’, and ‘Children should have their parents to live with them when parents can no longer look after themselves’. Answer categories vary between strongly disagree and strongly agree.

*Socio-demographic and background variables.* In investigating the risks for loneliness the following socio-demographic variables were used: sex and age. Health was investigated by asking: ‘How is your health in general?’ with answer categories of very bad, bad, fair, good, and very good. The socio-economic position of older adults was investigated by using the question: ‘Thinking of your household’s total monthly income is your household able to make ends meet?’ with answer categories ranging from ‘with (great) difficulty’ to ‘(very) easily’. Additionally, questions about divorce and about children deceased were included.

## Results

### *Descriptive information*

As shown in Figure 1, the loneliness scores of older adults living alone or in couple only households vary broadly. Mean scores for those in one person households are 2.06 for France, 2.31 for Germany, 3.15 for Russia and 4.34 for Bulgaria; these scores are above the 2.00-level, the threshold-line differentiating between the not lonely people (scores 0, 1) and the moderate or intensely lonely people (2-6). The mean loneliness scores of adults living alone are significantly higher than the mean scores of older adults in a couple only household for each of the countries, see Figure 1. Mean loneliness scores for older adults in couple households are for France 1.42, and for Germany 1.37, that is below the threshold. For Bulgaria and Russia these figures are 2.83 and 2.26, respectively, that is above the loneliness threshold. Figure 1 shows additionally, that those living in small households are more lonely than those in co-residence with children aged 25 or over. However, both in Bulgaria and Russia mean loneliness scores for older adults in all types of living arrangements, are above the loneliness threshold. Older adults in the two Western European countries are mostly under the threshold line. We conclude that regional differences are additional important factors affecting loneliness of older adults.

Figure 1 about here

In Table 2, supplementary information about the older adults’ situation in the four countries is provided. German and French respondents are more frequently characterized by a condition of good health and by sufficient household income levels, as compared to their Bulgarian and Russian peers; this is especially so for couple households.

Table 2 about here

The percentage of childless respondents at 30% is highest in Germany. This is reflected in lower mean numbers of grandchildren. Of those having children, the absence of satisfying contacts with children is highest among Bulgarian older adults. Children in Russia are helpful for older parents living alone in acting as first confidant more frequently than in the other countries under investigation. In total 75 percent or more respondents per country (strongly) agree with the statement that ‘grandparents should look after their grandchildren if their parents are unable to do so’. Less unanimity is registered in answering the statement that ‘children should have their parents to live with them if they can no longer look after themselves’; the percentages (strongly) agreeing are much higher in East and the disagreeing answers are much higher in Western European countries. In conclusion, loneliness among older adults living alone is higher than among older adults in couple households; in general loneliness is higher in East than in West Europe. Now that the data showed sharp differences in loneliness between respondents in East and West Europe and in the factors relevant for loneliness alleviation, in the following section multivariate regression analyses are used to identify the factors that function as barriers and the factors that enable social integration of older adults.

### *Multivariate analyses*

Table 3 shows that background characteristics encompassing health and household income are significantly associated with level of loneliness among older adults in small households: older adults who can more easily make ends meet in their household are less lonely than other older adults; a non-optimal health condition is associated with higher levels of loneliness. But especially the role of children and other family members is crucial in understanding the prevalence of loneliness among older adults in small households.

#### Table 3 about here

A higher number of satisfactory bonds with children proved to be of crucial importance for alleviating loneliness as compared to childless older adults and adults who have children but miss a satisfactory relationship with their offspring. Intergenerational bonds with grandchildren are important too, and associated with lower levels of loneliness of older people. The importance of grandchildren and the warm feelings for the well-being of grandchildren was reflected in the large proportion of (strongly) agreeing answers on the statement about grandparents’ responsibilities for grandchildren when parents are unable to do so. The importance of intergenerational responsibilities of grandparents for grandchildren has been registered both in the countries of East and of West Europe, among grandparents living alone and among grandparents living together with more household members.

Compared to the high proportions of older adults without confidants to discuss personal experiences and feelings, those with a confidant are better protected against loneliness. For couples, it is primarily the spouse who acts as first confidant and it is this aspect of the relationship with the spouse that is responsible for the alleviation of loneliness. For older adults living alone in France and Germany, if children were mentioned as confidants this proved to be associated with lower loneliness.

It is the positive functioning of the family that makes the difference: satisfying contacts with children are more important than the number of children per se and especially the bonds with grandchildren are crucial in alleviating loneliness of older adults in small households. Additionally, one or more confidants, encompassing a spouse, a child or another family member, are important in this respect.

### **Conclusions and policy recommendations**

This study showed that mean loneliness of older adults living alone is higher than was shown for the older people in couple only or in co-residence households. In Eastern Europe the mean loneliness scores of older adults indicate moderate or severe loneliness, above level ‘2’ on the 6-item De Jong Gierveld loneliness scale. In Western Europe, with a more individualistic cultural pattern, the

loneliness scores of older adults, be it living alone, in couple only households or in other types of living arrangements, are mostly below level '2'. For that reason it is important to investigate the variables that might help alleviate loneliness and support social integration and feelings of embedment. This study showed that health and household income are significantly associated with level of loneliness among older adults in small households: older adults who can more easily make ends meet in their household are less lonely than other older adults; a non-optimal health condition is associated with higher levels of loneliness. But especially the role of children and other family members is crucial in understanding the prevalence of loneliness among older adults in small households. High quality intergenerational bonds within the family, especially satisfying relationships with children, the grandchildren, and the availability of a confidant to discuss personal experiences and feelings with are important elements of an overall package of loneliness alleviating interactions for older adults who live in small households, be it a one person or a couple only household, in France or Germany. It is the positive functioning of the family that makes the difference. Promoting older adults' social integration and embedment within the bonds of the family has benefits for the individuals themselves in increasing the possibilities for a more optimal level of well-being, including the alleviation of loneliness. A higher level of social integration of individuals is also associated with positive outcomes at the community level. It will postpone communal care and support, and it will postpone the change from independent to dependent living. This is in line with the World Health Organization's pronouncement that policies and programs that promote social connectedness are as important as those that improve the physical health status of older adults (WHO, 2002).

This brings us to the conclusion that the composition and functioning of the network of close family members, including satisfying contacts with not co-resident children, is a first prerequisite for social integration and alleviation of loneliness in older adults. As Buber and Engelhardt (2008) have stated, a high frequency of contact with children is a sign of integration, whereas less contact with children is interpreted as a sign of disinterest and lack of concern for one's older parents. Hank (2007) and Lyon and Glucksmann (2008) provide evidence that notwithstanding new trends towards small households, the quantity of emotional and instrumental support via the family to persons in need exceeds by far the quantity of formal support which is provided.

After controlling for differences in the composition of the older population per country, by taking into account the gender and age composition, as well as the health and socio-economic position of older adults, the composition and functioning of the network of close family members in the European countries continued to be an important factor in guaranteeing that older men and women are embedded and socially integrated. So, adult children are to be considered as very important vehicles for social integration and embedment and this type of familial intergenerational bonds are the first ones to promote an age-integrated community.

Policy makers and others need to continue to work together towards the realization of the goal of ensuring 'a society for all ages' with social integration and embedment for all groups: younger and older, in small households or co-resident, men and women.

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