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FACTORS INFLUENCING WAYS OF ORGANISING LIFE IN OLD AGE IN THE CONTEXT OF SOCIAL EXCLUSION RISK. THE CASE OF POLAND

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Abstract. Strategies of organizing one's life in old age are a broad topic, involving the material-economic, social and psychological aspects. In its fundamental meaning, it refers primarily to everyday activities such as personal care and getting around, as well as social roles such as interpersonal relationships and relaxation. Although the constraints to the participation in normal ageing are well-known, little research has been devoted to planned old-age life organization strategies employed with the view to alleviating the constraints and counteracting social exclusion of elderly people which may be a consequence of a disruption of social participation. The aim of the present paper is to examine the relationships between socio-demographical variables such as age and sex and preferred old-age organization strategies. The research was conducted by means of a diagnostic survey (face-to-face interviews) with the use of the computer assisted interview questionnaire technique. CAPI interviews (Computer Assisted Personal Interview) were carried out in respondents' homes on a nationwide random sample of households – 1006 people aged 15 and over. The sampling frame was the PESEL. A six-item original scale was introduced in order to identify the coping strategies in old age. Statistical analysis was performed using the non-parametric tau-Kendall correlation coefficient with the view to assessing the relationship between socio-demographical variables such as age and gender and old-age life organization strategies. The results: Irrespective of the respondent's age and of their gender, adult Poles definitely preferred old-age life organization strategies consisting in remaining in their own flat and using the natural support system based on a primary network that is bonds with children, the spouse and extended family. Statistical analysis showed a lack of relationship between coping strategies and age and gender. Age and gender do not co-occur with the choice of life organisation strategies in old age.

Keywords: elderly people; social exclusion; social support; sustainable development

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1. Introduction

The number of elderly people requiring care is predicted to at least double over the next years. The worrying fact is that governments of numerous countries have difficulty ensuring high quality care to people with limited functional and cognitive capacities. As prognoses indicate, in the year 2050 there will be more than double the number of people over 80 than now, developed countries will deal with a progressive process of double ageing. The percentage of people of this age group in the general population will increase from 3.9 % in 2010 to 10 % in 2050 in OECD countries and from 4.7 % to 11.3 % in 26 EU member countries and Great Britain (OECD, 2021). It is estimated that even half of them will need assistance in their everyday lives, therefore it is of great importance to identify problems of people experiencing their old age today as well as to learn the opinion on organizing their lives in this phase of the people who have not yet crossed the conventional threshold of old age. The threshold of old age adopted in the present paper is turning 60. Adopting this threshold is associated primarily with the definition of an elderly person adopted in the Polish official statistics according to which the elderly are people aged 65 and over or 60 and over. The adoption of such a definition is connected with the fact that the retirement age for men and women is not the same. Most commonly, the uniform age of 60 or 65 is adopted or a separate age is introduced for men (65) and for women (60). UN studies apply a uniform age of 65 for men and women (World Report on Ageing and Health 2015). The cultural, social and economic 'borders' of old age are becoming blurred, shifting the phase of late adulthood and old age proper into the depths of human life – 50-75 years and over 75 years respectively (Garfein, Herzog, Robust 1995; Hellström, Andersson, Hallberg, 2004; Adamczyk, 2019). As human life expectancy increases and, consequently, the threshold for retirement is pushed back, it may not be long before other measures are introduced to serve demographers and economists.

One needs to redefine old age in its social dimension and to identify strategies of coping with potential problems appearing in this phase of life (Avers, 2020; Aspalter, 2020; Ribeiro, Silva Borges, Cavalcanti Ferreira de Araujo, Santos Souza, 2017). This is important for several reasons. Firstly, ageing is not necessarily associated with a decline in mental and physical performance or withdrawal from social roles. This has been confirmed by numerous studies on human development across the life course (Baltes, Baltes, 1990; Fernández-Ballesteros et al., 2010). Secondly, as written earlier, according to WHO estimates, between 2000 and 2050 the population of people aged 60 and over will triple (from 600 million to 2 billion). The problem of ageing societies affects all countries, but is most pronounced in underdeveloped countries, where the number of elderly people will increase from 400 million in 2000 to 1.7 billion in 2050. This demographic shift will have a significant impact on public health and welfare systems (World Report on Ageing and Health 2015). Thirdly, people who, because of their state of health, are forced to rely on long-term care should be provided with such a possibility in the form of an institutional infrastructure as well as qualified staff. The quality of long-term care in old age is important for three reasons. Firstly, users of care services are demanding more voice and control over their lives, which means that they are becoming informed consumers of care services. Secondly, as the cost of care services continues to rise – from 1.6% of GDP in OECD countries to at least double that by 2050 – long-term care services are under pressure to improve their accountability. Thirdly, governments have a responsibility to protect vulnerable older people from potential abuse and age-based social exclusion (OECD, 2013).

2. Social exclusion – the development of the conception

The concept of social exclusion has evolved over time and adapted to national contexts (Daly, Silver, 2009; Betlej, 2017; Čižo et al., 2020; Fedulova et al., 2019; Lankauskienė et al., 2012; Betlej, 2019). Although it is linked to the concept of poverty, it emphasises the dynamics of social maladaptation or social disqualification (Silver, 2019). In the European Union, the discourse on social exclusion has been ongoing since the 1970s, successive years have brought new resolutions and solutions to combat social exclusion (1989 resolution on combating social exclusion (Publications Office of the EU, 1989), a commitment also included in the Amsterdam Treaty of 1997. As a result of the Lisbon process, economic and social policies were combined under the

European 'social model.' In order to act more effectively and monitor changes in social exclusion, the Member States agreed in 2001 on a set of common objectives and 18 social indicators designed to facilitate a voluntary, open and, importantly, effective method of coordination between different national social policies. Most indicators relate to income and employment; a few relate to health and education, but these are still evolving. Progress in the area of social exclusion over the years has not been satisfactory, and in order to increase the effectiveness of actions, the European Year for Combating Poverty and Social Exclusion was declared and the EU introduced Agenda 2020, in which social inclusion was one of the five objectives. The European Platform against Poverty and Social Exclusion set a headline target of reducing the number of people at risk of poverty and social exclusion by 20 million (Silver, 2019). It is common to equate the conception of social exclusion with poverty, social inequality, and marginalisation and discrimination or the emergence of an underclass within the social structure (Hickey, du Toit, 2007). This is a simplified approach, as poverty itself may not be a cause but rather an effect of exclusion, and defining social exclusion is often linked to the perspective of discipline, context and even political efforts to counteract disadvantage (Silver 1995; Smirnov A. et al., 2019).

The concept of social exclusion is present in several theoretical traditions. The first approach is associated with French sociology and emphasises the dynamic and processual nature of exclusion in its relational, symbolic and economic dimensions. It is referred to in the literature as the solidarity paradigm (Silver, 1994: 550-555). A crucial assumption is linked to the discourse on 'solidarity', the 'social contract.' Concern is expressed about the weakening or breaking of the social bond, which introduces risks for the individual in terms of 'material and symbolic exchange with the larger society' (Silver 1995: 66-67). The second approach, identified by Silver as the monopoly paradigm, is related to the conception of social exclusion present in the Anglo-Saxon tradition. This approach emerged from critical social policy and debates about disadvantage. The Anglo-Saxon perspective emphasised considerations of civil rights, opportunities for full participation in society and power imbalances resulting from obligatory, hierarchical social structures (Silver 1994: 561-569). A third approach called the specialisation paradigm is associated with American and British discourse. In this paradigm, liberal ideologies emphasise concepts of contractual and voluntary exchange of rights and responsibilities, where individual differences lead to specialisation in competitive spheres involving the market and social groups. Exclusion is perceived as a product of discrimination, lack of enforcement or inadequate enforcement of rights by the liberal state, barriers to movement/exchange between spheres and market failures (Silver, 1994: 555-561).

Social exclusion can take the form of controlling access to space as well as to activities, resources and information. In his classic essays on 'The Stranger' and 'The Social Frontier', Simmel gave rise to considerations of 'social distance.' The extent and persistence of spatial segregation within a group often reflects its social distance or marginality from the mainstream. However, as Simmel noted, people can be physically close, as in a metropolis, but not socially close (Simmel, 2006: 204-212). Adopting this perspective is very important in the context of factors that influence the risk of social exclusion of older people. According to WHO estimates, between 2000 and 2050 the population of people aged 60 and over will triple (from 600 million to 2 billion).

This paper assumes an approach that sees social exclusion as a particular form of rupture of social ties, a fracture in the social fabric and a deficit of solidarity (Silver, 2008). The adoption of the solidarity paradigm in analyses of social exclusion is related to the specific research problem of coping strategies in old age. This perspective also allows one to understand that the individual's coping strategy in old age may determine whether or not they will be subject to exclusion based on breaking ties with the family, the environment. Older people are a group particularly prone to social exclusion, however – which also applies to Polish pensioners – not because of the threat of poverty. The economic situation of older Poles is surprisingly good compared to other European countries since only a few percent of them are at risk of poverty (The Social Situation in the European Union 2007, 2008, 2009; Social Situation Monitor – Research findings 2020). When drawing conclusions, however, one should bear in mind the very large differences – in income and living standards between the societies of individual countries.

3. Research Methodology

3.1. Method

The aim of the research was to identify strategies for coping with problematic situations in old age in the context of social exclusion risk. The research problem posed in the article does not focus on social exclusion conceived of as the threat of poverty, but captures this phenomenon as a form of rupture of social ties, rupture of the social fabric and solidarity deficit. In this context, the research aimed to identify factors associated with particular coping strategies for potential problematic situations that may occur in old age. In order to identify coping strategies in old age, 1006 adult Poles were surveyed. The research was carried out by means of a diagnostic survey (face-to-face interviews) using a computer-assisted interview questionnaire technique. CAPI (Computer Assisted Personal Interview) interviews were conducted at the respondents' homes on a nationwide random sample of households. The sampling frame was PESEL. With the view to identifying coping strategies in old age, an original six-point scale was employed. The application of such a research technique was aimed at determining the preferences of adult Poles regarding the forms of organisation of their life in old age, as well as at discovering the conditions for the choices made.

3.2. Participants

The study involved 1006 adult Poles aged 15 and over, in order to identify groups of respondents according to the life phase they are in, variables were recoded and four age groups were created corresponding in some respects to the life phases proposed by Daniel J. Levinson (Levinson, 1959, 1977,1978). Adopting this division created four groups: people aged 15-20 accounted for 7.1% of all study subjects (71), people aged 21-40 33.4% of all study subjects (336), people aged 41-59 30.2% of study subjects (304) and people aged 60 years and over 29.3% of all study subjects (295). The gender distribution of the survey population was as follows: (485) 48.2% of survey respondents were male and (521) 51.8% were female.

3.3. Tools

In order to identify which, in the opinion of the respondents, are the best strategies for organising life in old age, a proprietary tool was used in the form of a scale consisting of five statements to which the participant had to respond on a scale from one to six. Description of the scale: The scale consisted of statements which concerned the ways of organising life in old age and the extent to which the given strategies satisfy the needs of the elderly: living in one's own flat and using temporary help from people close to oneself – family, friends, neighbours; living in one's own flat, with the help of third persons, e.g. a carer for the elderly; sharing one's own flat with the help of third persons, e.g. a carer for the elderly; sharing the home with children, grandchildren or extended family; living together with other older people, e.g. in a nursing home, a rest home; living in one's own home with the support of day care centres.

4. Results

In order to determine the most frequently selected strategies of organising one's life in old age, so as to cope with problems that may occur in this life period, the author's measurement scale was employed, referring to five possible ways of organising one's life (living in one's own flat and using temporary help of people close to oneself – family, friends, neighbours; living in one's own flat, having the assistance of third persons, e.g. a carer of an elderly person; sharing a flat with one's children, grandchildren or extended family; living together with other older people e.g. in a nursing home, a rest home; living in their own flat with support of day care centres). Respondents were asked to rate the extent to which individual strategies meet the needs of older people on a scale of one to six, where 1 meant do not meet the needs of older people at all and 6 meant do not know/hard to say.

The analysis of source materials shows that in Poland, the elderly can rely primarily on the help of their immediate family (Błędowski, Szatur-Jaworska, Szwed-Lewandowska, Kubicki, 2012, p.101; Błędowski, Szatur-Jaworska, 2017, pp.36-40). There is also a clearly marked neighbourhood solidarity. Acquaintances and friends are less likely to provide support to the elderly, while assistance from institutions established to provide it is by far the least frequent. The analysis of the data shows that the most popular strategies of organising one's life in old age are those which include living in one's own flat and taking advantage of social support from the closest family. For 55.3% of all respondents, it is living in their own flat and possibly using the support of the closest people: family, friends that is the best strategy. Equally popular is the strategy of living in one's own flat and using the assistance of supportive persons (50.4%). The least popular strategy to organise one's life in old age among respondents is to live with other elderly people in institutions dedicated to elderly people such as Social Assistance Homes, Rest Homes. A total of 28% of respondents think that these types of institutions do not satisfy or satisfy to a very little extent the needs of older people.

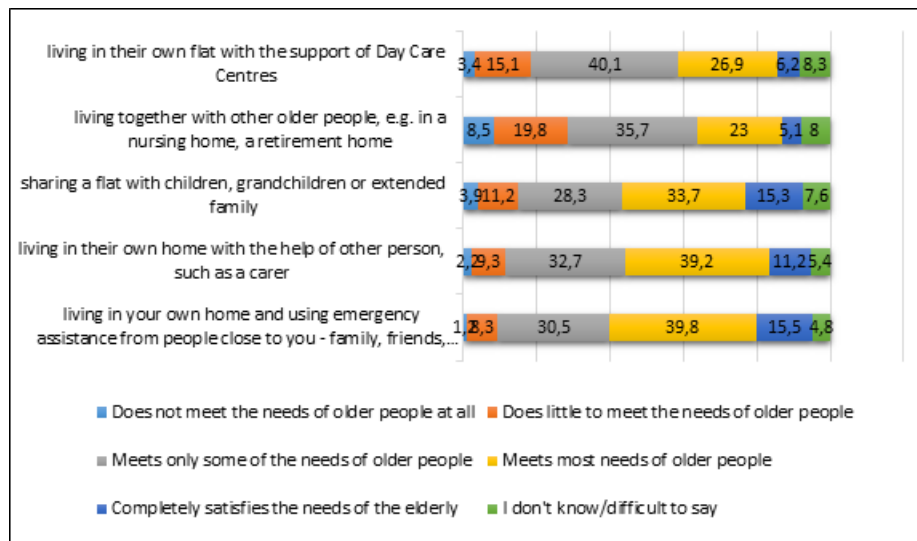


Figure 1. Strategies for organising one's life in old age in % (N =1006)

Source: Own study

The adoption of a social support formula based on strong family and friendship ties is strongly associated with the possibility of counteracting social exclusion consisting in breaking the ties with the family, neighbourhood or friendship environment. This structural social support, distinguished from other networks by the fact of the existence of social contacts, ties, affiliation and performing the function of helping people in difficult situations (Sęk, 2004), seems to be a very popular strategy for organising life in old age. The figure 2 below shows how the strength of ties, contacts and affiliations is distributed depending on the entities associated with the elderly person; the closer to this person, the stronger the ties.

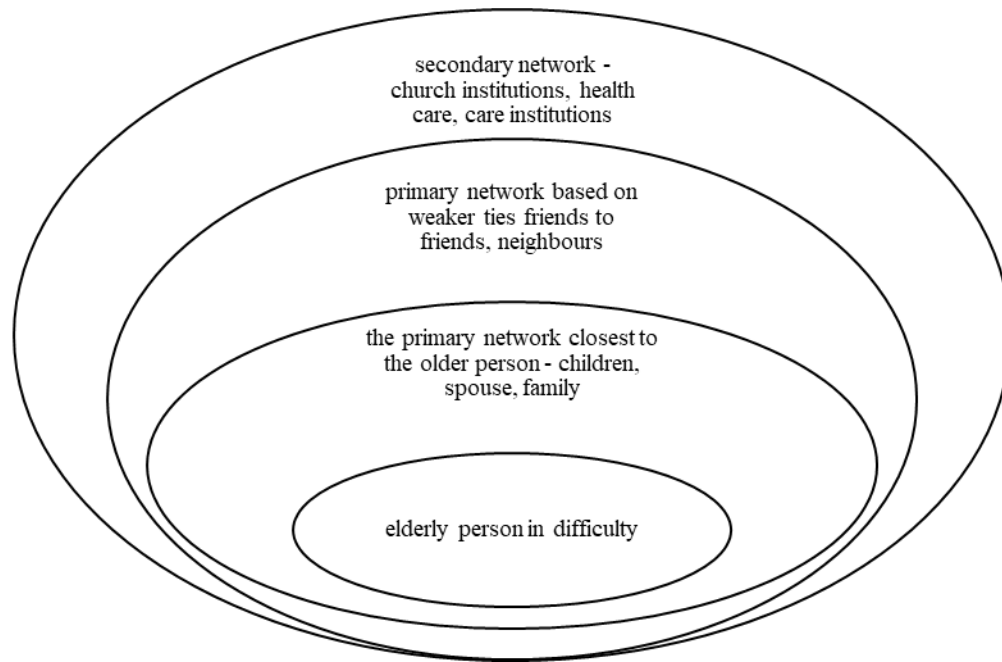


Figure 2. Diagram of the strength of the relationship between the older person and the environment

Source: Own study

Another point of the research was to define factors conditioning the adoption of a particular strategy of organising life in old age. The study assumed that age is one of the important factors influencing which strategy is considered to be good in meeting the needs of older people. It was presumed that the support for strategies based on living in one's own flat and using the support of family and relatives would increase with age. This assumption was based on the analysis of source data, according to which in Poland, in most cases, it is the family that provides informal care services to seniors. Care within the family for an elderly person is very often perceived as an obligation resulting from the fact that parents or grandparents devoted both financial and time resources at earlier stages of their lives to the younger generation (Błędowski, Szatur-Jaworska, Szwed-Lewandowska, Kubicki, 2012, p.101; Błędowski, Szatur-Jaworska, 2017, 36-40). The results of the conducted research confirmed this assumption. Clearly, the strategy of organising life in old age consisting in living in one's own flat and using temporary support from family or friends gains importance with age. It appears that as one moves into older age groups, the strategy of organising one's life in old age assuming social support, referring to temporary help from loved ones and relying on living in one's own flat gains in importance. For almost 60 % of the respondents aged 60 and over, this is the strategy that fully or mostly satisfies the needs of older people. More than half (53.9 %) of respondents in the 41-59 age group believe similarly. A detailed breakdown of the data is presented in the table 1 below.

Table 1. The way of organising life in old age: living in own flat and using temporary help of close people – family, friends, neighbours, by age groups in %.

Does the following way of organising old age meet the needs of older people: living in your own flat and using temporary help from relatives - family, friends, neighbours?							
	Does not satisfy elderly people's needs at all	Satisfies elderly people's needs to a little extent	Satisfies only some elderly people's needs	Satisfies most elderly people's needs	Fully satisfies elderly people's needs	Don't know/hard to say	Total
15-20	4.2%	8.5%	26.8%	38.0%	12.7%	9.9%	100%
21-40	1.5%	8.0%	30.1%	36.3%	17.3%	6.8%	100%
41-59	0.7%	9.9%	32.9%	42.1%	11.8%	2.6%	100%
60 and over	0.7%	6.8%	29.5%	41.7%	18.0%	3.4%	100%

Source: Own study

Similarly, the strategy based on independent living and the use of temporary support from third persons is assessed in a positive light. Moving from the youngest age group to the increasingly elderly, there is a rise in support for this strategy of organising life in old age. It is considered to completely satisfy and to satisfy most of the needs of older people by respectively 46.5% of those aged 15-20, 51.5% of those aged 21-40, 49.7% of those aged 41-59 and 50.9% of those aged 60 and over. A similar relationship can be observed in the case of living together with children, grandchildren or extended family. Detailed data distribution is presented in the table 2 below.

Table 2. Way of organising life in old age, according to age groups in %

Does the following way of organising life in old age meet the needs of older people?							
	Does not satisfy elderly people's needs at all	Satisfies elderly people's needs to a little extent	Satisfies only some elderly people's needs	Satisfies most elderly people's needs	Fully satisfies elderly people's needs	Don't know/hard to say	Total
living in their own home with the help of a third person, such as a carer of an elderly person							
15-20	5.6%	12.7%	21.1%	35.2%	11.3%	14.1%	100%
21-40	2.1%	8.9%	29.8%	40.5%	11.0%	7.7%	100%
41-59	1.0%	9.2%	37.5%	40.5%	9.2%	2.6%	100%
60 and over	2.7%	9.2%	33.9%	37.3%	13.6%	3.4%	100%
sharing a flat with children, grandchildren or extended family							
15-20	2.8%	16.9%	28.2%	28.2%	14.1%	9.9%	100%
21-40	3.3%	10.4%	29.2%	31.5%	16.4%	9.2%	100%
41-59	4.3%	11.5%	29.6%	35.9%	12.5%	6.3%	100%
60 and over	4.4%	10.5%	26.1%	35.3%	17.3%	6.4%	100%

living in their own flat with the support of day care centres							
15-20	2.8%	15.5%	33.8%	26.8%	4.2%	16.9%	100%
21-40	3.0%	13.4%	39.3%	27.1%	7.7%	9.5%	100%
41-59	3.9%	16.4%	42.1%	25.0%	5.3%	7.2%	100%
60 and over	3.4%	15.6%	40.3%	28.8%	5.8%	6.1%	100%
living together with other older people, e.g. in a nursing home, a retirement home							
15-20	4.2%	21.1%	31.0%	29.6%	0.0%	14.1%	100%
21-40	8.3%	18.8%	33.0%	23.2%	6.8%	9.8%	100%
41-59	8.6%	21.1%	36.2%	22.7%	4.6%	6.9%	100%
60 and over	9.8%	19.3%	39.3%	21.4%	4.7%	5.4%	100%

Source: Own study

Irrespective of age, the studied respondents support the most the strategies which are based on independent living and temporarily relying on the assistance of other people, preferably the help of the loved ones. This model is the most popular and indicates a reference, in planning one's own old age or in experiencing one's current old age, to a sense of connection with one's surroundings and loved ones, based on a network of social contacts, ties and affiliations linked above all to one's own living environment and family.

In addition to age, it was assumed that gender could be a factor influencing the choice of one of the proposed strategies. As in the case of age, gender does not correlate with the choice of living arrangement strategy in old age. This means that regardless of gender, respondents favoured the strategy of living in their own flat and using temporary help, preferably provided by relatives and friends. The detailed data distribution is presented in the summary table 3 below.

Table 3. Way of organising life in old age, according to gender in %

Does the following way of organising life in old age meet the needs of older people?							
	Does not satisfy elderly people's needs at all	Satisfies elderly people's needs to a little extent	Satisfies only some elderly people's needs	Satisfies most elderly people's needs	Fully satisfies elderly people's needs	Don't know/hard to say	Total
living in your own home and using temporary assistance from people close to you – family, friends, neighbours							
man	1.4%	6.8%	31.3%	39.6%	14.6%	6.2%	100%
woman	1.0%	9.6%	29.8%	39.9%	16.3%	3.5%	100%
living in their own home with the help of a third person, such as a carer for an elderly person							
man	3.3%	9.3%	31.1%	40.0%	10.1%	6.2%	100.0%
woman	1.2%	9.4%	34.2%	38.4%	12.3%	4.6%	1.2%
sharing a flat with children, grandchildren or extended family							
man	4.5%	12.2%	27.2%	32.6%	16.5%	7.0%	100.0%
woman	3.3%	10.4%	29.4%	34.7%	14.2%	8.1%	100%
living in their own flat with the support of day care centres							
man	7.0%	22.1%	36.1%	22.1%	4.9%	7.8%	100%
woman	10.0%	17.7%	35.3%	23.8%	5.2%	8.1%	100%
living together with other older people, e.g. in a nursing home, a retirement home							
man	3.7%	15.1%	41.4%	24.1%	5.6%	10.1%	100%
woman	3.1%	15.2%	38.8%	29.6%	6.7%	6.7%	100%

Source: Own study

5. Discussion and Conclusions

The study aimed to determine the relationship between sociodemographic factors such as age and gender, among others, and the choice of strategies for organizing life in old age when some problems arise. Human life changes with age both under the influence of changes occurring in the body (Goto, 2015; Paskaleva, Tufkova 2017) and under the influence of social opinion, which often perpetuates the sad stereotype of old age (Martin-Matthews, 2000). The course of aging is greatly affected by negative experiences, such as the loss of loved ones, the departure of children or bad contacts with them, deteriorating material situation, a fear of illness and infirmity, a sense of loneliness. States of depression are also caused by chronic illnesses and ailments (Jolanki, 2004.)

There is an inherent risk of disease and disability associated with normal physiological ageing. However, people who take care of their physical health and avoid risky behaviours are more likely to live healthy into old age (Rowe, Kahn, 1987). Healthy ageing refers to the absence of chronic conditions, relative freedom from physical and functional limitations (Rogers, 1995), and if this is coupled with active engagement in life, it provides the opportunity for successful ageing (Rowe, Kahn, 1997). However, not all healthy seniors age successfully, and conversely, many of those who experience illness and disability may age successfully (Sarkisian, Hays, Mangione, 2002). According to research, more important than illness and disability may be the ability to physically and mentally adapt to the limitations of age (von Faber et al., 2001; Betlej et al., 2021), cope with disability, illness and maintain social engagement (Jang, Mortimer, Haley, Graves, 2004).

The presented study was designed to cover a nationwide sample of adult Poles aged 15 and over, which strengthens its validity with respect to population characteristics such as age, gender. The results clearly indicated the essential role of the residential environment and maintaining social ties with family and friends, close neighbours, as an element counteracting social exclusion. The presented results harmonize with previous studies according to which the most important problems of elderly people include loneliness, illness, disability, living in poverty, feeling useless (Paskaleva, Tufkova 2017). All these problems point to the possibility of social exclusion and marginalisation of older people as a collective, exemplified by their gradual elimination from active professional and social life when they cross the retirement age (Adamczyk 2017a).

Remaining in one's own place of residence as well as maintaining close contact with loved ones is one of the important elements of counteracting the situation of exclusion (Adamczyk, 2015: 3-21; Adamczyk 2017b). Psychosocial old age is a complex of multiple, interrelated social, economic, familial and cultural determinants, whose strength of influence varies both environmentally and individually (Kourkouta L., Monios A., 2015). As can be seen from the conducted analyses, despite the existence of individual differences, there is a common conviction among the respondents regarding the role of the place of residence in old age, as well as the importance of family and friendship ties in this period of life as important elements protecting against a sense of alienation, loneliness (Demers, Robichaud, G linas, Noreau, Desrosiers, 2008, 237-238).

The analyses conducted show that the best strategy for organising one's life in old age is the one that will rely heavily on a natural system of social support, referring to the immediate environment. It is therefore possible to propose a scheme showing an elderly person in a network of overlapping relationships. This diagram (Figure 3) distinguishes how important the different support systems and accompanying networks of relationships are for an older person

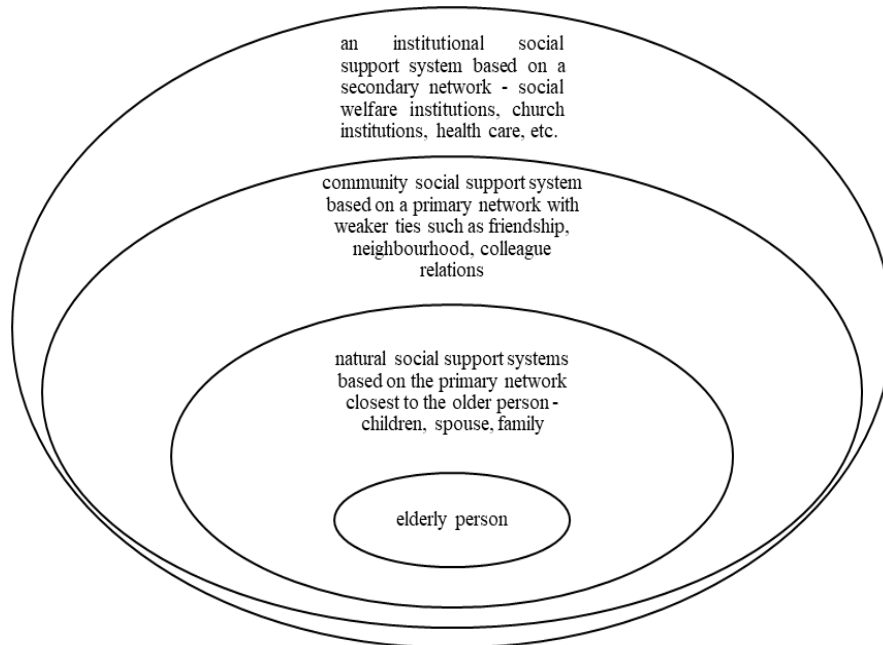


Figure 3. Diagram of the strength of relationship between an older person and their environment and the type of social support system used in strategies of organising life in old age

Source: Own study.

Very important in counteracting social exclusion of older people is anticipating future events while acknowledging the possibility of the unexpected (Fisher, Specht, 1999). Internal coping strategies minimise the effects of negative events (Smith, Borchelt, Maier, Jopp, 2002). According to the respondents, positive coping is also facilitated by having social support, mainly based on the system of natural support, which includes the closest environment, i.e. family and friends. Only then do environmental systems gain in importance in the form of self-help groups, which are built on shared experiences, or institutional systems such as social care homes.

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