

Way of life

Research on the way of life has become common in recent years. Broadly, way of life can be considered as the complex of various forms of behaviour, vital activity, and self-realization in the sphere of production, everyday life, and culture peculiar to a certain social and economic structure (55-57). Although people's activity and behaviour in the different spheres of life form the core of the concept, it also includes the quantity and quality of their need for satisfaction, human relations, thinking, feeling, and subjective life expressions. Hanke (58) stresses that a purposeful way of life also embraces people's happiness and healthy living habits.

The concept of way of life helps in the analysis of daily life in society and the influence of social factors in activity and thinking. It also permits comparisons of people's lives in different types of society. The concept is so extensive and many-sided that even the best studies have to concentrate on some aspects only; traditional survey methods alone are not sufficient. The concept can best be applied to the description of a whole community or social class.

In studying the everyday life of the individual the concept of lifestyle has proved to be useful. It can be regarded as an expression of the prevailing way of life of individuals and social groups (56). Lifestyle thus corresponds to people's observable daily behaviour. In general, it can be said that the prevailing way of life is reflected in the lifestyle. Differences in individual behaviour and interests are also expressed in the concept.

Some authors relate lifestyle mainly to the social and psychological side of life (59). Their studies are oriented towards everyday behaviour but include attitudes to work, everyday life, leisure, social groups, and other social phenomena. In gerontological research the concept of lifestyle is fairly widely used, and a series of studies has been devoted to theoretical questions about the content and evaluation of lifestyle with reference to the elderly (60). Lifestyle has usually been defined as the allocation of old people's time, energy, and ego involvement to different activities (61). Havighurst et al. (62) have conducted a well known international comparative study of adaptation to retirement. This study concentrated on the lifestyles of retired teachers in 7 countries and steel industry workers in 4 countries. The interviews revealed 7 different styles in which all the subjects could be placed. The most common lifestyle, "general slowing down and reduction of tempo", meant that after retirement life continued much in the same way as before but at a slower rate.

The central aspects of the way of life of individuals were investigated in a comparative study carried out among old people in three industrialized countries, Denmark, England, and the United States (10). Although the concept of way of life was not used at that time in the study, this investigation can be considered the most important comparative study in social gerontology.

A comprehensive approach to the problems of aging was adopted in a study by Sachuk & Moskalec (19). They departed from the concept of individual mode of life and attempted to define rational purposeful ways of living objectively among people of retirement age. The results confirmed the assumption that state of health and material conditions of life are the primary determinants of individual modes of life.

Lifestyle influences health and longevity (63,64). The effects of smoking, physical exercise, and nutrition on the health of the elderly have been investigated in several studies (65-67), but very little is known about the possible cumulative effect of different habits in various individuals and groups of people. Aging is accompanied by changes in social contacts and activities (68-71), but the results are partly contradictory. Social status and living conditions also influence social participation (72-74). There are no consistent criteria for comparing results and no agreement either for cross-national comparison over such a wide area as way of life. Semantically equivalent questions may, for example, have different meanings in different societies (75).

Social anthropologists have also produced interesting descriptions of old people's everyday life, focusing on the connections between aging and different cultures (76). Great difficulties in cross-national comparisons are apparent, but on the other hand the way of life in different societies with different cultural traditions may become clearer when it is contrasted with other countries (77).

Living conditions are the foundation of people's daily activities. People's activities and living conditions are also reflected in their consciousness, attitudes, and feelings. This sphere of personal experience, a kind of general emotional state, has been characterized in research on way of life by the concept of life satisfaction. Old people's life satisfaction has been dealt with in several studies, although usually separately from their social situation (78-80). Life satisfaction is associated with social participation (81,82), socioeconomic conditions (12), and health status (69). Loneliness has emerged as one of the most important factors decreasing satisfaction with life (83). The feeling of loneliness is related to health status, level of income, living conditions, and widowhood (84). There may be differences in feeling lonely between people who have lived alone for the greater part of their life and people who are left alone in their old age (85). Life satisfaction can also be analysed in the framework of social adaptation (86,87), the assumption being that at certain stages of life changes occur in various spheres of human life requiring social adaptation, the process in the individual of reshaping behaviour and consciousness to meet altered conditions (88,89). Different levels of satisfaction with various spheres of activity and the environment become apparent.

The Approach of this Study

The present investigation was carried out as a cross-sectional interview study, a method that imposed certain limitations on the choice of approach. As the aim of the study was to compare old people's lives in different kinds of society, a general frame of reference was considered necessary for analysis of the results. The point of approach is the individual way of life (Fig. 12), which includes first, objectively observable behaviour — the lifestyle — and second, subjective experiences and life satisfaction. Living conditions that form the foundation of the way of life are discussed in Chapter 3. The primary aim of the investigation was to compare the individual way of life in different age and sex groups of the aged in the different countries participating in the project. The model was constructed in relation to the possibilities of the study and should not be understood as a complete description of the individual way of life. Detailed information about old people's lives is important for the practical planning of any policy concerned with them. The study attempts to provide a rational basis for definition of the lifestyle to be aimed at and it may have prognostic significance for the future.

The individual way of life of old people can be analysed using certain essential background variables. The preliminary outline for the study of the individual way of life is presented in Fig. 13.

The data on the individual way of life of old people comprise several aspects of lifestyle and life satisfaction. Both behaviour and subjective experience are influenced by social structures and cultural patterns, which differ between countries and within countries.

For comparative purposes the available data alone are not sufficient, but they can give some idea of the levels of various behavioural patterns and of general life satisfaction in different age groups of the populations investigated. The results in this report refer only to elderly people living in ordinary dwellings outside institutions.

Living Habits

In all the areas included in the study men smoked more frequently than women (Fig. 14). The proportion of smokers was largest in the two youngest age groups examined; in Bialystok and Low Ombrone more than half of the men in the youngest age groups reported that they smoked regularly, whereas in Bucharest and Tampere only 19–26% of those groups were regular smokers. Greek and Italian women smoked least of all (1–8%), but in Berlin (West) and Zagreb 29% and 20% respectively of women in the youngest age group smoked. The proportion of heavy smokers among males aged 60–74 years was highest in the areas of Bialystok, Belgrade, and Kuwait (Table 34). Males aged 75 and over are moderate smokers (5–24 cigarettes a day) and most French males in all the age groups investigated belonged to the group of moderate smokers. Great differences in the prevalence of regular smoking between the study areas may have effects on the health of the elderly populations studied, but they remain to be analysed at a later stage of the study.

Comparison and interpretation of the results depicting the consumption of alcohol are particularly difficult because the areas included in the study have very different attitudes towards alcohol. There are, however, some common features in the consumption of alcohol (Fig. 15). Men consume strong alcoholic beverages more frequently than women in each of the communities and age groups studied. In wine-producing countries the proportion of subjects consuming alcohol does not vary with age. In other countries it decreases sharply from the youngest to the oldest age groups (e.g., in Kiev and Tampere). The greatest differences in the consumption of alcohol are observed in the oldest age groups of women: about 80–90% of women living in wine-producing countries (Italy and France) consume alcohol, whereas in some other areas the corresponding figures are between 10% and 20% (in Kuwait practically no alcohol is consumed at all).

Fig. 16 shows estimates of the degree of alcohol consumption. Alcohol is consumed most frequently in West Amiata and least frequently in Kiev. More than 75% of men living in wine-producing countries consume alcohol frequently. In the wine-producing countries women also consume alcohol frequently; 50–90% had taken it during the last 7 days. In some areas the consumption of alcohol is dependent on age; in Tampere, Kiev, and Belgrade the number of heavy consumers is distinctly lower in the oldest age groups than in the youngest, particularly among men. The differences between age groups are largest in the areas in which strong alcoholic beverages are most often consumed. In Kiev and in Tampere nearly three quarters of men in the age group 60–64 years reported that they regularly consume spirits; of those in the group 85–89 years no more than one quarter drink them at all. In Bialystok, however, there were many consumers of spirits in all the age groups; as many as 63% among the oldest men. The least consumption of spirits was by men and women in rural Greece. As a general rule, the majority of those who consume spirits had taken some during the 7 days preceding the interview. Beer also is typically drunk by men. In Bialystok, Kiev, Upper Normandy, Tampere, Zagreb, rural Greece, and Low Ombrone at least two thirds of the women reported that they do not drink beer at all. The consumption of beer also diminishes with age.

The profile of alcohol consumption among the elderly populations shows great variation between the study areas. In some areas the very old consume alcohol only occasionally, while in others, particularly in wine-producing countries, alcohol consumption remains stable irrespective of age. Epidemiological studies on alcohol attitudes and consumption patterns in the elderly are rare and the health effects of alcohol consumption are not as well documented as among younger age groups.

The proportion of persons who take physical exercise diminishes from the youngest to the oldest age group (Fig. 17). Among men most interest was shown in physical exercise in Tampere (73–90%) and Berlin (West) (75–89%), and the same was true for women in Tampere (46–92%) and Berlin (West) (63–90%). Except for Tampere, physical exercise was clearly commoner among men than women. In Midi-Pyrénées and the Italian areas relatively little physical exercise was taken by men and particularly by women. The majority of old people took physical exercise slowly; the

number of those who took it briskly or strenuously was small and in many countries nil. Intensive training by men was highest in Berlin (West) (3–27%), Tampere (5–10%), and Belgrade (3–10%). Very few women undertake intensive physical exercise; Berlin (West) was an exception, 5–21% reporting that they take exercise strenuously.

Among the living habits investigated, the differences between the study areas were largest in relation to physical exercise. Total physical activity, however, may not vary so greatly, because physical work is common in rural areas where the interest in physical exercise is least. The maintenance of functional ability is thought to be one of the most important predictors of longevity among the elderly, but epidemiological information about patterns of physical activity among the elderly is very limited. The results presented here show that the modern type of physical exercise for old people has been adopted only in industrialized urban areas. Its health implications will be analysed at a later stage of the study.

Social Activities

Membership of associations diminishes from the youngest to the oldest age group among men in Berlin (West), Kiev, Tampere, and the Italian areas. In other areas membership is not clearly dependent on age. In all areas women were less frequently members of associations and diminution of membership with age was not as consistent as among men. The highest proportions of men who were members of associations were reported in Tampere (61–82%) and in Belgrade (57–70%). The lowest were reported in rural Greece and Kuwait (less than 20% among men and about 1% among women).

Active membership in associations decreases with age among men (Fig. 18). The highest figures were observed in Kiev, Tampere, and Upper Normandy (Table 35). In the Italian areas, Kuwait, rural Greece, and Zagreb active membership was low, particularly among women. Women are less active than men in associations, but again in some areas such as Tampere there was little difference.

There were clear differences between the age groups in participation in different activities (Fig. 19 and 20). The mean number of occasions on which the subjects had participated in the past year declined from about 3.2 to about 1.2 from the youngest to the oldest age group. Zagreb is typical of the trend. A similar trend with age was also observed in relation to the number of individual occasions in which the subjects had participated in the past year; the mean values declined from 11–13 to 5–6 both among men and women, but the variation between the areas is great and the shapes of the curves indicating differences between the age groups are different.

The most popular forms of activity were participation in family gatherings, participation in religious meetings, and journeys within the country. In almost all of the areas the most popular form of social participation was in family gatherings. In almost all, people in the age groups 64–69 and 70–74 years participated most frequently in religious events, participation by the younger and the older age groups being less common. In many areas women participated in religious meetings more than men.

Travel at home was common in several study areas, particularly among the younger age groups, 60–80% having made a journey of at least 100 kilometres once or more during the preceding 12 months (Table 36). Women travelled less than men, and the percentages were markedly lower in the older age groups (about 20–30%). Great differences appeared between the areas in relation to travelling abroad.

Cultural Activities

Table 37 contains information about participation in various cultural activities during the previous 12 months. Participation decreased with age among both men and women. Going to theatres, cinemas, concerts, and art exhibitions was most common in Bucharest, Kiev, and Tampere, least common in Kuwait, rural Greece, and the French and Flemish areas. Engagement in active creative pastimes was more common among women than among men. Among women the activities declined with age, but among men no major differences between the age groups were noticed.

Social Contacts

The variables examined were spending time alone and the number of visits and contacts with neighbours. The results of the two variables were combined into three classes, one of which was that of persons who have few visitors (Table 38). Persons living in larger cities such as Berlin (West), Kiev, and Bialystok had fewer contacts than those interviewed in other areas. No major changes with age were observed in the number of visits the subjects interviewed had paid or received. However, the older the age group the less frequently did people themselves make visits. A probable explanation for this is that immobility, other functional problems, and illness increase with age. Except in Upper Normandy, Tampere, and West Amiata, a period of at least a month on average had elapsed since women in the oldest age group had visited somebody. The picture changes somewhat when individual variables are analysed. Time spent alone seems to increase in the older age groups, an exception to this general trend being found in the Italian areas.

When the percentages for the youngest and oldest age groups of both sexes among those who reported being often alone were compared, the following range values were found:

<i>Men</i>	60–64 years old	7% in Bucharest 29% in Florence
	85–89 years old	9% in Bucharest 45% in Tampere
<i>Women</i>	60–64 years old	12% in Kuwait 67% in West Amiata
	85–89 years old	25% in Bucharest 73% in Tampere

Table 34. Percentages of people smoking more than 14 cigarettes a day^a

	Age group (years)													
	Men							Women						
	60-64	65-69	70-74	75-79	80-84	85-89	60-64	65-69	70-74	75-79	80-84	85-89		
Brussels	36	29	19	22	8	8	17	15	0	0	0	0		
Leuven	17	6	10	12	2	7	6	3	0	0	0	0		
Berlin (West)	27	22	19	14	8	2	4	8	6	1	1	1		
Tampere	12	12	7	6	3	0	2	2	0	0	0	0		
Midi-Pyrénées	18	9	8	9	0	2	1	0	0	0	0	0		
Upper Normandy	10	8	5	7	5	0	3	0	0	0	0	0		
Rural Greece	23	17	9	9	12	17	1	2	1	0	0	3		
Florence	27	20	8	3	2	1	10	2	0	1	0	1		
Low Ombrone	27	17	12	7	4	4	1	1	0	1	0	0		
West Amiata	13	18	12	6	7	4	1	2	1	0	0	0		
Kuwait	27	29	14	17	9	9	3	3	7	0	1	1		
Bialystok	43	24	23	20	12	—	7	4	6	0	0	—		
Bucharest	11	10	4	2	0	0	6	6	1	0	0	0		
Kiev	16	18	10	4	4	2	2	2	2	1	0	0		
Belgrade	32	27	19	19	7	7	12	10	5	2	2	2		
Zagreb	16	20	13	9	7	3	6	3	0	0	0	2		

^a Codebook item 161.3.

Table 35. Percentages of people who were active members of associations^a

	Age group (years)													
	Men							Women						
	60-64	65-69	70-74	75-79	80-84	85-89	60-64	65-69	70-74	75-79	80-84	85-89		
Brussels	10	10	12	0	13	4	13	15	7	18	7	8		
Leuven	46	31	37	16	25	10	17	16	26	12	15	3		
Berlin (West)	15	13	10	8	5	3	3	6	8	3	1	1		
Tampere	25	18	18	14	14	11	22	23	26	23	10	8		
Midi-Pyrénées	20	15	14	15	11	0	11	10	15	14	10	3		
Upper Normandy	13	22	28	15	26	21	14	16	14	7	12	0		
Rural Greece	6	5	5	2	0	0	0	0	0	0	0	0		
Florence	14	5	8	8	3	0	2	0	1	1	0	0		
Low Ombrone	7	5	3	0	3	1	2	0	0	1	0	0		
West Amiata	4	5	3	1	1	0	0	0	1	1	0	0		
Kuwait	1	0	2	0	2	0	0	0	0	0	0	0		
Bialystok	8	12	14	2	5	—	5	1	4	2	0	—		
Bucharest	15	14	7	6	10	5	2	11	2	0	1	2		
Kiev	28	19	16	16	8	5	6	4	3	1	5	0		
Belgrade	20	16	14	17	10	6	3	3	2	1	4	2		
Zagreb	2	0	0	0	0	0	0	0	0	0	0	0		

^a Codebook items 252.3 and 252.4

Table 36. Percentages of people who had travelled within their own country during the previous 12 months^a

	Age group (years)											
	Men						Women					
	60-64	65-69	70-74	75-79	80-84	85-89	60-64	65-69	70-74	75-79	80-84	85-89
Brussels	57	62	76	37	8	48	73	65	63	34	52	38
Leuven	27	31	28	24	27	2	32	50	36	24	23	12
Berlin (West)	67	61	65	46	33	28	63	47	50	46	31	24
Tampere	66	67	64	52	56	47	70	76	63	59	35	15
Midi-Pyrénées	59	56	44	46	31	11	54	52	52	41	33	12
Upper Normandy	67	52	52	31	30	20	63	55	39	41	27	12
Rural Greece	57	48	50	30	33	52	46	28	31	26	16	15
Kuwait	52	48	39	45	34	24	30	40	37	39	24	20
Bialystok	45	39	29	15	24	—	43	26	14	10	7	—
Bucharest	91	83	78	66	47	36	68	68	61	65	28	29
Kiev	33	26	13	8	9	4	22	20	12	14	7	1
Belgrade	81	68	58	50	44	29	63	62	55	39	32	18
Zagreb	77	69	52	45	33	28	58	63	40	33	24	33

^a Codebook item 267. The Italian areas are not presented in the table because more than 50% of the information is missing.

Table 37. Percentages of people who participated in different cultural activities at least once a year^a

Centre ^b	Activity	Age group (years)											
		Men					Women						
		60-64	65-69	70-74	75-79	80-84	85-89	60-64	65-69	70-74	75-79	80-84	85-89
Brussels	Theatre, cinema, concert, or art exhibition	27	24	40	15	13	17	30	27	19	7	19	22
	Library	10	3	15	4	4	8	10	0	4	3	7	4
	Sport: watching or taking part	14	17	4	4	0	8	7	5	4	0	0	0
Leuven	Theatre, cinema, concert, or art exhibition	30	17	7	2	10	0	18	13	16	3	10	3
	Library	5	3	0	0	6	0	0	3	0	8	0	0
	Sport: watching or taking part	35	28	21	15	2	2	12	3	0	0	0	0
Berlin (West)	Theatre, cinema, concert, or art exhibition	37	36	35	22	13	7	32	33	29	18	10	13
	Library	8	8	11	7	2	6	6	7	6	4	3	2
	Sport: watching or taking part	28	23	22	15	6	3	11	7	5	3	1	0
Tampere	Theatre, cinema, concert, or art exhibition	57	47	41	28	31	25	59	63	58	38	23	8
	Library	33	28	31	19	15	7	29	21	32	15	8	5
	Sport: watching or taking part	32	31	19	14	9	9	12	8	0	0	0	0

Table 37 (contd)

Centre	Activity	Age group (years)											
		Men						Women					
		60-64	65-69	70-74	75-79	80-84	85-89	60-64	65-69	70-74	75-79	80-84	85-89
Midi-Pyrénées	Theatre, cinema, concert, or art exhibition	11	18	13	14	5	0	15	11	13	7	6	1
	Library	5	8	4	4	5	2	5	8	5	4	6	1
	Sport: watching or taking part	39	19	24	16	5	3	11	3	5	1	1	0
Upper Normandy	Theatre, cinema, concert, or art exhibition	20	14	16	13	12	13	23	21	15	7	7	13
	Library	8	8	9	11	12	7	11	13	1	12	10	25
	Sport: watching or taking part	23	21	14	11	7	0	1	0	0	2	0	0
Rural Greece	Theatre, cinema, concert, or art exhibition	14	15	7	5	4	0	9	5	4	1	0	0
	Library	2	3	3	4	5	4	0	1	1	0	0	0
	Sport: watching or taking part	6	4	3	1	4	3	2	1	1	1	0	0
Kuwait	Theatre, cinema, concert, or art exhibition	12	15	0	3	2	2	13	6	2	4	1	1
	Library	4	4	2	1	2	1	0	1	0	0	1	0
	Sport: watching or taking part	6	7	5	2	1	1	1	1	2	3	1	1

Table 37 (contd)

Centre	Activity	Age group (years)											
		Men						Women					
		60-64	65-69	70-74	75-79	80-84	85-89	60-64	65-69	70-74	75-79	80-84	85-89
Bialystok	Theatre, cinema, concert, or art exhibition	31	22	21	9	13	—	33	20	14	11	4	—
	Library	15	10	11	5	8	—	14	15	12	9	6	—
	Sport: watching or taking part	14	10	5	3	2	—	1	0	0	0	0	—
Bucharest	Theatre, cinema, concert, or art exhibition	74	78	69	56	31	19	70	62	45	55	21	19
	Library	21	17	24	20	11	2	18	18	11	8	6	7
	Sport: watching or taking part ^c	—	—	—	—	—	—	—	—	—	—	—	—
Kiev	Theatre, cinema, concert, or art exhibition	65	52	49	37	17	12	61	59	31	32	10	4
	Library	29	31	26	26	13	8	18	11	10	13	5	2
	Sport: watching or taking part	18	17	18	4	2	0	4	4	2	0	3	0
Belgrade	Theatre, cinema, concert, or art exhibition	25	25	16	12	14	9	29	24	12	7	9	1
	Library	11	9	7	9	9	7	7	4	1	2	3	1
	Sport: watching or taking part	28	26	17	12	10	4	1	2	4	1	1	3

Table 37 (contd)

Centre	Activity	Age group (years)											
		Men						Women					
		60-64	65-69	70-74	75-79	80-84	85-89	60-64	65-69	70-74	75-79	80-84	85-89
Zagreb	Theatre, cinema, concert, or art exhibition	46	44	27	18	16	12	42	33	18	14	12	2
	Library	17	22	15	11	12	16	13	10	9	8	4	6
	Sport: watching or taking part	34	28	19	20	16	0	10	6	3	8	1	3

^a Codebook items 261, 263, and 264.

^b Information not available for Florence, Low Ombrone and West Amiata.

^c More than 90% of the information is missing.

Table 38. Percentages of people who reported having few visitors (one month or more since the last visit)^a

	Age group (years)													
	Men							Women						
	60-64	65-69	70-74	75-79	80-84	85-89	60-64	65-69	70-74	75-79	80-84	85-89		
Brussels	17	6	26	12	18	4	7	8	8	14	12	8		
Leuven	6	0	3	5	7	26	3	6	3	6	6	20		
Berlin (West)	6	10	9	15	13	30	6	9	10	15	20	15		
Tampere	5	7	4	6	8	6	1	2	2	7	9	3		
Midi-Pyrénées	1	2	5	11	3	5	2	0	4	4	8	6		
Upper Normandy	1	1	5	0	5	0	1	3	1	2	7	13		
Rural Greece	1	4	2	3	2	13	1	0	0	1	6	12		
Florence	4	5	5	1	7	17	2	6	10	14	6	3		
Low Ombrone	5	5	8	7	5	3	6	6	2	5	9	8		
West Amiata	7	10	12	4	9	11	4	6	3	6	0	6		
Kuwait	4	2	5	2	2	3	4	3	2	3	7	13		
Bialystok	9	10	10	8	12	—	6	9	12	18	20	—		
Bucharest	1	2	0	2	4	12	0	1	2	2	11	3		
Kiev	9	6	13	12	17	17	4	11	8	17	13	21		
Belgrade	4	3	5	4	7	7	2	3	6	10	9	6		
Zagreb	4	4	6	11	9	10	5	3	5	7	12	15		

^a Derived variables 193 and 194. 3.

Table 39. Percentages of people employed full- or part-time at the time of the survey^a

	Age group (years)													
	Men							Women						
	60-64	65-69	70-74	75-79	80-84	85-89	60-64	65-69	70-74	75-79	80-84	85-89		
Brussels	46	29	15	7	4	8	23	14	7	11	11	4		
Leuven	40	6	0	10	0	2	3	5	0	0	3	3		
Berlin (West)	45	19	13	6	2	4	17	6	6	5	1	1		
Tampere	38	13	6	1	5	4	24	7	3	1	1	0		
Midi-Pyrénées	37	20	9	14	3	2	20	10	5	2	2	1		
Upper Normandy	29	18	9	11	2	7	18	8	3	3	3	0		
Rural Greece	75	68	54	36	32	12	39	26	13	19	5	6		
Florence	44	24	23	12	10	5	21	7	4	1	0	1		
Low Ombrone	62	50	42	31	18	11	15	19	9	11	7	7		
West Amiata	58	47	43	30	16	6	14	5	5	2	1	0		
Kuwait	60	59	50	27	27	10	2	10	6	5	2	1		
Bialystok	64	37	19	12	12	0	40	11	6	3	0	1		
Bucharest	9	4	4	4	5	0	1	6	8	1	0	1		
Kiev ^b	—	—	—	—	—	—	—	—	—	—	—	—		
Belgrade	34	16	7	7	5	3	5	1	1	1	2	1		
Zagreb	38	16	15	9	10	3	14	8	2	0	5	0		

^a Derived variable 2, 1 and 2.

^b More than 70% of the information is missing.

Table 40. Percentages of people who often feel lonely^a

	Age group (years)													
	Men							Women						
	60-64	65-69	70-74	75-79	80-84	85-89	60-64	65-69	70-74	75-79	80-84	85-89		
Brussels	22	10	15	13	22	24	21	12	20	17	16	20		
Leuven	3	0	5	11	3	7	9	3	13	6	3	5		
Berlin (West)	3	5	5	10	7	10	5	10	12	15	22	20		
Tampere	7	9	9	5	8	18	6	8	10	13	14	14		
Midi-Pyrénées	4	6	4	6	17	7	12	11	10	21	10	22		
Upper Normandy	10	7	3	9	10	17	12	12	16	29	32	29		
Rural Greece	31	26	24	31	47	33	37	44	45	43	51	48		
Florence	0	4	9	6	14	10	21	17	28	18	20	24		
Low Ombrone	9	11	4	12	15	25	18	22	23	20	25	28		
West Amiata	10	15	9	21	17	16	19	19	26	26	32	23		
Kuwait	2	3	2	2	5	15	6	4	3	4	16	13		
Bialystok	5	10	7	15	17	—	11	13	24	27	31	—		
Bucharest	3	4	6	10	7	3	11	11	18	26	24	18		
Kiev	8	10	14	10	16	23	20	30	31	41	30	26		
Belgrade	6	9	8	14	12	19	17	20	25	33	31	33		
Zagreb	5	10	10	9	18	19	14	18	19	20	26	5		

^a Codebook item 294.1.

Fig. 12. A hypothetical description of individual way of life of old people and its relation to some background variables

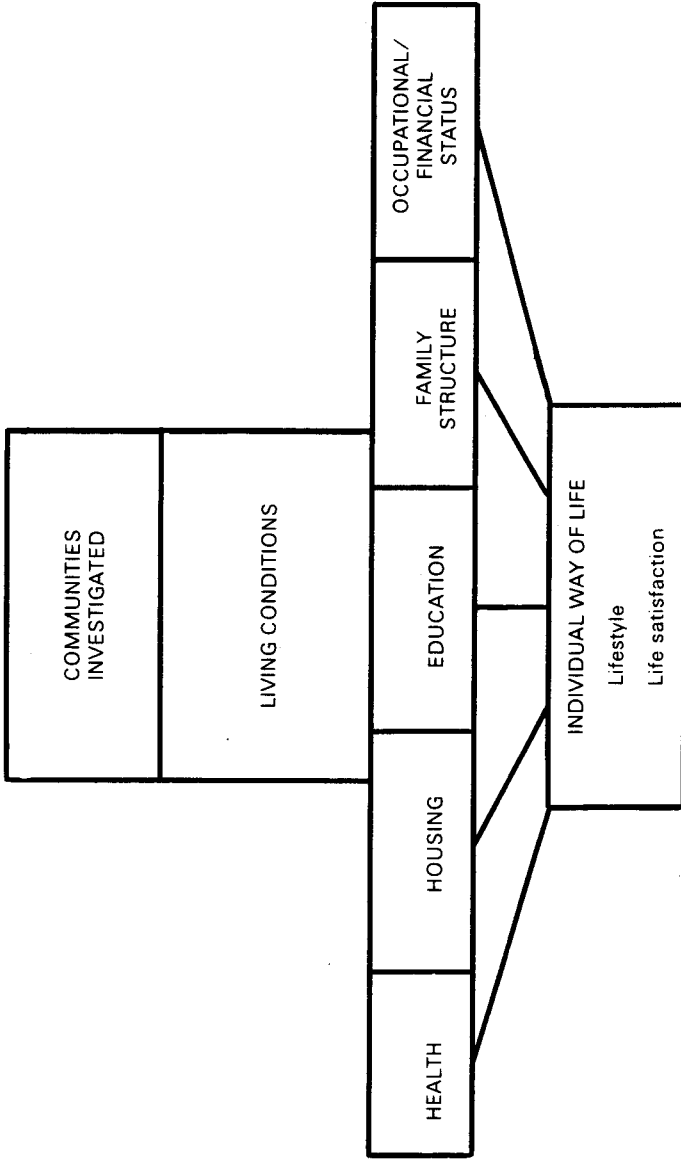


Fig. 13. Characterization of individual way of life in this study

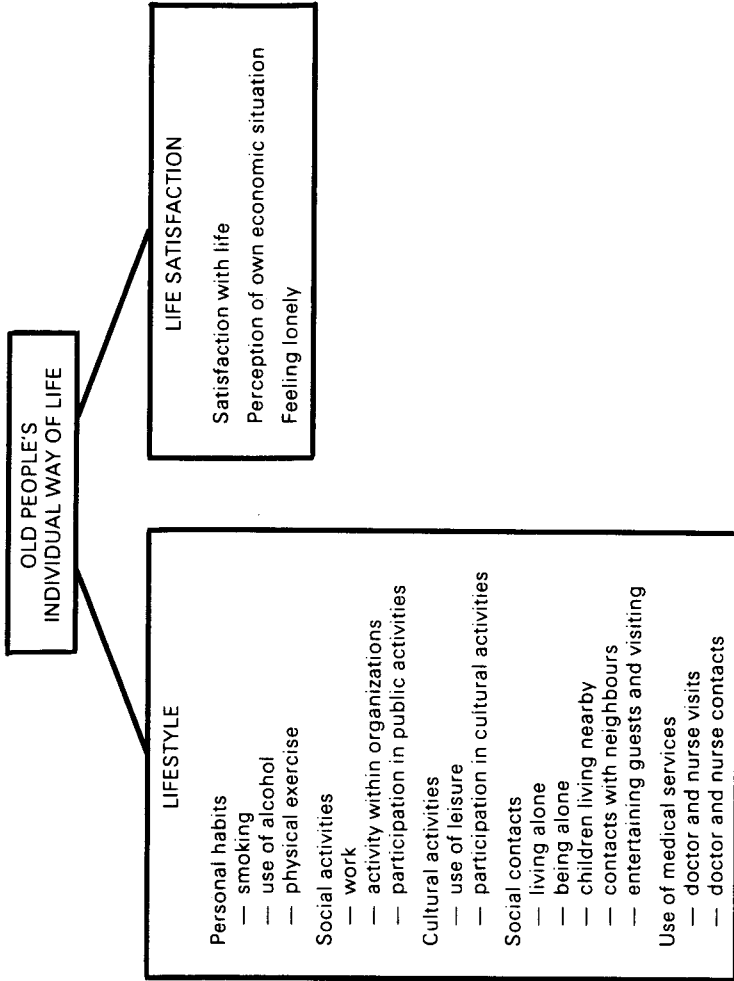
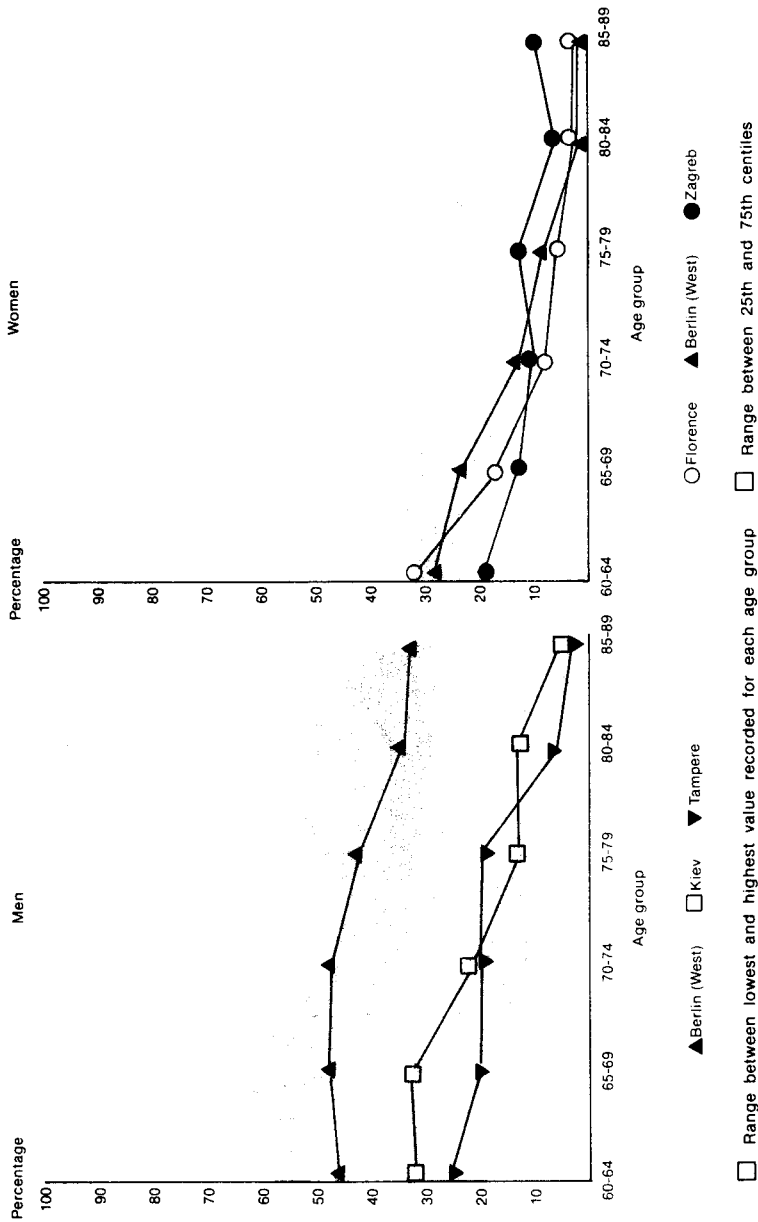
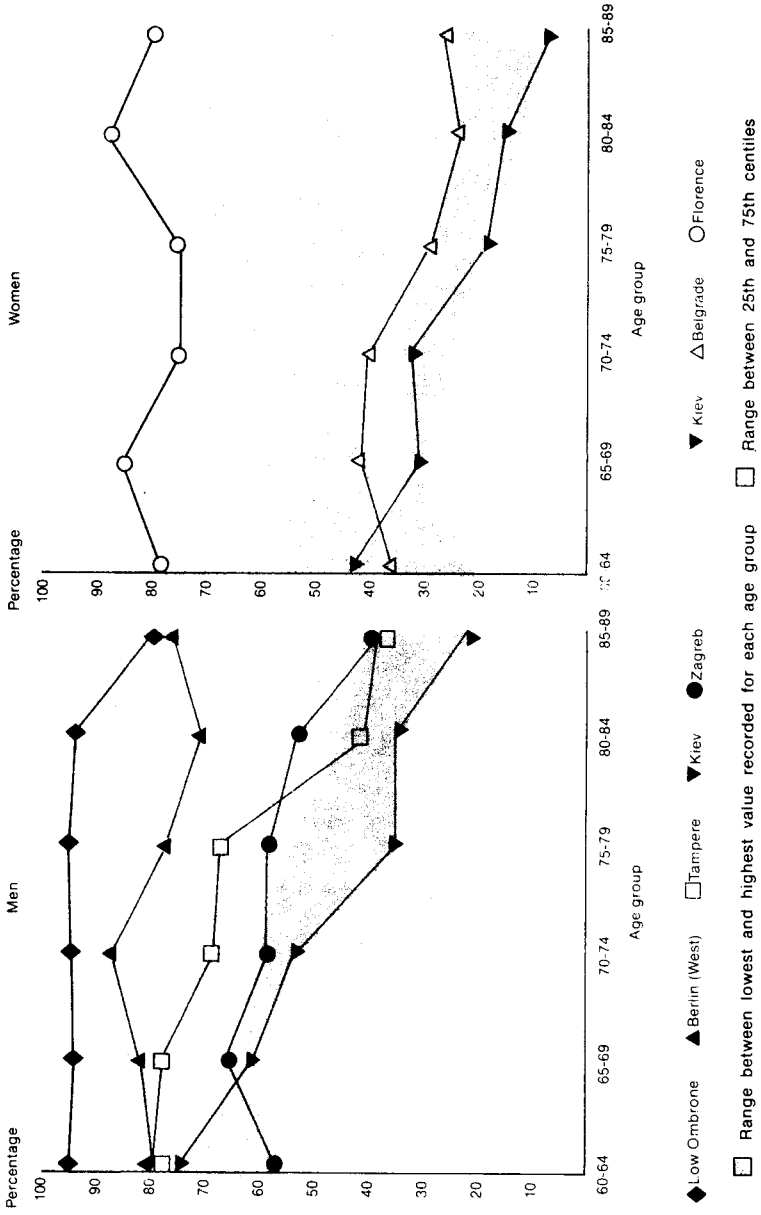


Fig. 14. Percentages of regular smokers^a



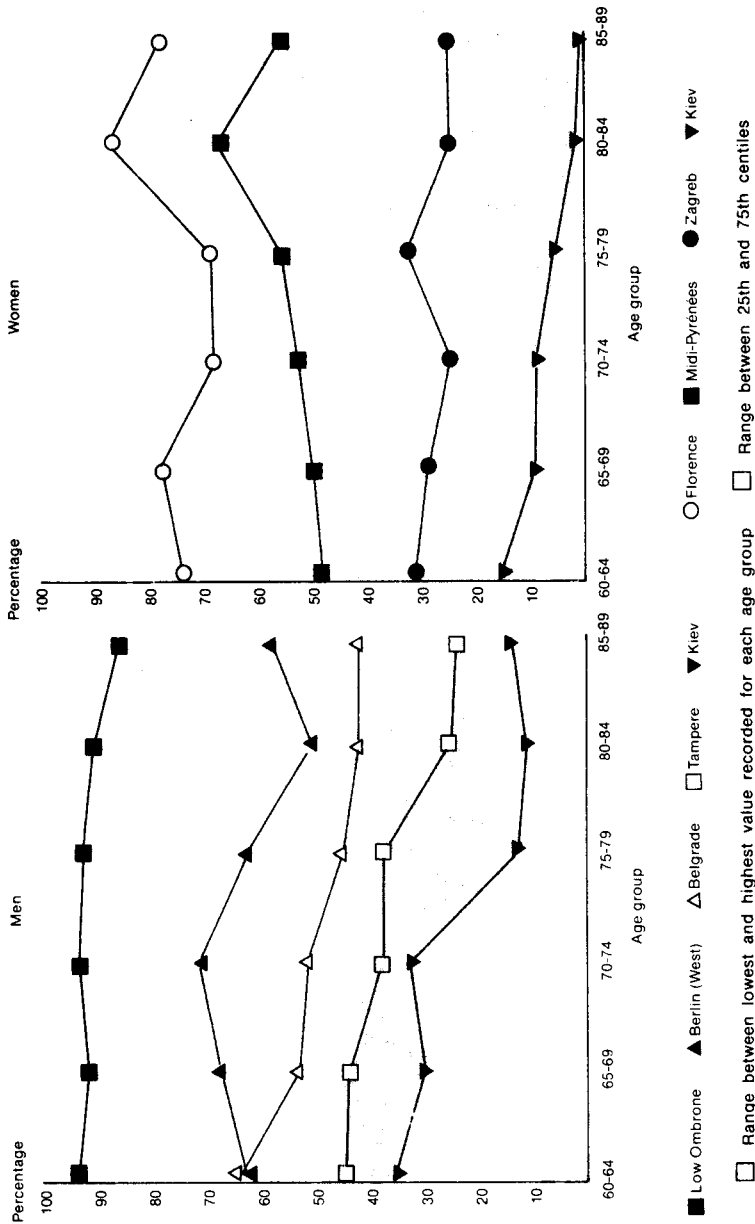
^a Codebook item 159.1.

Fig. 15. Percentages of people who drank alcoholic beverages^a



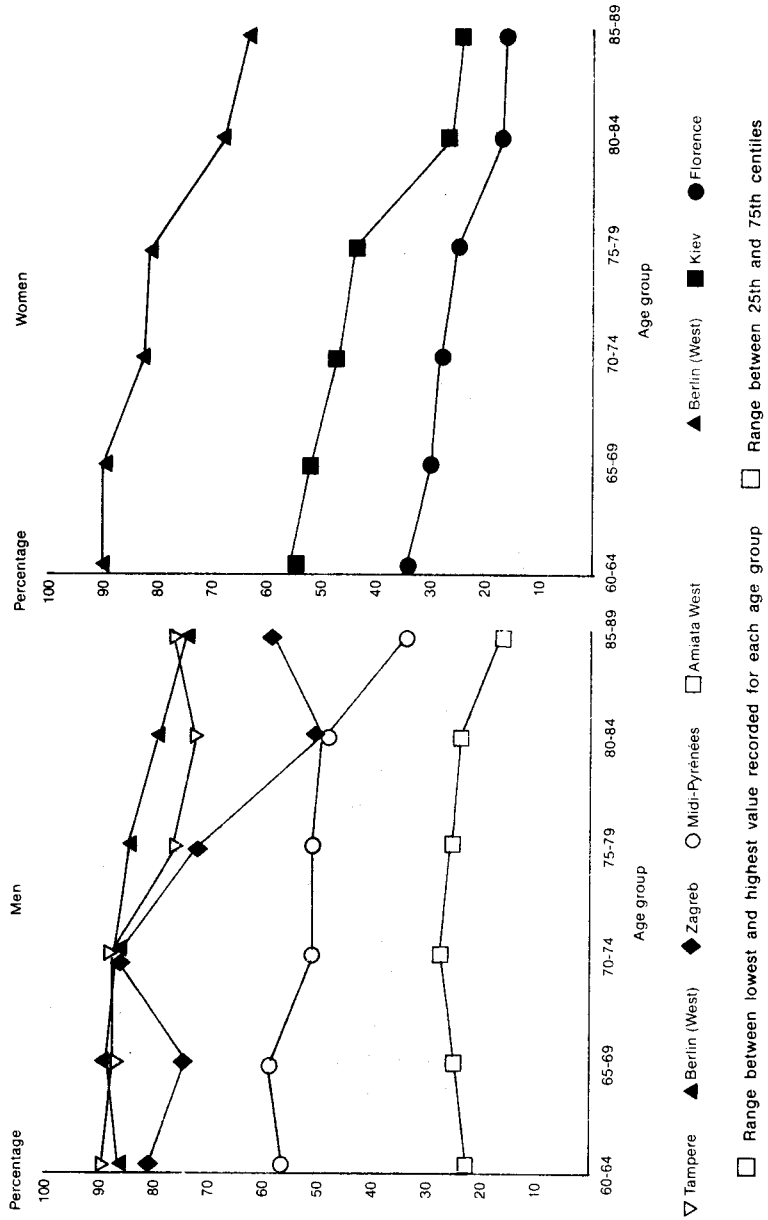
^a Derived variable 83, 1.

Fig. 16. Percentages of people who frequently drink alcoholic beverages^a



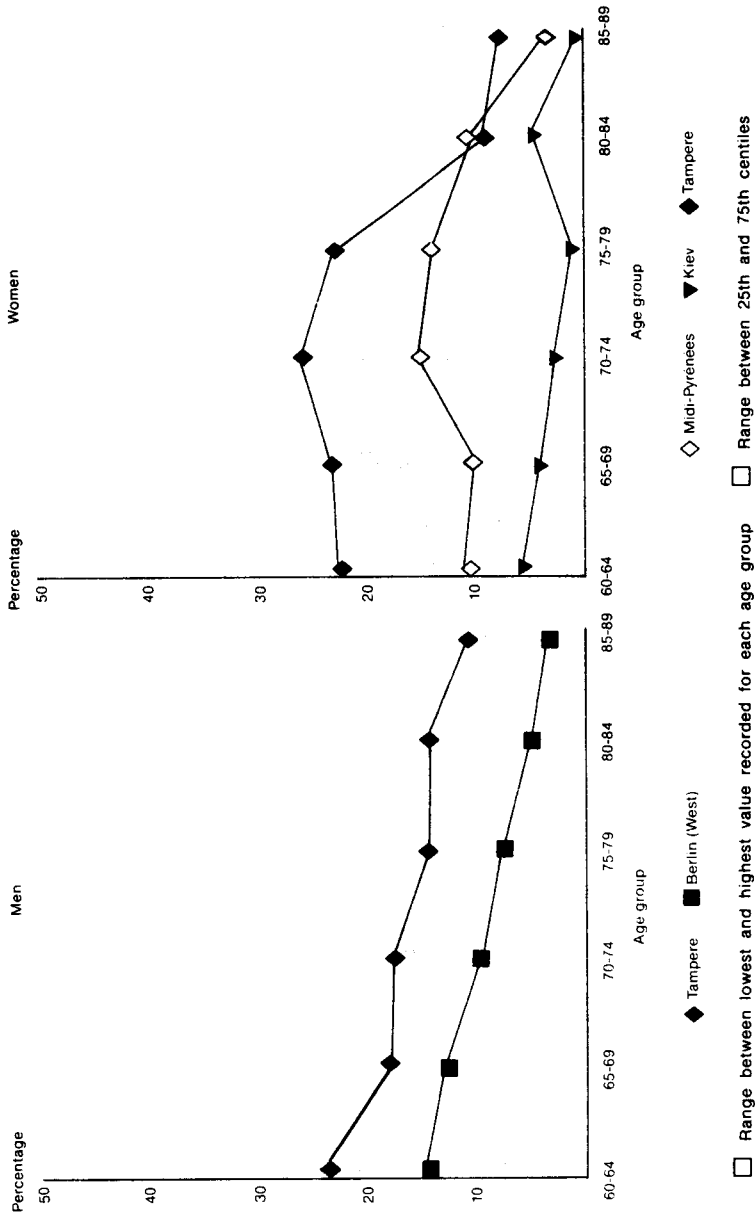
^a Derived variable 87, 1.

Fig. 17. Percentages of people who took physical exercise^a



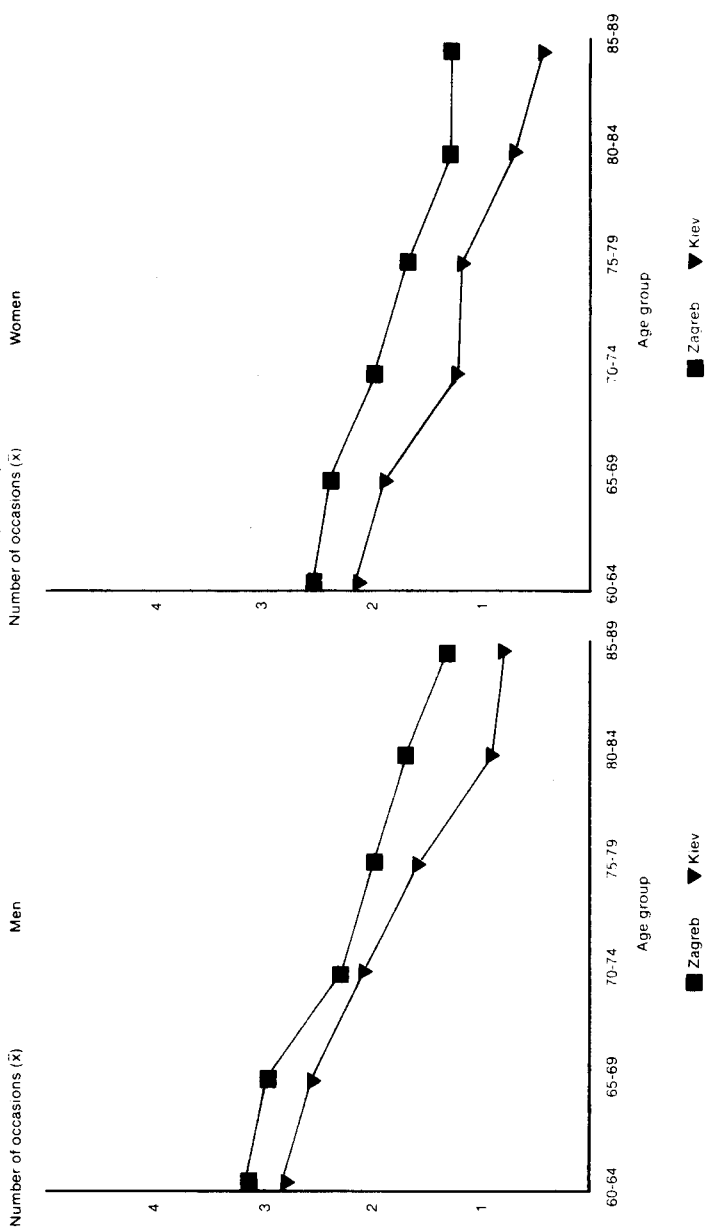
^a Codebook item 172.1.

Fig. 18. Participation in clubs, associations and societies: percentages of active members^a



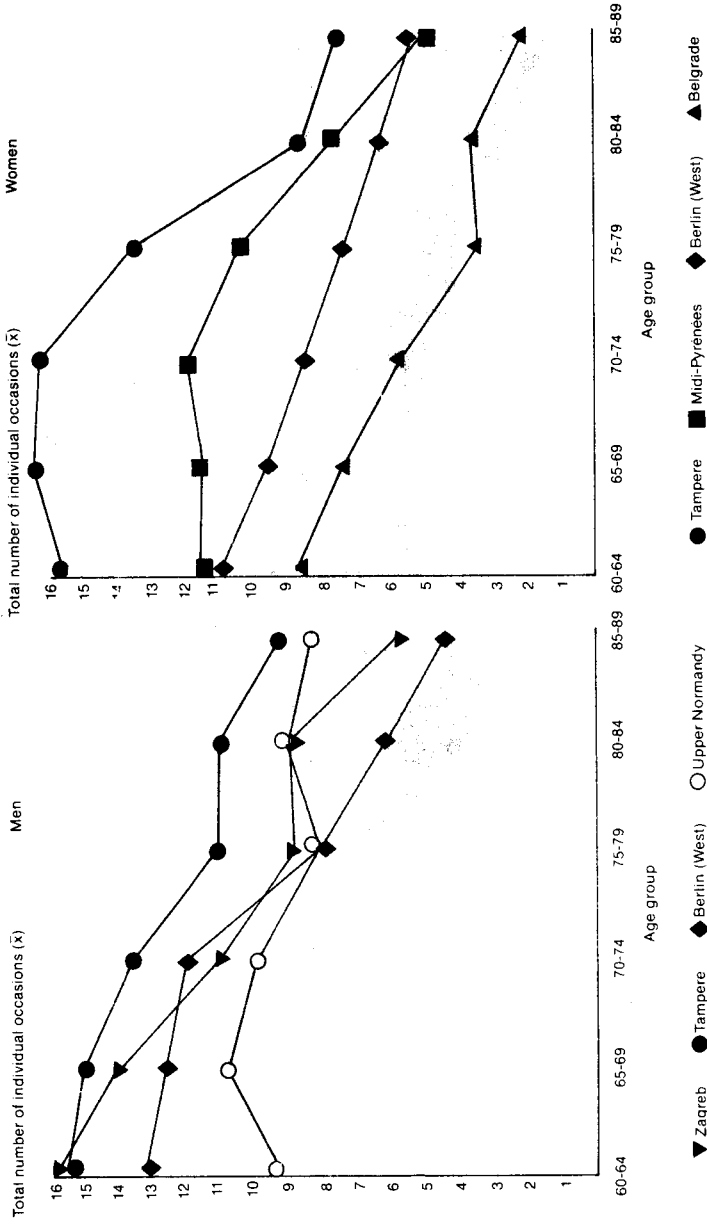
^a Derived variable 172. 2.

Fig. 19. The mean number of occasions in which a person had participated in social activities in the past year^a



^a Range between lowest and highest value recorded for each age group
 Derived variable 187.

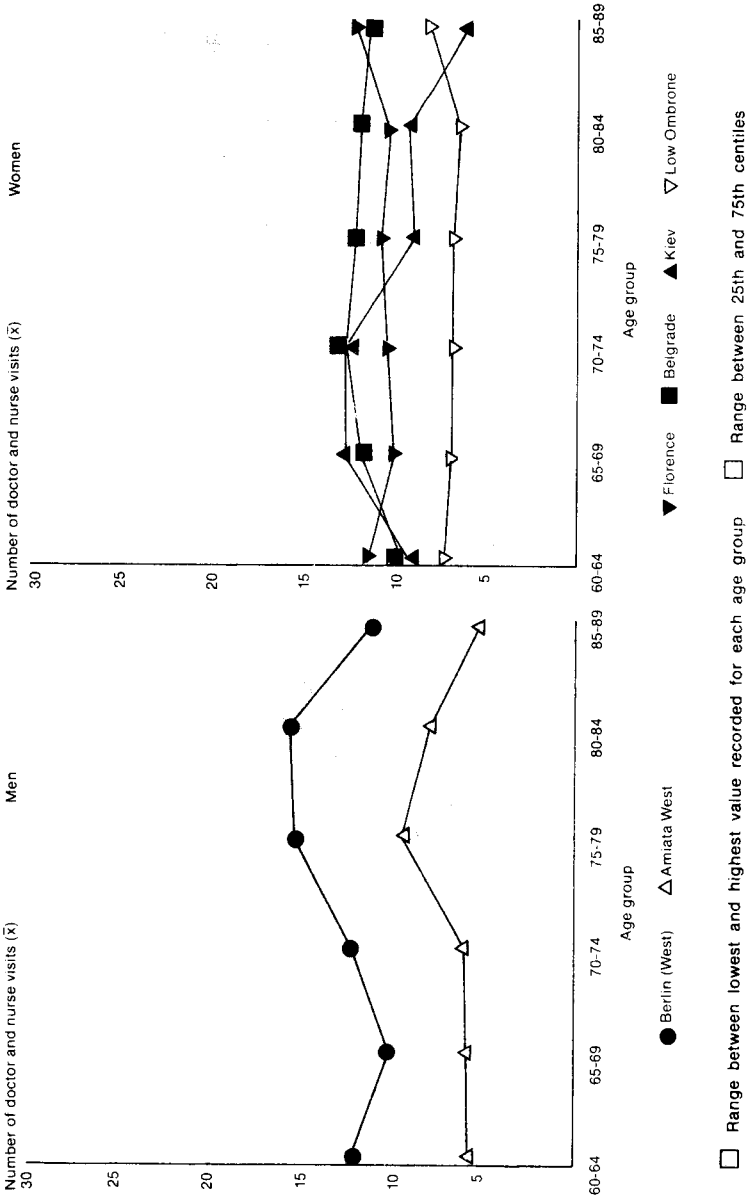
Fig. 20. Total number of individual occasions in which a person had participated in social activities in the past year^a



□ Range between lowest and highest value recorded for each age group

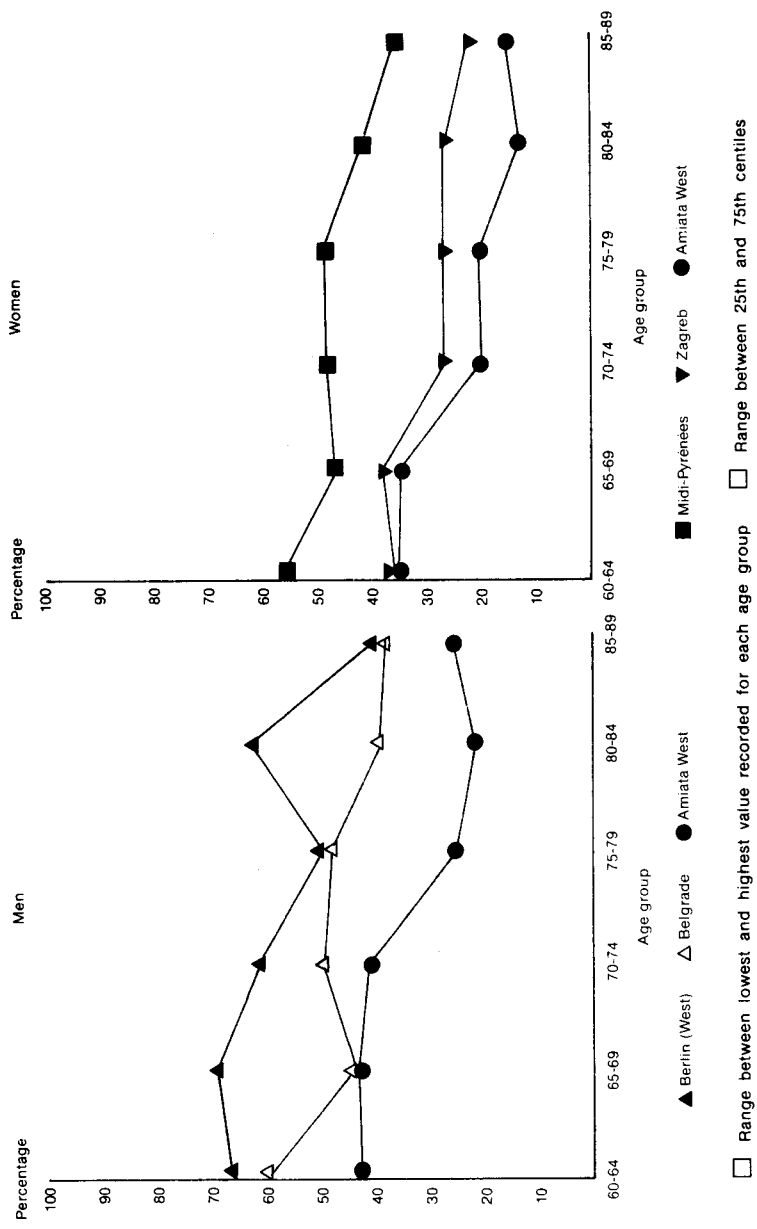
^a Derived variable 178.

Fig. 21. Mean number of visits by a doctor or nurse per person in the preceding 12 months^a



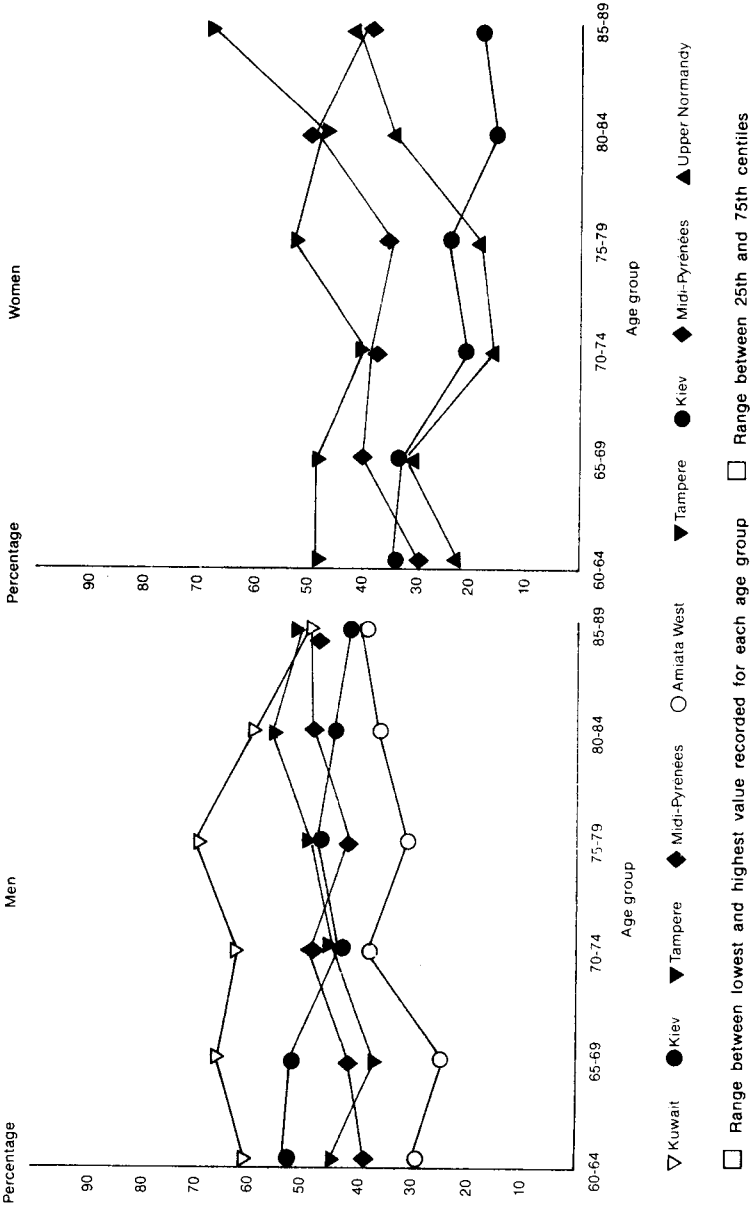
^a Derived variable 101.

Fig. 22. Percentages of people satisfied with their present life^a

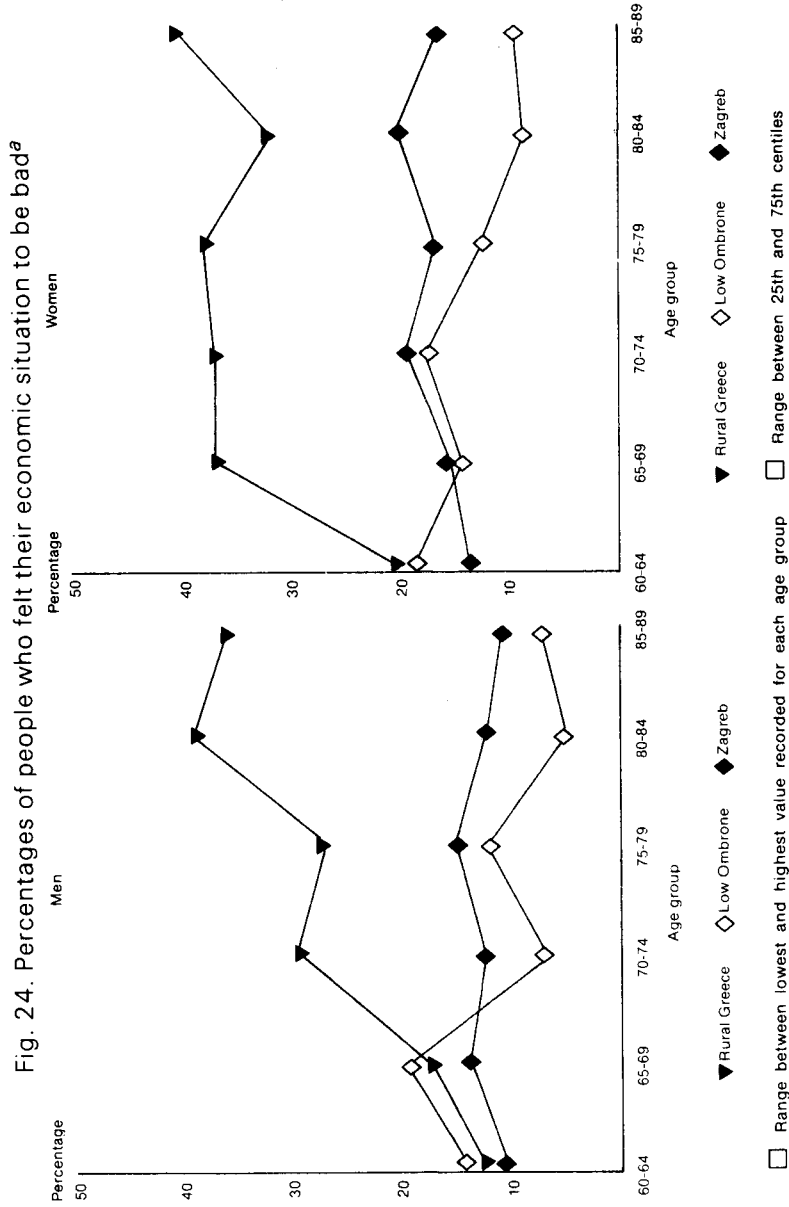


^a Derived variable 210, 3.

Fig. 23. Percentages of people satisfied with their past life^a



^a Derived variable 212. 1.



^a Codebook item 301.3.

The number of persons living in the same house as their children, or very close to them, varies considerably by area and age group. In Upper Normandy, Berlin (West), and Tampere approximately one third live either in the same house as their children or very near to them, in Bucharest about a half, in Bialystok and the Yugoslav areas more than a half, and in West Amiata and Kuwait more than 80%.

The proportions of those who reported that they had friendly relationships with their neighbours were highest in rural Greece and Italy. In Bucharest and Kuwait the persons interviewed also considered that they have friendly relationships with their neighbours. The largest numbers of persons who have no contacts with their neighbours were found in Berlin (West), Bialystok, and Tampere. There are no age and sex differences in the proportion having friendly relationships with neighbours.

Employment

Full-time or part-time employment was more frequent among men than women and showed a marked decrease with age (Table 39). In the age group 60–64 years it was as high as 75% in men in rural Greece and 40% in women in Bialystok. The lowest percentage was recorded among men in Bucharest (9%) and among women in Bucharest (0%), Kuwait (2%) and Leuven (3%). In some populations relatively high employment continued until the age of 85–89 years: among men in rural Greece 12%, Low Ombrone 11%, and Kuwait 10%.

Use of Health Services

Active use of the health services can be considered a component of lifestyle, in particular among the elderly, who frequently use the health services. When the total number of doctor and nurse visits is analysed in the different age groups, only a moderate increase from the youngest to the oldest age group is observed (Fig. 21).

Women use the health services more frequently than men in most of the areas investigated. The exceptions are women aged 70 and over in Florence and Leuven and women aged 75 and over in Belgrade, Kiev, and Low Ombrone. In the use of the health services the number of the old in institutions is of great importance; among those not in institutions the use of the services is not greatly affected by age because of the increasing proportion of those in the older age groups in institutions. Further details about the use of services are given in the following chapter.

Life Satisfaction

The questions asked covered three areas: the subject's satisfaction with life, his or her evaluation of his or her economic situation, and his or her feelings in relation to loneliness. Fig. 22 shows a general decline with age in satisfaction with life. The variable included questions on feelings of uselessness, satisfaction with present life, and tiredness of life. In general women were

less satisfied with their present life. The lowest figures of satisfaction were in West Amiata, the highest in Leuven.

The picture changes when satisfaction with past life is examined (Fig. 23). Satisfaction increased greatly from the younger to the older age groups, but great variation is again found between the different areas, the lowest figures being found in rural Greece and the highest in Kuwait and Bucharest. Again, women were in general more dissatisfied than men.

No trends were apparent in the estimation of their individual economic situation as between the youngest and the oldest age group (Fig. 24). Women and men do not seem to experience their financial situation differently, although in some of the areas women estimated it as inferior to that of men. The variation by countries and age groups was between 0% and 41% among those who felt their own economic situation to be bad.

Feelings of loneliness increased only slightly from the youngest age groups to the oldest. The trend is almost the same in all areas included in the study (Table 40). In general women feel lonely more frequently than men; Tampere and the Italian areas are exceptions and in the French areas the proportions varied from age group to age group. The highest figures for feelings of loneliness were in men living in rural Greece (about 30% in the oldest age groups). Women in the Greek areas, Kiev, and Belgrade were the ones who most often felt lonely (26–46% in the oldest age group), while those in Leuven, Zagreb, and Tampere least often experienced this feeling (5–14% in the oldest age group).

Worrying about the future and worrying about age do not seem to be interrelated. The number of those worrying about the future varied fairly considerably between the areas examined; the highest percentages were found among people living in the areas in Italy and Greece (about 50% in Greece, 9–41% in Italy), the lowest in Tampere, Berlin (West), and Kuwait (1–11%).

Conclusions

The findings in relation to old people's individual ways of life suggest that differences between age groups can only in part be understood as consequences of aging. Many aspects of the way of life primarily reflect differences in cultural traditions, prevailing social realities, and degree of urbanization. A good example is the consumption of alcohol in wine-producing countries, in which it is high irrespective of age. In countries where strong alcoholic beverages are commonly consumed, consumption decreases in the older age groups and women drink much less than men in all the age groups. Physical exercise seems to be widely accepted in urban areas in highly industrialized societies, whereas in most rural areas interest in it is negligible. The study was not able to measure total physical activity; it may well be that physical activity is part of the daily life of people in rural areas and they therefore do not engage in physical exercise.

On the other hand, some results suggest that differences between age groups in certain variables are caused by the processes of aging. For example, participation in the activities of different organizations and in cultural

activities decreases with age in all the study areas. This may be related to declining physical vigour, particularly after the age of 75 years, a landmark of old age. On the other hand, informal social participation (meeting friends and neighbours) does not decline with age. This finding shows that the elderly try to maintain their social relationships despite increasing difficulty in coping with the problems of everyday life and the threat of disability.

Life satisfaction and feelings of loneliness also appeared to be independent of age in many areas, but differences were observed between the populations studied. Levels of dissatisfaction and loneliness were generally high, suggesting that the situation of the elderly, at least in European societies, contains numerous problems that prevent old people from maintaining a satisfying quality of life. A bad financial situation does not seem to be the main reason for dissatisfaction; other explanations are also needed. It may be the social conditions of the elderly as a whole that determine their subjective experiences, but those subjective feelings and experiences are important determinants of the use of services as well as health.

The results also show that disengagement from social activities is common. According to the activity theory of aging, the loss of roles can accelerate the deterioration of the elderly, both mentally and physically. More attention should therefore be focused on the provision of social and cultural activities for old people. Motivation should be encouraged by affording the elderly more opportunities to influence the development of social policy, and the elderly themselves should be actively involved in the steps taken, which should take into consideration not only the general but also the special needs of each individual.

The results in relation to smoking, the consumption of alcohol, and physical exercise indicate that a considerable proportion of the elderly behave in a way that can be regarded as detrimental to their health. Because it can be assumed that in the future behaviour will have a growing role in the etiology of chronic diseases of age, the experience gained in health counseling in some countries could be used in others in the development of health education programmes for the elderly.

The analyses of the results are limited in this first report to a general description of certain aspects of individual ways of life among the elderly. Analyses during the later development of the study will make it possible to link ways of life, health, and the use of services, and later longitudinal and more objective investigations of the study populations will also provide information about possible causal relationships between the variables. The results presented may, however, help in the planning and implementation of programmes for the elderly to meet their problems and provide them with a social role and a positive self-image, which have been shown to be important predictive factors in the maintenance and improvement of their health and wellbeing.