

The Active Ageing Index and Its Relation to the Quality of Life of Older Adults

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Abstract

In this paper I focus on the relations between AAI and the quality of life. I focus on the way, in which the dimensions are connected and index of items and the quality of life of individuals, operationalized primarily, but not exclusively, as a feeling of happiness. Besides discuss other possible characteristics of countries and their impact on the quality of life. Meanwhile I discuss whether they do not demonstrate quality of life better than the AAI. I use an AAI 2012 data and EQLS 2012. The analysis of correlation coefficients and regression analysis showed a significant correlation but also some problematic indicators that contribute to the quality of life. It also showed considerable differences in the relationship of some indicators of quality of life and AAI.

Introduction

The main goal of the concept of active ageing as defined by the World Health Organisation (Active 2002) is to enhance the quality of life as people age. The means of enhancing the quality of life should be, according to The Active Ageing Index (Zaidi et al. 2012, 2013) has the ambition to measure active ageing in accordance with the wide definition proposed by WHO. Therefore, a crucial question arises: what is the relation between the Active Ageing Index and the quality of life of older adults. In other words, is the quality of life in older age in countries with a high AAI higher than in countries with a lower AAI?

Data and methods

- Two sources of data:
 - AAI results for 2012
 - European Quality of Life Survey (EQLS) 2012, age 55+, n = 15,971
- 28 European countries
- Quality of life – happiness, index of discomfort and index of life optimism

Results

Table 1: Correlation coefficients (Pearson r) indicators of quality of life and individual items AAI

	happiness	index of discomfort	index of life optimism	AAI overall
1. employment	.147	.149	.079	.715**
2. social participation	.310	.197	.199	.724**
3. independent living	.451*	.391*	.334	.794**
4. capacity for AA	.331	.332	.185	.851**
1.1 Employment rate 55-59	.302	.290	.325	.751**
1.2 Employment rate 60-64	.180	.168	.016	.736**
1.3 Employment rate 65-69	-.072	-.039	-.087	.401*
1.4 Employment rate 70-74	-.148	-.128	-.133	.148
2.1 Voluntary activities	.456*	.416*	.373	.851**
2.2 Care to children, grandchildren	-.103	-.199	-.109	-.157
2.3 Care to older adults	-.187	-.368	-.303	.012
2.4 Political participation	.344	.328	.245	.812**
3.1 Physical exercise	.229	.139	.077	.798**
3.2 No unmet needs of health and dental care	.523**	.529**	.485**	.402*
3.3 Independent living arrangements	.460*	.347	.358	.866**
3.4 Relative median income	-.066	-.077	.049	-.247
3.5 No poverty risk	.270	.325	.488**	.245
3.6 No material deprivation	.533**	.464*	.335	.520**
3.7 Physical safety	.221	.144	-.022	.464*
3.8 Lifelong learning	.229	.270	.261	.752**
4.1 RLE achievement of 50 years at age 55	.276	.241	.116	.525**
4.2 Share of healthy life years in the RLE at age 55	.078	.099	-.111	.490**
4.3 Mental well-being	.384*	.325	.253	.822**
4.4 Use of ICT	.327	.359	.304	.818**
4.5 Social connectedness	.213	.207	.119	.640**
4.6 Educational attainment	.107	.170	.211	.061

Source: AAI 2012, EQLS 2012, own calculation
Note: ** p < .01, * p < .05

Table 2: Correlation coefficients (Pearson r) indicators of quality of life and other characteristics of EU countries

	happiness	index of discomfort	index of life optimism	AAI overall
Health subjective	-.807**	-.545**	-.611**	-.347
Trust in other	.641**	.694**	.738**	.251
GDP per capita in PPS	.678**	.464*	.620**	.160
Persons with upper secondary education	-.393*	-.084	-.222	-.221
Employment rate - total	.596**	.629**	.617**	.192
Unemployment rate	-.409*	-.384*	-.365	.130
Long-term unemployment rate	-.542**	-.412*	-.461*	.137
Expenditure on education as a % of GDP	.680**	.557**	.499**	.228
Corruption perceptions index	.889**	.835**	.812**	.239
Human development index	.792**	.670**	.695**	.295
Population density	.109	.097	.039	-.014
Gini coefficient	-.515**	-.586**	-.456*	.150
Number of adults in household	-.283	-.323	-.358	-.347

Source: AAI 2012, EQLS 2012, own calculation
Note: ** p < .01, * p < .05

Table 3: Coefficients resulting models multiple linear regression

	Model 1	Model 2	Model 3	Model 4
constant	5.099*	-1.364	-1.254	10.319*
AAI overall	.071			
2.1 Voluntary activities		.602		
2.2 Care to older adults		-.354*		
3.2 No unmet needs of health and dental care		.444*		
3.5 No poverty risk		.355		
4.4 Use of ICT		-.593		
4.2 Share of healthy life years in the RLE at age 55				.359*
trust in others (důvěra v ostatní)				.322*
Persons with upper secondary education				-.530*
Long-term unemployment rate				-.216
Population density				-.430*
Gini coefficient				-.595*
GDP per capita in PPS			.269*	
Expenditure on education as a % of GDP			.337*	
Human development index			.442*	
R	.346	.689	.873	.906
Adjusted R Square	.086	.356	.733	.769
BIC	14.518	-15.645	-44.501	-42.348

Source: AAI 2012, EQLS 2012, own calculation
Note: ** p < .01, * p < .05

The above findings indicate that AAI generally contributes to the quality of life, as well as most of its indicators. Its effect is not too strong, and it seems that the quality of life is affected more by additional variables, which are not included in the active aging index. Low correlation of some indicators, or their negative impact on quality of life, creates some doubts as to their use in AAI. Besides the variable care for the elderly, it shows a low correlation with all the dimensions of employment.

Discussion

Active aging, as defined by the authors (Zaidi et al. 2013) AAI for the needs of its construction, the main emphasis is put on the participation of aging in society. Under participation is seen quite a wide range of activities, although between them dominate activity somehow productive, yet include also social participation, further education or physical activity.

The current emphasis on activities for older adults, along with demographic changes, offers the accumulation of large amounts of socially significant roles for young older adults. All of these roles are socially strongly supported, but its accumulation may bring increase of stressors in everyday life. Promoting active aging without a careful consideration of all impacts seems problematic.

References

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