

Inequalities in Quality of Life in Early Old Age

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A new measure of quality of life was developed for use among older people. A sample of around 300 people aged 65-75 years was asked about their quality of life. Full occupational, marital and residential histories have previously been collected on the sample. Analyses were performed to assess the characteristics of the sample and the relative influence of present day and lifecourse factors on quality of life in early old age.

Summary of key findings

- Pilot work and statistical analyses produced a 19 item scale with good internal homogeneity and strong concurrent validity with an existing scale. The scale allows us to measure the effects of present day and lifecourse influences on quality of life and to compare the quality of life of different groups.
- There were slightly more women than men and more people from non-manual occupations than from manual occupations in the sample. The majority of the sample reported having a long-standing illness although few said that this limited them. A quarter had taken early retirement and just over half lived in a household with two state pensions.
- There is a range of experiences of quality of life in older age. Most of our sample report reasonably good quality of life although there are those who still suffer poor quality of life.
- Men had a slightly higher quality of life than women in this age group. Those under 70 years had a higher quality of life than those over 70 years. Those coming from a manual occupation had a lower quality of life than those from a non-manual occupation.
- Suffering a recent traumatic event, such as failing health, reduced financial situation or bereavement, had a powerful negative impact on quality of life. Positive events over the same time, such as the arrival of grandchildren, had a strong positive effect on quality of life for this age group.
- Most of the sample reported having good social networks. However it was the quality and density of contacts rather than the frequency of contact, that had an effect on quality of life. Those with a lot of friends and those who had good quality relationships had the best quality of life.
- Most of the sample felt that they lived in a nice area with friendly neighbours and enjoyed living there. However living in a deprived area had a strong negative effect on quality of life in this age group.
- There was little difference in the quality of life of those who retired early, those who retired at the state pensionable age, and those who retired later than the state pensionable age. However there was a difference between those who felt forced (either to leave early or to stay on) and those who had a choice (to stay on or leave early) in their retirement.
- The accumulation of disadvantage at home and at work over the lifecourse had a negative effect on quality of later life.
- People who had been able to purchase their own homes (notably when social housing was sold off) had a better quality of life than those who continued to rent their homes.
- In the final analysis present day and lifecourse influences were examined together. The results show that present day influences exert a much more powerful effect on quality of later life than lifecourse factors.

Background

Socio-demographic changes and the changing nature of disease have made quality of life in early old age a major research focus. Increased healthy life expectancy, access to a range of non-state incomes in later life and the rise in early labour market exit (especially for men) have produced a group of retirees who are quite different from past cohorts. For those who are fortunate enough to participate in a prosperous Third Age, characterised by reasonable affluence, good health and freedom from responsibility, retirement is unlikely to be a period of withdrawal and limitation. Many older people are using this time of life to engage in a variety of activities. Hence measures of quality of life that focus purely on ill-health or poverty will not pick up these new interests and experiences. However, in the so-called Fourth Age the experience of older age more often includes chronic ill health and poverty. Thus non-health based measures of quality of life are equally important for assessing the impact of different forms of care with this group. We developed a measure of quality of life that is based on the theory that people have certain needs – control, autonomy, self realisation and pleasure – and that the satisfaction of these needs will produce good quality of life. Because our measure is distinct from the present day and lifecourse factors that might influence it we can test the effects of these factors and we are able to meaningfully compare the quality of life of different groups.

The scale: CASP-19

In reviewing the literature on quality of life we felt that the available scales suffered from certain problems. It is widely acknowledged that there is a lack of theory in quality of life research. Many of the scales we looked at were not explicit about the theoretical model and, thus, the concept that was being measured. The main problems were either that proxy measures, such as health, financial status or social networks, were used to measure quality of life or that quality of life was regarded as a completely subjective phenomenon. We developed a measure of quality of life based on the theory of needs satisfaction. We believe that there are certain needs that are common to all humans (by virtue of their humanity); the need to be able to act freely in one's environment (control); the need to be free from the undue interference of others (autonomy); the need for self realisation (self realisation) and the need to enjoy oneself (pleasure). Our items were tested with focus groups, cognitive interviews and by statistical analyses. These produced a 19 item scale (which we have called the CASP-19). Each of the domains exhibits good internal consistency, correlate well with each other and load

well on a latent factor. The overall scale correlates well with an existing measure of life satisfaction (LSI-W).

Characteristics of the sample

There were slightly more women (52 per cent) than men in the sample. There were slightly more people from a non-manual occupation (55 per cent) than from a manual occupation. Seventy six per cent of the sample reported a longstanding illness, although only around half of these, around one-third of the total sample, reported that this limited them in any way. Sixty seven per cent reported suffering a serious illness. About one quarter (23 per cent) of the sample had retired before the state retirement age. Just over half (55 per cent) of the sample lived in households with two state pensions, although only 45 per cent of houses reported receiving an occupational pension. Forty per cent of the sample lived in a household that received some other sort of income, such as a partner's wage, rent or share dividends. Only 15 per cent of the sample said that their pension was inadequate to meet their needs.

Distribution of quality of life in early old age

The distribution of the scores for the whole sample shows that there is a range of quality of life experiences in early old age. Men have a slightly higher quality of life than women. Similarly there was little difference between the quality of life of those from non-manual occupations compared to those from manual occupations. There was a pronounced difference in the quality of life of the younger and older members of the sample. The 'young-old', those under 70, had a much higher quality of life than the 'older-old', those over 70.

The effects of health and wealth on quality of life

There was little difference in the quality of life of those with a longstanding illness and those without a longstanding illness. However there was a significant difference in the quality of life of those who had a limiting longstanding illness and those who did not. There was a similar, although not significant difference in the quality of life of those with a serious illness and those without a serious illness.

Owner occupiers had a higher quality of life than those who continued to rent their property. There was no relationship between the number of state or occupational pensions that the household received and the

individual's quality of life. There was a slight difference in the quality of life of those who lived in a household that received income from another source and those who did not.

By combining measures of health and wealth we created groups to test the relative effect of health and wealth on quality of life. Four groups were created: i) good health and good wealth, ii) good health and poor wealth, iii) poor health and good wealth, and, iv) poor health and poor wealth. Different variables were used to replicate these groups in order to test the robustness of the findings. The general pattern is that those with good health and good wealth have the best quality of life, whilst those with poor health and poor wealth suffer the worst quality of life. The results of the 'mixed' groups indicate that health is more important than wealth for the quality of life of this cohort.

Retirement and quality of life in early old age

When simply looking at the age at which one retires we found little difference in quality of life. Those who retired later than state pension age had a slightly higher, although not significantly, quality of life, than either those who retired at the state pension age or those who retired earlier. However when we explored the effect of different motivations behind the decision to retire we found that those who felt that they had a choice in their retirement (either to leave early or to stay on) had a significantly higher quality of life than those who felt forced into their decision.

The effects of social networks and local area on quality of life in early old age

Three components of social networks were measured: quality of contact, frequency of contact and density of contact. The majority of the sample reported good quality of social contact, seeing someone at least once a week and having one or two close friends. Both the quality of social contact and the density of social contact had a significant, positive effect on quality of life. Frequency of contact, on the other hand, did not have a significant effect on quality of life.

Perceptions of local area were measured using ten items. Statistical analysis (principal components analysis) revealed four factors, which we labelled, Misery, Affluence, Community and Deprivation. Most of the sample scored highly on the Community scale and few reported Misery or Deprivation. However we found only a weak effect of perceptions of local area on qual-

ity of life. Of the four domains only Deprivation had a significant, negative effect on quality of life, although Community was almost significant (in a positive direction).

Lifecourse effects on quality of life

In addition to the data collected with the questionnaire we were able to use the data collected previously on the sample to test the effects of lifecourse influences on their quality of life in early old age. In 1997-1998 retrospective data were collected on the occupational, marital and housing histories of the respondents using the lifegrid method. Quality of life scores were not significantly different for those whose father was in a manual occupation compared to those whose father was in a non-manual occupation. However there is evidence that the experience of material disadvantage across the lifecourse has an effect on quality of life in later life. Exposure to occupational hazards was defined as the number of years a respondent suffered exposure to fumes and dust, lack of control over work or arduous work. There was a negative, although not statistically significant, relationship between accumulation of occupational hazards and quality of life in early old age. Among men, but not among women, exposure to household hazards, such as proximity to major roads or factories, damp in the house, etc., had a significant negative effect on quality of life in early old age. Also for those who did not own their own house the number of years out of the labour force had a significant negative impact on their quality of life.

The combined effects of lifecourse and present day influences

When the effects of the contextual and lifecourse influences on quality of life in early old age are examined together the strongest effects are those of current circumstances. Of those mentioned above quality and density of social networks continue to exert a positive impact on quality of life, whilst poor pension adequacy, poor health and living in a deprived area all continue to have a negative impact. This indicates that it is the more proximal factors that have the greatest impact on quality of life in early old age, and are thus the best targets for interventions aimed to improve the quality of life in this age group. However it is common sense that lifecourse influences have an impact on these current circumstances, for example a person's work history will have an effect on the value of their pension.

About the study

Our respondents were drawn from a unique sample. As children they were surveyed between 1937 and 1939 by a team of medical and nutritional scientists under the direction of Sir John Boyd Orr. This sample was drawn from 16 locations from around Britain and comprised of 1352 families. A range of social, dietary, health and anthropometric data was collected about them.

In 1996 almost all of these records (99 per cent of household records and 95 per cent of children's medical records) were retrieved from the Rowlett Research Institute and entered into a computer database at the Department of Social Medicine at the University of Bristol. Using the National Health Service Central Register the Office of National Statistics was able to successfully trace 85 per cent of the children who participated in the 1937-39 study.

Following the retrieval of these records retrospective data was collected on a stratified random sample of those who had been aged between 5-14 at the time of the study and for whom physical measurements had been collected. This study population is representative of those of the same age in the British population. As children, their fathers had a social class distribution which was similar to all men aged 25-45 years in the 1931 decennial census; in early old age they are similar socio-demographically to those aged 65-75 years in the 1991 census; and their present health is similar to those of the same age in the 1995 Health Survey for England. Retrospective data was collected on 294 (39 per cent) of the individuals using the 'lifegrid method'. Full occupational, residential and marital histories were collected for all respondents.

In 2000 these individuals were surveyed as part of the ESRC's *Growing Older Programme*. Of the 296 people interviewed in 1997 12 had either died or had moved and were untraceable. The remaining 284 were mailed a self-completion questionnaire about their quality of life. Those who did not respond to the first mailout were mailed a second time 14 days later. Those who did not respond to either mailout were interviewed over the telephone.

Firstly, potential differences between those in the sample and the 12 who had died or were untraceable were tested using Chi-square. Using data collected at the lifegrid interview we compared the two groups by their social class at last main job, sex, and whether they had a limiting longstanding illness or not. We found that there was no significant difference between the two groups across social class or sex, but that there was a significant difference with limiting longstanding illness.

We then tested the non-respondents from our study against the respondents across the same variables. Again the only significant difference was found with limiting longstanding illness. Lastly the respondents were analysed to ascertain if there were any socio-demographic differences between the response types, i.e. first mailout, second mailout or telephone interview. The variables used were sex, limiting longstanding illness and perceived pension adequacy. We found no significant differences across any of the variables.

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