

The Ties That Bind

Social Connectedness among Older Singaporeans

Dr Peter Tay, PhD (Psychology)

Research Fellow

Centre for Ageing Research and Education

Older Singaporeans at a Crossroads
Centre for Ageing Research & Education (CARE) 2019 Symposium
8 May 2019

Overview

- Social connectedness
 - Social Network
 - Social Participation
- Identify correlates of
 - Social Network
 - Social Participation
- Summary and future directions

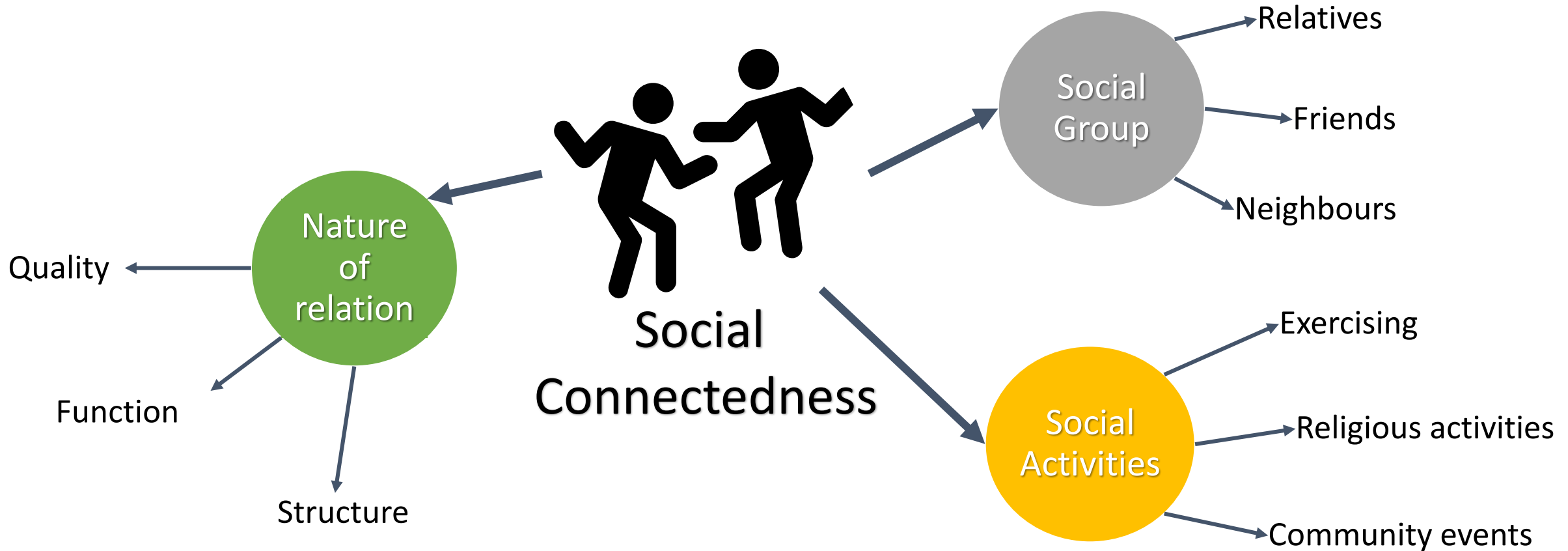


Social Connectedness

The sense of belonging and subjective psychological bond that people feel in relation to individuals and groups of others

Haslam, Cruwys, Haslam & Jetten (2017)

Social Connectedness



Social Connectedness and...

Life Expectancy

- Productive engagement with others (Maier & Klumb, 2005)
- Include wider social networks (Glei et al., 2005)

Mental Health

- Better wellbeing – fewer depressive symptoms (Fiori et al., 2006)
- “Social cure” (Cruwys et al., 2013)

Cognitive Health

- Greater social network protects against cognitive decline (Barnes et al., 2004)
- More participation in group activities related to fewer cognitive deficiencies (Glei et al., 2005)

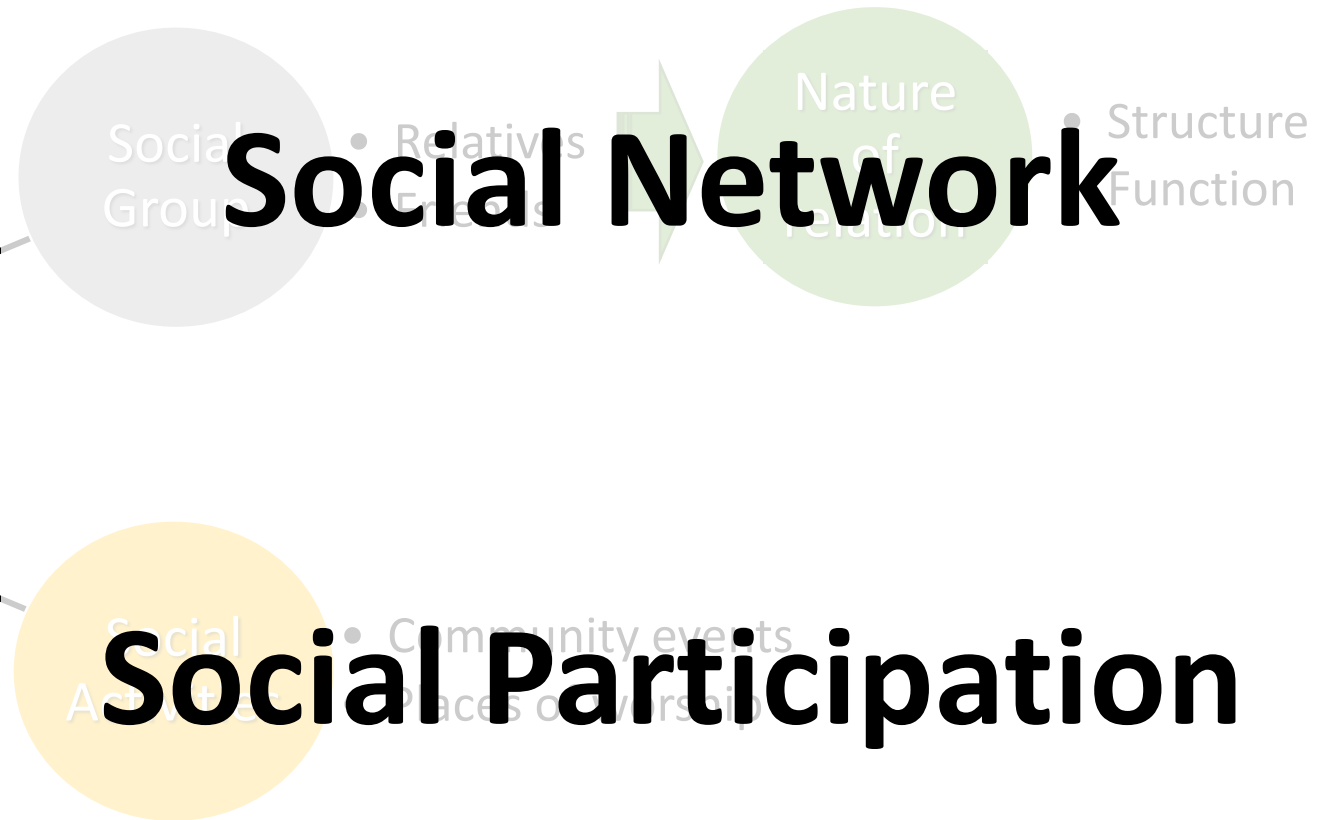
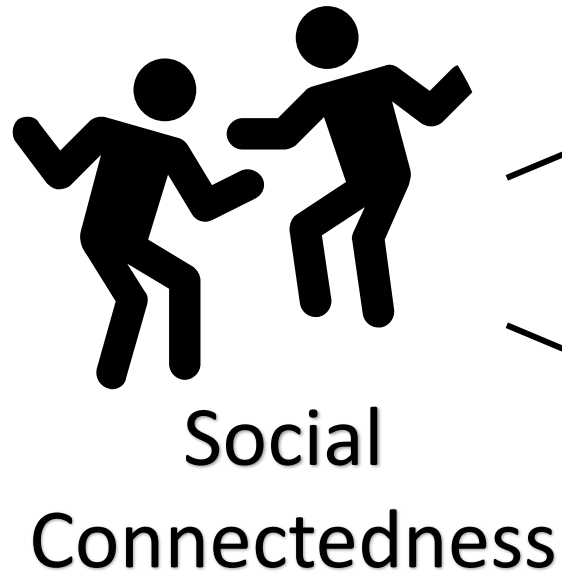
Aims

THE SIGNS Study - I

- Understand correlates of social connectedness among older Singaporeans
- Contribute to more targeted interventions to ameliorate/prevent negative effects of poor social connectedness

Aims

THE SIGNS Study - I



Social Network

Relatives, Friends (outside of household)

Frequency, Quality

Correlates

Social Network

- **Participants**, N=1910
- **Independent variables**
 - Sociodemographics (*age, gender, ethnicity, marital status, education level, housing, living arrangement, income adequacy*)
 - Loneliness – *UCLA 3-item loneliness scale*
 - Depressive Symptoms – *11-item CES-D*
 - Mastery – *5-item Pearlin's Mastery Scale*
- **Dependent variable**
 - Social Networks outside the household – 12-item revised Lubben Social Networks Scale (LSNSR)
- **Statistical Analysis**
 - Multiple linear regression

Comparison – PHASE vs SIGNS-I

	PHASE (2009)	SIGNS-I (2016-17)
Social Network (0-60)		
Mean (SD)	29.5 (12.5)	26.6 (11.2)

- Decline in social network between 2009 and 2017

Social Network - Results

Socio-demographics

Age (60-69)	
70-79	-0.81 (.54)
80-89	-2.56 (.74)**
≥90	-1.07 (2.31)
Gender	
Female	0.48 (.50)
Ethnicity (Chinese)	
Malay	2.53 (.67)***
Indian	1.44 (.81)
Others	2.51 (2.62)
Marital Status (Married)	
Widowed/Divorced/Separated	0.86 (1.73)
Never married	-4.09 (1.96)*
Living arrangement (with child/spouse)	
Alone	2.82 (1.90)
Spouse only	2.74 (.61)***
Child only	0.40 (1.74)
Others only	2.76 (1.92)

Aged 80-89 years have weaker social network than aged 60-69 years

Malays have stronger social network than Chinese

Never married have weaker social network than married

Living with spouses only have stronger social network than living with child/ren and spouse

* $p < .05$, ** $p < .01$, *** $p < .001$.

Note. Adjusted for Physical and functional health and Psychosocial health.

Social Network - Results

Socio-demographics

Education (No formal education)	
Primary	1.13 (.65)
Secondary	2.24 (.68)**
Tertiary	6.51 (.87)***
Housing Type (3 room HDB)	
1-2 room HDB	-2.87 (.95)**
4-5 room and above	1.43 (.58)*
Income adequacy (Enough money)	
Difficulty to meet expenses	-0.41 (.65)

* $p < .05$, ** $p < .01$, *** $p < .001$.

Note. Adjusted for Physical and functional health and Psychosocial health.

Secondary and tertiary education have stronger social network than no formal education

4-5 room HDB and above have stronger social network than 3-room HDB

Social Network - Results

Physical and Functional Health	
Chronic conditions	0.36 (.16)*
ADL limitations (None)	
1-2 limitations	3.37 (1.43)*
≥3 limitations	1.67 (1.84)
IADL limitations (None)	
1-2 limitations	-1.55 (.80)
≥3 limitations	-6.71 (1.44)***
Psychosocial Health	
Depressive symptoms	-0.80 (.09)***
Loneliness (Not lonely)	
Sometimes lonely	-1.54 (.58)**
Mostly lonely	-3.02 (.78)***
Mastery	0.06 (.12)

* $p < .05$, ** $p < .01$, *** $p < .001$.

Note. Adjusted for Sociodemographics.

More *chronic conditions* have stronger social network
1-2 ADL limitations have stronger social network than *no ADL limitations*

≥3 *IADL limitations* have weaker social network than *no IADL limitations*
Fewer depressive symptoms have stronger social network
Less lonely have stronger social network

Section Summary: Social Network

- Stronger Social Network
 - Malay
 - Living with spouse only
 - Secondary/tertiary Education
 - 4/5 room HDB and above
- More chronic conditions
- 1-2 ADL limitations

- Weaker Social Network
 - 80-89 years old
 - Never married
 - 1/2 room HDB
- ≥ 3 IADL limitations
- More lonely
- More depressive symptoms

Social Participation

Community Events, Places of Worship

Correlates

Social Participation

Social Activities

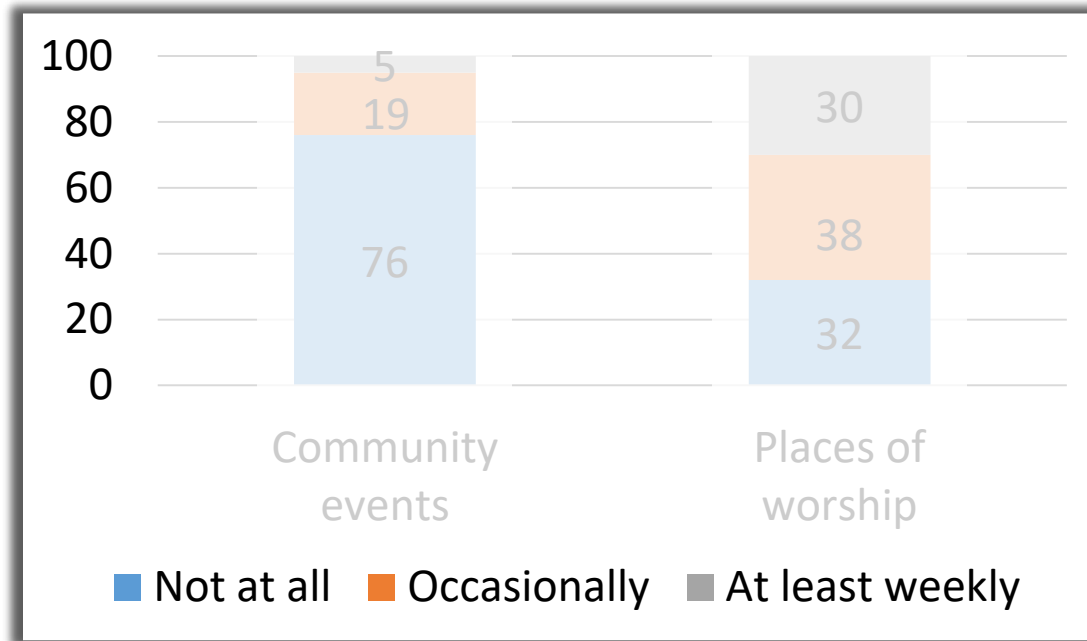
- 1) Attend community events
 - *Residents' Committee (RC)/Neighbourhood Committee (NC)/Community Club (CC)/Community Development Council (CDC)/Neighbourhood event*
- 2) Attend places of worship

Social Participation

- **Participants**, N=2272
- **Independent variables**
 - Sociodemographics
 - Loneliness – *UCLA 3-item loneliness scale*
 - Depressive Symptoms – *11-item CES-D*
 - Mastery – *5-item Pearlin's Mastery Scale*
- **Dependent variable**
 - Frequency of participation in the two activities: *Not at all, Occasionally, At least weekly*
- **Statistical Analysis**
 - Multinomial logistic regression

Social Participation – *How frequent*

PHASE - I



THE SIGNS Study - I



Who are more/less likely to participate in *Social Activities*?

Sociodemographics

- Women, people living alone, people with secondary education, people staying in 1-2 room HDB – more likely to participate in *Community events*
- People aged ≥ 80 – *attend places of worship* less frequently
- Malays, Indian and people with Sec/Ter education – more likely to *attend places of worship* at least once weekly

Social Participation - Results

Physical and Functional Health

- People with more chronic conditions – *attend places of worship* more frequently
- People with more ADL and IADL limitations – less likely to participate in *Community events*

Social Participation - Results

Psychosocial Health

- Loneliness - People who reported greater loneliness participate in *Community events* more
- Depressive symptoms – Unrelated to social participation

Overall Summary

- Weaker Social Network

- 80-89 years old
- Never married
- Lived in 1/2 room HDB

- ≥ 3 IADL limitations
- More lonely
- More depressive symptoms

- Lower Participation in Social Activities

- ≥ 80 years old (places of worship)
- Men (community events)

- IADL limitations

Implications & recommendations

- Generally moderately weak social connectedness
 - Assess older Singaporeans social needs and preferences
- Weaker social connectedness in subgroups
 - Social and community agencies intensify outreach
 - Engage specific sub-groups (e.g., never married, men, older ages)
- Weaker social connectedness among those with IADL limitations
 - Improve/redesign neighbourhood environment for greater ease of mobility
 - Provide mobility aids and appropriate activities at community entities
- Frequent participation in religious activities
 - Leverage on religious and interfaith platforms
 - Enhance inclusiveness

Future Directions and Research

- Growing population of older adults living alone and changing family structure and dynamics
 - Network diversity
- The *mechanisms* of social connectedness
 - Enhances self-efficacy (McAvey et al., 1996)
 - Social norming on health attitudes and behaviours (Cohen et al., 2004)
 - Social identification as the “active ingredient” (Haslam, 2014)
- Social Networking, virtual network and the online community

email: peter.tay@duke-nus.edu.sg

Thank you