Policy brief

Exclusion from social relations for older men and women:

influence of gender across the life course

June 2023

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Why this topic is important

Exclusion from social relations can have significant implications for the daily lives of older women and men, and for their broader sense of identity, health and well-being. This form of exclusion can be described as: *a situation in which people are socially and emotionally disconnected from adequate levels of intimate relationships, social networks, social support, and/or social opportunities* (Aartsen et al., 2021). The development of an individual's social relations can be influenced and impacted by life-course experiences and events (e.g., bereavement, relocation). These experiences and events can often act as turning points in relation to levels of social connectivity and can sometimes lead to depleted social resources (Almeida & Wong, 2009) and other exclusionary outcomes such as loneliness, isolation, and negative mental and physical health. As men and women tend to have different life-course trajectories (Springer et al., 2012), they can experience exclusion from social relations at different stages of the life course, with differential outcomes in later life. However, despite a substantial and far-reaching body of evidence on social relationships and later life (Huxhold et al., 2022; Charpentier & Kirouac, 2021; Fuller et al., 2020), the role of gender in the construction of exclusion from social relations in older age remains in relative terms under-explored (Umberson et al., 2022; Schwartz & Litwin, 2018; Walsh et al., 2017; McDonald & Mair, 2010). This in particular relates to how different life experiences of older women and men may generate exclusionary outcomes or impact the timing of these exclusions.

The current lack of knowledge around gender, age and exclusion from social relations has implications for our capacity to identify and reduce this form of exclusion in later life. This means the design of interventions may not be as impactful or relevant for either older men or women. It also has consequences for our capacity to tackle complex social challenges such as loneliness and isolation in later life in an increasingly ageing Irish population, which is projected to comprise 1.6 million people over the age of 65 years by 2051 (CSO, 2022). Further,

the Covid-19 pandemic has emphasised once again the importance of social relations for all age groups and highlighted the way important relationships can be disrupted. It also highlighted the danger of homogenising the experiences of older people (Hopf et al., 2021), with little consideration given to their individual or gendered circumstances. This illustrates the importance in addressing the topic of exclusion from social relations within policy and practice.

Purpose of this Policy Brief:

This Policy Brief examines the influence of gender, and gendered life course experiences, on exclusion from social relations in later life, and the implications for policy. It draws on findings from the Irish component of the Gender-Net Plus research study with a diverse group of men and women aged 65 and over. This brief is divided into six sections. First a brief review of current literature and a short overview of related policy on ageing is described. The research methodology is then presented. This is followed by a description of the findings of the study. The final section presents the conclusions of the work and a set of policy recommendations.

Overview of existing research

The literature on the role of gender in constructing exclusion from social relations for older men and women, mainly focuses on three cross-cutting themes.

First, gender inequality which may be manifested in various forms can be experienced over the life course, shaping and impacting relational development for men and women (Ridgeway, 2009). This is particularly evident in terms of inequality of economic power and material resources. Given traditional occupational roles in society, some men are more likely to enter later life with greater levels of these resources (Ní Léime & Ogg, 2019; Duvvury et al., 2012), which can create social opportunities in different ways for older men, that may be less available to women (Lakomý, 2021; Simonson et al., 2013; Ziegler, 2012). However, in some cases, gender inequality can give rise to resilience over the life course for some women, with Freixas et al., (2012, p. 51) arguing that the oppressive nature of this inequality has led women to develop 'survival strategies'.

Second, gender norms and roles can impact on people's capacity to build social ties at different stages of the life course, with fluctuating, gendered patterns in social relations across time (McDonald & Mair, 2010). While research in this area shows mixed results, there is evidence to suggest that women – particularly those who had an ongoing role within their household over the life course – can sometimes experience greater continuity in social relations in later life than men (McDonald & Mair, 2010; Calasanti, 2004). In contrast, as the workplace can be a primary source of social connectivity for men (Davidson, 2004), male individuals can experience a decline in friendships after retirement (Schwartz and Litwin, 2018; Fischer & Beresford, 2015; McDonald & Mair, 2010), with sometimes limited evidence of some older men expanding their social network post-retirement (Stevens & Van Tilburg, 2011). As a result, some men can become more reliant on their spouse/partner after retirement (Koren, 2016; McLaren et al., Davidson, 2004), putting them at a higher risk of exclusion from social relations where the death of their spouse/partner occurs. Gender roles and norms tend to influence later life re-partnering, with men more likely to re-partner than women (Charpentier & Kirouac, 2021; Koren, 2016; Spalter, 2010).

Finally, and interconnected with these other gender dimensions, gender identity constructions can influence relational trajectories. This again relates to the social opportunities and challenges regarding work, employment and caregiving. It also relates to decisions regarding intimate relationships, for example, where being married can be especially important for older men providing not only a sense of belonging, but also an opportunity to 'practice and maintain' their 'masculine roles and identities' (McLaren et al., 2015, pl. 151). Further, gender identities have been shown to influence decisions regarding social participation and appropriate spheres of social engagement. DiBello et al. (2020) found that male gender identity was a barrier to men participating in local club activities, with the lack of participation driven by their perception that these activities were deemed to be "feminine".

Policy context

The *National Positive Ageing Strategy* (NPAS) (Department of Health, 2013) remains the most comprehensive policy document related to ageing. But while it emphasises a holistic approach and highlights the importance of social and community lives of older people, a detailed consideration of social relations in later life, of how to support these relations or indeed to combat deficiencies in same is largely lacking. While this focus is also absent from the core goals of the strategy, there is a recognition of the benefits of social and civic participation to enhance social networks, and the importance of place to support familial relations. The NPAS also highlights the need to attend to loneliness and social isolation but does not specify in detail the sort of pathways that need to be addressed or the exclusion that may give rise to such outcomes. The Strategy draws heavily on *Healthy Ireland – A Framework for improved health and wellbeing 2013-2025* (Department of Health, 2013), and while this framework and NPAS overall emphasise a life-course approach, they are generally considered to be rooted in a health understanding of ageing. In addition to these limitations in approach, the NPAS has largely not been implemented as envisaged.

Further, some of the core themes contained within the NPAS are also included in the *Roadmap for Social Inclusion 2020-2025* (Government of Ireland, 2020). This roadmap builds on a series of national action plans to combat social exclusion and aims to make Ireland one of the most socially inclusive countries within the EU. While the document highlights several goals with respect to older people, including a commitment to tackle loneliness and isolation and supporting communities, its focus is largely concentrated on supporting the incomes of older people, and facilitating access to sufficient care services, and other community and transport services.

Other policy related developments can also be considered. As per one of the strategic goals of the NPAS, Age Friendly Cities and Age–Friendly Counties Programme have been implemented in all local authorities within Ireland. Based on the WHO Age-friendly Cities Framework, *Social participation* and *Respect and social inclusion* are two of the eight interconnecting pillars (Age Friendly World, 2020). The Age-Friendly Counties Programmes support a more inclusive society for older people, and indeed older people themselves are central to the programme through membership of Older People's Councils. However, age-friendly programmes have been critiqued for not explicitly focusing on social relations as a key dimension of its programmes, albeit they have helped to draw attention to social connectedness in older people's communities (McDonald, et al. 2021).

There have been other developments in an effort to increase awareness of loneliness and social isolation. This is evident internationally through the increased prevalence of campaigns to combat loneliness and nationally through the establishment of the Loneliness Taskforce. This Taskforce is a coalition of organisations established to increase the awareness of loneliness and isolation, and to advocate for policy change to address this growing problem (Loneliness Taskforce, 2018).

Across the various policies and programmes, gender as a factor that may influence social relations in later life, and the disadvantages that may accrue to older adults, has not been considered explicitly within policy. While there is general recognition that older men and women may have considerably different life-course experiences, understanding gendered pathways to exclusion from social relations is not strongly highlighted.

Research methodology

Thirty semi-structured interviews were conducted with 17 men and 13 women aged 65 years and over, with an average age of 75 years. Within this sample, five participants were married, six were divorced or separated, nine were widowed (six women, three men) and ten were single (never married). Twenty-one participants lived alone, with 11 living in a rural location and 19 living in an urban area. Occupations of the participants varied and within the sample nine held a professional occupation, with the remaining participants working in semi-skilled or low skilled jobs. The majority of female participants spoke of moving in and out of the labour force at different points in their lives, with some leaving the workforce to become homemakers. A small minority of male participants had interrupted labour participation histories or left the workforce in adulthood due to ill-health.

The interviews took a life-course approach to the participants' social relationships, and the interview guide was divided into three sections: (1) open narrative questions explored the participants' daily routine and social opportunities; (2) an in-depth semi-structured guide explored topics such as social opportunities and participation, social network formation, experience of loneliness, key life events and health and wellbeing; (3) participants' social relations were mapped using the Social Convoy Model (Antonucci and Akiyama, 1995; Antonucci et al., 2013), which is a tool to describe changes to an individual's social network over the life course and allows the researcher to harness details such as relationship quality and frequency of contact. The interview also included a short socio-demographic questionnaire and the 6-item De Jong Gierveld Loneliness Scale (De Jong Gierveld & Van Tilburg, 2006). All interviews were conducted by telephone (due to Covid-19 restrictions) between September 2020 and April 2021.

To provide further context to the interviews with the older adults, interviews were also conducted with nine stakeholders, who work with or represent older people. While it is the interviews with the older adults that are the focus of this brief, some key messages from the stakeholder interviews have been provided in box 1. All interviews were audio-recorded and transcribed and were analysed separately with the aid of NVivo qualitative software. All names used in this brief are pseudonyms.

Research findings

Four cross-cutting factors were identified as contributing to exclusion from social relations for older men and women over the life course and in later life were identified: *bereavement*, *relocation and work life trajectories*, *relational disruption*, and *health and well-being*. Each of these themes will be briefly described in turn.

Bereavement

Bereavement was a feature across the lives of all thirty participants, with some experiencing an accumulation of losses over their life course. While some participants recalled details of the loss of a sibling or an adult child with great clarity and sadness, it was the loss of a spouse that dominated participants accounts and was described as significantly impacting on their social relations. Nine participants, six females and three males, experienced this form of bereavement. For the majority, the death of a spouse meant the loss of instrumental and emotional support, and a change to their living arrangements, with many having to adjust to living on their own, as described by Eddie:

"... [widowhood] is difficult, it was difficult... living on my own... missing my wife, you know a soulmate, if you like, you found that that would be difficult and I could feel after a while you were kind of accepting it, you know accepting it and just kind of it takes quite a number of years. I think maybe 12 years."

(Eddie, male, 78 years)

There was evidence of gender differences in the experience of bereavement and in the coping strategies used to alleviate its impact. While all participants describe the negative impacts of bereavement on their relational lives (loss of companion, lack of motivation to re-engage, loss of connection to wider networks), female participants were more forthcoming in expressing the loneliness

they felt after the loss of their spouse. Unlike their male counterparts, they were more likely to describe joining a social group to alleviate their loneliness or seeking counselling from a bereavement support group. Those who did so typically experienced a widening of their social network and opportunities, enabling the development of new friendships in later life. However, there were differences in the experience of societal and gendered norms and expectations around widowhood. While the male participants did not address this topic, a number of female participants spoke about the restrictive nature of these expectations, as Joan highlights:

"I used to meet these two guys [out walking] one of whom lives down the road... we would chat and sort out the problems of the world...and in talking to one of them in particular we often talked about food. He loved going out for eating...and subsequently his wife died [but] there is no way spontaneously that I could say to that man: 'Look I know you like eating out, so do I, why don't we go out and eat out together'. There's no way, there's no way socially I would do that."

(Joan, female, 76 years)

Relocation and work life trajectories

Relocation and work trajectories were interconnected themes and emerged as having different influences on exclusion from social relations in later life for the male and female participants. Given the prominence of the male breadwinner model, a number of female participants spoke about how their husband's working life both superseded their own career goals and resulted in relocation. In these cases, participants highlighted the disruptive nature of such moves for their social relationships and their capacity in the long-term to build connections to their local communities. In some instances, cultural and gender norms meant

women resigned their employment positions and relocated due to marriage. Here Patricia describes leaving her job to return to her hometown, moving to her husband's farm after marriage and feeling disconnected from those around her:

"I was living away in a flat you know and I was living in the city...but when I came back [after marriage]...I never had time to make friends really...I was from the area like. I had no bother settling into it but I had no friends...I missed [my] friends terrible...but I never said it you know but I knew I was missing them...I was living on a farm, my husband was a farmer...but I was trying to make do.... I felt left out because you didn't, you didn't sort of fit in."

(Patricia, female, 88 years)

In other cases, female participants described a history of residential relocation linked to the employment and work life trajectories of their husbands.

"When I got married, we actually lived in five different counties because of my husband's work. So, we moved around... [making new friends] was difficult. It wasn't too bad when the children were small because very often you made connections through the parents of their friends... but I found the move to [place] was probably the most difficult because the children were, they were much older at that stage and that was difficult."

(Carmel, female, 81 years)

For male participants, there was an emphasis on how workplaces can act as an enabler of social relations, where they described accumulating social networks over time. However, some male participants spoke about the loss or depletion of these social networks after retirement. This was most acute for participants who had relocated several times for work, and as a result had not really embedded within their community. As Peter describes:

"I lost most of those [work colleagues]. I lost virtually all of those people when I retired and the interesting thing was that none of them lived near me, one or two lived across [the city] on the other side. Some of the others lived in [place name], I was based [there] with the organisation for six years, so some of my good work colleagues [lived there]... and I've lost touch with all those... so I don't see them but there's nobody. I have nobody that I can actually go out the door and call on, I don't, I don't."

(Peter, male, 83 years)

Relational disruption

Drivers of relational disruption were diverse across the participant sample. This included changes in respect of relocation, work and retirement as described previously, but it also related to the nature of interpersonal relationships themselves and the ways in which issues regarding conflict, abuse and even domestic violence can impact on social connectedness in later life. Sources of conflict were primarily linked to sibling and intergenerational disagreements. This was predominately an issue for male participants and was experienced at different stages of the life course, with differing degrees of severity. As Michael describes, the impact and legacy of these conflicts could lead to a depleted social and support network and missed social opportunities:

"The relationship with [one of my sons] has difficulties for a long time so we wouldn't see as much of him as we would see the other two if they were living here in Ireland... he was just causing hassle, hassle, hassle...it's a pity because I'm big into Gaelic football. He's huge into Gaelic football and we could have spent, we could have been so, so close. We do see more of him now, but there probably still a little reluctance on my behalf to totally get in with him as much."

(Michael, male, 68 years)

For other participants relational disruption was more severe in its consequences. A small number of participants spoke about physical and emotional abuse within the family home in early life, and/or abuse within relationships with partners in adulthood and into later life. These experiences were predominantly relayed by female participants and were described as having a clear impact on their capacity to develop healthy intimate and social relationships. Fiona, who left her abusive marriage, had become socially and relationally disconnected from her friends during her marriage, and had become somewhat apathetic about establishing new relationships in later life, despite missing some aspects of a couple relationship:

"I might get the feeling now and again – wouldn't it be lovely just to go out for dinner with somebody [or] to go dancing... things like that really. Not that I wanted another relationship, I certainly didn't. But I mean little things like that. And sometimes, I am now one alone... I went to [my son's] wedding on my own and the other weddings I have been to, I have been on my own. I'm learning to cope."

(Fiona, female, 73 years)

Health and wellbeing

Many participants (male and female) were cognisant of the age-related health changes that they were encountering, signalling a permanent shift in their health status and on their physical ability to participate socially. For some, this meant no longer being able to drive, or choosing not to drive, which limited their social participation as Teresa describes here:

"Now I used to have a car, but I don't drive anymore. I gave my car to my niece. So, the only way I would travel would be, like I'd have to get a taxi there and a taxi back [to visit friend]. I don't like travelling at night to be honest. I've kind of got used to staying in. I'm not bothered about going out now."

(Teresa, female, 76 years)

There is evidence that some social and recreational life choices earlier in life had health consequences in later life, with some gender patterns emerging, such as going to the pub. Here Tom describes how having to reduce this form of social participation due to health issues combined with the lack of social opportunities for his age group limited his social interactions:

"I used to go to the pub occasionally one time, but I stopped. I stopped drinking about four or five years ago because I had an operation for a gall bladder...I hardly ever drank anything after that... I used to get to know people around [when] I used to go to the pub and I used to meet them and I got to know quite an awful, a good few people. I still meet some, a few of them when I'm out walking...at my age, what could I do except maybe go to the pub and I don't like drink anymore."

(Tom, male, 82 years).

While health trajectories varied, the majority of participants experienced some form of ill-health or disability at different stages of the life course, impacting to different extents on their ability to participate socially. While male and female participants were affected in similar ways, again there was evidence of gender elements with respect to ill-health and its impact on social relations. This was in terms of physically demanding labouring occupations where men talked about having to give up their roles due to physical injuries. In some cases, as Danny explains, this restricted mobility impacted on social interactions within local communities:

"I've a dodgy knee... I used to be a floor layer and we never used knee pads, protection. And you always favour one knee. So, this is the knee that's affected. So, not any transport and finding a drudge to walk anywhere... [Shops are] too far to walk. The public transport has never been great. I've got to walk to the bus stop, which is the same distance to the nearest shops which I can't do. And then I've got to stand waiting for the bus. Which puts pressure on my knee."

(Danny, male, 68 years)

What stakeholders say

Conclusion

Neglect of individual and group differences within policy:

"... [there has] to be a stakeholder forum feeding into what's working and what's not working, and that policy has to understand that older people are different, they have different needs, different times of their lives, that they're not just a cohort of people that are end users, dependent users of a service that they have a massive amount to contribute." (SH_20200903_02_CS)

Barriers that can contribute to exclusion, and channels of social participation:

"Well, exclusion – it's basically exclusion that's not of their own making, let's put it that way. It could be down to transport, it could be down to their own lack of mobility, they've lost their driver's licence, they're isolated, there's no bus service... I suppose we don't make it that easy, we don't have the structures in place, or we don't make it that easy for older people to participate in society enough" (SH_20200903_02_CS)

This brief explored the social relations of older men and women and the influence of gender across the life course. Four themes were identified as having the most impact on the social relations of older men and women, and these themes represented life-course experiences and key life events - bereavement, relocation and work life trajectories, relational disruption, and health and well-being. Independent of gender considerations, there is a growing body of research that documents the impact of these experiences and events on relational connectedness for older people (Fuller et al., 2020; Walsh et al., 2017; Antonucci et al., 2013). While the intersection of age, gender and exclusion from social relations remains under-explored in the literature, gender differences and gendered pathways to exclusion were evident in the findings presented in this brief. This is broadly in line with international literature on this topic (Charpentier & Kirouac, 2021; Koren, 2016; McLaren et al., 2015).

Within these life experiences and events, it was clear that gender-based inequalities, gender-based norms and roles, and gender-based identities were operational for some of the participants in their past and present relational lives and constrained their capacity for more inclusive and connected sets of relations in older age. Sometimes these constraints were normative social limitations such as expected/accepted roles and sometimes they informed participants' own personal attitudes towards social relations, including which activities to participate in. It was also clear that some of these constraints restricted a person's overall capacity to adapt to such experiences and events in general. While there was insufficient evidence to suggest that either being an older man or an older woman was in comparative terms more associated with a higher risk of exclusion from social relations, gender related vulnerabilities were apparent for both sets of participants at different points of the life course. In the same way, there was also some evidence of gender based or linked advantages, including work related social capital linked to some of the

male participants working lives, and the community level connectedness that some older women had accumulated. It is worth noting that these are likely to be cohort specific findings, and over time the dynamics between gender, age and exclusion and social relations shift. Similarly, it was not within the scope of this work, to draw out transitioned and fluid gender identities, and the ways in which social relations and exclusionary processes might interact with these individuals into later life.

Ultimately, this research points to the need for a more gender-sensitive understanding of exclusion from social relations, and one that considers the temporal and life-course development of risks and advantages for older men and women. It is in this respect that the lack of meaningful policy and practice developments in this field is particularly evident. While current policy supports older people and inclusive communities, there is little detail on the sort of pathways that need to be addressed to prevent outcomes of exclusion from social relations, and little in the way of specific resource allocation to implement necessary interventions and circumvent these pathways. More concentrated, comprehensive and coordinated efforts are required to move beyond the social and political rhetoric of concern for social connectedness in later life to an agenda and programme that measures, supports and advances social connectedness for older men and women in later life.

Policy recommendations

Based on our research, we make the following recommendations to enhance and support the social relations of older people:

1. Social relations in later life needs to be recognised and established as a central public policy focus in Ireland, with a defined agenda required to address the implications of exclusion from these relations.

2. Gender must be an explicit consideration within policy and practice that is focused on social relations in later life, where attention must be given to both gender differences in outcomes and gendered exclusionary pathways.

3. Co-produce and roll-out a public awareness campaign on exclusion from social relations in later life that is informed by and sensitive to the life-course experiences of older men and women.

4. There need to be concentrated efforts to address relational impacts linked to bereavement in later life, and to acknowledge and address the differential impacts of the loss of a significant other on relational connectedness.

5. There remains a significant need to provide and promote local bereavement support services for older adults, with particular focus on encouraging older men to engage with these services after bereavement and/or to connect them with local voluntary and community organisations.

6. Design and implement gender-sensitive interventions to target women who may be at risk of life-course exclusions from social relations due to relocation, and to target men encouraging them to develop community relationships.

7. Build an awareness of the risk of exclusion from social relations post-retirement and develop support programmes for retirees, such as community/connection hubs.

8. A focus needs to be placed on developing and broadening reconciliation and mediation services to people who experience conflict within their relationships.

9. Address issues around redeveloping and/or enhancing awareness of adult safeguarding services and wrap-around services, including those concerned with relational outcomes.

10. Address environmental factors that restrict social participation by ensuring infrastructure (accessible social spaces, transportation, etc.) sufficiently meets the needs of older people in line with social inclusion and age-friendly agendas.

11. Recognise the spectrum of health-related capabilities and mobility and the right to participate socially, while building an awareness of the gendered nature of riskier health behaviours and the impact on social opportunities in later life.

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