The Ties that Bind

Social Connectedness among Older Singaporeans

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

Nature of relation

Quality
Function
Structure

Social Group

Relatives
Friends
Neighbours

Exercising
Religious activities
Community events

Social Activities
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 Connectedness

Social Network
- Relatives
- Structure
- Function

Nature of Relation

Social Participation
- Community events
- Places of worship

Social Groups
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

<table>
<thead>
<tr>
<th></th>
<th>PHASE (2009)</th>
<th>SIGNS-I (2016-17)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Social Network</strong> (0-60)</td>
<td>Mean (SD)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>29.5 (12.5)</td>
<td>26.6 (11.2)</td>
</tr>
</tbody>
</table>

- Decline in social network between 2009 and 2017
Social Network - Results

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

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

<table>
<thead>
<tr>
<th>Socio-demographics</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Education (No formal education)</td>
<td></td>
</tr>
<tr>
<td>Primary</td>
<td>1.13  (.65)</td>
</tr>
<tr>
<td>Secondary</td>
<td>2.24  (.68)**</td>
</tr>
<tr>
<td>Tertiary</td>
<td>6.51  (.87)***</td>
</tr>
<tr>
<td>Housing Type (3 room HDB)</td>
<td></td>
</tr>
<tr>
<td>1-2 room HDB</td>
<td>-2.87 (.95)**</td>
</tr>
<tr>
<td>4-5 room and above</td>
<td>1.43  (.58)*</td>
</tr>
<tr>
<td>Income adequacy (Enough money)</td>
<td></td>
</tr>
<tr>
<td>Difficulty to meet expenses</td>
<td>-0.41 (.65)</td>
</tr>
</tbody>
</table>

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.

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

*Note. Adjusted for Physical and functional health and Psychosocial health.*
# Social Network - Results

## Physical and Functional Health

<table>
<thead>
<tr>
<th>Condition</th>
<th>Coefficient</th>
<th>Standard Error</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic conditions</td>
<td>0.36 (.16)*</td>
<td></td>
</tr>
<tr>
<td>ADL limitations (None)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-2 limitations</td>
<td>3.37 (1.43)*</td>
<td></td>
</tr>
<tr>
<td>≥3 limitations</td>
<td>1.67 (1.84)</td>
<td></td>
</tr>
<tr>
<td>IADL limitations (None)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-2 limitations</td>
<td>-1.55 (.80)</td>
<td></td>
</tr>
<tr>
<td>≥3 limitations</td>
<td>-6.71 (1.44)**</td>
<td></td>
</tr>
</tbody>
</table>

## Psychosocial Health

<table>
<thead>
<tr>
<th>Condition</th>
<th>Coefficient</th>
<th>Standard Error</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressive symptoms</td>
<td>-0.80 (.09)***</td>
<td></td>
</tr>
<tr>
<td>Loneliness (Not lonely)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sometimes lonely</td>
<td>-1.54 (.58)**</td>
<td></td>
</tr>
<tr>
<td>Mostly lonely</td>
<td>-3.02 (.78)***</td>
<td></td>
</tr>
<tr>
<td>Mastery</td>
<td>0.06 (.12)</td>
<td></td>
</tr>
</tbody>
</table>

*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**
  • Multinominal logistic regression
Social Participation – *How frequent*

**PHASE - I**

<table>
<thead>
<tr>
<th></th>
<th>Community events</th>
<th>Places of worship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>76</td>
<td>83</td>
</tr>
<tr>
<td>Occasionally</td>
<td>19</td>
<td>38</td>
</tr>
<tr>
<td>At least weekly</td>
<td>5</td>
<td>32</td>
</tr>
</tbody>
</table>

**THE SIGNS Study - I**

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<td>Not at all</td>
<td>83</td>
<td>23</td>
</tr>
<tr>
<td>Occasionally</td>
<td>11</td>
<td>48</td>
</tr>
<tr>
<td>At least weekly</td>
<td>5</td>
<td>28</td>
</tr>
</tbody>
</table>
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

8 May 2019
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 (McAvay 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
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