

Hafiz T.A. Khan | University of West London, UK

SINGLE WOMEN AND LATER LIFE

Health and well-being of older single women living alone in the UK

The study of gender issues that surround ageing is of great interest with women accounting for just under half of the world's population. Understanding different life trajectories and diverse characteristics of the ageing female population is important given the implications for wider society and culture. Women's changing circumstances, attitudes and behaviours are affecting their experience of ageing at both an individual and societal level. These circumstances present new opportunities and challenges for governments, policy-makers and service providers. The situation is particularly important for the UK where there is clear evidence of increasing longevity. During the years 2010–15, the life expectancy at birth for males and females was 78.45 and 82.39 years respectively (ONS, 2014a). Centenarians are also increasing at a faster rate than any other age group with a more than 137-fold increase between 1911 and 2013 (from 100 to 13,780) (ONS, 2014b).

Changing life-style choices are starting to have a marked impact on the shape, size and types of households in the UK (Raeside and Khan, 2007). Women living alone may reflect a lifestyle choice as well as a consequence of other factors such as loss of a partner through separation, divorce or death (Hafford-Letchfield et al, 2017). Living alone may be the result of an inability to find the right relationship at the right time as well as the use of fertility control or the experience of fertility problems in earlier life. Besides these more commonly perceived reasons for living alone in later life, greater diversity in relationship status has also been influenced by choice and sexual identities; evidence suggests that older lesbian, gay, bisexual and transgender people are more likely to live alone in old age, with fewer connections to younger generations, thereby increasing their risk of isolation (Heaphy and Yip, 2003). Women are, therefore, increasingly likely to find they are moving into later life without either a long-term partner or children or both (Hafford-Letchfield et al, 2017). These kinds of living arrangements are only just starting to be the subject of systematic research.

Single British households

British household studies conducted over the last three/four decades show a considerable increase in the number of people living alone (Macvarish, 2006) with the majority of them being women. Other studies have shown that older women living alone are more likely to have relatively less material resources than their male counterparts (Gaymu and Springer, 2010) and in many cases are dependent on their children and relatives (Khan et al, 2017). Longer life is also associated with multiple morbidities and long-term care and support. Whilst many enjoy longer longevity today compared to the previous generation, they also need to prepare for supporting themselves in circumstances which may also co-exist with increasing social isolation and lack of both economic and practical support, particularly where there is a financial burden of care. Women who have been single and are living alone, may not be able to draw on the range of family and community support often seen in many societies (Lee and Xiao, 1998; Khan et al., 2017; Hafford-Letchfield et al., 2017). With the changing demographic scenarios, studies have begun to pick up and explore these issues that have huge importance given that UK legislation and policy on care entitlement and provision tend to be underpinned by assumptions about informal care (Raeside and Khan, 2007). These assumptions include the notion that all older people will have caregivers to support them drawn from their families and networks (Hafford-Letchfield et al., 2017). Such expectations may be compromised for single women living alone in later life. The aim of this paper is to review one particular source of demographic data alongside the literature in order to identify research possibilities that would better facilitate examination of possible trajectories of older single women living alone in British households.



During the years 2010-2015, the life expectancy at birth for males and females was 78.45 and 82.39 years respectively Centenarians are also increasing at a faster rate than any other age group with a more than 137-fold increase between 1911 and 2013 (from 100 to 13,780)



Rationale for the variables selected

The defining characteristics of the ageing process involve individuals becoming more vulnerable to disease, disability and frailty. In developed nations, the majority of health resources are focused on conditions where age is the biggest risk factor (Kirkwood, 2014). Education has been associated with socio-economic status that in turn impacts on health inequalities in later life (Raeside and Khan, 2007). The World Health Organisation defines health as 'a complete physical, mental and social-wellbeing and not merely the absence of disease or infirmity' thus placing emphasis on wellbeing which goes beyond the existence of physical health. Subjective wellbeing involves an overall assessment of how people are doing without being directive about what particular aspects of their lives contributes towards their feelings of wellbeing (Gaymu and Springer, 2010). However, wellbeing can be measured in a wide variety of ways. Here, we have used the variable of general happiness as an indicator of the overall wellbeing of an individual. Health status is also directly linked with wellbeing which includes general life satisfaction (Khan and Raeside, 2014). Hank and Wagner (2013) have addressed the question of whether and how parenthood and marital status are associated with various dimensions of older peoples' wellbeing, including elements of the individual's economic situation, psychological wellbeing, and social connectedness. European studies on the influences of objective living conditions on the life satisfaction of older Europeans living alone from a gender and cross-national perspective, found that a lower proportion of women living alone declared themselves to be satisfied with life compared to men (Gaymu and Springer, 2010). These different findings have led to debate about the need for gender specific models to measure wellbeing (Hafford-Letchfield *et al*, 2017).

Understanding society data

This study used data from the 'Understanding Society' longitudinal national survey. This data enabled examination of individual behaviour through a cross-sectional approach and the life-course and is scientifically rich enough to capture key determinants of health outcomes within UK society. The survey is conducted annually and is scientifically rich enough to cover each adult member from a nationally representative sample. The same individuals are re-interviewed in each wave. If individuals leave their household, all adult members of their new household are interviewed. The fieldwork period is for 24 months i.e., each wave is collected over 24 months, such that the first wave of data was collected between January 2009 and December 2010, the second wave between January 2010 and December 2011 and wave 3 data collected between January 2011 and December 2012. Each person aged 16 or over answers the individual adult interview and self-completion questionnaire. Definitions and the measurements are available in the main documents of the 'Understanding Society' manual.



European studies on the influences of objective living conditions on the life satisfaction of older Europeans living alone from a gender and cross-national perspective, found that a lower proportion of women living alone declared themselves to be satisfied with life compared to men





Higher education is linked with lower reporting of poor health demonstrating that education is an important determinant of health and happiness among this group of women

Results

The target population in this paper are single women who are defined as aged 55 years and over and living alone in the household. Selected variables were considered for the study such as age, belonging to social website forums, highest qualification, place of residence, long-standing illness or disability, health limits, modern activities, satisfaction with health, health status and general happiness.

As women live longer than men it is anticipated that the proportion of older women living alone will increase as they get older. Our analysis on waves 1, 2 and 3 shows that the number of single women living alone in British households is higher than the number of men across all three waves. In wave 1, there were as many as 1,890 men and 3,912 women; in wave 2 there were 1,665 men and 3,317 women and in wave 3, 1,939 men and 3,830 women.

Here Wave 3 data are analysed further in order to answer some key questions. In wave 3, a total of 49,739 individuals were surveyed in which the proportion of single women living alone in households is estimated to be 7.7 per cent. There has been a significant variation in the numbers of women by age cohort although a clear increasing trend by age did emerge.

The majority of single women living alone were in England compared to three other regions. As life expectancy continues to increase, the absolute number or proportion of women living alone is projected to increase further on the basis of familial and social changes. It is important that a proportional increase in independent living should be linked to the availability of appropriate social support (Raeside and Khan, 2007; Khan *et al.*, 2017).

A vast majority (about 89.5 per cent) of respondents in the survey reported that they do not use social networking site or social media. About 40 per cent had no formal education with 29.8 per cent who had been educated up to GCSE and A level. The survey also shows that one quarter of single women living alone are in rural areas and around 15 per cent of them reported a poor health condition. Similarly, single women living alone in the survey reported higher long-standing illness or disability (62.8

percent), to the extent that health limited their ability to perform even moderate activities (52.2 per cent). Conversely, about 58.6 per cent of the women reported that their health situation is at least as good or even better than previously. Moderate happiness is found to be lower for women living alone (6.4 per cent) compared with 11.1 per cent for the total population.

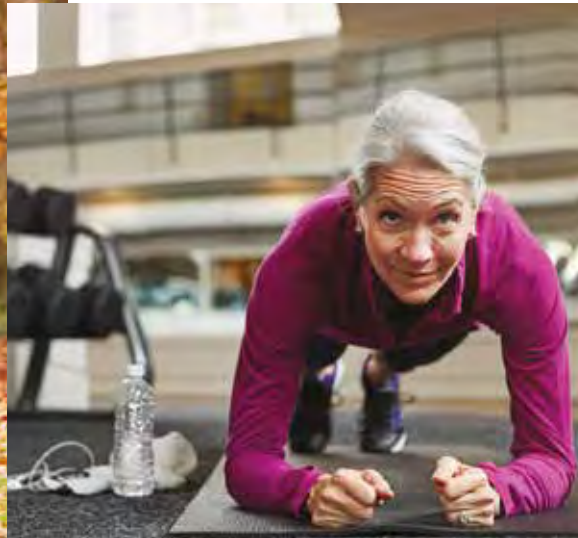
The study reveals a statistical association between belonging to a social network and health status and general happiness. Belonging to social networks appears to lower the risk of reporting poor health. This indicates that interacting with online social networks may have a positive influence on cognitive functions.

The analysis for this study reveals that age is related with long-standing illness or disability which implies that there is a higher chance of suffering from long-standing illness or disability as people age. Suffering from long-standing illness is strongly associated with reporting of poor health outcomes. This means that the higher the age the more likely the person is to have suffered from illness or disability. Results show that the cohort aged 85 years or over has a 2.252 times higher likelihood of reporting a long-standing illness or disability than those in the 55-64 age cohort. Moderate activities are found to have a positive influence on age, but an older person has a higher chance of limiting even moderate activities (potentially 4.11 times higher for the 85+ years cohort compared to the 55-64 cohort). This study shows that age is related to dissatisfaction with health status with the oldest-old age group showing the biggest dissatisfaction compared to those in the 55-64 cohort. Age is found to be strongly associated with general happiness or overall wellbeing and indicates that the higher the age, the lower the propensity of reporting not being happy in the study sample. The study shows that important determinants of health and wellbeing in old age are related to moderate activities, satisfaction with health, health status, and general happiness.

Education plays an important role where the higher the education, the lower the chances of suffering from long-standing illness or disability. Education is also significantly related with limiting moderate activities, as is long-standing illness or disability and appeared to reduce the level of dissatisfaction among single women living alone. Higher education is linked with lower reporting of poor health demonstrating that education is an important determinant of health and happiness among this group of women. It can be considered therefore that promoting educational activities in later life may help to maintain better health and wellbeing.

A higher proportion of women reported poorer health in rural than in urban areas (43% vs 37% with a statistical significance difference at 1% level). Those women living alone in urban areas are less likely to be happy than their counterparts living in rural areas. Long-standing illness increases the likelihood of reporting not being happy.





Concluding Remarks

Having a contemporary research agenda that includes the specific needs of a diverse group of women within the ageing population is becoming important if we are to successfully grapple with the unique challenges of demography. The increasing emphasis on intergenerational relationships, meeting individual needs and developing policies in public health need to take account of the specific characteristics of cohorts of women whose living circumstances are changing within a more fluid society. Little research has been done about the circumstances of single women living alone and how changing relationship status impacts on their future needs and wellbeing. This is particularly true in relation to how key public services such as those providing care and support may need to respond and develop. Ageing women who have experienced long-term singlehood and who have not had children are a group at particular risk (Hafford-Letchfield *et al*, 2017).

The analysis demonstrated that age plays an important role across the life cycle and is a major determinant of health and wellbeing of individuals. Education may be another important variable for women living alone in terms of how they may be able to adjust and cope with the challenges of later life. There were some findings associated with measuring perceptions of health and happiness in this group of women that will need to be interrogated further.

Recap

Ageing and longevity have created many issues affecting older women in the UK, including living alone and social isolation that have become of increasing concern to policy-makers. This paper examines factors associated with the health and wellbeing of older women living alone using data collected in 'Understanding Society', a nationwide longitudinal survey that captures important information on the life course trajectories of individuals in the UK. This survey indicates a trend for increasing numbers of single women by age and place of residence. Women that live alone may need to find a suitable balance in later life and comparing profiles for different groups of older women may help decision-makers move towards an inclusive policy on positive ageing.

nv

References

- Gaymu, J., Springer, S. (2010) Living conditions and life satisfaction of older Europeans living alone: a gender and cross-country analysis. *Ageing and Society*. 30: 1153–1175
- Hafford-Letchfield, T., Lambert, N., Long, E. Brady, D. (2017) Going Solo: Findings from a survey of women ageing without a partner and who do not have children. *Journal of Women and Ageing* 29 (4): 321-3333
- Hank, K., Wagner, M. (2013) Parenthood, Marital Status, and Well-Being in Later Life: Evidence from SHARE. *Social Indicators Research* 114 (2): 639-653
- Heaphy, B., Yip, A. (2003) Uneven possibilities: Understanding non-heterosexual ageing and the implication of social change. *Sociological Research Online* 8 (4): 1–19
- Khan, H.T.A., Raeside, R. (2014) Between Country Variations in Self-Rated-Health and Associations with the Quality of Life of Older People: Evidence from the Global Ageing Survey. *Applied Research in Quality of Life* 9 (4): 923-949
- Khan, H.T.A., Hussein, S., Deane, J. (2017) Nexus between demographic change and elderly care need in Gulf Cooperation Council (GCC) Countries: Some policy implications. *Ageing International* 42 (4): 466–487
- Kirkwood, T. (2014) Biological determinants and malleability of ageing. T.B.L Kirkwood and C.L Cooper (eds) *Wellbeing in later life*. West Sussex, Wiley Blackwell
- Lee, Y., Xiao, Z. (1998) Children's support for elderly parents in urban and rural China: Results from a national survey. *Journal of Cross-Cultural Gerontology* 13:39-62
- Macvarish, J. (2006) What is 'the Problem' of Singleness? *Sociological Research Online* 11(3)
- ONS (2014a). National Life Tables, United Kingdom, 2011-2013. Statistical Bulletin, Office for National Statistics, September
- ONS (2014b). Estimates of the Very Old (including Centenarians) for England and Wales, United Kingdom, 2002 to 2013. Statistical Bulletin, Office for National Statistics
- Raeside, R., Khan, H. (2007) The ageing Scottish population: trends, consequences and responses. *Canadian Studies in Population* 35 (2): 291–310

About the author

Professor Hafiz T.A. Khan is Professor of Public Health at the Graduate School & College of Nursing, Midwifery and Healthcare at University of West London.

Keywords

Single women, living alone, UK, health and wellbeing