

UK Data Archive

Study Number 6011

Older Men: their Social Worlds and Healthy Lifestyles, 1999-2002

USER GUIDE

APPENDIX C

Interview Guide

Thank you for agreeing to the interview. As I have said before the information that we gather will be entirely anonymous. The reason that we are tape recording this is to prevent our discussion being inhibited by my trying to recall afterwards all that is said

Activities:

Link: Now, if I may, I'd like to ask you about some of the activities that you undertake

First of all, could you tell me about the sorts of things you now do in an average week?

How often does each family member visit you, or do you visit them?

How often do friends and relatives visit you or do you visit them?

Do you have access to a car?

Who owns/drives the car?

You or a relative/friend?

Do you look after or care for anyone else at present?

If so, who is it and for how long each day?

Do you use a pub/social club?

Is it important in your social life?

What other clubs/leisure/recreation classes do you attend?

How often do you visit them?

What facilities do the clubs have?

What facilities would you like them to have?

What do you like about the centres/places you visit regularly?

Can you tell me who are your friends?

How long have you known them?

How often do you see them?

Who is your closest friend?

How did you meet any friends that you have made in the last 5 years?

Are these as close as those that you have known for many years?

Are they closer than your family members? [Problematic]

Do you do any voluntary work?

What do you do?

What are your main hobbies and entertainment?

Gardening: DIY: TV: Radio: Reading: Dancing: Cinema: Cards: Bingo

What do you enjoy about them?

How well does the town or village in which you live cater for older people?
Do you think the facilities are any good?

Health:

Link: May I ask generally about your health as it is at present and your use of the health services

How would you rate your health over the last 12 months – good, fairly good, not good

Do you have any long-standing illness, disability or infirmity?

By longstanding I mean anything that has troubled you over a period of time or is likely to affect you over a period of time?

Can you walk easily?

About how far can you walk easily?

What do you typically eat on a weekday?

For example, what did you have yesterday?

What do you typically eat on a weekend?

For example, what did you have last weekend?

How is the food prepared?

*Prompt: pre-packed, microwave, fried etc
Who prepares it?*

Do you smoke any cigarettes or other tobacco in a week?

*If yes, how many cigarettes/cigars/pipes a week?
If no, did you used to smoke regularly?
If yes, why did you give up?*

Do you drink alcohol?

*If so where would this be normally be ..at home, public house, social club?
How often do you drink each week? How much?
What influences how much you drink?*

Prompt: If widowed/separated/ or divorced is this more since your wife died/since your divorce/ or since you have separated?

How often did you visit a doctor or nurse in the last year?

What was that for?

How often did you visit a dentist in the last year?

What was that for?

How often do you go to the chiropodist?

When did you last go?

Personal Circumstances:

Link: May I now ask some of your personal details

Age

Marital status

How long have you been living in your current home?

Who owns your home?

Rented or owned

Marriage:

Link: You have said that you were married/widowed/divorced/separated...would it be possible for you to tell me more about it?

For example, how long were you/have you been married/widowed/divorced/separated

How many times were you married, or in a stable relationship?

How would you describe your marriage?

What do you think are the problems that most widowed/divorced/separated people have?

Would you like to remarry?

Do you think you ever will?

Why is that?

Early Experience and Work:

Link: Now, I'd like to ask you about your life before normal retirement age

What sort of education did you have?

School leaving age

Level of education achieved - college/university qualifications

Tell me about the sorts of jobs that you have had?

Type of jobs

Length

Do you still keep in touch with your friends from (*organisation*)...?

How often do you see them?

Do you work now?

Why is this? (financial or companionship)

What type of work

Current Issues:

Link: May we talk now about your life now

Do you live alone?

Follow up response

How long have you lived alone? (if applicable)

Do you have any children?

How many of your family are alive?

Where do they live?

How do you think you are managing on your own?

[Very well, well, quite well, not at all]

Has this changed recently?

Who do you tell things to?

Who do you feel most close to? Who is your closest confidant?

Are you religious?

Is your faith/religion important to you?

If so how?

How satisfied are you with your life now?

1

2

3

4

5

Not at all satisfied

Not
satisfied

Neutral

Quite satisfied

Very satisfied

What makes you happy?

What makes you sad?

What are things that would improve your life?

E.g. Better health, better housing, more friends, and more money, better transport

Do you have everything that you need?

What aspects are important to you?

Why do you say that?

Income:

Link: May I now ask about how you are managing financially and the impact that this has on you.

Compared to other men and women of your age, do you think you are financially better off, worse off, or about the same as most of them?

What effect does this have on you?

Are there any things that you would like to do that are prevented by lack of money?.....Food, housing, social life &c.

What do you think is the average income of older people over 65?

Armed Services:

Link: some people over 65 had their lives blighted by their experience in WW2 may I ask you about your experience

Did you serve some time in the armed services? Tell me a bit about it?

Do you still keep in touch with friends that you made there?

Basic Nodes

Activities

Family - Children

Family Size

Family location

Family – problems

Family - bereavement

Family visits

Friends visits

Friends - Sociability

Car Access

Caring Role

Social club

Recreation Classes

Recreation Classes facilities

Day Centres

What do you like about the centres/places you visit regularly?

Friend – Oldest

Friend – Closest

Confidant(e)

Friend – New

Work – Paid

Work – Voluntary

Activities – Hobbies

Activities - Entertainment

Activities - Interests

Activities – Rationale

Community Support

Community Support – future

-----**Health**-----

Health - General

Limiting Longstanding Illness

Walking – Ease

Walking – Distance

Food - Weekday

Food - Weekend

Food - Preparation
Food - Person

Lifestyle - Smoking
Lifestyle - Drinking
Lifestyle - Exercise

Doctor
Nurse
Chiropodist
Medication

-----**Personal Circumstances:**-----

Age

Marital status
Marriage – Number
Marriage – Quality

Widowed – Length
Widowhood – Problems
Widowhood - Sexual Intimacy

Remarriage

Partners – Number
Partners - Duration

Home – Type
Home – Time
Home – Ownership

-----**Early Experience and Work**-----

Education Duration
Education Level

Working Life – Jobs
Working Life – Friendships

-----**Current Issues:**-----

Living Alone
Living Alone – Duration

Coping – Domestic
Coping – Emotional
Coping – Stability

Religiosity
Religiosity – Importance

Life – Satisfaction
Life – Quality
Life – Improvements
Life – Needs

Happiest Time
Happiness
Sadness

-----**Income**-----

-

Link: May I now ask about how you are managing financially and the impact that this has on you.

Financial Position – Status
Financial Position – Impact

-----**Armed Services**-----

Armed Services
Armed Services – Satisfaction
Armed Services – Dissatisfaction
Armed Services – Friendships

Organisations – Membership
Organisations – Importance

Pets

APPENDIX F

PATIENT INFORMATION SHEET

Older Men: Their Social World and Healthy Lifestyles

You are being invited to take part in a University of Surrey research study on older men. Very little is known about their lifestyles and opinions on health and family and friendship ties and how these affect their quality of life. Before you decide whether or not you would like to take part, it is important to understand why the research is being done and what it will involve. What follows is a short explanation of the research.

What we want to do, is ask you about your life and general health and what you think about community services, social and voluntary clubs for older men in particular. We wish to interview men over the age of 65 who live in their own home (not in hospital or a nursing or residential home). Past research has shown us that older men who live alone can get quite lonely, as well as enjoying less good health than married men. We want to compare different living arrangements in the community by interviewing both men who live with their wife and those living alone. Therefore, we would like to speak to some who are married, some who have remarried after being widowed or divorced, some widowed, some divorced and some who have never married. The main aim is to get your views and relate them to what is available and what is wanted in the community by way of social organisations and clubs as well as what is appropriate support in the community to maintain independence for as long as possible.

The interviews should last between one and two hours and be audio taped with your permission and can take place wherever is convenient for you, preferably your home and will be conducted either by me or my colleague Tom Daly. There will be no need to look at any medical records and the doctors and nurses will not be asked any questions about you. The interviews will then be analysed and a report written. We will be happy to send you this report if you would like to see it.

The research is being headed up by a well-known and respected academic, Professor Sara Arber who has been widely published in the area of gender and ageing. Dr Kate Davidson, who was a nurse and health visitor before doing her first degree has experience in conducting and analysing interviews. Tom Daly, the research assistant, and is a psychology and sociology graduate.

Taking part in this research is entirely voluntary and I would like to reassure you that anything you say to the interviewer will be completely confidential: no one other than the four people involved with the research programme will know what you have said. Also, your input will be entirely anonymous: there will be no way you can be identified in our report.

APPENDIX D

OLDER MEN: THEIR SOCIAL WORLD AND HEALTHY LIFESTYLES

Consent form

I agree to being interviewed for the University of Surrey research project on Older Men.

I understand that anything I say in the interview will be held in the strictest confidence and there will be nothing from the written report that will identify me. I also understand that I can terminate the interview at any point and do not need to offer an explanation. I give my permission to use my interview for the research report and for any publications as long as I will not be identified.

I am aware that there will be no necessity to look at my medical records and that my doctor or nurse will not be asked about me.

Signature

Print name

Signature of interviewer

Print name

APPENDIX G

Dr Kate Davidson
Centre for Research on Ageing and Gender
Department of Sociology
University of Surrey
GUILDFORD
GU2 7XH

Date

Name
Address
Etc

Dear Mr

You have already been contacted by Dr about our research on older men who live in the community, and we would like to thank you for expressing interest in our work.

Our plan is to interview a total of 100 of men, on a one-to-one basis and ask them about their general health and social circle including attendance at clubs and associations as well as family and friends. We have a special interest in men who are living alone but need to have information about those living in couples so that we can compare their interviews.

The study is being carried out in the *Centre for Research on Ageing and Gender*, at the University of Surrey and has been funded by the government body, the Economic and Social Research Council as part of their "Growing Older" Programme. This is considered a very important programme for the government and will help to produce the building blocks for policy over the next couple of decades.

Please read the enclosed information sheet and if you would like any more information, or would like anything clarified, don't hesitate to call me, Kate Davidson or Tom Daly on 01483 873964 during the day, or leave a message and one of us will get back to you.

If, after you have read these notes, you think you would like to take part, we would very much appreciate an early reply using the pre-printed slip and the stamped addressed envelope enclosed, as we plan on interviewing between September and March.

Please be assured that every voice is important and yours could be absolutely crucial to our research!

With best wishes

I have read the notes about the University of Surrey research on older men and would be interested in taking part in the survey.

Name

Address

.....

.....

.....

Telephone number

Please send, in the SAE enclosed to:

Dr Kate Davidson

Centre for Research on Ageing and Gender
Department of Sociology
University of Surrey
GUILDFORD
GU2 7XH

PROTOCOL

TITLE OF RESEARCH

OLDER MEN: THEIR SOCIAL WORLD AND HEALTHY LIFESTYLES

Centre for Research on Ageing and Gender
Department of Sociology
University of Surrey
GUILDFORD
GU2 7XH

RESEARCH PARTNERS:

Professor Sara Arber PhD MSc BSc
Dr Kate Davidson PhD BSc RHV RGN
Mr Mark Phillips MSc BSc

RESEARCH ASSISTANT

Mr Tom Day BSc

FUNDING BODY

Economic and Social Research Council (ESRC)

This study will address an important but hitherto under-researched area within the context of an increasingly ageing population: that of older men who live alone. Feminist scholarship over recent years has highlighted the circumstances of older women, but in doing so, has rendered virtually invisible the lives of older men. This proposal contributes to the overall objectives of the programme by focusing in depth on older men, especially those who live alone. This group is particularly vulnerable to poor health-related behaviour and to entry into residential care. Ethical considerations include the need for sensitivity in interviewing older men who may not be familiar with answering personal questions such as about their health and social life.

The main goal of the research will be to examine how older men's well-being is influenced by involvement in supportive relationships with family and friends and participation in formal organisations. The research will also identify the factors which influence healthy and productive ageing and factors associated with participation and activity in later life among older men. We aim to understand how differences in health-related behaviour and social relationships differ according to marital status, class and other material resources. This will increase our knowledge and understanding of inequalities among older men.

The research addresses the policy issue of why older widowed, divorced and never married men have a higher rate of entry into residential care than comparable older women and are in greater danger of suffering social isolation and social exclusion within society. It will thereby contribute directly to improving the effectiveness of public service and appropriateness of policy. The research will advance theoretical knowledge of masculinity and older men, and redress the current dominant focus on older women. A key objective of the research is to find out what formal and informal support systems are in place which promote autonomy and extend quality of life for men who live alone and what circumstances inhibit their well-being. Involvement in community activities, such as voluntary work, membership of associations and church attendance, will be examined in terms of their contribution to

feelings of self-esteem and autonomy. The research would find out to what extent older men are served by organisations primarily geared to cater for the social and welfare needs of older women. The overall aim will be to explore how the prolongation of active life, well-being and involvement in the community may be promoted among men who live alone, and how isolation or loss of independence in old age may be minimised.

The backgrounds of the applicants in sociology, social policy, health and voluntary organisations provide a wealth of interdisciplinary experience. The combination of academic and practice-based skills will produce research which yields both theoretical insights and practical knowledge to inform an improvement in the effectiveness of public services and policy as well as the quality of life of older men who live alone. The increasing importance attached to the work of voluntary and non-governmental organisations means that the results will be relevant for all sectors of service provision.

The findings will have relevance to user groups which provide social and welfare services in order to enable older people to remain active participants in community life for as long as possible.

AIMS AND OBJECTIVES OF THE RESEARCH

The main aim of the research is to provide a better understanding of the social worlds of older men, particularly contrasting married, remarried, widowed, divorced and never married older men. This will contribute to the theoretical understanding of masculinity in later life and the nature of older men's social relationships and factors influencing healthy lifestyles.

The research objectives are:

- (1) To examine masculinity among older men by focusing on the nature of (a) family support provided to older men, (b) their involvement in social relationships with both older men and women, and (c) participation in formal, leisure and social organisations. The interaction between these three types of support will be examined, within the context of older men's differential level of health, living arrangements and other resources.
- (2) To examine how these three types of social support relationships are linked to older men's lifestyles (diet, physical activity and smoking) and their sense of well-being, self-assessed health and psychosocial health, focusing on how these differ for older men according to their marital status, health status, class, biography and material resources.
- (3) To examine how the social relationships, health-related behaviour and psychosocial health of older men change in response to declining health status and other changed circumstances, including widowhood.
- (4) To inform policy by identifying factors which may prevent or delay entry of older men into residential care, and the advisability of providing gender-segregated or gender-integrated social facilities.

These objectives will be achieved by a multi-method approach comprising: (a) a qualitative study of 100 older men, (b) research on 30 social organisations providing facilities for older people, and (c) secondary analysis of three national datasets: the Household Survey for England, General Household Survey and British Household Panel Survey.

In the longer term, the research will have both theoretical and practical impacts: it will contribute to the theoretical understanding of older men by broadening current conceptualisation of the gendered experiences of later life; and it will improve policy initiatives for older men by providing a better understanding of how to promote supportive social relationships for older men, devise more appropriate social organisations and encourage healthier lifestyles.

METHODOLOGY

A. Qualitative Study of Older Men

In-depth interviews will be conducted with a sample of 100 men over the age of 65 (20 married, 20 remarried (following widowhood or divorce) 20 widowed, 20 divorced and 20 never married). Since our focus is to compare how marital status influences older men's lives, equal numbers of older men in each marital category will be interviewed. Forty percent will be 65-74, forty percent will be 75-84 and twenty percent will be over 85. There will be no payment made to these respondents.

The sample will be selected from the age-sex registers of five Primary Health Care practices in the West Surrey and North West Surrey Health Authority areas and include referrals from hospital Consultants as well as personal contacts of the researchers (see Appendix B). The research will conform to the British Sociological Association Code of Ethics, and informed consent will be gained from all respondents. Full confidentiality of all research materials will be guaranteed.

Kate Davidson has experience in constructing, conducting and analysing in-depth interviews with older widows and widowers (Davidson, 1999). A key methodological issue is how gender and age influences the nature of interviews with older men. Oakley (1989) and others have argued how experientially-shared ground between interviewer and respondent improves the quality of the interview. Lee (1993) notes that respondents report a greater freedom to discuss sensitive topics with an interviewer whom they perceive to be able to relate to their own life experience. Therefore it was considered important to employ a mature male social scientist, Tom Daly, for the qualitative phases of this research.

Ten unstructured pilot interviews will be carried out to refine the topic guide to be used in the interviews with 100 men. These interviews, which will last 1-2 hours in length and be tape-recorded, will be sensitive to the ways older men interpret their lives by asking them to talk about their history, present circumstances, aspirations and view of the future. This will enable examination of their perception of family and friendship relationships, social support and health-related behaviour and will provide a view of service provision from the perspective of an 'end-user'.

B. Qualitative Study of Social Organisations for Older Men

Organisational provision for older men will be examined. The aim will be to compare the value of different types of social organisation, according to whether they are gender-segregated (either predominantly male or predominantly female), or gender-integrated. Thirty social organisations will be selected in London and Surrey from three broad types: 10 from groups whose clientele is almost exclusively older male, such as Regimental Associations, the Royal British Legion and the Masons; 10 from groups numerically dominated by older women, such as Luncheon Clubs, RECRODIS (Red Cross Disabled Association) and Age Concern Clubs; and 10 from gender-integrated groups such as Church organisations, sports and leisure clubs (e.g. bowling, ballroom dancing) and Trades Union retirement associations.

Kate Davidson and Tom Daly will negotiate access to these organisations, drawing on their existing contacts. In each organisation, they will focus on the extent to which older men use their services, the nature of gender relations among service users, and the perceived barriers to use by older men. This element of the research will provide a better understanding of how to meet the needs of the increasing number of older men living alone.

C. Secondary Analysis of National Datasets

Mark Phillips will carry out the secondary analysis which will complement the qualitative research in order to provide nationally representative detailed data about older men, differentiated according to marital status and alternative living arrangements. We will examine how the health-related behaviour (diet, physical activity, drinking and smoking) of older men varies according to their health, material resources, class, marital status, inter-generational and intra-generational social relationships and perceived social support, comparing the influence of structural factors, family relationships and

friendship. We will also examine how social relationships, involvement in organisations and health-related behaviour alters following changes in health status, family relationships and living arrangements. Three large-scale nationally representative datasets will be analysed: the Health Survey for England (HSE), General Household Survey (GHS), and the British Household Panel Survey (BHPS).

- 1) The Health Survey for England (HSE) interviews all adults in 8,000 private households per year. A self-completion questionnaire is used to measure the individual's perception of the social support available from friends and relatives and to measure their psychosocial health using the 12-item General Health Questionnaire (GHQ). The interview provides detailed information about health behaviour (smoking, alcohol consumption, diet and physical activity). These aspects of health-related behaviour will be analysed according to older men's social support, psychosocial health and self-assessed health, as well as their marital status and socio-economic characteristics. Four years of HSE data will be analysed (1994-97) yielding over 5,000 men and 7,000 women aged 65+.
- 2) The General Household Survey (GHS) interviews all adults in a national sample of private households, over 3000 men and women aged 65 and over each year. Individuals are asked about their general health, episodes of acute illness in the preceding two weeks and any longstanding illness, including whether this limits their activities. Detailed questions about smoking and alcohol consumption will be analysed (for 1992, 1994 and 1996). In 1991 and 1994 the survey contained special sections of questions on people aged 65 and over, including their ability to perform activities of daily living (ADLs), use of welfare services, access to informal help and frequency of contact with relatives and friends. The information on ADLs is an important indicator of the ability of older people to live independently in their own home. We will analyse how social contact varies with health status and health-related behaviour among older men, distinguishing according to marital status, living arrangements, financial and other resources.
- 3) The British Household Panel Survey (BHPS) has interviewed all adults in 5,000 households annually since 1991, providing a sample of 2,400 men and women over 60 in 1991, of whom over 1,500 were also interviewed in 1996 (wave 6). Individuals are interviewed even if they move to a new address. Losses due to non-response, death and entry to residential care can be identified. Questions are asked each year on health, caring, psychosocial health (the 12-item GHQ), daily activities limited by health, GP visits, hospital in-patient episodes, use of welfare services, smoking, employment history, financial circumstances and spending patterns. In some years, information is available on relationships with friends and family, leisure pursuits, life satisfaction and involvement in religious and other organisations. We envisage analysing Waves 1 to 9 (1991-99) in this project.

We will use the longitudinal nature of the BHPS to analyse how older people's well-being, health-related behaviour and social activities change in response to changes in health status, increasing levels of disability, and changes in marital status and living arrangements, focusing on gender and class differences in the dynamics of these processes. Preliminary analysis of the BHPS shows that between 1991 and 1996, 11% of those aged 60+ who were married/cohabiting in 1991 experienced the ending of their partnership, mainly through death of their partner. Although this represents only 109 women and 49 men, analysis can provide some indication of gender differences in how widowhood affects health-related behaviour and social activities.

Analysis

The in depth interviews will be fully transcribed for analysis using a qualitative data software programme (NUD*IST) with which Kate Davidson is familiar. Data will be analysed using Dey's (1993) method which aims to generate theory grounded in the data. The interview transcripts will first be read, annotated and categorised; then data will be linked by making connections between categories and reviewing links before producing an account. NUD*IST assists in this process by locating useful

words, phrases or dialogue in the analysis and narrative reporting stage. The Department of Sociology host the ESRC-funded resource centre for computer analysis of qualitative data (CAQDAS), so the Department can provide comprehensive support and expertise.

The GHS and HSE datasets will initially be accessed from the University of Surrey on-line at the Manchester Computing Centre (MCC), and relevant datafiles downloaded to the University of Surrey for analysis using SPSS. Waves 1 to 7 of the BHPS are available at the University of Surrey, and further Waves will be ordered once they are released.

Preliminary analysis will use multiway crosstabulation, focusing on variation according to marital status and living circumstances. We will derive a range of variables relevant to health-related behaviour, lifestyles and socio-economic circumstances. In order to understand the pattern of relationships we will control statistically for socio-economic factors and age, using multivariate techniques such as logistic regression models. Statistical techniques will be used to explore the sequencing of events in the BHPS data and how these are associated with changes in individuals' health and circumstances.

RESEARCH TIMETABLE

0-6 months	Literature review. Preparation of GHS and HSE files for analysis. 10 pilot interviews. Ethical Committee approval. Sample selection via age-sex registers of GPs.
7-10 months	Observational research and interviews in social and leisure organisations. Continued analysis of BHPS.
10-20 months	In depth interviews with 100 older men. Analysis of GHS, HSE and BHPS. Organisation of international conference on Older Men.
21-30 months	Analysis and writing up. Editing book based on International Conference. Completion the final report and publications based on the research.

Davidson, K. (1999). *Gender, Age and Widowhood: How Older Widows and Widowers Differently Realign Their Lives*. Unpublished PhD, University of Surrey, Guildford, UK.

Dey, I. (1993) *Qualitative Data Analysis*, London: Routledge.

Halpin, B. and Chan, W. (1998) 'Class careers as sequences: an optimal matching analysis of work-life histories', *European Sociological Review*, 14(2): 111-30.

Lee, R. (1993) *Doing Research on Sensitive Topics*. London: Sage.

Oakley, A. (1989) 'Interviewing Women: A Contradiction in Terms'. in H. Roberts, (ed.) *Doing Feminist Research*. London: Routledge [first published 1981].



ECONOMIC AND SOCIAL RESEARCH COUNCIL
POLARIS HOUSE
NORTH STAR AVENUE
SWINDON SN2 1UJ
Tel: 01793 413000
Fax: 01793 413001
GTN 1434

END OF AWARD REPORT

This is the ESRC End of Award Report form. The form should be completed in full and returned along with seven additional copies to The Reports Officer, Policy and Evaluation Division at the ESRC on or before the due date. Award holders should also submit eight copies of the summary and research reports and any nominated papers or other research outputs to be evaluated along with the Report.

A copy of the complete Report, comprising this form, 1000wd executive summary and 5000wd research report, should be formatted as a single document and sent as an email attachment to reportsofficer@esrc.ac.uk. Please enter the Award Reference Number as the email subject.

It is not necessary to copy and return the Notes and Guidelines at the back of this form.

ESRC AWARD REFERENCE NUMBER	L480254033
AWARD TITLE	Older Men: Their Social Worlds and Healthy Lifestyles
AWARD TERMINATION DATE	31 August 2002
END OF AWARD REPORT DUE DATE	30 November 2002
AWARD AMOUNT	£196,372

ESRC END OF AWARD REPORT: PROJECT DETAILS

AWARD NUMBER:	L480 25 4033	Older Men: Their Social Worlds and Healthy Lifestyles	
AWARD TITLE: (the box will accommodate up to 4 lines of text)			
AWARD START DATE	1 October 1999	TOTAL AMOUNT EXPENDED:	£196,372
AWARD END DATE	31 August 2002		

AWARD HOLDER(S):

NB. This must include anyone named as a co-applicant, as originally listed in the research proposal.

TITLE	INITIALS	SURNAME	DATE OF BIRTH	No HOURS PER WEEK/ % TIME ON PROJECT
Prof	S.L.	Arber		5 hours per week
Dr	K.	Davidson		80% for 15 months/60% for 20 months
Dr	J.	Ginn		Withdrew, because took up ESRC Research Fellowship

<p>PRINCIPAL AWARD HOLDER'S FULL OFFICIAL ADDRESS(please list other addresses on a separate sheet if necessary)</p> <p>Centre for Research on Ageing and Gender (CRAG), Department of Sociology, School of Human Sciences, University of Surrey, Guildford, Surrey, GU2-7XH</p>	E-MAIL:
	TEL:
	FAX:

THE FOLLOWING REPORT FORMAT SHOULD BE FOLLOWED:

Activities and Achievements Questionnaire

1. Summary of Aims, Objectives and Significant Achievements

In Section 1 overleaf, please summarise:

- the aims and objectives of the research, noting briefly if these have changed since the original proposal.
- in no more than 200 words, suitable for a lay reader, the findings and most significant achievements of the research. The latter might include: theoretical developments, new findings, new methods, new datasets, impact of the research on academics, policy-makers, practitioner's etc.

2-8. Dissemination, Nominated Outputs, Staffing, Virements, Major Difficulties, Other Issues and Unexpected Outcomes, Nominated Rapporteur

Report Executive Summary

In no more than 1000 words, please describe the main research results in non-technical language.

Full Report of Research Activities and Results

A full report of no more than 5000 words should accompany this form, please see the attached guidelines (2.6) for a list of standard headings to follow.

1. Summary of Aims, Objectives and Significant Achievements

The main aims of the research were to provide a better understanding of the social worlds of older men, particularly contrasting married, widowed, divorced and never married older men. This has been accomplished and has contributed to our understanding of masculinity in later life and the nature of older men's social relationships and factors influencing healthy lifestyles.

The research objectives were:

- (1) To examine masculinity among older men by focusing on the nature of (a) family support provided to older men, (b) their involvement in social relationships with both older men and women, and (c) participation in formal, leisure and social organisations. These three types of support were examined within the context of older men's differential level of health, living arrangements and other resources.
- (2) To examine how these three types of social support relationships are linked to older men's lifestyles (physical activity, smoking and drinking) and their self-assessed health and psychosocial health, focusing on how these differ for older men according to their marital status, health status, class, biography and material resources.
- (3) To examine how the social relationships, health-related behaviour and psychosocial health of older men change in response to declining health status and other changed circumstances, including widowhood.
- (4) To inform policy by identifying factors which may prevent or delay entry of older men into residential care, and the advisability of providing gender-segregated or gender-integrated social facilities.

These objectives were addressed using a multi-method approach comprising: (a) research on 25 social organisations which include older people in their membership, (b) a qualitative study of 85 older men, stratified according to partnership status, and (c) secondary analysis of three national datasets: the Health Survey for England (HSE), General Household Survey (GHS) and British Household Panel Survey (BHPS). We have fully achieved all except the third objective, which required the analysis of longitudinal data relating to transitions in the lives of older men. Unfortunately, the small numbers of older men who had been widowed or who suffered a major deterioration in their health (across all 9 waves of the BHPS) was too small to allow reliable analysis.

The key achievements of this research have been to contribute to the theoretical understanding of masculinity in later life, the nature of older men's social relationships and factors influencing their healthy lifestyles. Our research has demonstrated how masculinity continues to structure men's experiences and activities in late life, despite onset of ill health, widowhood or living alone. Our research has led to a better understanding of the differentiation of older men according to partnership status. Older men who are divorced are a growing segment of the population, but were found to be significantly disadvantaged in terms of their involvement in formal organisations, their social networks with kin and with friends and neighbours, and their higher levels of health-risk behaviours, particularly smoking and drinking. These social and health disadvantages can only partially be explained by their poorer material circumstances. The research shows how never married older men are disadvantaged on a number of dimensions, and therefore particularly vulnerable in later life. Older widowers compensate for the loss of a partner by involvement in social and sports organisations, and maintain stronger links with kin and friends than other men who live alone in later life.

2. Dissemination

- a: Please outline any specific plans you have for further publication and/or other means of dissemination of the outcomes and results of the research.

A full list of the publications and conference papers from this research project is given in Appendix A. A book, *Gender and Ageing: New Directions*, is being published by Open University Press, edited by Sara Arber, Kate Davidson and Jay Ginn, based on papers presented at the International Conference on 'Reconceptualising Gender and Ageing' organised as part of this ESRC-funded project and held at the University of Surrey, 25-27 June 2002. The book contains an introductory chapter, concluding chapter and two further chapters written by the grant holders, based on research conducted under the ESRC grant.

A Special Issue of the US journal *Men and Masculinities* on 'Older Men and Masculinity' is being edited by Kate Davidson and the journal editor, Michael Kimmel. The Special Issue will contain a paper based on research conducted within the grant, as well as five other papers that are revised versions of papers presented at the International Conference.

A paper entitled 'Neighbouring in later life: The influence of socio-economic resources, gender and household composition on neighbourly relationships' has been accepted subject to minor revisions for *Sociology*. A paper entitled 'Older men, social integration and community involvement' has been resubmitted following revisions to *Social Policy and Society*. An article focusing on the health-related behaviours of older men is under preparation for *Sociology of Health and Illness*.

In addition, two journal articles have been published, one journal article is in press, and a book chapter is in press. The research has been widely disseminated at conferences: 9 national and 12 international conference presentations were given. Many of the latter were invited presentations.

- b: Please provide names and contact details of any non-academic research users with whom the research has been discussed and/or to whom results have been disseminated.

An Advisory Group was established, and met 4 times during the duration of the project. The Advisory Group was Chaired by the late Evelyn McEwen (Age Concern England), and was succeeded by Professor Christina Victor (St George's Medical School). Members of the Advisory Group included: Dr Mary Davies (Pre-Retirement Association of GB and NI), Joe Harris (National Pensioners Convention), Dr Chris Joyce (British Association for Service to the Elderly), Jo Moriarty (National Institute of Social Work), Dr Tony Maltby (University of Birmingham), Tom Owen (Help the Aged), Elizabeth Sclater (Older Women's Network and Equal Opportunities Officer, Lewisham Council) and Cynthia Wyld (Chair, Age Concern Surrey). As well as the Advisory Group providing valuable advice to guide the project, the findings of the project have been disseminated within the organisations represented by members of the Advisory Group.

Kate Davidson has had good contact with Age Concern Surrey, who are interested in taking the research forward and applying it to a wider community project on social provision for older men. She has been interviewed on *Radio 4: Women's Hour* (April 1999) and *Four Corners* (December 2000), and has been quoted in the *Surrey Advertiser*, the *Liverpool Echo*, the *Scotsman*, the *Sun* and the *Times*. Most recently, *Reuters Health* sent out worldwide copy on older men's health emanating from one of her presentations at the Gerontological Society of America conference (2002, Boston). "Married men more likely to get health screenings" (*Reuters Health*) by Natalie Engler: www.reutershealth.com

3. Nominated Outputs (see Guidelines 2.4)

Please give full details of the two nominated outputs which should be assessed along with this report. With the exception of publicly available web-based resources, eight copies of any nominated outputs must be submitted with the End of Award Report.

K. Perren, S. Arber and K. Davidson (2003) 'Men's organisational affiliation in later life: The influence of social class and marital status on informal group membership', *Ageing and Society*, 22 (3). In press, to be published in March 2003

K. Davidson, T. Daly, S. Arber and K. Perren (2001) 'La masculinite dans un monde feminise: le genre, l'age et les organisations sociales' ('Masculinity in a feminised world: Gender, age and social organisations'), *Cahiers du Genre*. Special issue edited by Claudine Attias-Donfut and P. Tripiet (eds) *Vieillir Jeunes, actifs et disponibles?*, Vol 31: pp 39-57. (NB. Both the published French article and the original manuscript in English have been enclosed as the nominated outputs)

4. Staffing

Please detail appointments and departures below for ALL staff recruited for this award. Where possible, please note each person's name, age, grade; and for departing staff, destination type on leaving. (Destination types: Academic post, Commercial, Public Sector, Personal, Other).

Title	Initials	Surname	Date Of Birth	Grade	Appointment Date	Departure Date	Destination Type & Post
Mr	T.	Daly					Researcher, University of Surrey
Mr	M.	Phillips					Research analyst, Taylor Nelson, London
Dr	K.	Perren					Researcher, Centre for Research on Social Policy (CRISP), University of Loughborough

NB This section must not include anyone who is an awardholder or co-applicant.

5. Virements

Since 1st April 1996 investigators may vire between grant headings without reference to Council, except where major capital items are being provided for. Please detail below any changed use of resources and the benefits or problems this brought.

Virements were necessary, because the £3,400 requested in the original proposal for consumables was disallowed (as a detailed breakdown of proposed expenditure on each item of consumables had not been given). It was therefore necessary to vire £2,500 from Exceptional Items into consumables. This was achieved by the University of Surrey providing administrative and other support for the International Conference held at Surrey. There was an overspend of £1,500 on salaries, mainly because Dr Davidson was promoted to an RA2 during the project. This was financed by spending only £3,010 of the original specified Travel budget of £4735 - enabled by the Department of Sociology, University of Surrey, funding the travel and subsistence for attendance at a number of conferences. As dissemination was considered essential for this project, papers based on the research were presented at more conferences than specified in the original proposal.

6. Major difficulties

Please detail below any major difficulties, either scientific or administrative/logistical, encountered during your research and comment on any consequent impact on the project. Further details should be included in the main report, including

any advice you might have for resolving such problems in future projects.

Dr Jay Ginn (a co-applicant on the original proposal) obtained an ESRC Research Fellowship at the same time that this grant was awarded. She therefore withdrew from the project prior to its start. This was agreed by Chris Goodwin at ESRC. A new quantitative researcher, Mark Phillips, was employed to undertake Dr Ginn's element of the research. However, after 8 months (in early December 2000) he left to take up a better paid statistical research position in London. We had difficulty in recruiting a further quantitative researcher, but were fortunate to recruit Dr Kim Perren, who had recently obtained her PhD based on analysis of the BHPS under the supervision of Dr Jacqueline Scott, University of Cambridge. This change of personnel disrupted the quantitative aspects of the project. Recruiting a replacement quantitative researcher was facilitated by ESRC agreeing to a no-cost extension of 5 months to the project. This was accomplished by Kate Davidson changing from an 80% commitment to the project to a 60% commitment from 1 January 2001, thus extending the duration of the project by five months until 31 August 2002.

Another logistical difficulty faced by the project was the delay in receiving Ethics Committee approval from North West Surrey Health Authority. This took over 9 months (despite a payment of £250 and numerous follow-up contacts). This severe delay led to our decision to only recruit the sample of older men through age-sex registers of GPs in the South West Surrey area, from whom Ethics Committee approval was gained with less difficulty, rather than also including sample members from GP practices in North West Surrey.

Our original proposal was to interview 100 men over 65, equal numbers of married and widowed men (30 in each group), and for the demographically smaller but policy relevant groups of older divorced and never married men, to interview 20 in each group. However, it proved very difficult to access these last two groups, and we decided to stop trying to recruit once we had interviewed 10 divorced and 12 never married men.

7. Other issues and unexpected outcomes

Please describe any outcomes of your research, beneficial or otherwise, that were not expected at the outset, or other issues which were important to the research, where these are not addressed above. Further details should be included in the main report.

The main unexpected outcome was the outstanding success of the international conference organised at the University of Surrey on 'Reconceptualising Gender and Ageing', 25-27 June 2002. A key focus of the conference was on masculinity and older men (as specified in the original proposal). It was originally planned as a symposium for 30-40 people. However, 70 people attended the Symposium, including speakers from Canada, the US, Sweden, The Netherlands, Finland, Belgium and Israel (see conference programme in Appendix B). The 40 presentations over the 3 day conference stimulated a great deal of discussion and debate, as well as valuable national and international networking. Most presenters sent a full version of their paper in advance of the conference. The conference organisers, Sara Arber, Kate Davidson and Jay Ginn (who were the original grant applicants), have selected the best papers for a book and for a special journal issue.

The book, provisionally entitled *Gender and Ageing: New Directions*, contains an introductory and concluding chapter by the editors and 11 chapters; the completed manuscript will be submitted to Open University Press in February 2003. Kate Davidson has negotiated with Michael Kimmel, the editor of *Men and Masculinities* - a premier US journal in the field - to have a Special Issue on 'Older Men and Masculinity', based on a selection of papers given at the conference. Six papers were revised following the conference, and are in the process of submission to the Editor of *Men and Masculinities*.

8. Nominated Rapporteur

Please suggest the name of one person who would be suitable to act as an independent rapporteur for your project. Please state full address and telephone number.

Professor Vivienne Walters,
National Centre for Public Policy,
University of Wales Swansea,
Swansea SA2 8PP

Executive Summary

This study has addressed an important but hitherto under-researched area within the context of an increasingly ageing population: that of older men who live alone. Feminist scholarship over recent years has highlighted the circumstances of older women, but in doing so, has rendered virtually invisible the lives of older men. This research has focused in depth on older men, especially those who live alone; a group that are particularly vulnerable to poor health-related behaviour and to entry into residential care. The main goal of the research was to examine how older men's well-being is influenced by involvement in various types of socially supportive relationships and participation in formal organisations.

The research used a multi-method approach. (1) Observational visits were made to 25 organisations frequented by older people. These were selected to represent a mix of age-segregated and age-integrated, and gender-segregated and gender-integrated, organisations. Interviews were conducted with managers and men attending these organisations to understand the value and role of different types of formal organisations for older men. (2) Qualitative in-depth interviews were conducted with 85 men over age 65, stratified to provide a representation

of married, widowed, divorced and never married older men. (3) Secondary analysis was conducted on three national datasets – the General Household Survey (GHS), Health Survey of England (HSE) and the British Household Panel Survey (BHPS).

The research examined how older men's health-related behaviours (particularly smoking, drinking and physical activity) and social relationships differ according to partnership status, class and material resources. The research has addressed the policy issue of why older divorced and never married men are more likely to suffer social isolation and social exclusion within society than comparable older women. The research has advanced theoretical knowledge about masculinity and older men, and redressed the current dominant focus on older women. The research has examined the nature of formal and informal support systems that are in place which promote autonomy and extend quality of life for older men who live alone and produced policy recommendations.

Analyses of the BHPS showed that involvement in civic and religious groups and sports clubs is higher among middle class older men, while social club membership is higher among working class men. Only a small proportion of these class differences can be explained by variations in health, income and access to private transport. Compared with partnered older men, widowers are more likely to be involved with sports and social clubs, while divorced or never married men are less likely to be a member of any informal group. Analysis of the GHS 2000 showed that exchange of favours between neighbours was greatest for married older men, and least for never married and divorced older men.

The lack of social embeddedness of older men, especially those living alone, has been attributed to the pivotal role of women in establishing and maintaining social networks. There was a widely held belief by the men interviewed that women (wives, mothers, daughters, nieces) played an essential role in the establishment and maintenance of wide social networks. Married men reported large, stable social networks, primarily (but not exclusively) couple orientated. In widowhood, these networks contracted and men tended to rely more heavily on their adult children for support. Older never married men, who had established few close relationships in younger years, did not seek intimacy, and did not report feeling deprived, but they did see themselves as 'different'. Divorced men who reported more attenuated relationships with their adult children, tended to seek another close companionship (which did not necessarily involve sexual intimacy).

Unlike other forms of social attachment, such as involvement in family life or the world of work, informal group membership is nominally accessible to all. Numerous groups are tailored to the perceived needs of older people, such as Luncheon Clubs and Day Centres. Our research shows that older men do not think these organisations are appropriate for their needs except perhaps as a last resort if they become disabled or otherwise mentally or physically incapacitated. They eschew organisations where the membership is dominated by older women and consider that attendance at a day centre means they had 'given up'. Notions of the masculine imperative of independence and self reliance persist in later life and contribute to decision making in terms of whether to seek professional help, both for social provision and medical consultation, often not doing so until it is almost 'too late'. Cultural and socially constructed qualities that are prized in early and mid-life, mitigate against men as they age.

Our secondary analysis showed that older men who are divorced or never married were more likely to smoke or drink alcohol to excess. When asked about diet, physical activity, smoking and alcohol consumption, all the men were aware of what was 'good' for them, and the likelihood of ill health resulting from health-risk behaviours. We suggest that older men are

aware of health promotion information, but are less likely than many other groups in society to adhere to advice. For older men, the results of ignoring such advice can be particularly damaging.

We conclude that it is important to recognise that the customary approach to health improvement has been to target individuals, but less attention has been paid to addressing the broad determinants of older men's health behaviours. These include biological, social, cultural and economic factors in influencing men's choices of health protective strategies. This holistic approach refers not just to the biological differences between men and women, but also to the socially constructed roles that shape masculinity and femininity throughout the life course, compounded by economic and cultural influences.

The research has examined a section of society which hitherto has been all but invisible, and contributed to unravelling the interplay between health, class, personal social skills and living arrangements in understanding the social roles and relationships of older men. The findings have relevance to user groups which provide social and welfare services whose aim is to enable older people to remain active participants in community life for as long as possible.

Final Report

Background

Over recent years there have been substantial advances in social scientific understanding of the lives of older women, but older men have been largely neglected. Our research has redressed this imbalance by analysing how gender roles and relationships influence the quality of life of older men. Research specifically on older men is scarce, partly because in later life those with a low income, with severe disability or living alone are predominantly women (Arber and Ginn, 1993; 1995).

The lives of widowed, divorced and never married older men have been largely overlooked in sociological investigation. Research into the social worlds of lone older men has been predominantly concerned with the impact of widowhood on social relationships (Ferraro, 1982; Thompson, 1994); while very little is known about the later-life activities of divorced and never-married men. The majority of older men live with a spouse but demographic trends reveal that an increasing number of older men live alone: in 2001, 29% of men over the age of 65 lived alone compared to 16% in 1971. Among men currently aged 65 and over, 17 per cent are widowed, while only seven per cent are never-married and five per cent are divorced or separated (StatBase, 2002). By 2021, however, it is projected that although the proportion of men aged over 65 who are widowed will fall to 13%, mainly because of improvements in mortality, eight per cent will be never married, and 13% will be divorced (GAD, 1999).

Prior to this research project little was known about the quality of life, kin and friendship relationships of older divorced and never married men. The masculinity of older men has hitherto been invisible in studies on gender, and theories of masculinity have primarily conceptualised the meaning of manhood as it applies to younger men (Seidler, 1989). Our research has examined the significance of gender in older men's lives, particularly how loss of a marital partner through widowhood or divorce affects them.

Objectives

The main aim of the research was to provide a better understanding of the social worlds of older men, particularly contrasting married, widowed, divorced and never married older men. The research objectives were:

- (1) To examine masculinity among older men by focusing on the nature of (a) family support provided to older men, (b) their involvement in social relationships with both older men and women, and (c) participation in formal, leisure and social organisations. The interaction between these three types of support was examined, within the context of older men's differential level of health, living arrangements and other resources.
- (2) To examine how these three types of social support relationships are linked to older men's lifestyles (physical activity, smoking and drinking) and their self-assessed health and psychosocial health, focusing on how these differ for older men according to their marital status, health status, class, biography and material resources.
- (3) To examine how the social relationships, health-related behaviour and psychosocial health of older men change in response to declining health status and other changed circumstances, including widowhood.
- (4) To inform policy by identifying factors which may prevent or delay entry of older men into residential care, and the advisability of providing gender-segregated or gender-integrated social facilities.

We have fully achieved all except the third objective, which required the analysis of longitudinal data relating to transitions in the lives of older men. Unfortunately, the small numbers of older men who had been widowed or had suffered a major deterioration in their health across all 9 waves of the BHPS was too small to allow reliable analysis to accomplish objective 3. The achievement of objectives 1, 2 and 4 has contributed to the theoretical understanding of masculinity in later life, the nature of older men's social relationships and factors influencing their healthy lifestyles.

Methods

The research used a multi-method approach comprising: (a) research on 25 social organisations providing facilities for older people, (b) a qualitative study of 85 older men, and (c) secondary analysis of three national datasets: the GHS, HSE and BHPS.

A. Qualitative Study of Social Organisations

Organisational provision for older men was examined by comparing the value of different types of social organisations, according to whether they are gender-segregated (either predominantly male or predominantly female) or gender-integrated, and age-integrated or age-segregated. A total of 32 visits were made to 25 social organisations which included voluntary and statutory Day Centres, church, sports and leisure clubs, social clubs such as the Lions, the Rotary Club, the Freemasons and the Royal British Legion.

In each organisation, Kate Davidson and Tom Daly observed activities for a day and conducted semi-structured interviews with the managers/organisers, and with older men using the organisations. These interviews focused on the extent to which older men attend these organisations, the nature of gender relations among service users, and the perceived barriers to use by older men. Age and class relations and their intersection with gender relations were a key focus of concern.

B. Qualitative interviews with older men

In-depth interviews were conducted with a stratified sample of 85 men over the age of 65 (30 married or cohabiting, 33 widowed, 10 divorced or separated and 12 never married). The primary focus of our project was to compare how marital status influences older men's lives. Approximately half the sample were men aged 65-74 and half were men over 75, as specified in the original proposal. However, the most marked contrast in average age groups was between divorced and widowed men. We interviewed no divorced men over the age of 75 (average age 68) and no widowed men under the age of 70 (average age 79). The married and never married men both had an average age of 73.

The sample was selected by several methods. Older men were contacted in a range of different types of organisations which include older people in their membership. Posters and flyers were placed in GP practices, leisure centres and day centres. The majority of the sample was recruited using general practitioners age-sex registers. Ethics Committee approval was sought from two Health Authorities. However, in North West Surrey, ethical approval took over nine months, despite repeated reminders and the initial payment of £250. This severe delay meant that it was only possible to select older people from general practices in the South West Surrey Health Trust, given our structured timetable for data collection. Two large local GP group practices sent out letters to men aged 65 and over on their registers outlining the study and asking them to return a short questionnaire noting their marital status and previous occupation. The vast majority of respondents were married, but from the responses, we were able to identify divorced, never married and widowed men for interview. We are mindful that the respondents were self

selected and as such we make no claim for generalisation. However, the analysis revealed common themes within age and marital status groups which are discussed below.

Kate Davidson managed this element of the research, building on her experience in constructing, conducting and analysing in-depth interviews with older widows and widowers. A key methodological issue is how gender and age influences the nature of interviews with older men. Lee (1993) notes that respondents report a greater freedom to discuss sensitive topics with an interviewer whom they perceive to be able to relate to their own life experience. A mature male social scientist, Tom Daly, was employed as the researcher and conducted the majority of the interviews, which were 1-2 hours in length and tape-recorded. They were sensitive to the ways older men interpret their lives by asking them to talk about their history, present circumstances, their perception of family and friendship relationships, social support and health-related behaviour.

C. Secondary Analysis of National Datasets

Secondary analysis complemented the qualitative research by providing nationally representative data about older men, differentiated according to marital status. We examined how the health-related behaviour (physical activity, drinking and smoking) of older men varied according to their health, material resources, class, marital status, kin and non-kin social relationships, and how social and family relationships varied according to material circumstances and other structural factors. Some of the analyses also drew comparisons with older women differentiated by partnership status. Three large-scale nationally representative datasets were analysed: the Health Survey for England (HSE), General Household Survey (GHS), and the British Household Panel Survey (BHPS). Mark Phillips and Kim Perren, under the management of Sara Arber, undertook this aspect of the research. Kim Perren had extensive prior expertise in the analysis of BHPS data.

We had planned to use the longitudinal nature of the BHPS to analyse how older people's well-being, health-related behaviour and social activities change in response to increasing levels of disability, and changes in marital status and living arrangements. However, detailed analysis of the BHPS between 1991 and 1999, showed that under 70 men aged 60+ who were married/cohabiting in 1991 experienced the ending of their partnership, mainly through death of their partner, and were interviewed in subsequent waves. This was too few to undertake reliable analysis of the effects of widowhood on older men's health-related behaviour or social activities.

Results

The research results will be discussed in two sections; first, the findings from the qualitative research, namely the observational studies of 25 social organisations and the in-depth interviews with 85 older men; and second, the findings from the secondary analysis of three datasets: the British Household Panel Survey (BHPS), General Household Survey (GHS) and Health Survey for England (HSE).

Qualitative Analysis

The first stage of the qualitative research involved identifying and visiting social organisations that had older men in their membership. Our analysis of the observational visits and interviews with managers and members highlighted gender and age differences in social club membership, which informed the development of our indepth interviews.

Older men and social organisational involvement

Lists of social groups and organisations whose members included older people within a 10 mile radius of a south east England town were acquired from a variety of sources including the Citizen Advice Bureau, the Internet and local knowledge. The list of organisations we compiled included: voluntary, Local Authority, Church and military social clubs; sports and leisure clubs; pensioners groups and the University of the Third Age (U3A). Each of these organisations was contacted by mail or telephone and 25 from the 34 originally contacted agreed to a visit.

Based on information obtained from managers about membership profile, we categorised the organisations on two dimensions:

1a) *Gender integrated (GI)*: both sexes belonged and participated in the organisation. These included organisations for which sport/leisure activities may be segregated, but social activity was integrated

OR 1b) *Gender Segregated (GS)*: where there is predominance, ie at least 80% of either male or female membership/participation

AND

2a) *Age Integrated (AI)*: organisations which had participants across all age groups

OR 2b) *Age Segregated (AS)*: organisations which cater for specific age groups.

Most organisations to which middle aged and young/old men and women had belonged over time, whether or not gender integrated, fulfilled the dual purpose of providing both social interaction and a forum in which to be active (such as sports) and/or 'useful' such as carrying out voluntary work. In contrast, clubs which are geared specifically for older people are perceived as providers of passive pursuits – that is, rather than members *doing for* others, members are *done to* by others. These latter clubs had an overall predominance of older women.

We asked all the men if they were likely to attend a Day Centre. Overwhelmingly, they said they were most unlikely, except as a 'last resort'. One 79 year old married man said "I wouldn't be seen dead in a place like that – it means you've had it, you've given up". There was a perception that the only 'activities' at Day Centres involved sitting around, chatting or playing Bingo – the sort of things that 'old women' enjoy doing. This was supported by one of the Day Centre managers who told us: "For men there's a stigma attached to coming here. They see the place as a ghetto of old people. And I think men feel threatened by the presence of all these old women".

We suggest that efforts need to be made to make the clubs specifically aimed at older people more congenial for older men so that they do not feel they are 'yielding up' their individuality, or admitting some sort of 'defeat' by attending. However, we visited two clubs whose membership included at least a third older men. These clubs offered wine and beer with lunch, and had a snooker table and a computer club – both of which were used almost exclusively by the men. One had segregated physically and mentally frail older people into adjoining facilities, and so there were less older people 'sitting around, doing nothing'. The men tended to accompany their wife, but still engage in gender segregated activities. Interestingly, one older married man we interviewed said "It's good here. It's just like a *normal club*" (our emphasis). Even in these two clubs the men who had no partners, tended to be older and frailer than their married counterparts, suggesting that they still only attended the club as a 'last resort'.

The findings from this analysis are reported in Davidson et al (2001, Nominated publication) and Davidson et al. (under submission to *Social Policy and Society*).

Older men and social interaction

There was a widely held belief by the 85 men interviewed, that women (wives, mothers, daughters, nieces) played a pivotal role in the establishment and maintenance of wide social networks. Older men enjoy and maintain close relationships, although the scope and intensity vary according to current and former marital status. Within the four categories of older men we interviewed: married, widowed, never married and divorced, issues of continuity and discontinuities are important in understanding current social involvement.

Married men reported large, stable social networks, primarily (but not exclusively) couple orientated. In widowhood, these networks contracted and the men tended to rely more heavily on their adult children for support. Older never married men, who had established few close relationships in younger years, did not seek intimacy, and did not report feeling deprived, but they did see themselves as 'different'. They described themselves as 'loners' 'individuals' or 'completely independent'. Divorced men who reported more attenuated relationships with their adult children, tended to seek another close companionship (which did not necessarily involve sexual intimacy).

As Cancian (1987) points out, we tend to measure the quantity and quality of social networks with a 'feminine ruler' and we need to seek different ways of viewing intimacy and friendship patterns in the lives of older men. We argue that for the majority of lone men, the need for close companionship, if that has been the pattern, does not diminish with age. We need to consider the scenario that older men may wish to maintain a small, close network of friends and acquaintances. Our in depth interviews revealed that much importance was attached to individual autonomy and independence and many held ambivalent attitudes towards central features of the 'female script', such as the need for intimacy and social engagement. We argue that prescriptions for well-being in later life derive from the experiences of the female majority, and as such may be ill suited to the perspectives of older men.

The findings outlined in this and the next section are reported in the article under submission to *Men and Masculinities* and the chapter by Davidson et al. in *Gender and Ageing: New Directions*.

Older men and health

The qualitative research also sought to answer questions as to how older men viewed their health and health maintenance strategies. We asked about their contact with the medical profession. Common to each partnership status, were men who said they seldom consulted their GP. We categorised these men into 'sceptics' and 'stoics'. When talking about the medical profession, the sceptics used phrases like: "most of them are a waste of time". The 'stoics' on the other hand said things like: "I don't give in. Even if I felt awful, I wouldn't tell anyone".

A surprisingly high proportion of men said they rarely went to a doctor when originally asked, and then later disclosed a longer term condition which required regular follow up health visits and/or repeat prescriptions., e.g. an inhaler for asthma or medication for high blood pressure. Other men had undergone major treatment/surgery and saw their physician for regular check-ups – from quarterly to biennially.

Some men were very ill, and in need of considerable health professional input, and here the most frequent story was what we have termed 'domino pathologies', whereby the men said they were perfectly healthy until 'x' years before, and then everything started to go wrong. Despite the difference in age profile, the younger divorced men were just as likely to report comparable serious health problems to the older widowed men, but the widowed men were more likely to

have seen a doctor recently. Divorced men, however, were more likely to report stress as a cause of ill health, which they considered they had to sort out for themselves.

For men who have had little or no 'ongoing contact' with health professionals in their life course, our research shows an unwillingness of many to turn to health professionals in later life. Whilst women have routinely visited the doctor through the life course for family planning, pregnancy, or taking their children for immunisations as well as when they are sick, the men interviewed saw going to the doctor as a sign of weakness. They did not want to be seen to give in to sickness, and admitted to postponing making an appointment until they were *very* sick.

When asked about diet, physical activity, smoking and alcohol consumption, all the men were aware of what was 'good' for them, and the likelihood of ill health resulting from risk behaviours. Although older men are aware of health promotion information, they often do not adhere to advice. For the population of older men, the results of ignoring such advice can be more damaging than for younger generations, given that men continue to be at higher risk of catastrophic ill health earlier than women.

We conclude that it is important to recognise that the customary approach to health improvement has been to target individuals, but less attention has been paid to addressing the broad determinants of older men's health behaviours. These include biological, social, cultural and economic factors in influencing men's choices of health protective strategies. This holistic approach refers not just to the biological differences between men and women, but also to the socially constructed roles that shape masculinity and femininity throughout the life course, compounded by economic and cultural influences.

Quantitative Analysis

This section highlights key findings from the secondary analysis of the GHS, HSE and BHPS in three areas.

Older men's membership of social organisations

Older men's involvement with informal associations represents an under-valued resource which may contribute to the quality of life of older men by facilitating social interaction and providing a context for continued social productivity. An article for *Ageing and Society* (nominated publication, by Perren et al.) uses the *British Household Panel Survey* for 1999 to explore the engagement of men aged 65 or more with various types of organisations.

The associations examined range from social and sports clubs to religious groups and civic organisations (such as voluntary agencies, community groups and political parties). Some are overtly leisure-oriented while others appear to be guided by a spirit of altruism, religious belief or shared principles. While all facilitate social interaction, some additionally offer the opportunity to pursue a personal goal (such as health maintenance) or to make a recognised social contribution through community activity. The opportunity to be part of a socially productive organisation may bolster the well-being of older men by compensating for some of the losses following retirement from paid work.

This research is based on 1,109 men aged 65 or more years interviewed at Wave 9 (1999). Respondents were shown an extensive list of organisations and asked to which groups they belonged. The groups were used to construct four types of organisation:

- a) *Civic groups* – comprise a range of goal-oriented organisations such as political parties and voluntary groups that may be seen as benefiting wider society.

- b) *Religious groups* – membership denotes affiliation with a respected social institution as well as access to people who hold similar beliefs.
- c) *Sports clubs* – generally facilitate health-promoting physical activity which, for many people, is a valued personal goal.
- d) *Social clubs* – offer sociability which is not usually goal-oriented.

About half of older men report membership of an informal organisation. A quarter are involved in a civic group (most commonly, a residents' association, political party or voluntary organisation). One in six belongs to a social club; one in seven reports membership of a religious group; and one in eight belongs to a sports club; but only one in twenty report membership of a pensioners' group. Membership of sports and social clubs reveals a significant decline with increasing age; in both cases the proportion of older men who are members at age 80 and over is less than half of that for men aged 65-69 years.

One of the most striking findings is the strength of association between organisational activity and social class. Working class older men have a low likelihood of engaging in community and religious organisations and sports clubs but a higher likelihood of belonging to a social club. These findings do not simply reflect the lower levels of health and material resources among working class men, but exist independently of these potential constraints. In later life, men in the highest social groups are more involved in sports clubs which are likely to promote physical health, and in civic and religious organisations which may include involvement in activities that are altruistic or benefit the community. This contrasts with working class men who are more likely to undertake sociable leisure. This class disparity has implications for social policy initiatives directed at older people which seek to combine social interaction with some other 'benefit' such as enhanced physical health or community activities. There is no indication that lack of resources impedes membership of sports or social clubs, but there is a substantial decline in membership with increasing age.

In later life, there are notable differences between the organisational activities of partnered, widowed, divorced and never married men. Never married older men are less likely to be members of an organisation than those with a partner, apart from religious organisations. Compared with partnered older men, those who are widowed are more likely to be involved with sports and social clubs, perhaps indicating that leisure associations offer compensations following widowhood. This pattern is not evident for men who are divorced, who have the lowest level of involvement in 'any' organisation and are particularly unlikely to be members of sports clubs or religious organisations.

Neighbourly relations in later life

Positive neighbourly relationships offer sociability and the opportunity to give and receive practical support, which may be particularly important for older men who live alone. We analysed the social capital module in the 2000 General Household Survey to explore different forms of neighbourly contact in later life. An article based on this work has been accepted by *Sociology*, subject to minor revisions. A key finding is that frequent contact with neighbours is not necessarily associated with greater neighbourly exchange of favours, particularly for older men living alone. Men more often chat to their neighbours, whereas older women are more likely to give and receive favours. Men who live alone are less likely to give or receive favours than married men. This contrasts with women, among whom widowhood is associated with increased neighbourly reciprocity. These findings suggest that when women find themselves living alone in later life, they strengthen social ties with neighbours by providing and accepting favours, whereas for men, social ties with neighbours become weaker, suggesting that their wives had previously been important in brokering supportive relationships with neighbours.

Older men's health-related behaviours

We researched the health behaviours of older men by examining smoking and drinking alcohol using the General Household Surveys (combined file for 1994, 1996 and 1998) and the British Household Panel Survey. Our analyses were reported in conference papers to the BSA Medical Sociology conference (September 2000) and the Cambridge Social Stratification conference (September 2001). They are being written up in a chapter for *Gender and Ageing: New Directions* (by Arber et al.). The main findings focus on the influence of partnership status on smoking and drinking. Older divorced men have the highest levels of smoking and drinking, followed by older never married men, with the most healthy behaviours found among married men. These findings remain after controlling for age group, social class, various measures of material well-being and health status. They suggest that divorced and never married men are a particularly vulnerable group in terms of undertaking risky health behaviours and experiencing poor health in later life. As discussed earlier, they are also the group who are most likely to be socially isolated from friends and relatives, as well as from neighbourly contact.

We also analysed older men's engagement in different types of physical activity - published in Phillips et al (2001), and presented at the BSA Medical Sociology conference (2000). Middle class men were more likely to have higher levels of health-promoting physical activity after retirement than working class men, and these differences could not be explained by differences in health status, material resources or car ownership.

Conclusions

Although this report has presented results from the qualitative and quantitative elements of the project separately, there was a strong interdependence between these elements, and a number of publications integrated both quantitative and qualitative findings, e.g. Davidson et al. (under submission to *Social Policy and Society*) and the chapter by Davidson et al. in *Gender and Ageing: New Directions*.

In summary, this multi-method project has addressed a number of policy issues. Older divorced and never married men have more restricted networks with kin, friends and neighbours, and are more likely to engage in more damaging health-risk behaviours, particularly smoking and drinking. They are also more likely to be materially disadvantaged than widowed and especially married older men. Our research has shown that statutory and voluntary organisations providing social facilities are presently geared towards the needs of lone older widows, since most husbands predecease their wife, and there is little infrastructure in place for men who live without women in later life.

Activities

A key activity was the organisation of an International Conference on '*Reconceptualising Gender and Ageing*', 25-27 June 2002 at the University of Surrey. This showcased our research for the GO project, and provided a forum for the presentation and discussion of 40 papers on older men and masculinity, as well as new issues relating to researching gender and ageing. A copy of the programme for the Conference is in Appendix B. Seventy participants attended the conference. A book, *Gender and Ageing: New Directions* is being edited by the grant applicants, based on papers presented at the conference and including an introductory and concluding chapter and two other chapters based on project research. In addition, a Special Issue on 'Older Men and Masculinity' is being published by *Men and Masculinity* edited by Kate Davidson and Michael Kimmel based on papers presented at the conference, and including a paper written by the project team.

The project team have undertaken extensive conference dissemination, see Appendix A. Presentations have been given to 9 UK conferences and 12 overseas conferences/meetings. Many of the latter were invited presentations. To date, there have been three published (or in press) journal articles, three journal articles are under submission, one book chapter is in press, one chapter is forthcoming, and two chapters are in the forthcoming edited book *Gender and Ageing: New Directions*, see Appendix A.

The research findings have been widely disseminated to the media. Kate Davidson has been interviewed on *Radio 4: Women's Hour* (April 1999) and *Four Corners* (December 2000). She has been quoted in the *Surrey Advertiser*, the *Liverpool Echo*, the *Scotsman*, the *Sun* and the *Times*. In November 2002, *Reuters Health* sent out worldwide copy on older men's health emanating from one of her presentations at Gerontological Society of America Conference (2002, Boston). "Married men more likely to get health screenings" by Natalie Engler: www.reutershealth.com. Findings have also been disseminated within the organisations represented by members of the Advisory Group, including Age Concern England, the Pre-Retirement Association of GB and NI, National Pensioners Convention, British Association for Service to the Elderly, National Institute of Social Work, Help the Aged, and Older Women's Network.

Impacts

The research has stimulated a great deal of interest and debate, and has effectively led the development of a new field of research relating to older men and masculinity. Prior to this ESRC funded project, there was virtually no UK work on older men, and little research in other countries. We expect that our edited book *Gender and Ageing: New Directions* will be a landmark publication, in terms of influencing the direction of scholarship and policy relating to ageing, by ensuring that gender in later life, does not simply mean women, but takes seriously the differences among older women and men, and focuses more explicitly on issues relating to older men and masculinity.

Future Research Priorities

This project is likely to stimulate further research on older men and masculinity. For example, good contacts have been developed with Age Concern Surrey, who are interested in taking the research forward and applying it to a wider community project on social provision for older men. There is a particular need to study older men's socially and culturally constructed self identity which appears to inhibit their seeking help from health professionals as well as social organisations geared to ameliorate loneliness and isolation in later life.

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Appendix A – Publications and Conference Presentations

Books

S. Arber, K. Davidson and J. Ginn *Gender and Ageing: New Directions*, Buckingham: Open University Press. Manuscript to be submitted by February 2003.

Journal articles

M. Phillips, S. Arber and J. Ginn (2001) 'Physical activity among men and women in midlife: Variations by class and employment status', *Education and Ageing*.16(2): 135-161

K. Davidson, T. Daly, S. Arber and K. Perren (2001) 'La masculinite dans un monde feminise: le genre, l'age et les organisations sociales' ('Masculinity in a feminised world: Gender, age and social organisations', *Cahiers du Genre*. Special issue edited by Claudine Attias-Donfut and P. Tripiet (eds) *Viellir Jeunes, actifs et disponibles?*, Vol 31: pp 39-57. **Nominated publication**

K. Perren, S. Arber and K. Davidson (in press) 'Men's organisational affiliations in later life: the influence of social class and marital status on informal group membership', *Ageing and Society*, March 2003, 23(2). **Nominated publication**

K. Perren, S. Arber and K. Davidson (under submission) 'Neighbouring in later life: The influence of socio-economic resources, gender and household composition on neighbourly relationships', *Sociology*. Accepted subject to revisions

K. Davidson, T. Daly and S. Arber (under submission) 'Older men, social integration and organisational activities' *Social Policy and Society*. Accepted subject to revisions.

K. Davidson, S. Arber and T. Daly (under submission) 'The Extent to which Partnership Status of Older Men Influences Their Health Needs Perceptions' *Men and Masculinities*. Submitted December 2002

Book chapters

S. Arber, K. Perren and K. Davidson (in press) 'Involvement in social organisations in later life: Variations by Gender and Class' In L. Andersson (ed) *Cultural Gerontology*, Westport, Connecticut, USA: Greenwood Publishing Group, pp 77-93

S. Arber (forthcoming) 'Gender differences in social support in relation to health and disability in later life'. In R. Snow (ed) *Gender Analysis for Health*, Geneva: World Health Organisation.

S. Arber, K. Davidson and K. Perren (forthcoming) 'Reconceptualising gender and partnership status: Integrating socio-economic position and social involvement' in S. Arber, K. Davidson and J. Ginn (eds) *Gender and Ageing: New Directions*, Buckingham: Open University Press.

K. Davidson, T. Daly and S. Arber (forthcoming) 'Partnership status and the social worlds of older men' in S. Arber, K. Davidson and J. Ginn (eds) *Gender and Ageing: New Directions*, Buckingham: Open University Press.

International Conference Presentations

S. Arber, K. Perren and K. Davidson 'Social organisational membership in later life: Understanding gender and class differences'. Paper to the *European Sociological Association Biannual Conference, Helsinki*, August 2001

S. Arber 'Health, disability and social support in later life: The importance of gender'. Invited presentation to *World Health Organisation Regional Meeting of Health Ministers, Madrid*, September 2001

S. Arber 'Gender and ageing: Have we forgotten older men?'. Invited presentation to Department of Sociology, *University of Western Ontario, London, Canada*, October 2001

S. Arber 'Older men: Their health and social relationships'. Invited presentation to the Centre for Gerontology, *McMaster University, Hamilton, Canada*, October 2001

- S. Arber 'Social and demographic challenges facing older people'. Invited presentation to seminar on 'Gender and Ageing', *European Commission, Brussels*, October 2001
- K. Davidson, T. Daly, S. Arber and K. Perren, 'Lone older men: marital history and social resources'. Paper to the *Gerontological Society of America*, Chicago, IL, November 2001
- S. Arber 'Gender and partnership status: Policy implications across the life course'. Invited presentation to *Social Policy Research Centre Seminar, University of New South Wales, Sydney*, July 2002
- S. Arber 'Gender and partnership status in later life: Implications for caring and social relationships'. Invited presentation to *Dean of Human Sciences Faculty Lecture, Victoria University*, July 2002
- K. Davidson and K. Perren 'Gender differences in generational relationships in later life: the impact of marital and family history on the lives of older people'. Paper to the *International Sociological Association World Congress*, Brisbane, Australia July 2002
- K. Davidson & T. I. Daly 'The extent to which partnership status of older men influences their health needs perceptions'. Paper to the *Gerontological Society of America Annual Conference*, Boston, MA, November 2002
- K. Davidson & K. Perren "'Why can't a man be more like a woman?": social networking strategies of lone older men'. Paper to the *Gerontological Society of America Annual Conference*, Boston, MA, November 2002
- K. Davidson and T. Daly 'Social support relationships and the maintenance of autonomy: strategies employed by older widowers'. Paper to the *Gerontological Society of America Annual Conference*, Boston, MA, November 2002

National Conference Presentations

- M. Phillips and S. Arber 'Physical activity in the transition to retirement: class and gender differences'. Paper to the *Social Policy Association Annual Conference* University of Surrey Roehampton, July 2000.
- K. Davidson and T. Daly 'Older men, marital status and social organisation participation'. Paper to the *British Society of Gerontology Annual Conference*, Oxford, September 2000.
- S. Arber and M. Phillips 'Physical activity in mid-life and later life: the role of socio-economic factors and social support networks'. Paper to the *BSA Medical Sociology conference*, University of York, September 2000.
- K. Davidson, M. Phillips, S. Arber and T. Daly 'Marital status and older men's health and social relationships'. Paper to the *BSA Medical Sociology conference*, University of York, September 2000.
- S. Arber, K. Perren and K. Davidson 'Ageing and social stratification: The interaction of gender and partner status', Paper to the *Social Stratification Conference*, Cambridge, September 2001.
- K. Davidson and T. Daly 'Older men and social organisation membership' Paper to the *British Society of Gerontology Annual Conference*, Stirling, September 2001.
- S. Arber 'Reconceptualising gender and partnership status in later life' Paper to the *Reconceptualising Gender and Ageing Symposium*, University of Surrey, June 2002.
- K. Davidson, T. Daly and K. Perren 'The impact of marital history on older men's health choices. Paper to the *Reconceptualising Gender and Ageing Symposium*, University of Surrey, June 2002.
- K. Davidson and T. Daly 'The impact of marital history on social networks of older men without partners'. Paper to the *British Society of Gerontology Annual Conference*, Birmingham, September 2002.

Appendix B.

International Symposium
Reconceptualising Gender and Ageing
25-27 June 2002, University of Surrey

PROGRAMME

Tuesday June 25th

1230-1330	Registration and sandwich lunch	<i>Department of Sociology (Building AD, level 3)</i>
1350	Welcome and introduction: Sara Arber	<i>Teaching Block Room 10)</i>
Plenary session, Chair: <i>Christina Victor</i>		<i>TB10</i>
1400 - 1500	<i>Toni Calasanti</i> USA Theorising gender and age relations: what of men and masculinities?	
1500 - 1545	<i>Sara Arber</i> UK Rethinking gender and partnership status in later life	
1545 - 1615	TEA	<i>Teaching Block Foyer</i>
Plenary session, Chair: <i>Sir Austin Pearce</i>		<i>TB10</i>
1615 - 1715	<i>Susan McDaniel</i> CANADA Hidden in the household: now its men in midlife	
1715 - 1800	<i>Carol Emslie and Kate Hunt</i> UK Masculinity and perception of gender roles among older men in the west of Scotland	
1815 - 1915	RECEPTION	<i>Department of Sociology (Building AD, level 3)</i>
1930 - 2130	CONFERENCE DINNER	<i>Oak Suite</i>

Wednesday June 26th

0800 – 0830 BREAKFAST

Seasons Restaurant

PARALLEL SESSIONS

0900 - 1030

TB10

Challenges to Masculine Identity Posed by Ageing

Chair: Vivienne Walters

- *Tom Daly, Kate Davidson and Kim Perren* UK
The impact of marital history on lone older men's health choices and social networks
- *Ann Varley and Maribel Blasco* UK
Masculinity and ageing in urban Mexico
- *Judith Sixsmith and Margaret Boneham* UK
Community Living: Participation, notions of empowerment and changing masculinities

Intimate Relations in Later Life *Room 4, AD building, ground floor (4 AD G)*

Chair: Graham Fennell

- *Klas Borell and Sofie Karlsson* SWEDEN
Reconceptualising intimacy and ageing. Living apart together
- *Merryn Gott and Sharron Hinchliff* UK
Sex and ageing: a gendered issue?
- *Rebecca Jones* UK
'You get men like that': What work does the concept of 'gender' do in older women's accounts of their intimate relationships?

1030 - 1100 COFFEE

Teaching Block Foyer

PARALLEL SESSIONS

1100 – 1300

TB10

How Older Women Maintain Autonomy

Chair: Eva Jeppsson Grassman

- *Anu Siren* FINLAND
Older women's independent outdoor mobility and its vulnerability
- *Pat Chambers* UK
The stories we tell about our lives: a narrative approach to understanding older women's management of increasing physical frailty
- *Gillian Granville* UK
Becoming a 'grown-up woman': developing a mature identity at the time of the menopause
- *Vicki Traynor* UK
Understanding the lives of older women: adjustment in later life

Wednesday June 26th (cont.)

1100 – 1300

Gendered Time Use in Later Life 4 AD G

Chair: Inge Strueder

- *Pat LeRiche* UK
The management of time in the daily lives of older women
- *Veerle Audenaert* BELGIUM
Gender and leisure at old age, any difference?
- *Helen Barnes and Jane Parry* UK
Renegotiating Identity and Relationships: Men and women's adjustments to retirement
- *Jenny Hislop* UK
Bedtime stories: women's perspectives of how men influence their sleep in later life

1300 - 1400 LUNCH *Seasons Restaurant*

Plenary session, Chair: *Mike Bury* *TB10*

1400 - 1500 *Ingrid Connidis* CANADA
Bringing outsiders in: conceptual and research challenges in the study of gay and lesbian family ties.

1500 - 1545 *Miriam Bernard, Bernadette Bartlam, Simon Biggs and Julius Sim* UK
Gendered experiences of living in a new retirement community

1545 - 1615 TEA *Teaching Block Foyer*

PARALLEL SESSIONS

1615 – 1815 *TB10*

Coping with Solo Living

Chair: Pat Chambers

- *Kate Bennett, Georgina Hughes and Philip Smith* UK
'I think a woman can take it': Widowed men's views and experiences of gender differences in bereavement
- *Janet Askham, Cecilia Tomassini, and Karen Glaser* UK and ITALY
Gender differences among older people in Britain and Italy in carrying out and receiving help with domestic and caring tasks. Are women better able than men to cope with independent living?
- *Dorothy Stratton and Alinde Moore* USA
Considerations for conducting research on older men

Wednesday June 26th (cont.)

1615 – 1815

Men as Carers

4 AD G

Chair: Tom Owen

- *Lori Campbell* CANADA
Men who care: exploring men's experiences in filial caregiving
- *Alisoun Milne and Eleni Hatzidimitriadou* UK
Isn't he wonderful? Exploring the contribution and conceptualisation of older husbands as carers
- *Jo Moriarty* UK
Caring and expectations about family support among Asian men.
- *Judith Phillips, Miriam Bernard and Minda Chittenden* UK
Juggling work and care for older people: does gender matter?

1900

Meet at steps in front of Teaching Block for transport to Barbecue and social evening at Kate Davidson's house

Thursday June 27th

0800 – 0900 BREAKFAST *Seasons Restaurant*
0900 – 0930 Departure from rooms and luggage storage in TB2

PARALLEL SESSIONS

0930 - 1030 *TB10*

Gendered social worlds

Chair: Evy Gunnarsson

- *Vivienne Walters and Nickie Charles* UK
Social ageing, gender and health: men and women in midlife
- *Gail Wilson* UK
Gender, ageism and resistance

Gender Roles in Same Sex Relations *4 AD G*

Chair: Ingrid Connidis

- *Julie Jones and Steve Pugh* UK
Ageing gay men - lessons from the sociology of embodiment
- *Ann Cronin* UK
Building communities of difference: The experiences of older non-heterosexual women

1030 - 1100 COFFEE *Teaching Block Foyer*

PARALLEL SESSIONS

1100 - 1230 *TB10*

Generational Differences in Gender Identities

Chair: Kathleen Slevin

- *Anne Fairbank* UK
Grandmothers at the intersection between 'living for the family' and 'a life of one's own'
- *Eileen Fairhurst* UK
'There is no way I'm going to Benidorm with a thousand grey geese': Changing perspectives on age, gender and life after work.
- *Khim Horton* UK
Gender and stigma relating to falls in private and public places

Thursday June 27th (Cont.)

1100 - 1230

4 AD G

Inequalities in Material Prospects

Chair: Jenny de Jong Gierveld

- *Jay Ginn* UK
Rethinking sex and gender roles over the lifecourse:
Implications for EU pension systems
- *Debbie Price* UK

Looking ahead: an examination of pension rights according
to marital and partnership status

- *Israel Doron* ISRAEL
When ageism meets the law: Guardianship as elder abuse

1230 - 1400 LUNCH

Seasons Restaurant

Plenary session, Chair: *Kate Davidson*

TB10

1400 - 1500 *Jenny de Jong Gierveld* THE NETHERLANDS
Social networks and social well-being of older Dutch men living alone

1500 - 1545 *Christina Victor, Sasha Scambler, John Bond and Ann Bowling* UK
Older people's experiences of loneliness in the UK: does gender matter?

1545 - 1600 Closing discussion

1600 TEA in Department of Sociology, level 3, and depart

Older men: Their social worlds and healthy lifestyles

Sara Arber, Kate Davidson, Tom Daly and Kim Perren

Over recent years there have been substantial advances in social scientific understanding of the lives of older women, but older men have been largely neglected. This research has redressed the imbalance by analysing how gender roles and relationships influence the quality of life of older men, focusing particularly on older men who live alone. Previously little was known about the quality of life, kin and friendship relationships of older divorced and never married men. Our research has examined how loss of a marital partner through widowhood or divorce may differently affect their social relationships and health-related behaviour.

Summary of key findings

- Involvement of older men in organisational activity is strongly linked to social class. Working class older men are less involved in community and religious organisations and sports clubs but more likely to belong to social clubs than middle class men.
- Clubs geared specifically for older people are largely rejected by older men. Such clubs are perceived as providers of passive pursuits – that is, rather than members *doing for* others, members are *done to* by others.
- Married older men have large, stable social networks, while in widowhood, these networks contract and men tend to rely more heavily on their adult children for support. Divorced men report more attenuated relationships with their adult children. Older never married men also have few close relationships but unlike divorced men usually do not seek another close companionship.
- Frequent contact with neighbours is not necessarily associated with greater neighbourly exchange of favours, particularly among older men living alone. Older men more often chat to neighbours, whereas older women are more likely to give and receive favours. Men living alone are less likely than partnered men to give or receive favours.
- Older divorced men have the highest levels of smoking and drinking, followed by older never married men, with married men having the most healthy behaviours.
- Many older men see going to the doctor as a sign of weakness. They do not want to be seen to give in to sickness, and admit postponing making an appointment until they are *very* sick.

Older men's membership of social organisations

Involvement with informal associations may contribute to the quality of life of older men by facilitating social interaction and providing a context for continued social productivity. Analysis of the *British Household Panel Survey* for 1999 explored the engagement of men aged 65 or more with various types of organisations, ranging from social and sports clubs to religious groups and civic organisations (such as voluntary agencies, community groups and political parties).

Half of older men report membership of an informal organisation. Membership of sports and social clubs declines significantly with increasing age but membership of civic or religious organisations changes little with age.

Social class is strongly linked to organisational activity. Working class older men are less involved in community and religious organisations and sports clubs but more likely to belong to social clubs than middle class men. Widowers are more involved with sports and social clubs than married older men, perhaps indicating that leisure associations offer compensations following widowhood. Divorced and never married older men have very low involvement in organisations.

Appropriateness of organisations for older men

We studied 25 social groups and organisations whose members included older people within a 10 mile radius of a south east England town, and found that the older men had usually belonged to the same organisations for many years. Most of these organisations fulfilled the dual purpose of providing social interaction and a forum in which to be active (such as sports) and/or 'useful' such as carrying out voluntary work. In contrast, clubs geared specifically for older people were perceived as providers of passive pursuits – that is, rather than members *doing for* others, members are *done to* by others. These latter clubs had an overall predominance of older women.

We asked all the men if they were likely to attend a Day Centre. Overwhelmingly, they said they were most unlikely, except as a 'last resort'. There was a perception that the only 'activities' at Day Centres involved sitting around, chatting or playing Bingo – the sort of things that 'old women' enjoy doing.

Older men and social relationships

In-depth interviews with 85 older men found that married men reported large, stable social networks, primarily (but not exclusively) couple orientated. In widowhood, these networks contracted and the men tended to rely more heavily on their adult children for support. Older never married men, who had established few close relationships in younger years, did not seek intimacy, and did not report feeling deprived, but they did see themselves as 'different'. They described themselves as 'loners' 'individuals' or 'completely independent'. Divorced men reported more attenuated relationships with their adult children, and tended to seek another close companionship (which did not necessarily involve sexual intimacy).

Our research suggests that for the majority of lone men, the need for close companionship, if that has been the pattern, does not diminish with age. However, policy makers tend to measure the quantity and quality of social networks with a 'feminine ruler' rather than considering different ways of viewing intimacy and friendship patterns in the lives of older men. Older men may only wish to maintain a very small, close network of friends and acquaintances. Our in-depth interviews revealed that much importance was attached to individual autonomy and independence and many older men held ambivalent attitudes towards central features of the 'female script', such as the need for intimacy and social engagement. It is important to recognise that prescriptions for well-being in later life derive from the experiences of the female majority, and as such may be ill suited to the perspectives of older men.

Neighbourly relations in later life

Positive neighbourly relationships offer sociability and the opportunity to give and receive practical support, which may be particularly important for older men who live alone. The 2000 General Household Survey was analysed to explore different forms of neighbourly contact in later life.

Men more often chat to neighbours, whereas older women are more likely to give and receive favours. Men living alone are less likely to give or receive favours than married men. This contrasts with women, among whom widowhood is associated with increased neighbourly reciprocity. These findings suggest that when women find themselves living alone in later life, they strengthen social ties with neighbours by providing and receiving favours, whereas for men, social ties with neighbours become weaker, suggesting that their wives had previously been important in brokering supportive relationships with neighbours.

Older men's health-related behaviours

The health-related behaviours of older men were analysed using the General Household Survey, British Household Panel Survey and Health Survey for England. The partnership status of older men has a major impact on their likelihood of smoking and their level of alcohol consumption. Older divorced men report the highest levels of smoking and drinking, followed by never married men, with married men reporting the most healthy behaviours. These findings remain after controlling for age, social class, various measures of material well-being and health status.

Middle class men had higher levels of health-promoting physical activity after retirement than working class men, which could not be explained by differences in health status, material resources or car ownership.

Older men and attitudes towards health care

The qualitative interviews probed how older men viewed their health and health maintenance strategies. When asked about their contact with doctors, among each partnership status, were men who said they seldom consulted their GP. We categorised these men into 'sceptics' and 'stoics'.

A surprisingly high proportion said they rarely went to a doctor when originally asked, and then later disclosed a condition which required regular follow up health visits and/or repeat prescriptions, e.g. an inhaler for asthma or high blood pressure medication. Other men had undergone major treatment/surgery and saw their physician for regular check-ups, but did not see this as consulting a doctor.

Our research suggests an unwillingness of many older men to contact, or admit contact with health professionals in later life. Whilst women have routinely visited the doctor through the life course for contraception, pregnancy, or taking children for immunisations as well as when they are sick, the men interviewed saw going to the doctor as a sign of weakness. They did not want to be seen to *give in to* sickness, and admitted postponing making an appointment until they were *very* sick. Such delays can have long term adverse health consequences.

Policy discussion

It is important for policy makers to take greater account of the differentiation of older men according to partnership status. Older men who are divorced are a growing segment of the population, but were found to be significantly disadvantaged in terms of their involvement in formal organisations, their social networks with kin and with friends and neighbours, and their higher levels of health-risk behaviours, particularly smoking and drinking. These social and health disadvantages can only partially be explained by their poorer material circumstances. Never married older men are also disadvantaged on a number of dimensions, and therefore particularly vulnerable in later life. Older widowers compensate for the loss of a partner by involvement in social and sports organisations, and maintain stronger links with kin and friends than other men who live alone in later life.

Our research has shown that statutory and voluntary organisations providing social facilities are presently geared towards the needs of lone older widows, since most husbands predecease their wife, and there is little infrastructure in place for men who live without partners in later life. Efforts need to be made to make the clubs specifically aimed at older people more congenial for older men so that they do not feel they are 'yielding up' their individuality, or admitting some sort of 'defeat' by attending. For example, these clubs might offer wine and beer with lunch, a snooker table or a computer club.

Social organisational involvement facilitates social interaction, and some types of organisations additionally offer the opportunity to pursue a personal goal (such as health maintenance) or to make a recognised social contribution through community activity. Working class older men are less likely to belong to civic or religious organisations and sports clubs than middle class men. This class disparity has implications for social policy initiatives directed at older people which seek to combine social interaction with some other 'benefit' such as enhanced physical health or community activities.

Our research has demonstrated how masculinity continues to structure men's experiences and activities in late life, despite onset of ill health, widowhood or living alone. It is important to recognise that the customary approach to health improvement has been to target individuals, but less attention has been paid to addressing the broad determinants of older men's health behaviours. These include biological, social, cultural and economic factors that influence men's health protective strategies. This holistic approach needs to include the socially constructed roles that shape masculinity and femininity throughout the life course, and how they may be compounded by economic and cultural influences.

About the Study

The research used a multi-method approach comprising:

(a) Qualitative research on 25 social organisations attended by older people

Thirty-two visits were made to 25 social organisations which included voluntary, Local Authority, Church and ex-military social clubs; sports and leisure clubs; pensioners groups and the University of the Third Age (U3A). In each organisation, activities were observed for a day and semi-structured interviews were conducted with the managers/organisers, and with older men using the organisations. These

interviews focused on the extent to which older men attend these organisations, the nature of gender relations among service users, and the perceived barriers to use by older men.

(b) Qualitative interviews with 85 older men

In-depth interviews were conducted with a stratified sample of 85 men over age 65 (30 married or cohabiting, 33 widowed, 10 divorced or separated and 12 never married). The primary aim was to compare how marital status influences older men's lives. Approximately half the sample were men aged 65-74 and half were over 75. The sample was selected principally from the age-sex registers of two general practices but also from posters and flyers placed in different types of organisations which include older people, other GP practices, leisure centres and day centres.

A male social scientist, age 60+, conducted most of the interviews, which were 1-2 hours in length and tape-recorded. They were sensitive to the ways older men interpret their lives by asking them to talk about their history, present circumstances, their perception of family and friendship relationships, social support and health-related behaviour.

(c) Secondary analysis of three national datasets

Secondary analysis complemented the qualitative research by providing nationally representative data about older men, differentiated according to marital status. We examined how the health-related behaviour (physical activity, drinking and smoking) and social and family relationships of older men varied according to their health, material circumstances and other structural factors. Three large-scale datasets were analysed: the Health Survey for England (HSE), General Household Survey (GHS), and the British Household Panel Survey (BHPS).

Older Men: Their Social Worlds and Healthy Lifestyles

Sara Arber, Kate Davidson, Tom Daly and Kim Perren

Over recent years there have been substantial advances in social scientific understanding of the lives of older women, but older men have been largely neglected. This research has redressed the imbalance by analysing how gender roles and relationships influence the quality of life of older men, focusing particularly on older men who live alone. Previously little was known about the quality of life, kin and friendship relationships of older divorced and never married men. Our research has examined how loss of a marital partner through widowhood or divorce may differently affect their social relationships and health-related behaviour.

Summary of key findings

- Involvement of older men in organisational activity is strongly linked to social class. Working class older men are less involved in community and religious organisations and sports clubs but more likely to belong to social clubs than middle class men.
- Clubs geared specifically for older people are largely rejected by older men. Such clubs are perceived as providers of passive pursuits - that is, rather than members *doing for* others, members are *done to* by others.
- Married older men have large, stable social networks, while in widowhood, these networks contract and men tend to rely more heavily on their adult children for support. Divorced men report more attenuated relationships with their adult children. Older never married men also have few close relationships but unlike divorced men usually do not seek another close companionship.
- Frequent contact with neighbours is not necessarily associated with greater neighbourly exchange of favours, particularly among older men living alone.

Older men more often chat to neighbours, whereas older women are more likely to give and receive favours. Men living alone are less likely than partnered men to give or receive favours.

- Older divorced men have the highest levels of smoking and drinking, followed by older never married men, with married men having the most healthy behaviours.
- Many older men see going to the doctor as a sign of weakness. They do not want to be seen to give in to sickness, and admit postponing making an appointment until they are *very* sick.

Older men's membership of social organisations

Involvement with informal associations may contribute to the quality of life of older men by facilitating social interaction and providing a context for continued social productivity. Analysis of the *British Household Panel Survey* for 1999 explored the engagement of men aged 65 or more with various types of organisations, ranging from social and sports clubs to religious groups and civic organisations (such as voluntary agencies, community groups and political parties).

Half of older men report membership of an informal organisation. Membership of sports and social clubs declines significantly with increasing age but membership of civic or religious organisations changes little with age.

Social class is strongly linked to organisational activity. Working class older men are less involved in community and religious organisations and sports clubs but more likely to belong to social clubs than middle class men. Widowers are more involved with sports and social clubs than married older men, perhaps indicating that leisure associations offer compensations following widowhood. Divorced and never married older men have very low involvement in organisations.

Appropriateness of organisations for older men

We studied 25 social groups and organisations whose members included older people within a 10 mile radius of a south east England town, and found that the older men had usually belonged to the same organisations for many years. Most of these organisations fulfilled the dual purpose of providing social interaction and a forum in which to be active (such as sports) and/or 'useful' such as carrying out voluntary work. In contrast, clubs geared specifically for older people were perceived as providers of passive pursuits - that is, rather than members *doing for* others, members are *done to* by others. These latter clubs had an overall predominance of older women.

We asked all the men if they were likely to attend a Day Centre. Overwhelmingly, they said they were most unlikely, except as a 'last resort'. There was a perception that the only 'activities' at Day Centres involved sitting around, chatting or playing Bingo - the sort of things that 'old women' enjoy doing.

Older men and social relationships

In-depth interviews with 85 older men found that married men reported large, stable social networks, primarily (but not exclusively) couple orientated. In widowhood, these networks contracted and the men tended to rely more heavily on their adult children for support. Older never married men, who had established few close rela-

tionships in younger years, did not seek intimacy, and did not report feeling deprived, but they did see themselves as 'different'. They described themselves as 'loners', 'individuals' or 'completely independent'. Divorced men reported more attenuated relationships with their adult children, and tended to seek another close companionship (which did not necessarily involve sexual intimacy).

Our research suggests that for the majority of lone men, the need for close companionship, if that has been the pattern, does not diminish with age. However, policy makers tend to measure the quantity and quality of social networks with a 'feminine ruler' rather than considering different ways of viewing intimacy and friendship patterns in the lives of older men. Older men may only wish to maintain a very small, close network of friends and acquaintances. Our in-depth interviews revealed that much importance was attached to individual autonomy and independence and many older men held ambivalent attitudes towards central features of the 'female script', such as the need for intimacy and social engagement. It is important to recognise that prescriptions for well-being in later life derive from the experiences of the female majority, and as such may be ill-suited to the perspectives of older men.

Neighbourly relations in later life

Positive neighbourly relationships offer sociability and the opportunity to give and receive practical support, which may be particularly important for older men who live alone. The 2000 General Household Survey was analysed to explore different forms of neighbourly contact in later life.

Men more often chat to neighbours, whereas older women are more likely to give and receive favours. Men living alone are less likely to give or receive favours than married men. This contrasts with women, among whom widowhood is associated with increased neighbourly reciprocity. These findings suggest that when women find themselves living alone in later life, they strengthen social ties with neighbours by providing and receiving favours, whereas for men, social ties with neighbours become weaker, suggesting that their wives had previously been important in brokering supportive relationships with neighbours.

Older men's health-related behaviours

The health-related behaviours of older men were analysed using the General Household Survey, British Household Panel Survey and Health Survey for England. The partnership status of older men has a major impact on their likelihood of smoking and their level of alcohol consumption. Older divorced men report the highest levels of smoking and drinking, followed by never married men, with married men reporting the most healthy behaviours. These findings remain after controlling for age, social class, various measures of material well-being and health status.

Middle class men had higher levels of health-promoting physical activity after retirement than working class men, which could not be explained by differences in health status, material resources or car ownership.

Older men and attitudes towards health care

The qualitative interviews probed how older men viewed their health and health maintenance strategies. When asked about their contact with doctors, among each partnership status, were men who said they seldom consulted their GP. We categorised these men into 'sceptics' and 'stoics'.

A surprisingly high proportion said they rarely went to a doctor when originally asked, and then later disclosed a condition which required regular follow-up health visits and/or repeat prescriptions, e.g. an inhaler for asthma or high blood pressure medication. Other men had undergone major treatment/surgery and saw their physician for regular check-ups, but did not see this as consulting a doctor.

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Contact details:

Sara Arber and Kate Davidson
Centre for Research on Ageing and Gender (CRAG)
Department of Sociology
University of Surrey
Guildford
Surrey GU2 7XH

Phone: 01483-689445/683964
Fax: 01483-689550
Email: S.Arber@surrey.ac.uk and
K.Davidson@surrey.ac.uk

CRAG website <http://www.soc.surrey.ac.uk/crag/>

Published by the

ESRC Growing Older Programme
Department of Sociological Studies
Elmfield
Northumberland Road
University of Sheffield
Sheffield S10 2TU

Phone: 0114 222 6467
Fax: 0114 222 6492 or 0114 276 8125
Email: Marg.Walker@shef.ac.uk

Growing Older programme web site:

<http://www.shef.ac.uk/uni/projects/gop/index.htm>

